

HYCF Informational Briefing

Thursday, February 21, 2008

2:00 p.m.

State Capitol, Conference Room 016

COMMITTEE ON HUMAN SERVICES AND PUBLIC HOUSING

Senator Suzanne Chun Oakland, Chair

Senator Les Ihara, Jr., Vice Chair

COMMITTEE ON PUBLIC SAFETY

Senator Will Espero, Chair

Senator Clarence K. Nishihara, Vice Chair



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
OFFICE OF YOUTH SERVICES
820 Mililani Street, Suite 817
Honolulu, Hawaii 96813

February 21, 2008

INFORMATIONAL HEARING:
HAWAII YOUTH CORRECTIONAL FACILITY
Thursday, February 21, 2008; 2:00 p.m.
State Capitol, Room 016

To: The Honorable Susanne Chun Oakland The Honorable Will Espero
Chair, Senate Committee on Chair, Senate Committee on
Human Services and Public Housing Public Safety

From: Martha Torney, Executive Director
Office of Youth Services

INTRODUCTION

Thank you for this opportunity to brief members of the Hawaii State Senate on the Hawaii Youth Correctional Facility (HYCF) to discuss the status of the Memorandum of Agreement (MOA) between the US Department of Justice and the State of Hawaii concerning conditions at HYCF. In addition, I will provide you with updates concerning the Office of the Auditor's Management Audit (May 2006) and Financial Audit (January 2007) of the Hawaii Youth Correctional Facility.

I am joined in this briefing by Kale Au, Acting Youth Facility Administrator (YFA), and Alex Escarcega, the technical advisor on loan to the State for three years under an interagency personnel employment exchange with the DOJ Federal Bureau of Prisons. Mr. Escarcega is the Juvenile Services Administrator for youth under the jurisdiction of the Bureau.

BACKGROUND

In August 2004, the US Department of Justice (DOJ) notified the State of Hawaii of their intent to initiate an investigation of HYCF pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA) and the Violent Crime control and Law Enforcement Act of 1994. An on-site inspection of the facility was conducted during the first week of October 2004.

On August 4, 2005, the DOJ issued findings concluding that certain conditions at HYCF contributed to an unsafe environment for incarcerated wards. Subsequently, a lawsuit was filed by the DOJ against the State of Hawaii, which was settled through a Memorandum of Agreement (MOA) issued February 7, 2006.

As part of the MOA, Mr. Russ Van Vleet has been appointed as the Federal Monitor and is responsible for issuing updated monitoring reports on a regular basis (during the first year, a report was required every four months, for the second year every six months). Mr. Van Vleet conducts monitoring visits approximately every two months and often brings subject experts to address specific areas of the MOA. These experts have included:

1. Mr. Lindsey Hayes of the National Center for Institutions and Alternatives, who is a nationally recognized expert in the field of suicide prevention within jails, prisons, and juvenile facilities;
2. Dr. Peter Leone of the University of Maryland whose specializes in the effective treatment and instruction of behaviorally disordered youth; and
3. Jacqueline Moore, Ph.D., RN, and James Owens, MD, consultants with the National Commission on Correctional Health Care (NCCHC); and
4. Al Carpenter, a youth corrections expert formerly employed by Arizona Department of Juvenile Corrections.

Mr. Van Vleet's most recent report was submitted in September 2007 and the next report will be available March 15, 2008. We have included in your briefing notebook the September report along with two spreadsheets that provide an overview of the status of each provision as of the February 2008 monitoring visit with progress noted and additional actions to be taken to obtain substantial compliance.

PROGRESS MADE

Since the last Joint Informational Briefing in March 2007, we have made significant progress in addressing provisions of the MOA.

POLICIES AND PROCEDURES

In any organization, clearly defined and well-articulated policies and procedures (P&P) are the backbones of your program. At the time of the DOJ investigation in October 2004, the Hawaii Youth Correctional Facility was operating under outdated P&Ps, most of which were implemented in the 1980s when the facility was still a branch in a larger corrections division that included adult facilities. A major flaw with the old policies was that they were developed based on adult needs and then imposed on the youth population. The MOA requires extensive development and implementation in a number of the policies.

Former HYCF Improvement Project Director Etene Taimalelagi drafted a new P&P manual during his employment with the Office of Youth Services (OYS) in 2005 and 2006. His work has been continued by Adam Beattie who has provided very able assistance in prioritizing and finalizing the P&Ps most relevant to compliance with the MOA. A List of these policies may be found in your hearing notebook.

Implementing P&Ps that affect the worksite requires consultation with the United Public Workers (UPW) and the Hawaii Government Employees Association (HGEA). Both unions have been very responsive to our needs and have worked closely with us to address any concerns about the draft policies. In fact, UPW State director Dayton Nakanelua has greatly assisted in expediting union consultation by attending regular meetings with me and others to discuss and resolve differences as quickly as possible. This attention to our needs is greatly appreciated. At this time, I believe our relationships with the public unions are proving most beneficial in achieving compliance with the MOA.

STAFFING

Ensuring that direct care staff members are available to adequately cover all shifts at HYCF is a continuing struggle. Any 24/7 operation has inherent problems ensuring coverage at all times, but we have been especially hindered with continuously vacant positions coupled with employees on various leave statuses and temporary assignments because we cannot fill these positions.

In accordance with youth corrections standards, we have a security staff to ward ratio of 1:8 during waking hours and 1:16 when youth are sleeping. These ratios are monitored by Mr. Van Vleet. HYCF has 74 security positions, of which 15 are supervisors. Normally, this compliment of staff positions is appropriate to the operations and staffing ratios standards. However, as of January 31, 2008, nine of the 74 positions were not filled. Seven of these vacancies are a result of resignations and retirement during 2007. The open positions are in continuous recruitment and a series of interviews were held in January resulting in five recommendations for hire.

Besides the vacant positions, three of our current security staff are temporarily assigned to other essential jobs. There are currently seven security staffers on leave pending investigation, some long term, a situation that the Department of Human Services is working with us to remedy. UPW has stressed their concern about these cases and urges resolution. Two other staff on are family leave and another is on workers' compensation due to a job-related injury.

Despite the direct care staff vacancies, we ended our agreement with the Department of Public Safety to use Adult Correctional Officers during times of staff shortages. Both Agencies felt it was the best interest of staff and wards to discontinue the practice and the Federal Monitor concurred.

We are having success, though, in other staffing areas. During the past two legislative sessions, we requested and were granted additional positions in response to the needs identified in the MOA. Start-up was slow, as OYS did not have the staff resources to complete all steps necessary to establish and fill the authorized positions in a timely manner. To a large extent, these issues have been resolved with considerable effort and support from the Departments of the Attorney General, Human Resource Development, and Human Services. I am most grateful for their competent and timely assistance.

Act 160, Session Laws of Hawaii 2006, authorized seven permanent and eight temporary positions in response to the requirements of the MOA. The following year, Act 131, Session Laws of Hawaii 2007, added three permanent positions and converted one temporary to permanent. Of the 19 positions, ten have been established and filled, four have been established and are in recruitment (two of which offers have been made to candidates), and five are in the process of being established. This is a great improvement from a year ago when majority of the positions had not been described or established.

In June 2007, we brought Administrative Investigator Barry Batts on board and in October 2007, Ihilani Cummings was promoted from Youth Corrections Officer to Youth Grievance Officer. Both positions are essential to fulfill the requirements of the MOA. Mr. Barry Batts conducts timely investigations of serious incidents and staff misconduct and Ms. Cummings resolves youth grievances resulting from day-to-day operations, which may otherwise fester and result in misbehavior

Perhaps the most frustrating experience in filling positions has been the process of establishing, recruiting, and hiring trainers. A Personnel Management Specialist III Position was established and recruited yet it took the forwarding of three candidate lists from the Department of Human Resources Development to fill this position. The required background check is currently in process for the successful candidate. A second training position required an amendment to the Youth Corrections Officer series in order to qualify experienced Youth Corrections Officers for application. We are pleased to report an offer has been made. These (YCOs) positions are supported by a training clerk who has been employed since last Spring.

Support positions are equally important to an organization in achieving its mission and we have benefited by the addition of Personnel Management Specialist Bill Keahi and Contracts Assistant Pam Laderta. Mr. Keahi has contributed in no small way to the establishment and recruitment of the positions described above. Ms. Laderta provides assistance in moving contracts along the often cumbersome bureaucratic process.

TRAINING

Mr. Van Vleet has emphasized during his visits that adequate staffing and effective training will drive compliance to the MOA. I am proud to say we have made substantial progress in developing and implementing direct care staff training through an agreement

with the National Partnership for Juvenile Services (NPJS). I will now refer to the findings of the two reports. Copies of which may be found in your briefing notebooks (See Tabs 5 & 6).

In October 2007, Dr. David Roush of NPJS conducted twenty-seven interviews of Youth Corrections Officers (YCO) and Youth corrections Supervisors (YCS), and nine interviews of what he defined as the "management team." As a result, he produced a document entitled *Training Needs Assessment of the Hawaii Youth Correctional Facility* (January 2008). While academic in nature, the needs assessment brought a number of issues to the fore, some that can be addressed through training and others that were more systemic. Training needs identified by the YCOs and YCSs, such as crisis intervention and verbal de-escalation, use of force, report writing, clarification of policies and procedures, etc., are compatible with the subjects commonly included in line-staff training programs.

In December 2007, Dr. Roush returned along with two consultants to conduct "Storyboard" activities with selected staff as a way to focus training development. I had the privilege of participating in the two-day session and was very impressed with the level of staff participation and enthusiasm. The work of those two days can be found in the document entitled *The Storyboard Event: Focus Group for Staff Training* (January 2008). This document has been shared with staff in general and was met with positive reaction. Direct care staff has been waiting a long time for training and are eager for it to commence. NPJS will partner with the Juvenile Justice Trainers Association (JJTA) to build the core curriculum which will be presented to management, supervisory and potential trainers during the first week of April. The first general training will commence the third week in May, with JJTA trainers coaching and mentoring the OYS/HYCF trainers.

Although the core curriculum will be a 40-hour training, all staff will get approximately 40 hours of additional training in use of force, CPR/first Aid, policies and procedures, suicide prevention, to name a few. We will be developing the additional hours of training in-house.

It has been a long road to get to this point and I am most encouraged by the progress we have made in the last year.

NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

The National Commission on Correctional Health Care (NCCHC) is the professional organization that developed standards which represent recommended requirements for the management of correctional health services systems. At the request of Federal Monitor Van Vleet, NCCHC provided technical assistance consultation by conducting a NCCHC standards audit of the Health Care Services Section. Twenty-one of 37 applicable standards were found in compliance. A copy of that report is in your briefing notebook. The report provides us with the direction we need to improve our health services and it is important to note that access to care, which is a major part of the MOA, was deemed in compliance with standards.

In January 2007, we instituted 24/7 health care services at the youth facility which was accomplished through contracting with a nursing service. This has been a costly arrangement. At my behest, Mr. Van Vleet requested NCCHC also conduct a staffing analysis through a separate report. Also included in the briefing notebook, this report is the basis for our budget request for three additional Registered Nurses. It is also recommended that our contract with the John A Burns School of Medicine for physician services be expanded from six hours to eight hours per week. Both of these can be accomplished within our current budget by redirecting funds currently included in the nursing contract.

POPULATION CONTROL

Over the past six months, we have experienced a substantial increase in the daily population. Between August and November 2007, the average monthly daily population increased 51%, from 57 youth to 86 (see Tab 9). We have not experienced such high numbers in over four years. This increase impacts our ability to maintain proper staffing ratios in each living unit and contributes to more tension among the youth which often results in inappropriate conduct and disruption to the normal operations.

Lisa Ginoza, First Deputy Attorney General, and I met with the Family Court administrators from each circuit in December 2007 to inform them of the increase and ask for their assistance to whatever extent possible to reduce the flow of new commitments. In addition, Ms. Ginoza requested attorneys from the Family Law Division to work closely with our social workers in developing discharge plans for consideration by the courts.

These efforts are clearly paying off. On Wednesday, February 20, 2008, the population stood at 70.

UPDATE ON THE STATUS OF THE MEMORANDUM OF AGREEMENT

Mr. Escarcega will now provide you with a more detailed review of the status of compliance with the MOA.

The MOA encompasses the following five substantive remedial measures: 1) Protection from Harm; 2) Training; 3) Access to Medical and Mental Health Care; 4) Special Education; and 5) Compliance and Quality Improvement. Fifty-three (53) individual provisions make up the MOA, each subject to a rating of: substantial compliance, partial compliance, non-compliance, or not reviewed. The State has three years to achieve substantial compliance with the terms of the MOA.

The Hawaii Correctional Facility (HYCF) continues to track its progress with the release of each monitoring report. Reference is made to Tab 3. These tracking forms provide us with an overall picture of each provision, rating, corrective measure, and applicable policy and procedure.

PROTECTION FROM HARM

Protection from Harm encompasses two sections: 1) Suicide Prevention 2) Staff Abuse and Youth Assaults.

Since the last Joint Informational Briefing we experienced three separate incidents of self-harm at HYCF. The wards involved in these incidents were returned to HYCF after receiving medical and mental health evaluations and a determination made by attending physicians that hospitalization was not needed. Each incident was reviewed for compliance with our suicide prevention policy and the events surrounding the three incidents were reviewed and discussed with Mr. Lindsay Hayes, an expert in suicide prevention within jails, prisons, and juvenile facilities.

HYCF has addressed each incident of self-harm by implementing individualized treatment plans developed by multi-disciplinary teams (MDT). Additionally, Mr. Hayes continues to provide HYCF with his expertise and during October 2007 provided suicide and prevention training to HYCF direct care, mental health, nursing and educational staff. Our goal is to continue staff training with a core group of trainers comprised of representatives from all the disciplines (Education, Medical, Mental Health and HYCF).

Protection from harm and undue restraints has also been addressed by revising policies, procedures and practices regarding isolation. The development of new policies addressing the use of isolation and due process hearings were developed with the intent of addressing HYCF's behavior management program by requiring adherence to important guidelines regarding ward discipline. Our goal is to minimize the use of isolation, undue restraints and use of force by relying more on de-escalation techniques which requires more intensive oversight on behalf of the Youth Facility Administrator.

The hiring of an investigator and grievance officer has strengthened the provision for protection from harm by providing wards with timely responses to programmatic and/or operational concerns. More importantly, emphasis is placed on the timely reporting of any allegations regarding abuse, mistreatment or exploitation as outlined in the policy.

TRAINING

In addition to the core 40 hour training curriculum to be developed by the Juvenile Justice Trainers Association, HYCF is providing training to staff on an on-going basis. An example is the training provided to all direct care staff in the use of force, before assuming direct supervision of youth on the modules. The Office of Youth Services (OYS) contracted with Mr. Bruce Chapman to provide Handle With Care Training (HWC). Training for Trainers re-certification was provided to eight YCOs at HYCF on July 31 and August 1, 2007. The training included techniques for crisis management through de-escalation.

HYCF has also revised the Youth Handbook and the HYCF Incident Report with the intention of paralleling the current level system to the imposition of sanctions. The Youth Orientation and Intake process now places more emphasis on youth basic rights, access to services and rights to seek remedies. In order to continue corrective measures, HYCF recognizes that it must strengthen its ability to enhance communication among the disciplines (Education, Mental Health, Social Work, and Medical). Therefore, the Interagency Workgroup (Department of Education, Department of Health and HYCF) continues meet on a monthly basis to address inter-agency concerns and issues.

ACCESS TO MEDICAL AND MENTAL HEALTH CARE

Jacqueline Moore PhD and James W.M. Owens M.D. with the National Commission on Correctional Health Care (NCCHC) provided expert consultation with regard to national standards June 19-20, 2007. Dr. Moore has been retained to assist HYCF comply with the medical policies and procedures and Dr. Owens will continue to monitor compliance with delivery of medical services.

The findings stated that "[in] general, it is evident that the youth at HYCF are receiving the health services they need; there is no question that access to care is present." The report also states a need for continued monitoring to improve the operations at the Health Care Services Section (HCSS).

The HCSS has secured a contract for dental services with Kalihi-Palama Health Center. However, transportation to outside medical appointments still pose a challenge to direct care staff, as YCOs are redeployed from their assigned posts for this purpose. This negatively impacts staffing ratios and did result in a two hour module lockdown in January 2008. We believe that the budget request for the hiring of two additional YCOs will help reduce the cancellation of medical appointments due to insufficient staff availability. The long-term goal of HYCF is to achieve accreditation by NCCHC.

SPECIAL EDUCATION

Dr. Peter Leone, University of Maryland specialist in treatment of behaviorally disordered youth and August Suehiro, Olomana School Principal continue to work collaboratively in addressing the timely delivery of special education services to wards on a timely basis. Mr. Suehiro and his staff have kept Dr. Leone informed of Olomana School's Corrective Action Plans which have included the establishment of committees to address issues related to vacancies, staff development, discipline, scheduling and expansion of vocational education. Olomana School has placed much emphasis on out-come based programming.

The long term goal of Olomana School is also to incorporate the Youth Corrections Officers into the classrooms not only to enhance security, but to also to participate in the education of the youth. Currently, YCO observe youth through classroom windows and intervene only if behavioral problems occur. The ultimate objective is to increase the

interaction between teachers, wards and direct staff within the classroom setting. An example of this benefit can be found by the interest generated with the Robotics Project, whereby HYCF wards and staff, Olomana School teachers and administrators received statewide recognition for their competitiveness, creativity and mathematical achievements.

COMPLIANCE AND QUALITY IMPROVEMENT

Mr. Adam Beattie was hired as the Director for Special Improvement Projects in June 2007 and is actively involved in interfacing with several committees currently addressing revisions to policies, procedures and protocols. This includes the Quality Assurance Team, Inter-Agency Committee and Performance-Based Standards (PbS). Mr. Beattie's hiring has presented a positive opportunity for HYCF to improve its quality assurance processes with the development and implementation of policies. An example is the oversight for the Performance Based Standards (PbS) of which HYCF is a member.

The HYCF Quality Assurance Team (QAT), which was established in March 2006, meets at least three times a month to review both programmatic and operational corrective action plans that have a direct impact on the MOA and the overall operations of the facility. This includes facility inspections, staff monitoring, reviewing policies, establishing protocols, scheduling, and other related matters requiring oversight and inspection. As a result of this process, HYCF has taken action to correct deficiencies regarding the physical plant and daily programming.

STATUS OF STATE AUDITOR'S RECOMMENDATIONS

In May 2006, the State Auditor issued the *Management Audit of the Hawaii Youth Correctional Facility* (Report No. 06-03). In December 2007, the Auditor requested "a summary of the implementation status of each audit recommendation." Our response is included under Tab 10.

We have made substantial progress in addressing most of the recommendations. Staff training, addressed above, is actively being pursued and the HYCF Quality Assurance Team, under the guidance of Mr. Escarcega, has been in place since March 2006.

The Auditor and others have recommended that we clarify the missions of the Office of Youth Services in general and HYCF specifically. Act 33, Session Laws of Hawaii 2007, amended the purpose statement for HYCF (Section 352-2.1, Hawaii Revised Statutes) to remove references to "incarceration" and "punishment," and replace them with "custody" and "rehabilitation."

OYS has a well articulated document that clearly defines the goals of each component of the Continuum of Care (see Tab 12) and they align with the overall mission of the agency. In addition, we have completed a revised strategic plan for the Program Development Office which is responsible for community-based services (see Tab 11). Measures of

success for our community programs are part of the contracts with service providers. We have begun the first steps of developing a strategic plan for HYCF through the Storyboarding Event with the National Partnership on Juvenile Services.

We judiciously continue to use both Mainland and local consultants to address various aspects of the MOA.

Two areas addressed in the audit that we continue to struggle with are filling critical positions (see above) and ensuring annual performance reviews are completed. Training in the latter was to be arranged by HYCF's Business Services Supervisor, but he changed jobs during the first week of January 2008. Follow-up will be assigned to the newly appointed trainers.

CONCLUSION

We appreciate the time you have given us to present this overview. In preparing for this informational hearing, we have gathered reference documents that will assist us in answering your questions.

1	Memorandum of Agreement (February 7, 2006)
2	4 th Federal Monitor's Report (September 15, 2007)
3	Compliance Spreadsheets Definitions of Ratings Compliance Status Detailed by Provision
4	P&P Status
5	National Partnership for Juvenile Services Training Needs Assessment for the Hawaii Youth Correctional Facility (January 2008)
6	National Partnership for Juvenile Services The Storyboard Event: Focus Group for Staff Training (January 2008)
7	National Commission on Correctional Health Care Technical Assistance Report (August 2007)
8	National Commission on Correctional Health Care Staffing Analysis (August 2007)
9	Average Daily Population: August 2007-January 2008
10	Implementation Status of the State Auditor's Recommendations
11	Program Development Office Strategic Plan
12	Youth Services Continuum of Care for At-Risk Youth (FY 2008)

TAB

1

Memorandum of Agreement

Between

the United States

and

the State of Hawai'i

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I. INTRODUCTION

- (A) This Memorandum of Agreement ("Agreement") resolves litigation concerning protection from harm, access to medical and mental health care, and special education claims, and therefore settles all claims asserted in United States v. Hawai'i, Civil No. [_____] (D. Haw) (referred to herein as the "litigation" or the "lawsuit"). This litigation concerned conditions of confinement at the Hawai'i Youth Correctional Facility ("HYCF") in Kailua, Hawai'i, and was brought pursuant to the Violent Crime Control and Law Enforcement Act of 1994, 42 U.S.C. § 14141 ("Section 14141").
- (B) From October 5, 2004 to October 8, 2004, the United States toured HYCF with a consultant in the field of juvenile justice. On October 26, 2004, the United States conducted individual interviews with each of the girls from HYCF temporarily placed at the Salt Lake Valley Detention Center in West Salt Lake City, Utah.
- (C) Throughout the course of the investigation, the United States received complete cooperation from the State. The State permitted access to HYCF and provided requested documents.
- (D) On August 4, 2005, the United States issued a findings letter pursuant to 42 U.S.C. § 1997(a)(1), which concluded that certain conditions at HYCF violated the constitutional and federal statutory rights of youth confined in the facility.
- (E) In order to resolve all claims in the litigation, including the protection from harm, access to medical and mental health care, and special education claims, the parties have entered into this Agreement, which, if complied with by State of Hawai'i ("State") officials within the time frames specified below, will result in the lawsuit remaining dismissed and the filing of a joint stipulation for final dismissal with prejudice.
- (F) The terms of this Agreement shall apply to HYCF. If the State closes HYCF and transfers youth to a state-run facility substantially similar to HYCF or, without closing HYCF transfers all girls or 20 or more youth to another state-run facility which provides services substantially

similar to HYCF, the applicable and relevant terms of this Agreement will also apply to the new state-run facility. The State reserves the right to transfer youth to a private facility. If the State transfers youth to a private facility which is substantially similar to HYCF, the State shall do everything in its power to facilitate DOJ's inspection of the conditions of care at that facility. The State will not transfer youth out of HYCF in order to attempt to avoid compliance with this Agreement or any constitutional requirements.

- (G) The State enters into this Agreement because it is firmly committed to providing legally adequate conditions at HYCF by instituting the remedial measures required by this Agreement.
- (H) This Agreement does not constitute an admission of liability by the State.
- (I) Defendants named in the lawsuit were the State; Linda Lingle, Governor of Hawai'i; Lillian B. Koller, Director of the Hawai'i Department of Human Services; Sharon Agnew, Director of the Office of Youth Services; Patricia Hamamoto, Superintendent, Hawaii Department of Education; Kaleve Tufono-Iosefa, HYCF Administrator.
- (J) This Agreement is not intended to have any preclusive effect in the litigation or in any other proceeding. Should the issue of the preclusive effect of this Agreement be raised in any proceeding, the parties agree to certify that this Agreement was intended to have no such preclusive effect.
- (K) This Agreement shall not be used against the State in any proceeding other than a proceeding as between the United States and the State. Further, if the Agreement is introduced in a proceeding as between the United States and the State, evidence shall not be admitted as to the State's compliance or noncompliance with the Agreement and nothing in the Agreement shall be relevant to the required constitutional standards.
- (L) Nothing in this Agreement shall prevent the State from modifying or closing HYCF, or developing alternative community placements for the youth currently in the facility.

- (M) No person or entity is intended to be a third-party beneficiary of the provisions of this Agreement for purposes of any civil, criminal, or administrative action. Accordingly, no person or entity may assert any claim or right as a beneficiary or protected class under this Agreement. This Agreement is not intended to impair or expand the right of any person or organization to seek relief against the State or its officials, employees, or agents for their conduct; accordingly, the Agreement does not alter legal standards governing any such claims, including those under Hawai'i law.

II. DEFINITIONS

In this Agreement, the following definitions shall apply:

- (A) "HYCF" means the Hawai'i Youth Correctional Facility located at 42-477 Kalaniana'ole Highway, Kailua, Hawai'i.
- (B) "Close Observation" means documented visual observation of youth at all hours and interaction with youth during waking hours periodically, but at least every ten minutes round the clock.
- (C) "DOJ" means the United States Department of Justice, which represents the United States in this matter.
- (D) "Defendants" means the State; Linda Lingle, Governor of Hawai'i; Lillian B. Koller, Director of the Hawai'i Department of Human Services; Sharon Agnew, Director of the Office of Youth Services; Kaleve Tufono-Iosefa, HYCF Administrator; and their successors, contractors and agents.
- (E) "Effective Date" means the date the lawsuit is conditionally dismissed by the Court.
- (F) "Implement" means to give practical effect and ensure actual fulfillment by concrete measures, including appropriate training of relevant staff.
- (G) "Include" or "including" means "include, but not be limited to" or "including, but not limited to."
- (H) "Isolation" means placement of a youth alone in a locked room, and includes such practices as lockdown, seclusion, and early dorms. The term isolation does not apply to

locking a youth in a room during normal sleeping hours, with normal sleeping hours not to exceed 8 to 10 hours, as long as any period in excess of 8 hours is as part of a behavior modification and/or level system for the youth and not associated with discipline or punishment of the youth (such as "early dorms").

- (I) "OYS" means Office of Youth Services within the Hawai'i Department of Human Services that oversees the safety, treatment, and rehabilitation of youth residing at HYCF.
- (J) "Precautionary Direct Supervision" means continuous staff observation of a youth, or direct eyeball supervision.
- (K) "Qualified medical professional" means a physician, nurse, or other medical provider licensed and sufficiently trained to provide the services he or she undertakes to provide.
- (L) "Qualified mental health professional" means a psychologist, psychiatrist, or other mental health provider sufficiently trained to provide the services and possessing at least a Master's degree in the relevant mental health field.
- (M) "Quality Improvement Program" means a system of self-auditing and improvement to assess the implementation and effectiveness of all remedies instituted pursuant to this Agreement, to identify deficits that may exist, and to effectuate new measures to cure deficits identified.
- (N) "Restraints" means devices or methods to control or limit the freedom of movement of a person's limbs or which restrict movement of a person's body or overcome resistance to external control. Restraints include the following:
 - (a) "Security Restraint" means a mechanical restraint device, including handcuffs, leg irons, flex cuffs and transport belts or chains designed for the restraint of committed persons.
 - (b) "Chemical Agent Restraint" means an active chemical substance, such as capsicum spray, mace or tear gas (CS or CN), that is used to immobilize a person, overcome resistance to physical control, or to deter or stop activities that may cause personal harm to the individual or others.

- (c) "Therapeutic Medical Restraint" means soft physical restraints approved by the medical authority and applied only for medical or psychiatric purposes and used in conjunction with restraint chairs or beds.
- (d) "Physical Restraint" means use of approved methods of physical force to effect control of a person's limbs or body and limit the person's ability to resist external control.
- (O) "Self-Harm" means when a youth attempts or intentionally commits more than a minor injury to himself or herself. Self-Harm includes conduct by a youth in cutting or carving into his or her own skin or body.
- (P) "State" means the Defendants as described in paragraph (II.D) above.
- (Q) "Suicide Precautions" means any level of watch or observation or measures (including, but not limited to, Precautionary Direct Supervision and Close Observation) to prevent a particular youth from committing self-harm or suicide.
- (R) "The facility" means the Hawai'i Youth Correctional Facility located at 42-477 Kalaniana'ole Highway, Kailua, Hawai'i, and any secure state-run facilities built or obtained to replace HYCF.
- (S) "Train" means to appropriately instruct in the skills addressed, including ongoing assessment of mastery of instructional material. Training shall incorporate testing and instructional methods that establish minimal standards for defining staff competency. After the Effective Date of this Agreement, the State will submit the training curriculum and required number of training hours to the Monitor for review and approval.
- (T) "Youth" means any juvenile or youth committed by a court to the custody of OYS and residing at HYCF or any secure facility used in place of HYCF during the operation of this Agreement.

III. CONSTITUTIONALLY REQUIRED CARE

The State does not concede that the terms in this Agreement

are constitutionally mandated and reserves all rights in this regard. The sole purpose of this Agreement is to protect the constitutional rights of youth committed to HYCF, as well as those federal statutory rights identified herein.

IV. SUBSTANTIVE REMEDIAL MEASURES

A. PROTECTION FROM HARM

1. SUICIDE PREVENTION

- (1) Development and Implementation of Policy The State shall develop and implement appropriate policies, procedures, and practices relating to suicide prevention, intervention, and supervision as set forth in this Agreement.
- (2) Identification of Youth At Risk of Suicide The State shall develop and implement policies and procedures pertaining to the screening of youth in order to:
 - (a) place all newly-arrived youth under heightened observation until they can be assessed by a qualified mental health professional, except those youth who had previously been in the facility within the last 60 days need not be placed under such heightened observation if they had not been subject to any suicide precautions in their last stay at the facility and if there is no indicia that the youth is contemplating Self-Harm;
 - (b) request from the Oahu Family Court and the Hawai'i Juvenile Detention Center all mental health reports for each newly-arrived youth within one week of the youth's arrival;
 - (c) place youth on Precautionary Direct Supervision when the youth has a documented history of suicide attempts or Self-Harm, has declared that he or she has recently contemplated or attempted suicide or Self-Harm, or has expressed or communicated a suicidal or Self-Harming plan;
 - (d) place youth on Close Observation where the youth reasonably appears to be at risk of suicide or Self-Harm but has no history of recent suicide or Self-Harm attempts and does not acknowledge a suicidal or Self-Harming plan;

- (e) create a system whereby mental health and medical staff have access to centralized medical and mental health records for youth in their care;
- (f) require that all HYCF mental health staff appropriately utilize progress notes to document interactions with and/or assessment of suicidal youth; and
- (g) facilitate appropriate communication between direct care, medical, and mental health personnel and outside providers of medical and mental health regarding the needs of suicidal youth.

(3) Suicide Risk Assessments, Evaluations, and Review of Files by Mental Health Staff The State shall develop and implement policies and procedures so that:

- (a) qualified mental health professionals conduct timely suicide risk assessments using reliable instruments (including but not limited to the MAYSI assessment):
 - (1) for all youth exhibiting behavior which reasonably may indicate suicidal ideation;
 - (2) within 24 hours of the initiation of suicide precautions;
 - (3) when determining whether to change the level of suicide precautions; and
 - (4) when determining whether to remove suicide precautions;
- (b) qualified mental health professionals evaluate youth who attempt or commit Self-Harm or have a history of Self-Harm; and
- (c) mental health staff thoroughly review as appropriate all of a youth's files, including medical files and any

case files, for documentation of any prior suicidal or Self-Harming behavior upon intake and again whenever the youth is placed on suicide precautions.

(4) Placement of Youth on Suicide Precautions The State shall develop and implement policies and procedures so that any staff member who identifies a youth as suicidal immediately shall place the youth on suicide precautions and refer the youth to a qualified mental health professional for assessment.

- (5) Mental Health Response to Suicidal and Self-Harming Youth
Where a qualified mental health professional makes a determination that a youth represents a continuing risk of suicide or Self-Harm to himself, the qualified mental health professional shall write a plan for monitoring, intervention and care, and re-evaluation of the youth ("Mental Health Care Plan"). The Mental Health Care Plan shall provide that youth discharged from suicide precautions receive adequate follow-up treatment within the facility, according to the clinical judgment of the qualified mental health professional.
- (6) Documentation of Youth on Suicide Precautions The State shall develop and implement policies and procedures so that direct care staff who supervise youth on suicide precautions:
- (a) read the youth's Mental Health Care Plan,
 - (b) document the following information during each shift in which the staff supervises the youth in such a way as to be accessible by other direct care staff:
 - (1) that the staff member read: (a) the type of precaution established by a qualified mental health professional or the youth's removal from precautions; (b) the time the youth was placed on such precaution or removed; (c) the time of the youth's last status re-evaluation by the qualified mental health professional and any modification or update to the Mental Health Care Plan;
 - (2) the housing location of the youth on precaution;
 - (3) for youth on Close Observation (or other periodic observation), the times of observation and an overall statement regarding the youth's behavior, status, or emotional state for each time recorded; and
 - (4) for youth on Precautionary Direct Supervision (or other continuous observation), narratives detailing the youth's behavior.
- (7) Documentation of Youth at Risk of Self-Harm The State shall

develop and implement policies, procedures, and practices so that incidents of Self-Harm by youth and youth at heightened risk of Self-Harm, and the actions taken to address such incidents, are documented.

- (8) Access to Programs and Services by Youth on Suicide Precaution The State shall develop and implement policies and procedures so that youth on suicide precautions continue to receive programs and services, in accordance with safety and security needs, and in accordance with the clinical judgment of a qualified mental health professional.
- (9) Step Down Levels of Observation The State shall develop and implement policies and procedures establishing a "step-down" level of observation whereby youth on suicide precaution are gradually released from the more restrictive levels of supervision to less restrictive levels for an appropriate period of time as established by qualified mental health professionals and documented in the youth's care plan prior to the youth's discharge from suicide precaution.
- (10) Treatment Plans for Youth Discharged from Suicide Precaution The State shall develop and implement policies and procedures so that all youth discharged from suicide precaution continue to receive mental health treatment in accordance with the treatment plan developed by a qualified mental health professional, unless the qualified mental health professional determines that no such continued treatment is necessary.
- (11) Access to Emergency Equipment The State shall provide direct care staff with immediate access to appropriate equipment to intervene in the event of an attempted suicide, including cut down tools, CPR microshields, and filled oxygen tanks.
- (12) Safe Housing of Suicidal, Self-Harming Youth, and Youth in Isolation The State shall develop and implement policies and procedures so that all housing for youth on suicide precautions, at risk of Self-Harm, or in isolation is, in accordance with generally accepted professional standards, free of hazards that would allow youth to hang themselves or attempt suicide or commit acts of Self-Harm.
- (13) Suicide and Suicide Attempt Review The State shall develop and implement policies and procedures so that appropriate

staff review all suicides and suicide attempts for policy and training implications.

2. STAFF ABUSE AND YOUTH ASSAULTS

- (14) Protection from Harm The State shall provide youth confined at HYCF with reasonably safe living conditions and shall appropriately protect youth from violence and other physical or sexual abuse by staff and other youth.
- (15) Protection from Undue Restraints The State shall develop and implement policies, procedures and practices so that only safe methods of restraint are used at the facility, and only in those circumstances necessary for safety and security, or with respect to therapeutic restraints pursuant to a medical order to protect the health of the youth.
- (16) Use of Force The State shall develop and implement comprehensive policies, procedures and practices governing use of force, so that the least amount of force necessary for the safety of staff, youth, and visitors is used on youth, and that staff adequately and promptly document and report all uses of force by staff.
- (17) Reporting of Staff Misconduct and Other Serious Incidents The State shall develop and implement appropriate policies and procedures which contain definitions approved by the Monitor after review and comment by the DOJ for the terms "use of force," "staff-on-youth violence," "youth-on-youth violence," "inappropriate staff relationships with youth," "sexual misconduct between youth," and "abusive institutional practices," and will develop and implement such policies, procedures, and practices so that:
- (a) appropriate HYCF staff report all incidents of use of force, staff-on-youth and youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices (such as unwarranted use of isolation or restraint or denial of education or medical care) to appropriate individuals at the facility;
 - (b) appropriate HYCF staff call and document in writing to the Office of Youth Services to report all serious incidents of uses of force, staff-on-youth and youth-on-youth violence, inappropriate staff

relationships with youth, sexual misconduct between youth, and abusive institutional practices, and document the call and written correspondence in the youth's medical or case file;

- (c) such reporting may be done without fear of retaliation; and
 - (d) all such incidents are appropriately documented and reported, including the facts of the incident, any injury that occurred as a result of the incident, and in a way that permits review.
- (18) Review of Incidents by Senior Management The State shall develop and implement policies, procedures, and practices so that senior management review all incidents of use of force, staff-on-youth and youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices.
- (19) Investigations The State shall develop and implement policies, procedures, and practices so that senior management initiate investigations of all incidents of use of force, staff-on-youth violence, serious youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices. Investigations shall be conducted by persons who do not have direct or immediate indirect responsibility for the conduct being investigated.
- (20) Documentation and Tracking of Investigations The State shall develop policies, practices, and procedures for documenting all incidents of use of force, staff-on-youth violence, youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices, and for documenting and tracking the status and outcome of all investigations. Where there is evidence of staff misconduct, the State shall initiate appropriate personnel actions and systemic remedies, where appropriate.
- (21) Reporting Possible Criminal Violations The State shall develop policies, practices, and procedures to define those circumstances in which staff must report possible criminal violations to the police, the prosecuting attorney, or the Attorney General.

- (22) Health Care Inquiries Regarding Injury A nurse or other health care provider shall question, outside the hearing of other staff or youth (unless the facility administrator determines that the youth cannot be left alone with the health care provider), each youth who reports to the medical unit with an injury, regarding the cause of the injury. If, in the course of the youth's medical unit visit, a health care provider suspects staff-on-youth abuse, that health care provider shall immediately:
- (a) take all appropriate steps to preserve evidence of the injury (e.g., photograph the injury and any other physical evidence);
 - (b) report the suspected abuse to the appropriate local officials;
 - (c) appropriately document the matter in the youth's medical record; and
 - (d) complete an incident report.
- (23) Isolation The State shall develop and implement policies, procedures and practices so that staff use isolation (as defined in this Agreement) only in accordance with policy and in an appropriate manner, and so that staff document fully the use and administrative review of any imposition of isolation, including the placing of youth in their cells outside normal sleeping hours.
- (24) Due Process The State shall provide youth confined for disciplinary reasons for more than 24 hours with an appropriate due process hearing by an impartial supervisory staff member to determine whether the cause exists for continued disciplinary confinement and appropriate representation at such hearing. The State shall give youth a copy of rule violation charges and the hearing record for review (including the incident report and witness statements), and shall document that youth were: (a) given the opportunity to ask that witnesses be interviewed, and (b) were provided with accommodation where the youth has disabilities that might interfere with his or her capacity to understand the process or outcome. The State shall adequately document any such due process hearings, including the result of the hearing and justification for the result.

- (25) Staffing The State shall provide sufficient numbers of adequately trained direct care and supervisory staff to (a) supervise youth safely, (b) protect youth from harm, (c) allow youth reasonable access to medical and mental health services, and (d) provide youth with adequate time spent in out-of-cell activities. In furtherance of this requirement, the State shall submit a proposed staffing plan to be approved by the Monitor, with the Monitor's approval establishing the sufficient number of staff required by this Agreement. Prior to approval by the Monitor, DOJ may submit comments to the Monitor regarding the State's staffing plan, which comments shall also be provided to the State. The State shall establish mandatory minimum staffing requirements, including a determination of all direct supervision posts that must be filled on each shift. In establishing mandatory post coverage, the State shall include provisions for coverage for all required staff training as well as authorized leave time. The State shall also document daily shift coverages and shall report to the Office of Youth Services, Department of Human Services, and to the Monitor, all instances of failure to provide the minimum post coverage and the closing of a post due to lack of direct care staff. The State shall regularly report to the Office of Youth Services, Department of Human Services, and to the Monitor, the status of all current vacancies.
- (26) Employment Practices The State shall only employ individuals with reputable and responsible characters to work with youth residents at the facility. Within 120 days of the Effective Date of this Agreement, the State shall conduct a criminal record check for all current employees at HYCF, in accordance with Hawaii Revised Statutes section 352-5.5 (2006), taking appropriate actions where new information is obtained. At least as often as every year thereafter, the State shall update such criminal record checks for all employees who come into contact with youth. HYCF administration shall develop policies and procedures so that applicants and all current staff are required to immediately report to it any arrest other than a minor traffic violation and also report the issuance of a restraining order entered against the staff member due to alleged abusive behavior.
- (27) Exploitation The State shall develop and implement policies, procedures, and practices so that staff do not

financially exploit youth or their families.

- (28) Grievances The State shall develop and implement policies, procedures, and practices so that the HYCF has an appropriate grievance system for youth.
- (29) Retaliation and Intimidation The State shall develop and implement policies, procedures, and practices so that staff do not intimidate or retaliate against youth who file grievances or against staff members, volunteers, contractual employees, or youth families who report allegations of staff abuse or misconduct. The policies, procedures, and practices contemplated by this paragraph will not preclude appropriate action where a youth, employee, or other person knowingly asserts a false complaint or grievance. As to retaliation against staff members, the policies and procedures contemplated by this paragraph may reference Hawaii Revised Statutes, Chapter 378, Part V (Whistleblowers' Protection Act).
- (30) Admissions Intake and Orientation The State shall develop and implement policies, procedures and practices to establish a consistent, orderly admissions intake system, conducive to gathering necessary information about youth, disseminating information to staff providing services and care for youth, and maintaining their safety. Each youth entering the facility shall receive an orientation that shall include simple directions for reporting abuse, and assure youth of their right to be protected from harm and from retaliation for reporting allegations of abuse. Orientation shall also clearly set forth the rules youth must follow at the facility, explain how to access medical and mental health care and the grievance system, and provide other information pertinent to the youth's participation in facility programs.
- (31) Classification The State shall develop and implement a classification system that, upon intake, places youth appropriately and safely within the facility, and provides for later reclassification in appropriate circumstances.

B. TRAINING

- (32) Training The State shall develop and implement policies, procedures, and practices to provide staff, volunteers and contractual employees of HYCF, and OYS employees as deemed

appropriate by OYS, with training regarding their responsibilities. These policies, procedures and practices shall include:

- (a) a comprehensive training plan for all HYCF employees and appropriate OYS employees, reviewed and updated annually;
- (b) requirements by job category;
- (c) standards for qualification of trainers;
- (d) processes for approval of the training curriculum;
- (e) schedules for staff training;
- (f) criteria for determining that staff volunteers and contractual employees have mastered the instructional materials and methods being taught; and
- (g) specific requirements by professional discipline for any continuing education credits established by licensure, certification, or recognized professional academies and organizations.

(33) Use of Force Training The State shall train direct care staff in the approved method for physical restraint that minimizes the risk of injury to youth. The State shall only use instructors that are appropriately certified to teach the approved physical restraint method. All training shall include each staff's demonstration of the approved techniques and meet the minimum standards for competency established by the method. Direct care staff skills in employing the method shall be periodically re-evaluated. Staff who demonstrate deficiencies in technique or method shall be re-trained at least every six months until they meet minimum standards for competency established by the method. Supervisory staff who are routinely involved in responding to incidents and altercations shall be trained to evaluate their subordinates' use of the approved restraint methods and must provide evaluation of the staff's proper use of these method(s) in their reports addressing use of force incidents.

(34) Suicide and Self-Harm Prevention Training The State shall conduct suicide prevention training for direct care staff.

Within six months of the Effective Date of this Agreement, HYCF shall develop a prevention training curriculum, which shall include the following topics:

- (a) a suicide prevention policy consistent with this Agreement;
 - (b) the ways in which facility environments may contribute to suicidal behavior;
 - (c) potential predisposing factors to suicide;
 - (d) high risk suicide periods;
 - (e) warning signs and symptoms of suicidal behavior;
 - (f) case studies of recent suicides and serious suicide attempts;
 - (g) the proper role of staff in responding to a suicide attempt by youth, including different levels of observation and the types of precautions that should be taken;
 - (h) strategies for de-escalating youth engaging in self-harming behaviors;
 - (i) instruction and mock demonstrations regarding the proper response to a suicide attempt; and
 - (j) the proper use of emergency equipment.
- (35) Staff Training in Behavior Management, De-Escalation and Crisis Intervention The State shall provide appropriate competency-based training to staff in behavior management, de-escalation techniques, appropriate communication with youth, and crisis intervention before staff may work in direct contact with youth.
- (36) Staff Training in Incident Reporting The State shall develop and implement policies, procedures, and practices so that staff are appropriately trained in incident reporting consistent with the type of incident reporting required under this Agreement.
- (37) Behavior Management Program The State shall develop and

implement a behavior management program. The program shall provide youth with positive and systematic recognition and rewards for accomplishments and shall teach social and cognitive skills, reinforce appropriate choices, and assist youth in establishing understandable and reachable goals. The program shall also provide that mental health staff (a) consult custody and other direct care custody staff regarding behavior management, and (b) assess the effectiveness of such program and any interventions utilized. HYCF administration shall incorporate means to assess and refine the program based on mental health staff assessment of outcomes and shall share results with program units.

C. ACCESS TO MEDICAL AND MENTAL HEALTH CARE

- (38) Access to Care The State shall provide youth with access to adequate, appropriate, and timely medical and mental health care to meet the individualized needs of youth in accordance with clinical judgment.
- (39) Policies, Procedures and Protocols The State shall develop and implement adequate medical and mental health policies, procedures and protocols as set forth in this Agreement. The State shall provide sufficient numbers of qualified medical professionals to meet these needs. In furtherance of this requirement, the State shall submit a proposed staffing plan to be approved by the Monitor, with the Monitor's approval establishing the sufficient number of staff required by this Agreement. Prior to approval by the Monitor, DOJ may submit comments to the Monitor regarding the State's staffing plan, which comments shall also be provided to the State. The State shall also provide that direct care staff do not restrict or deny the provision of adequate medical and mental health care.
- (40) Privacy Subject to safety considerations, the State shall provide for an appropriately private environment in which to conduct medical and mental health assessments at HYCF.
- (41) Mental Health and Medical Records Retrieval The State, through appropriate HYCF and OYS staff, shall develop and implement policies, procedures and practices so that, consistent with State and Federal law, all reasonable efforts are made to have the juvenile courts in the State, all juvenile detention facilities, and all placement

settings from which youth are committed, timely forward all pertinent youth records or discharge summaries regarding medical and mental health care, in accordance with the clinical judgment of the qualified medical professional or qualified mental health professional.

- (42) Interdisciplinary Communication The State shall develop and implement policies, procedures and practices so that interdisciplinary communication occurs to facilitate mental health treatment among medical and mental health staff and outside providers of medical and mental health services.
- (43) Mental Health and Medical Record System The State shall develop and implement policies, procedures and practices so that medical and mental care staff have reasonable access to all documents that are relevant to the care and treatment of the youth.

D. SPECIAL EDUCATION

- (44) Provision of Special Education The State shall provide youth confined at the facility with special education in compliance with the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§ 1400 et seq., and regulations promulgated thereunder. The State understands that providing appropriate special education services includes having staff sufficient to transport and, if necessary, appropriately supervise youth during the provision of special education services.
- (45) Documentation The State shall adequately document any lapse in the provision of special education, including the number of youth who were denied access to special education, the date, time, periods missed, and reason for the lapse. The State shall submit such documentation to the facility director for prompt action to try to cure and prevent recurrence of such denial.
- (46) Timeliness in Providing Special Education Youth who qualify for special education services shall receive such services within a reasonable time following intake at the facility.
- (47) Vocational Education The State shall develop and implement appropriate vocational education services for youth with disabilities.

- (48) Section 504 Plans The State shall develop and implement policies, procedures and practices to provide that Section 504 plans are developed and implemented for eligible youth.
- (49) Parent, Guardian and Surrogate Involvement The State shall develop and implement policies, procedures and practices to appropriately notify and involve parents, guardians or surrogate parents in the provision of special education services, whenever possible.

V. COMPLIANCE AND QUALITY IMPROVEMENT

- (50) Document Development and Revision The State shall revise and/or develop policies, procedures, protocols, training curricula, and practices so that they are consistent with, incorporate, address, implement, document, and assess all provisions of this Agreement. The State shall revise and/or develop as necessary other written documents such as screening tools, logs, handbooks, manuals, and forms, and internal audit or quality improvement methods to effectuate the provisions of this Agreement and report the outcomes, findings, and corrective action plans.
- (51) Document Review The State shall draft policies and procedures in conjunction with comments and discussions with the DOJ and the Monitor, and will send newly-drafted and revised policies and procedures to the DOJ and the Monitor for review and approval as they are promulgated. The State shall provide initial and refresher training to all facility staff with respect to newly-implemented or revised policies and procedures. The State shall document employee review and training in policies and procedures.
- (52) Quality Improvement Programs The State shall develop and implement a Quality Improvement Program for HYCF.
- (53) Corrective Action Plans The State shall develop and implement policies and procedures to address problems that are addressed in this Agreement or uncovered during the course of quality improvement activities. The State shall develop, implement, and document corrective action plans to address these problems in such a manner as to prevent them from occurring again in the future, and shall report such plans to the Office of Youth Services, Department of Human Services.

- (54) Technical Assistance by DOJ In the first instance, the State shall request technical assistance from the Monitor. DOJ will thereafter provide the State with technical assistance as requested by the State, including assistance in the formulation and development of policies and procedures, documentation, and quality improvement methods that are required to monitor and effectuate the terms of this Agreement. DOJ will assist the State in identifying additional financial or technical resources to supplement those resources currently allocated to the facilities. When the State seeks assistance from DOJ, the scope of DOJ's review shall be limited to the area in which the State requested assistance.

VI. MONITORING AND ENFORCEMENT

- (55) Monitor Selection The parties have jointly selected Russell Van Vleet to serve as the monitor ("Monitor"). Should the position become vacant and the parties cannot agree on a replacement, the parties shall recommend candidates to the Court, and the Court will select the Monitor. Neither party, nor any employee or agent of either party, shall have any supervisory authority over the Monitor's activities, reports, findings, or recommendations. The cost for the Monitor's fees and expenses shall be borne by the State. The State will apply to the Chief Procurement Officer for an exemption from the state procurement code to retain the Monitor. The Monitor may be terminated only for good cause, unrelated to the Monitor's findings or recommendations, and only with prior notice to and approval of both parties or by Court order.
- (56) Monitor Qualifications The Monitor shall have experience and education or training in the field of juvenile justice. The Monitor also may have education, training, or experience in general or special education, adolescent health and mental health needs (particularly the needs of institutionalized adolescents), and institutional abuse and incident investigations.
- (57) Monitor Access The Monitor shall have full and complete access to the facilities, all facility and OYS records, staff, and residents. The State shall direct all employees to cooperate fully with the Monitor. All non-public information obtained by the Monitor shall be maintained in a confidential manner.

- (58) Monitor Ex Parte Communications The Monitor shall be permitted to initiate and receive *ex parte* communications with all parties.
- (59) Limitations on Public Disclosures by Monitor Except as required or authorized by the terms of this Agreement or the parties acting together, the Monitor shall not: make any public statements (at a conference or otherwise); issue findings with regard to any act or omission of the State or its agents, representatives or employees; or disclose non-public information provided to the Monitor pursuant to this Agreement. Any press statement made by the Monitor regarding his employment must first be approved by the parties. Other than this lawsuit as between the United States and the State, the Monitor shall not testify in any litigation or proceeding with regard to any act or omission of the State, OYS or any of their agents, representatives, or employees, nor testify regarding any matter or subject that he or she may have learned as a result of his or her performance under this Agreement. In this lawsuit as between the United States and the State, either party may call the Monitor as a witness. Neither party will call the Monitor as their own expert or designate the Monitor as their own expert pursuant to the federal rules of civil procedure. The scope and purpose of the Monitor's testimony shall be left to the discretion of the Court. Other than this lawsuit as between the United States and the State, reports issued by the Monitor shall not be admissible against the State in any proceeding for any reason. In this lawsuit as between the United States and the State, the admissibility into evidence of the Monitor's reports, or portions thereof, shall be governed by the federal rules of evidence, and the parties reserve all rights to either seek admissibility or object to admissibility of those reports. The Monitor is not a state or local agency or an agent thereof, and accordingly the records maintained by the Monitor shall not be deemed public records subject to public inspection. In the event of a proceeding before a court, in which the court needs to determine whether or not the Monitor has performed any contracts or subcontracts for monitoring this Agreement, such testimony as is necessary for the determination of such issue(s) may be allowed, in the discretion of the court, notwithstanding this paragraph.
- (60) Limitations on Other Employment by the Monitor Unless such

conflict is waived by the parties, the Monitor shall not accept employment or provide consulting services that would present a conflict of interest with the Monitor's responsibilities under this Agreement, including being retained (on a paid or unpaid basis) by any current or future litigant or claimant, or such litigant's or claimant's attorney, in connection with a claim or suit against the State or its departments, officers, agents or employees.

- (61) Limitations on Monitor's Liability Other than a proceeding regarding whether or not the Monitor has performed any contracts or subcontracts for monitoring this Agreement, neither the Monitor nor any person or entity hired or otherwise retained by the Monitor to assist in furthering any provision of this Agreement shall be liable for any claim, lawsuit or demand arising out of the Monitor's performance pursuant to this Agreement.
- (62) Monitor Reports The Monitor shall provide the parties with reports describing the steps taken by the State to implement this Agreement and evaluate the extent to which the State has complied with each substantive provision of the Agreement. The Monitor shall issue reports every four (4) months, unless the parties agree otherwise. The Monitor shall provide reports to the parties in draft form for comment at least two weeks prior to their issuance. These reports shall be written with due regard for the privacy interests of individual youth and staff and the interest of the State in protecting against disclosure of non-public information. The Monitor's reports, which shall not be filed with the Court, may be made public by the Monitor or by the State or United States. The Monitor may keep confidential any personally-identifiable information, or any information in the interest of privacy or public safety.
- (63) Monitor Budget The State shall provide the Monitor with a budget to be set forth in an agreement with the Monitor. The Monitor may consult experts or consultants retained by either party. All parties shall receive copies of all draft reports from experts to the Monitor prior to the issuance of any Monitor's report, and shall have the option of being present at briefings from such experts to the Monitor and to the State. The Monitor may initiate and receive *ex parte* communications with the parties and with the parties' consultants.

- (64) Technical Assistance by the Monitor The Monitor shall provide the State with technical assistance as requested by the State.

VII. REPORTING REQUIREMENTS AND RIGHT OF ACCESS

- (65) DOJ Access The DOJ shall have full and complete access to the youth at the facilities. The DOJ shall have full and complete access to the facilities, youth records, staff records, and staff of the facilities regarding the topics addressed in this Agreement. The DOJ shall have the right to conduct unannounced visits to the facilities, provided that the Special Litigation Section will notify the State in the event that the United States Attorney's Office for the District of Hawai'i accesses youth or records at the facility. The DOJ shall have the right to conduct interviews with staff, and confidential interviews with residents and former residents. State attorneys may be present at interviews of staff and tours of facilities. All non-public information obtained by the DOJ shall be maintained in a confidential manner.
- (66) State Response to DOJ Questions The State shall respond to written questions from the DOJ within 30 days of receipt. The State shall provide the DOJ with written answers and access to any requested documents regarding the State's compliance with the requirements of this Agreement. Any dispute regarding the scope or burden of the requests shall be resolved by the Monitor.
- (67) State Documentation of Compliance The State shall maintain sufficient records to document its compliance with all of the requirements of this Agreement. The State shall also maintain (so long as this Agreement remains in effect) any and all records required by or developed under this Agreement.
- (68) State Compliance Reports Thirty (30) calendar days before each report from the Monitor is due, the State shall provide the Monitor and the United States with a status report regarding its compliance with this Agreement.
- (69) Privileges This Agreement shall not be deemed to waive the attorney/client, attorney work product, deliberative process, victim/counselor, or executive privileges. The

State shall not assert physician/patient or psychotherapist/patient privileges with respect to the monitoring of this Agreement.

VIII. IMPLEMENTATION AND TERMINATION

- (70) Information to Employees The State shall provide that all current and future relevant State employees understand the terms of this Agreement (to the extent necessary to carry out their job duties and responsibilities) and implement the terms of this Agreement.
- (71) Implementation The State shall implement all reforms necessary to effectuate this Agreement. The State will begin implementation immediately upon the Effective Date of this Agreement. Minor, inconsequential, sporadic, unintentional or isolated harmless instances of noncompliance with the Agreement shall not be a basis for enforcement, provided they do not affect a substantial interest of the youth.
- (72) Integration This Agreement shall constitute the entire integrated Agreement of the parties. With the exception of DOJ's findings letter dated August 4, 2005 related to HYCF, no prior or contemporaneous communications, oral or written, will be relevant or admissible for purposes of determining the meaning of any provisions herein.
- (73) Enforcement If DOJ believes that the State has failed to substantially comply with any obligation under this Agreement, DOJ will give the State written notice of the State's failure prior to reinstating the lawsuit. The parties shall conduct good-faith discussions to resolve the dispute. The parties shall attempt in good faith to mediate the dispute with the Monitor for a minimum of 30 days prior to DOJ seeking the reinstatement of the civil proceeding that this Agreement settled. The terms of this Agreement are not subject to State or federal court enforcement other than the reinstatement of the Complaint that this Agreement settled. DOJ shall have no remedy or action available for the State's alleged breach of this Agreement other than the reinstatement of the Complaint that this Agreement settled. DOJ commits to work in good faith with the State to avoid enforcement actions. However, in case of an emergency posing an immediate threat to the health or safety of youth, the United States may omit the notice and cure requirements

herein, including the provision regarding remediation, before seeking reinstatement.

- (74) Agreement Coordinator The State shall appoint an Agreement Coordinator to coordinate and oversee compliance with this Agreement.
- (75) Termination This Agreement shall terminate three years from the Effective Date of the Agreement. The Agreement may also end earlier than three years from the Effective Date of the Agreement if the State has substantially complied with each of the provisions of the Agreement and has maintained substantial compliance for at least two years. If the DOJ agrees that the State has maintained such compliance, the parties shall file a joint stipulation to dismiss with prejudice. If DOJ does not agree that the State has maintained such compliance, the burden shall be on the State to demonstrate this level of compliance. There are four substantive sections of this Agreement - protection from harm, training, access to medical and mental health care, and special education. A section of the Agreement may be terminated if the State sustains its burden with respect to that section of the Agreement. Noncompliance with mere technicalities, or temporary failure to comply during a period of otherwise sustained compliance will not constitute failure to maintain substantial compliance. At the same time, temporary compliance during a period of sustained noncompliance shall not constitute substantial compliance.
- (76) Defense of Agreement The parties agree to defend the provisions of this Agreement. The parties shall notify each other of any court challenge to this Agreement. In the event any provision of this Agreement is challenged in any local or state court, removal to a federal court shall be sought.
- (77) Successors This Agreement shall be binding on all successors, assignees, employees, agents and all those working for or on behalf of the State.
- (78) No Waiver for Failure to Enforce Failure by either party to enforce this entire Agreement or any provision thereof with respect to any deadline or any other provision herein shall not be construed as a waiver of its right to enforce other deadlines or provisions of this Agreement.

- (79) Notice "Notice" under this Agreement shall be provided by courier or overnight delivery and shall be provided to the Governor of the State and to the Attorney General of the State.
- (80) Unforeseen Delay If any unforeseen circumstance occurs which causes a failure to timely carry out any requirements of this Agreement, the State shall notify the DOJ in writing within 20 calendar days of the time that the State becomes aware of the unforeseen circumstance and its impact on the State's ability to perform under the Agreement. The notice shall describe the cause of the failure to perform and the measures taken to prevent or minimize the failure. The State shall implement all reasonable measures to avoid or minimize any such failure.
- (81) Non-Retaliation The State agrees that it shall not retaliate against any person because that person has filed or may file a complaint, provided information or assistance, or participated in any other manner in an investigation or proceeding relating to this Agreement. The State is not precluded from taking appropriate action where an individual knowingly asserts a false complaint or makes knowingly false statements.
- (82) Subheadings All subheadings in this Agreement are written for convenience of locating individual provisions. If questions arise as to the meanings of individual provisions, the parties shall follow the text of each provision.
- (83) Severability In the event any provision of this Agreement is declared invalid for any reason by a court of competent jurisdiction, said finding shall not affect the remaining provisions of this Agreement.
- (84) Attorney's Fees and Expenses Each party shall bear the cost of their fees and expenses incurred in connection with this cause.

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Date: February 7, 2006

TAB

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**4th Federal
Monitor's Report**

**Memorandum of Agreement
between
The United States
And the State of Hawaii**

September 15, 2007

**Russell K. Van Vleet, MSW
Lindsay M. Hayes, MS
Peter M. Leone, PhD**

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Memorandum of Agreement
Between
The United States
And
The State of Hawaii

INTRODUCTION

This is the fourth report to be issued by the Monitor in response to the Memorandum of Agreement between the United States and the State of Hawaii.

This report will complete the first 18 months of monitoring of the Memorandum of Agreement Between the United States and The State of Hawaii. It covers the time period from March 28, 2007 to September 15, 2007.

The report is divided into Substantive Remedial Measures: Protection from Harm; Training; Access to Medical and Mental Health Care; Special Education; and Compliance and Quality Improvement. Fifty-three Individual Provisions make up the settlement agreement with each rated as to compliance. Ratings are Substantial Compliance, Partial Compliance, Non-Compliance or Not Reviewed.

During this last reporting period Mr. John Platt, investigator with the Department of Justice, assisted with the February site visit and offered many observations and recommendations to the monitor. Mr. Platt is a highly experienced and respected investigator. His summary, was provided to the monitor as this latest reporting period began. That report was provided to the administrative staff at HYCF and thoroughly reviewed by the monitor with HYCF staff during the last reporting period. All of his observations and recommendations were discussed and many incorporated into this report. His assistance and interest in the HYCF and the youth it serves are greatly appreciated and acknowledged.

Dr. Peter Leone continued his review of the education programming and Mr. Lindsay Hayes continued his monitoring of the provisions related to suicide prevention and suicide prevention training.

Noteworthy also during this reporting period is the appointment of Martha Torney as the Executive Director of the Office of Youth Services. Also, HYCF administrator Kaleve Tufone Loseda has been on leave for the last several months and whether she will return to that position is unclear at this time. Mr. Kale Au has been Acting Youth Facility Administrator during her absence. Also, Mr. Alex Escarcega, who has been providing technical assistance to the HYCF, on loan from the Federal Bureau of Prisons, has had his leave extended and will continue on-site TA for the next 1 to 2 years.

The National Commission on Correctional Health Care (NCCHC) completed its assessment of the current compliance of the HYCF with the 2004 NCCHC *Standards for Health services in Juvenile Detention and Confinement Facilities*. This assessment was

conducted by NCCHC consultants Jacqueline Moore, PhD, Rn, CCHP-A and James Owens, MD, CCHP-A. (A copy of this report is included in the appendices of this report). Also included in this consultation was a staffing analysis for the medical unit. That analysis is included in Appendix C. Dr. Owens will continue to provide assistance with the implementation of the NCCHC recommendations during the next reporting periods and Jacqueline Moore will develop the policy and procedure for the delivery medical services at the HYCF.

Policy and Procedure continue to be developed and reviewed by the HYCF staff, DOJ, Monitor and Union. A listing of those P&P and their progress through that process is contained in the Appendices of this report.

Of concern to the monitor is that while the state is making progress with basic infrastructure needs of the facility, administrative, operational and physical the basic requirement needed for a safer facility has not been completed. That is the hiring, retention and training of a direct care staff workforce ready and willing to operationalize the programming necessary for a safe, secure and rehabilitative secure facility.

The monitor wishes to acknowledge the complete cooperation of the Office of the Attorney General, Mark Bennett, Lisa Ginoza, Heidi Rian and Blair Goto. Also, the participation of LaShanda Chirunga Branch, attorney, representing the DOJ in this process. The Office of Youth Services, Martha Torney, Executive Director, the Hawaii Youth Correctional Facility (HYCF) Administrator, Kaleve Tufono-Iosefa and Acting YFA Kale Au. Also, Alex Escarcega, Special Assistant to the OYS and the HYCF.

Staff from the HYCF continue to respond very positively to requests for information and recommendations for changes in the operations of the facility.

At the conclusion of the fourth site visit a de-briefing was held with those who participated in the site visits during the reporting period. A list of attendees is included in the appendices to the report.

DEFINITIONS OF RATINGS

Compliance with the Agreement requires that The Office of Youth Services (OYS) demonstrate substantial compliance for each of the substantive remedial measures at the Hawaii Youth Correctional Facility (HYCF). In this report, the Monitor describes the steps taken by the OYS to implement the remedial measures and the extent to which the OYS has complied with the requirements of the Agreement. In assessing compliance, the Monitor utilizes the following terms, which have been agreed upon by the parties:

Substantial Compliance: Substantial Compliance with all components of the rated provision. Non-Compliance with mere technicalities, or temporary failure to comply during a period of otherwise sustained compliance will not constitute failure to maintain substantial compliance. At the same time, temporary compliance during a period of sustained non-compliance shall not constitute substantial compliance.

Partial Compliance: Compliance has been achieved on most of the key components of the Agreement provision at the HYCF, but substantial work remains.

Non-Compliance: Non-compliance with most or all of the components of the Agreement provision at the HYCF.

Not Reviewed: This rating is given if the Monitor due to time constraints in the reporting period could not adequately review it.

SUBSTANTIVE REMEDIAL MEASURES

A. PROTECTION FROM HARM (SUICIDE PREVENTION)

(1) Development and Implementation of Policy. The state shall develop and implement appropriate policies, procedures, and practices relating to suicide prevention, intervention, and supervision as set forth in this Agreement.

Rating: Substantial Compliance

Discussion: Following prolonged delay and various revisions, the Hawaii Youth Correctional Facility (HYCF) has finally approved and implemented a Suicide Prevention Policy (No. 1.35.63). The policy became effective on April 24, 2007.

A rating of substantial compliance is given because the new Suicide Prevention Policy was approved and implemented as of the date of this compliance status report.

Recommendation: None

Documentation: Suicide Prevention Policy (No. 1.35.63) dated April 24, 2007.

(2) Identification of Youth at Risk of Suicide. The state shall develop and implement policies and procedures pertaining to the screening of youth in order to:

Rating: Partial Compliance

Discussion: Upon admission into HYCF, current facility practices are for all newly admitted youth to be screened by social workers, as well as medical and mental health personnel, shortly after arrival. A "Pertinent Information Sheet" (YCF-26) is completed for all newly admitted youth and contains some inquiry regarding suicidal ideation. Medical staff then completes both a "Mental Health Assessment" and "Medical History" form. Mental health staff from the Family Court Liaison Branch (FCLB) complete a Psychiatric Risk Screening/Assessment Form on each newly arrived youth that includes the following inquires: 1) history of past suicidal ideation and/or attempts; 2) current ideation, threat, plan; 3) history prior mental health treatment/hospitalization; 4) history of recent significant loss (job, relationship, death of family member/close friend, etc.); 5) history of suicidal behavior by family member/close friend; 6) suicide risk during prior confinement; and 7) current or history of self-mutilation, cutting, or head banging, etc. has been added to the form.

There remains a few concerns regarding the above screening process. Inquiry regarding "suicide risk during prior confinement" is still incorrectly asked to the youth rather than the screener independently verifying whether the youth was a suicide risk during prior HYCF confinement. In addition, effective July 6, 2007 an "Arresting/Transporting Officer Questionnaire" has been created to solicit information regarding the youth's mental status and potential suicide risk upon entry into the HYCCF. Because the process had just recently been initiated, the Monitor's suicide prevention expert was not able to assess whether it had been fully implemented during the on-site visit of July 10-12, 2007. Finally, a review of several medical files revealed that blank and/or incomplete copies of the "Physical Examination" form were being forwarded to the youth's mental health file soon after the intake screening process. The Monitor's suicide prevention expert was informed that the forms were blank and/or incomplete copies because physical examinations are conducted between 7 and 14 days after admission and, therefore, not available right after admission.

A rating of partial compliance is given because of the areas identified above and because compliance with this section also requires satisfactory completion of Provision 2 (a) through 2 (g) below.

Recommendation: First, and as previously recommended in March 2007, because the OYS, HYCF and FCLB do not have currently have automation capabilities, a manual retrieval system will have to be developed to track youth who have previously been on suicide precautions within the HYVF. Because medical staff is on-site 24 hours a day and a youth can be admitted at any time of the day, it is probably most appropriate that the responsibility for maintaining and accessing the manual retrieval system rest with medical staff during the intake process. Thus, narrative regarding "suicide risk during prior confinement" should be added to either medical staff's "Mental Health Assessment" or "Medical History" forms.

Second, the Arresting/Transporting Officer Questionnaire form should be completed and given to HYCF personnel upon the youth's arrival into the facility, and then forwarded to the medical staff on duty. The form should be reviewed for completeness, placed in the medical file, with a copy sent to the mental health file.

Third, it is strongly recommended that Physical Examination forms only be forwarded to the mental health file after the examination has been completed.

Fourth, as previously recommended, it is strongly recommended that HYCF draft Policy No. 1.47.05 (Intake Process) be revised to incorporate the above recommendations, as well as to fully describe the intake screening process.

Fifth, the FCLB's Psychiatric Risk Screening/Assessment Form inadvertently has "every 10-15 minutes" listed alongside close observation on pages 2 and 3 of the form. The correct frequency of close observation is "staggered intervals not to exceed every 10 minutes." Although a minor error, it should be corrected to avoid confusion amongst staff.

Documentation: Interviews with medical and FCLB staff; review of Arresting/Transporting Officer Questionnaire; case file review.

(2(a)) Place all newly arrived youth under heightened observation until they can be assessed by a qualified mental health professional, except those youth who had previously been in the facility within the last 60 days need not be placed under heightened observation if they had not been subject to any suicide precautions in their last stay at the facility and if there is no indication that the youth is contemplating self-harm.

Rating: Partial Compliance

Discussion: First, as previous stated in prior reports, the above Provision assumes that a youth would not be at risk of suicide if they had been in the facility within the past 60 days and not been on suicide precautions. It should never be assumed that youth are at no risk or reduced risk of suicide because they were not previously on suicide precautions within a specific time frame (e.g., 60 days). Second, "heightened observation" is not defined. By offering this additional level of observation, there is an assumption that "heightened observation" provides differing supervision than either "close observation" (defined in the MOU as requiring observation at 10-minutes intervals) or "precautionary direct supervision" (defined in the MOU as requiring continuous observation). In January 2007, attorneys from the Hawaii Attorney General's Office and U.S. Justice Department met to consider revision of (2(a)).

A rating of partial compliance is given because the newly drafted HYCF Policy No. 1.47.05 (Intake Process) is in need of substantial revision and was not approved and implemented as of the date of this compliance status report.

Recommendation: With the acknowledgement that all youth are potentially at risk of suicide upon entry into a juvenile facility, this Provision could be satisfied if the HYCF revised its policies and procedures to require all newly admitted youth be placed on close observation status or observed at 15-minute intervals until they are assessed by mental health staff. It is also strongly recommended that HYCF draft Policy No. 1.47.05 (Intake Process) be revised, approved, and implemented.

Documentation: HYCF draft Policy No. 1.47.05 (Intake Process).

(2(b)) Request from the Oahu Family Court and the Hawai'i Juvenile Detention Center all mental health reports for each newly-arrived youth within one week of the youth's arrival.

Rating: Partial Compliance

Discussion: Although not fully addressed in either HYCF draft Policy No. 1.47.01 (Requirements for Admission) or HYCF draft Policy No. 1.47.09 (Assessment and Evaluation), current facility practices are for the Mental Health Director to request pertinent mental health records from the Hawaii Juvenile Detention Center (the state's only detention facility) for all newly admitted youth who received such services during detention confinement. Because the FCLB provides mental health services to both the HYCF and the Hawaii Juvenile Detention Center, transfer of records is generally efficient, reliable, and normally faxed during the same business day. However, current practices do not address how the HYCF will receive pertinent mental health records of youth who are committed to the facility and were not in detention and/or not receiving

services from the Family Guidance Center, but receiving such services from other providers.

Further, one of the most important reasons to receive pertinent information from the Hawaii Juvenile Detention Center is to assess the youth's adjustment to detention, as well as determine if they were a medical, mental health, or suicide risk during that confinement. Yet, HYCF draft Policy No. 1.47.01 (Requirements for Admission) does not specifically address the transfer of these critical records.

In late 2006, the HYCF Administrator, FCLB Branch Chief, and FCLB Psychiatrist met with the First Circuit Family Court Administrator and Probation Office Supervisor regarding this issue. It was determined that, per policy, the Oahu Family Court and the Hawaii Juvenile Detention Center are required to forward pertinent youth records to the Office of Youth Services. As a result, the family court administrator instructed the probation office supervisor to comply with this policy. In July 2007, the Monitor's suicide prevention consultant was told that a draft policy had been submitted to the judiciary for consideration. To date, both FCLB and medical staff at HYCF report improvement in compliance with pertinent records being forwarded the court and/or detention center. The FCLB Branch Chief has implemented a "Transfer Information Form" that is now being completed by Hawaii Juvenile Detention Center staff when a youth is transferred to the HYCF. This is an excellent practice.

A rating of partial compliance is given because the newly drafted HYCF Policy No. 1.17.01 (Requirements for Admission) and HYCF draft Policy No. 1.47.09 (Assessment and Evaluation) are both in need of revision, and have not been approved and implemented as of the date of this compliance status report.

Recommendation: Several recommendations are offered. First, as previously recommended in both July 2006 and March 2007, both HYCF Policy No. 1.17.01 (Requirements for Admission) and HYCF draft Policy No. 1.47.09 (Assessment and Evaluation), need to be revised to ensure that pertinent records are obtained, not simply requested, within seven (7) days of admission. For example, 4.0.1d of Policy No. 1.17.01 (Requirements for Admission) should be revised to read: "No youth, under any circumstances, shall be admitted to HYCF without a certified copy of the Mittimus, and the Pertinent Information Sheet. All other documents shall be received within seven (7) days."

Second, as recommended in both July 2006 and March 2007, it is strongly recommended that a corrective action plan be developed to address situations in which the HYCF will receive pertinent mental health records of youth who were not in detention and/or not receiving services from the Family Guidance Center, but receiving such services from other providers.

Fourth, as recommended in both July 2006 and March 2007, even when enacted, HYCF Policy No. 1.17.01 (Requirements for Admission) is still not enforceable to outside agencies and providers that commit/refer youth to HYCF. As such, it is strongly recommended that a Memorandum of Understanding be created between the Office of

Youth Services and the family courts of each of the Hawaiian Islands (not only the Oahu Family Court) that commits youth to the HYCF. A sample MOU was forwarded to the Hawaii Attorney General's Office in February 2007 by the Monitor's suicide prevention consultant.

Documentation: HYCF draft Policy No. 1.47.01 (Requirements for Admission), HYCF draft Policy No. 1.47.09 (Assessment and Evaluation); Transfer Information Form; interviews with FCLB and medical staff; case file review.

(2(c)) Place youth on Precautionary Direct Supervision when the youth has a documented history of suicide attempts or self-harm, has declared that he or she has recently contemplated or attempted suicide or Self-Harm, or has expressed or communicated a suicidal or Self-Harming plan.

Rating: Partial Compliance

Discussion: It is unreasonable to place every youth on continuous observation (Precautionary Direct Supervision) strictly because they have a documented history of suicide attempts or self-harm. In January 2007, attorneys from the Hawaii Attorney General's Office and U.S. Justice Department met to consider revision of (2(c)).

With that said, there were several incidents involving youth assigned to Precautionary Direct Observation that need corrective action. For example, during the July 2007 visit, the Monitor's suicide prevention consultant observed two separate incidents in which youth on Precautionary Direct Observation status were not being observed as required. In the first incident, the staff member assigned to observe Youth A.M. left the Holding Cell area across from Central Control several times on July 11. In the second incident, a nurse assigned to observe a youth on the O and A Unit was seen reading a book on July 12. Most importantly, in two other separate incidents on the O and A Unit, youth on Precautionary Direct Observation were able to engage in serious self-harm. On July 15, 2007, Youth K.S. was able to return to her room, place a bed sheet around her neck, and tie it to a window knob before being discovered. On July 25, 2007, Youth C.S. was not only able to cut herself with glass while on Precautionary Direct Observation but, when returned from the hospital with stitches, was able to open the stitches undetected with a pencil.

Recommendation: First, as recommended in both July 2006 and March 2007, it is strongly recommended that Precautionary Direct Supervision (i.e., continuous, direct eyeball observation) be utilized for youth who are assessed to be actively suicidal, either threatening or engaging in self-injurious behavior. In addition, all youth identified at intake with a history of suicidal behavior should be placed on close observation status until they are assessed by mental health staff. Second, inadequate supervision of youth placed on Precautionary Direct Supervision should not be tolerated by HYCF officials. Both individual staff assigned to observe youth, as well as their supervisors, should be held accountable. Evidence of corrective action should be submitted to the Monitor.

Documentation: Observation by Monitor's suicide prevention consultant; teleconference with HYCF officials and Monitor on August 13, 2007; and reports from multidisciplinary team review.

(2(d)) Place youth on Close Observation where the youth reasonably appears to be at risk of suicide or Self-Harm but has no history of recent suicide or Self-Harm attempts and does not acknowledge a suicidal or Self-Harming plan.

Rating: Substantial Compliance

Discussion: In practice, all youth at risk for suicide are, at a minimum, placed on Close Observation status.

A rating of substantial compliance is given because the new Suicide Prevention Policy was approved and implemented as of the date of this compliance status report.

Recommendation: None

Documentation: Suicide Prevention Policy; case file review

(2(e)) Create a system whereby mental health and medical staff have access to centralized medical and mental health records for youth in their care.

Rating: Partial Compliance

Discussion: Medical and mental health files are still not integrated, and it appears highly unlikely that FCLB and HYCF medical staff will integrate such files in the future. The only acceptable alternative is to ensure that all documents related to a youth's suicide risk are contained in both the medical and mental health files.

A review of several case files during this reporting period found good progress in that mental health files generally did contain appropriate intake screening forms from the medical files, and the medical files generally contained appropriate mental health records. In addition, the mental health files now separate section designated for Suicide Prevention. This is an excellent practice. However, review of one medical file was troubling. Youth C.S. had been placed on suicide precautions most recently from June 18 thru June 28, 2007. On both July 7 and July 11, the youth was engaging in self-injurious behavior by punching the wall and window, as well as scratching her arm. Both incidents were reported to medical staff who treated the youth for minor injuries and completed an "Inmate Injury Medical Report." Both incidents, however, were apparently not reported to mental health staff.

A rating of partial compliance is given because, although there has been good progress made in both medical and mental health staff forwarding respective records to each other, HYCF does not have a policy that addresses a listing of forms that will be exchanged by both medical and mental health files.

Recommendation: First, as previously recommended, the HYCF needs to develop a policy which lists the documents required to be exchanged by medical and mental health staff. At a minimum, the following documents should be contained in both the medical and mental health files:

- Arresting/Transporting Officer Questionnaire
- Transfer Information Form
- MAYSI-2
- Psychiatric Risk Screening/Assessment

- Suicide Risk Assessment
- Initial Mental Health Assessment Summary
- Mental Health Care Plan for Youth on Suicide/Self-Harm Precautions
- Suicide Risk Reassessment Form
- Inmate Injury Medical Report
- Mental Health Assessment
- Medical History
- Physical Examination
- Chronological Form (YCF 235)

Medical and FCLB officials should determine which forms belong in the Suicide Prevention section of each file.

Second, although time constraints did not allow for auditing of security files, HYCF officials should ensure that confidential mental health evaluations from any provider are not stored in the security file, and must always be kept in the health care record (medical/mental health file). This area will be audited by the Monitor's suicide prevention consultant in the future.

Documentation: Case file reviews; interviews with medical and FCLB staff.

(2(f)) Require that all HYCF mental health staff appropriately utilize progress notes to document interactions with and/or assessment of suicidal youth.

Rating: Partial Compliance

Discussion: Progress notes are required to be written within 24 hours of the assessment, reviewed by the FCLB Branch Chief, and forwarded to medical staff on a weekly basis. There appears to be uneven progress in this area. A review of mental health files found several examples in which progress notes were missing.

Five mental health files were thoroughly reviewed in July 2007. Youth K.V. was on suicide precautions from May 31 thru June 5, 2007, but there were no progress notes in the file to verify that he was assessed on a daily basis by mental health staff. Youth S.F. was on suicide precautions from June 15 thru June 18, 2007, but there were no progress in the file to verify that he was assessed on a daily basis by mental health staff. Youth C.S. was on suicide precautions from June 18 thru June 28, 2007, and all progress were in the file to verify that she was assessed on a daily basis by mental health staff. Youth M.M. was on suicide precautions from June 20 thru June 25, 2007, but progress notes from June 21 thru June 24 were missing from the file. Youth J.A. was on suicide precautions from July 3 thru July 5, 2007, but the progress note from July 4 was missing from the file.

It should be noted that Daily Suicide Precautions Rosters were contained in each file for each day the youth was on suicide precautions. This raises the possibility that some mental health staff might be confused into thinking that the Roster form can be utilized in lieu of a daily assessment and progress note.

A rating of partial compliance is given because of the problems identified above.

Recommendation: It is strongly recommended that FCLB's Branch Chief ensure that progress notes are written on a daily basis for youth on suicide precautions, and that staff are not misinformed that notations on the Daily Suicide Precautions Roster can be utilized in lieu of a daily progress note.

Documentation: Case file review.

(2(g)) Facilitate appropriate communication between direct care, medical and mental health personnel and outside providers of medical and mental health regarding the needs of suicidal youth.

Rating: Partial Compliance

Discussion: As previously reported, there continue to be improvements in this area. The HYCF Administrator holds administrative meetings every Monday morning that includes security, mental health, medical, and education staff. A Quality Assurance committee has been formed and meets 3 to 4 times per month. In addition, a Daily Suicide Precautions Roster has been implemented, and progress made in forwarding all pertinent mental health records regarding the assessment and management of suicidal youth to medical staff for inclusion into the youth's medical record.

The Monitor had also previously supported the FCLB initiative of inviting both HYCF medical and social work staff to the weekly FCLB Clinical Treatment Team meetings. In late January 2007, medical staff began to attend the Clinical Treatment Team meetings. However, although medical staff has faithfully attended the weekly sessions, two of the three current social workers have not been regularly attending the meetings.

In addition, and as previously reported, several private contractors (e.g., sex offender, substance abuse treatment providers) providing clinical services to HYCF youth are not currently required to provide any documentation of such services to either mental health and/or medical staff. One such contractor provides individual sex offender treatment. If a youth also has a co-existing mental health problem, the contractor also will provide services to address that need, but not forward any progress notes to FCLB.

A rating of partial compliance is given because of the problems identified above.

Recommendation: First, as previously recommended in March 2007, it is strongly recommended that, absent an emergency, social worker staff should be mandated by the HYCF Administrator to attend the weekly FCLB Clinical Treatment Team meetings. If necessary, an administrative directive should be developed to reflect the mandatory attendance at the meeting.

Second, as previously recommended in March 2007, it is strongly recommended that any contractor providing services to HYCF youth be required to provide copies of progress notes and other appropriate records to HYCF. These documents should be placed in the youth's respective mental health and medical files. This recommendation should receive immediate attention.

Documentation: Case file review; attendance at July 11, 2007 Clinical Team Meeting.

(3) Suicide Risk Assessments, Evaluations, and Review of files by Mental Health Staff. The State shall develop and implement policies and procedures so that:

Rating: Partial Compliance

Discussion: Significant progress continues to be made in this area. Beginning in September 2006, has conducted mental health assessments on all newly committed youth within 14 days of entering the HYCF. Several "Initial Mental Health Assessment Summary" forms were reviewed. All were found to be extremely comprehensive, well written, and fully documented the youth's mental health background, treatment needs, and preliminary plan for treatment. Discussion with mental health staff indicated that, in addition to assessing the youth and reviewing documents, they try to speak personally with the parents, probation officer, HYCF social worker, and observe the youth in the classroom.

A rating of partial compliance is given because Policy 1.47.09 (Assessment and Evaluation) is in need of revision, and compliance with this section also requires satisfactory completion of sections 3 (a) through 3(c) below.

Recommendation: None

Documentation: Case file review; HYCF draft Policy No. 1.47.09 (Assessment and Evaluation); and interviews with mental health staff.

(3(a)) Qualified mental health professionals conduct timely suicide risk assessments using reliable instruments (including but not limited to the MAYSI assessment); (1) for all youth exhibiting behavior which reasonable may indicate suicidal ideation (2) within 24 hours of the initiation of suicide precautions; (3) when determining whether to change the level of suicide precautions; and (4) when determining whether to remove suicide precautions.

Rating: Partial Compliance

Discussion: Significant progress continues to also be made in this area. FCLB personnel initially assess all newly committed youth in a timely fashion. Once a youth has been placed on suicide precautions, mental health staff are required to assess all suicidal youth (regardless of observation level) on a daily basis, although as noted in 2(f) above, progress notes are not always written. A previous concern regarding privacy when conducting assessments has been slightly alleviated with renovation of the medical office.

A rating of partial compliance is given because Policy 1.47.09 is in need of revision, and of concerns previously reported in 2(f) above regarding daily progress notes.

Recommendation: None

Documentation: Case file review.

(3(b)) Qualified mental health professionals evaluate youth who attempt or commit Self-Harm or have a history of Self-Harm.

Rating: Partial Compliance

Discussion: Although not currently addressed in policy, current practices reflect that mental health personnel assess youth who have attempted suicide and/or have a history of suicidal behavior.

A rating of partial compliance is given only because Policy 1.47.09 is in need of revision, and the Suicide Prevention Policy was not approved and implemented as of the date of this compliance status report.

Recommendation: None

Documentation: Case file review; interviews with mental health staff.

(3(c)) Mental health staff thoroughly review as appropriate all of a youth's files, including medical files and any case files, for documentation of any prior suicidal or Self-Harming behavior upon intake and again whenever the youth is placed on suicide precautions.

Rating: Partial Compliance

Discussion: Although not currently addressed in policy, current practices reflect that, with one exception, mental health personnel review the youth files for documentation of prior suicidal behavior. The exception is that, as previously reported in Section 2 above, HYCF has not established a tracking system at intake whereby it can be easily determined whether a youth had previously been placed on suicide precautions.

A rating of partial compliance is given only because Policy 1.47.09 is in need of revision, and the Suicide Prevention Policy was not approved and implemented as of the date of this compliance status report.

Recommendation: See Section 2 above.

Documentation: Case file review.

(4) Placement of Youth on Suicide Precautions. The State shall develop and implement policies and procedures so that any staff member who identifies a youth as suicidal immediately shall place the youth on suicide precautions and refer the youth to a qualified mental health professional for assessment.

Rating: Substantial Compliance

Discussion: Current practices are that any staff member who identifies a youth as suicidal immediately places the youth on suicide precautions and a referral is made to mental health personnel for assessment. A previous concern that youth placed on suicide precautions by direct care staff were occasionally being initially locked down in their room and issued a safety smock until they were assessed by mental health personnel has been corrected.

Recommendation: None

Documentation: Case file review; interviews with several direct care staff.

(5) Mental Health Response to Suicidal and Self-Harming Youth. Where a qualified mental health professional makes a determination that a youth represents a continuing risk of suicide or

Self-Harm to himself, the qualified mental health professional shall write a plan for monitoring, intervention and care, and re-evaluation of the youth ("Mental Health Care Plan"). The Mental Health Care Plan shall provide that youth discharged from suicide precautions receive adequate follow-up treatment within the facility, according to the clinical judgment of the qualified mental health professional.

Rating: Partial Compliance

Discussion: Although the issue of treatment planning is still not currently addressed in any available policy, mental health personnel currently document treatment planning notes in two locations: 1) in the progress notes of the youth's mental health file, and 2) on the recently revised "Mental Health Care Plan for Youth on Suicide/Self-Harm Precautions" Form. The form has been revised consistent with recommended NCCHC standards and includes three areas: 1) Signs, symptoms, and circumstances under which risk for suicide is likely to recur, 2) How recurrence of suicidal thoughts/gestures can be avoided, and 3) Interventions/actions staff and youth can take if the suicidal thoughts do occur.

Five mental health files were thoroughly reviewed in July 2007 for Mental Health Care Plans. Youth K.V. was on suicide precautions from May 31 thru June 5, 2007, but did not have a Mental Health Care Plan in the file. Youth S.F. was on suicide precautions from June 15 thru June 18, 2007, and his Mental Health Care Plan stated the following: "close observation, talk with youth, and don't place in isolation." Youth C.S. was on suicide precautions from June 18 thru June 28, 2007, and her Mental Health Care Plan stated the following: "supportive intervention, help with anger, and look for change in mood/attitude."

Youth M.M. was on suicide precautions from June 20 thru June 25, 2007 and, although there was no Mental Health Care Plan, the discharging progress note stated: "continue Seroquel, continue to monitor mood, and continue individual and family therapy." Youth J.A. was on suicide precautions from July 3 thru July 5, 2007, and a Mental Health Care Plan was developed. In sum, Mental Health Care Plans were found in only 3 of the 5 reviewed cases. In addition, for purposes of providing proper mental health treatment, as well as providing quality assurance monitoring by the FCLB Branch Chief and/or Psychiatrist, the "interventions/actions" sections need to be more descriptive (e.g., "talk to youth" about what?, what type of "therapy" and "help with anger"?, frequency of intervention, etc.). It should be noted however, that each of these youth was discussed during weekly Clinical Treatment Team meetings.

As previously offered in March 2007, concern was raised regarding the mechanism by which FCLB staff will communicate with direct care staff on the necessary interventions and actions to take if the youth's suicidal thoughts reoccur. This concern is based, in part, on the uneven attendance by social worker staff at the Clinical Treatment Team Meetings.

Recommendation: As previously recommended in July 2006 and March 2007, it is strongly recommended that a new policy be developed to address the development of treatment planning for suicidal youth. In addition, the policy should establish a protocol describing how the treatment plan will be monitored for quality assurance.

Documentation: Case file review.

(6) Documentation of Youth on Suicide Precautions. The State shall develop and implement policies and procedures so that direct care staff who supervise youth on suicide precautions:

Rating: Partial Compliance

Discussion: A rating of partial compliance is given because compliance with this Provision also requires satisfactory completion of Provisions 6(a) and 6(b) below.

Recommendation: None

Documentation: None

(6(a)) Read the youth's Mental Health Care Plan.

Rating: Partial Compliance

Discussion: Time constraints prevented the Monitor's suicide prevention consultant from interviewing direct care staff to determine whether they are now reviewing the Mental Health Care Plans. This provision will be audited in October 2007.

It is noteworthy, however, to mention a minor incident witnessed by the Monitor's suicide prevention consultant on July 11, 2007. Youth A.M. was placed on suicide precautions in the Holding Cell across from Central Control. He had requested and received permission to attend recreation. However, when he arrived at the gymnasium and requested only to shoot baskets, he was informed by staff that he would have to first perform large muscle exercises, including running several laps around the basketball court. Lethargic because he was taking psychotropic medication, A.M. was unable to perform any exercises and was subsequently returned to the holding cell in frustration. Although a Mental Health Care Plan was not yet in place for this youth, it would have been more appropriate for direct care staff to consult with mental health personnel before placing conditions on A.M.'s recreation activities.

Recommendation: None

Documentation: None

(6(b)) Document the following information during each shift in which the staff supervises the youth in such a way as to be accessible by other direct care staff: 1) that the staff member read: (a) the type of precaution established by a qualified mental health professional or the youth's removal from precautions; (b) the time the youth was placed on such precaution or removed; (c) the time of the youth's last status re-evaluation by the qualified mental health professional and any modification or update to the Mental Health Care Plan; 2) the housing location of the youth on precaution; 3) for youth on Close Observation (or other periodic observation), the times of observation and an overall statement regarding the youth's behavior, status, or emotional state for each time recorded; and 4) for youth on Precautionary Direct Supervision (or other continuous observation), narratives detailing the youth's behavior.

Rating: Substantial Compliance

Discussion: Significant progress has also been made in this area. The Daily Suicide Precautions Roster has been enacted and lists the youth's name, assigned housing unit, assigned social worker, level of observation, mental health staff who initiated the precautions, date the precautions were initiated, and mental health care plan status.

In addition, although the FCLB Branch Chief believes that initiation of the "FCLB Youths Currently on Self-Harming/Suicide Alert Status Daily Roster" (which includes a box for "termination of suicide alert status) should justify discontinuing use of the current "Suicide Alert Removal/Change in Observation Level" form (HYCF 205), also known as

the "Authorization for Suicide Precautions/Reassessment or Change in Observation Level Form," because they are seemingly duplicative, the Monitor's suicide prevention consultant believes that both forms are still necessary. While the Daily Roster lists all youth on suicide precautions and is updated daily and distributed to various staff, the Suicide Alert Removal/ Change in Observation Level form provides direct communication from FCLB to HYCF staff regarding upgrading/downgrading/discharging suicide precautions, time the changes were made, staff notified, and special conditions of the precautions.

Current practices have been revised to require that observation of youth on suicide precautions, regardless of the observation level, is documented on the Youth Chronological Record (Form 235).

The rating for this provision was raised to substantial compliance because of the progress made and the fact that the new Suicide Prevention Policy was approved and implemented as of the date of this compliance status report.

Recommendation: None

Documentation: Daily Suicide Precautions Roster; Youth Chronological Record (Form 235).

(7) Documentation of Youth at Risk of Self Harm. The State shall develop and implement policies, procedures, and practices so that incidents of Self-Harm by youth and youth at heightened risk of Self-Harm, and the actions taken to address such incidents, are documented.

Rating: Substantial Compliance

Discussion: Through policy and practice, incidents of self-injurious behavior and resulting action taken are appropriately documented.

A rating of substantial compliance is given because the new Suicide Prevention Policy was approved and implemented as of the date of this compliance status report.

Recommendation: None

Documentation: Case file review

(8) Access to Programs and Services by Youth on Suicide Precaution. The State shall develop and implement policies and procedures so that youth on suicide precautions continue to receive programs and services, in accordance with safety and security needs, and in accordance with the clinical judgment of a qualified mental health professional.

Rating: Substantial Compliance

Discussion: As indicated in Provision 4, a previous concern that youth placed on suicide precautions by direct care staff were occasionally being initially locked down in their room and issued a safety smock until they were assessed by mental health personnel has been corrected.

A rating of substantial compliance is given because the new Suicide Prevention Policy was approved and implemented as of the date of this compliance status report.

Recommendation: None

Documentation: None

(9) Step Down Levels of Observation. The State shall develop and implement policies and procedures establishing a “step-down” level of observation whereby youth on suicide precaution are gradually released from the more restrictive levels of supervision to less restrictive levels for an appropriate period of time as established by qualified mental health professionals and documented in the youth’s care plan prior to the youth’s discharge from suicide precaution.

Rating: Substantial Compliance

Discussion: The new Suicide Prevention Policy now contains narrative that addresses the issue of “step-down” levels of observation for suicidal youth, and current practices indicate that step-down occurs on a case-by-case basis.

A rating of substantial compliance is given because the new Suicide Prevention Policy was approved and implemented as of the date of this compliance status report.

Recommendation: None

Documentation: None

(10) Treatment Plans for Youth Discharged from Suicide Precaution. The State shall develop and implement policies and procedures so that all youth discharged from suicide precautions continue to receive mental health treatment in accordance with the treatment plan developed by a qualified mental health professional, unless the qualified mental health professional determines that no such continued treatment is necessary.

Rating: Partial Compliance

Discussion: Although the issue of treatment planning is still not currently addressed in any available policy, mental health personnel currently document treatment planning notes in two locations: 1) in the progress notes of the youth’s mental health file, and 2) on the recently revised “Mental Health Care Plan for Youth on Suicide/Self-Harm Precautions” Form. The form has been revised consistent with recommended NCCCHC standards and includes three areas: 1) Signs, symptoms, and circumstances under which risk for suicide is likely to recur, 2) How recurrence of suicidal thoughts/gestures can be avoided, and 3) Interventions/actions staff and youth can take if the suicidal thoughts do occur.

In addition, the new Suicide Prevention Policy now requires that all youth discharged from suicide precautions remain on the mental health caseload and receive regularly scheduled follow-up assessment by mental health personnel until their release from the facility. Unless their individual treatment plan directs otherwise, the reassessment schedule is as follows: daily for 5 days, once a week for 2 weeks, and then once every month until release. A “FCLB Reassessment Schedule for Youth Discharged from Suicide/Self-Harm Precautions” form has been developed and is currently utilized.

Five mental health files were thoroughly reviewed in July 2007 for follow-up services after discharge from suicide precautions. Youth K.V. was on suicide precautions from May 31 thru June 5, 2007, but mental health staff did not provide daily follow-up assessment. Youth S.F. was on suicide precautions from June 15 thru June 18, 2007, and

he was provided with appropriate follow-up assessments. Youth C.S. was on suicide precautions from June 18 thru June 28, 2007, and a discharge progress note stated the following: "discontinue suicide behavior follow-up. Start individual therapy with new therapist." Youth M.M. was on suicide precautions from June 20 thru June 25, 2007. As of July 12, 2007, there were no follow-up assessments after a June 28 progress note that stated: "continue Seroquel, continue to monitor mood, and continue individual and family therapy." Youth J.A. was on suicide precautions from July 3 thru July 5, 2007 and, as of July 12, 2007, there were only two follow-up assessments done.

In sum, adequate follow-up assessments of youth discharged from suicide precautions was not found in 4 of the 5 reviewed cases. In some of the reviewed cases, either the Psychiatrist or Psychologist had prematurely discontinued the follow-up schedule and the Monitor' suicide prevention consultant sensed that there was a misunderstanding as to which clinician was required to provide each follow-up assessment. In a subsequent discussion with the Psychiatrist, it was determined that there was a misunderstanding that only the Psychiatrist or Psychologist could provide the assessment.

For purposes of clarification, reassessment schedule of daily for 5 days, once a week for 2 weeks, and then once every month until release from the HYCF can be performed by any of the FCLB mental health clinicians.

A rating of partial compliance is given because of the problems noted above.

Recommendation: The FCLB Branch Chief should clarify that reassessments of youth following discharge from suicide precautions does not have to be provided by the Psychiatrist or Psychologist, and can be provided by any FCLB mental health staff.

Documentation: Case file review; interview with mental health staff.

(11) Access to Emergency Equipment. The State shall provide direct care staff with immediate access to appropriate equipment to intervene in the event of an attempted suicide, including cut down tools, CPR microshields, and filled oxygen tanks.

Rating: Partial Compliance

Discussion: Some progress has been made in this area. For example, emergency rescue equipment (including a cut-down tool and microshield) is located in secure lock box in each housing unit. HYCF officials have been holding first aid and cardiopulmonary resuscitation (CPR) training for all direct care staff, with approximately 60 percent currently trained. The Medical Supervisor reported that all medical staff are currently first aid and CPR-trained. Finally, as previously reported, three Automated External Defibrillators (AEDs) are in the facility, but an insufficient number of direct care staff have received AED training.

It should also be noted that, while the Monitor's suicide prevention consultant was touring one of the housing units in July 2007, the O and Unit shift supervisor had great difficulty opening the secure lock box containing the emergency rescue equipment. A similar incident was witnessed by the suicide prevention consultant in February 2007.

Recommendation: First, as previously recommended in July 2006 and March 2007, it is strongly recommended that all staff who comes into contact with youth shall participate

in annual “mock drill” training to ensure a prompt emergency response to all suicide attempts. Second, as previously recommended in November 2006 and March 2007, it is strongly recommended that HYCF develop a database to track compliance with first aid and CPR training. Both of these recommendations are more likely to be expeditiously acted upon when the Office of Youth Services hires a new training coordinator (also see Provision 34).

Documentation: tour of facility; interviews with direct care staff.

(12) Safe Housing of Suicidal, Self-Harming Youth, and Youth in Isolation. The State shall develop and implement policies and procedures so that all housing for youth on suicide precautions, at risk of Self-Harm, or in isolation is, in accordance with generally accepted professional standards, free of hazards that would allow youth to hang themselves or attempt suicide or commit acts of Self-Harm.

Rating: Partial Compliance

Discussion: As previously reported, most youth on suicide precautions are relocated to one of the Holding Cells across from Central Control. These cells are relatively safe and do not contain any obvious protrusions that would enhance a suicide attempt by hanging. In addition, HYCF officials have permanently closed the three holding rooms in the Ho’okipa Makai Unit. These rooms had blind spots, as well as window and door grates that were dangerous because they are conducive to hanging.

In addition, HYCF officials have recently renovated the several rooms in Maluhia Cottage for emergency respite housing in the event a youth needs immediate crisis intervention. Although these rooms are relatively safe, they do contain bunk holes that would be dangerous if the youth was not under constant observation of staff.

Finally, however, during a tour of the O and A Unit in July 2007, all shower doors were unlocked and accessible to youth. The interior of the shower rooms contain numerous protrusions conducive to a hanging attempt and are very dangerous for suicidal youth.

A rating of partial compliance is given only because of the unlocked shower doors in the O and A Unit.

Recommendation: Given the high level of recent self-harming behavior in the O and A Unit, it is strongly recommended that shower rooms in this unit, as well as throughout the HYCF, remain locked.

Documentation: Facility tour.

(13) Suicide and Suicide Attempt Review. The State shall develop and implement policies and procedures so that appropriate staff review all suicides and suicide attempts for policy and training implications.

Rating: Partial Compliance

Discussion: Because the term “suicide attempt” is vague and can be interpreted to include all incidents of self-injurious behavior (i.e., both superficial and lethal), it is simply unreasonable to expect all such incidents to be comprehensively reviewed by an agency. It would be more reasonable to expect all suicides and serious suicide attempts (i.e., incidents in which the youth was transported outside the facility for emergency

medical treatment) to be reviewed by a morbidity and mortality process. In January 2007, attorneys from the Hawaii Attorney General's Office and U.S. Justice Department met to consider revision of (13).

The new Suicide Prevention Policy adequately addresses this provision by requiring a Morbidity-Mortality Review process that comprises critical inquiry of: a) circumstances surrounding the incident; b) facility procedures relevant to the incident; c) all relevant training received by involved staff; d) pertinent medical and mental health services/reports involving the victim; e) possible precipitating factors leading to the suicide; and f) recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures. When appropriate, the Morbidity-Mortality Review Team shall develop a written plan (and timetable) to address areas that require corrective action.

The HYCF experienced two serious suicide attempts on July 15 and July 25, 2007. Although the Morbidity-Mortality Review process was not fully utilized, the two incidents resulted in several multidisciplinary team meetings. Each meeting was well attended by security, medical, mental health, social worker, and educational personnel. Corrective action plans were said to be initiated in both cases.

A rating of partial compliance is given because corrective action plans were not completed and submitted in time for this report and, although the various multidisciplinary team meetings impressively dealt with the immediately crises, the other required areas of the Morbidity-Mortality Review process as outlined above were not apparently addressed.

Recommendation: None

Documentation: reviews of two serious suicide attempts in July 2007; teleconference with HYCF officials and Monitor on August 13, 2007.

(14) Protection from Harm. The State shall provide youth confined at HYCF with reasonable safe living conditions and shall appropriately protect youth from violence and other physical or sexual abuse by staff and other youth.

Rating: Partial Compliance

Recommendations and Corrective Action from the 2nd Report:

Provide a summary of Social work activity in the modules

Status: Completed.

Discussion: This has been completed but only in the sense of reporting that the social work activity will await the development and implementation of the New Freedom cottage management system. This system, discussed in provision 37, has been reviewed by the social work staff and endorsed as suitable for the HYCF. As that program is installed then the social work activity will increase. The New Freedom program is based on social work activity and so the role of the social work staff in the cottages will increase dramatically with implementation of this program

Develop a cottage management purpose for the social workers. They are unclear at the present time about their purpose in running groups in the modules.

Status: Completed.

Discussion: The social work staff have reviewed the New Freedom program and intend to pursue its implementation.

Post contact information for the investigator in the modules

Status: Completed

Include in the orientation process information about contacting the investigator. Separate out the incidents involving the school and those involving the remainder of the facility.

Status: Partially Completed.

Discussion: Being developed as investigator begins his activities.

In addition track the disposition of removal of youth from school.

Status: Completed.

Discussion: The Olomana School has been keeping a record of time outs. Time out is the removal of youth from a classroom for inappropriate behavior. YCO's accompany the youth to school and then, in most instances, remain in the hallways during the school hours and provide assistance when needed for acting-out youth. It is very rare now for a youth to be removed entirely from the school and placed back in the module. In discussion with school staff during the August site visit it was confirmed that this had not happened in a very long time and that the use of time out had been a sufficient response for youth unable to maintain proper behavior during the school hours. A sampling of time outs during the two week period, 30- July through August 10 showed time out being utilized 25 times. This will continue to be tracked during the coming reporting periods.

Continue to work on collaboration between MH and HYCF staff in order to properly program for youth with serious mental health problems

Status: Completed

Discussion: School personnel and MH personnel indicate that there are currently no problems with youth needing MH evaluations or sessions interfering with school programming. The vast majority of those are conducted after school hours and when they need to be conducted during school hours it has been accommodated. .

Continue and strengthen training for YCO's with respect to identifying and working with youth with MH problems especially those with suicidal and self-mutilating tendencies.

Status: Completed.

Discussion: Dr. Hirsch continues to provide training for HYCF staff. Suicide prevention seminars have been going on since January. Session 1 was presented on Jan. 30th. The seminars are scheduled every other Tuesday at the same time. All staff are expected to attend. A second seminar was held on April 24th with a final one scheduled for May 22nd.

The curriculum for this training included the following:

Overview of juvenile suicide research

The ways in which facility environments may contribute to suicidal behavior

Potential predisposing factors to suicide

High risk suicide periods, warning signs and symptoms of suicidal behavior, case studies.

Strategies for de-escalating youth engaging in self-harming behaviors
Instruction and mock demonstrations regarding the proper response to a suicide attempt.
The proper use of emergency equipment
Debriefing and liability issues.

Continue to look at ways to separate long-term from short term placements. (This may be a community response.) Alternatives to the use of the HYCF for short-term placements.)

Status: Completed

Discussion: The short-term youth are housed in a very old and inadequate facility. There really is no complete solution to the architectural deficiencies. Long-term planning needs to include replacement of this facility. It is understood that this solution is not necessary for compliance with the MOA but continues to be stressed due to the need to replace the facility for protection of youth and staff. In the meantime classification is being strengthened so that youth are housed according to a process that offers them the best protection from harm.

Update the CIP projects outlined in the Second Compliance Report: Installation of a security surveillance system at Ho'okipa Makai; security surveillance and electrical locks at the Observation and Assessment (O&A); replacing porcelain plumbing fixtures at Secure Facility (SCF) and designing two padded cells to safely house youth who are trying to harm themselves.

Status: Completed

Discussion: An update was provided by the maintenance supervisor. These projects are all in the funding pipeline. Cameras are being installed in Ho'okipa Makai and the O&A (girls cottage). This will take 6 to 8 months to complete due to the need to remove old material from the existing facilities (including asbestos) and to install the wiring necessary for the cameras.

Recommendations and Corrective Action from the 3rd Report:

(1) Work with HPD to change policy that does not require the leaving of a copy of the police report. Currently HYCF has to travel to the police station to retrieve the report. A copy could be made while they are still on the premises which would allow for a much more timely and informed review of the incident.

Status: Completed.

Discussion: The newly hired investigator has worked out an agreement with HPD that allows him to pick up the police reports. It was indicated during the August site visit that the reports are not always completed on site. The police return to their stations to complete the reports. A report number is left with the HYCF and with that number the information on the report can be accessed.

(2) Cottage logs, while legible, did not highlight this incident so attempting to review the procedures were very difficult. Logs need to be standardized with requirements for highlighting incidents that result in reporting.

Status: Partially Completed.

Discussion: Logs were reviewed in several cottages as part of the May site visit. Logs reviewed were legible, organized and highlighted. Very noticeable improvement over the last review.

(3) Incident Reports need to be reviewed for consistency. In this incident dates and times were not always present.

Status: Completed

Discussion: During the August site visit the Form 200, incident reports, was reviewed and amended. The concern expressed was that security could place a youth in segregation for up to 55 minutes without review. The YFA was not included in this process. The process has been amended. When a youth is placed in segregation the CS1 is notified. He then has to notify the YFA who has to concur with the segregation or it is terminated. The Form 200 is revised to include an area for the CS1 to indicate the date and time he notified the YFA of the segregation. The date and time of the segregation is already on the form.

It was agreed that only through QA could the process be controlled. Staff have to be given time to handle situations. The 55 minute time frame is seen as an outside limit but most notifications should occur in much less time.

(4) Training for all staff regarding proper policy and procedure for referral of youth to medical.

Status: Not Completed.

Discussion: The NCCHC assessment includes a discussion of the need for medical care staff to assist in training of direct care staff in the proper utilization of the medical unit. This training has not yet been scheduled.

(5) Change policy and procedure as it relates to distribution of incident reporting.

Status: Completed.

Discussion: The lack of an MIS makes this process cumbersome. Forms have to be hand-carried throughout the facility. The routing will continue from the YSA to the CS1 to the YFA. The forms were revised as noted above. Those forms are reviewed daily by the CS1 the YFA and the OYS Ex. Dir. The use of segregation is reviewed at this time as well as a decision made regarding the need for corrective action and investigations.

(6) IR's need to be logged into the administrative area with a date and time and logged into the YFA's office with a date and time. The YFA should date and time when she then reviews the IR's.

Status: Completed.

Discussion: Date and time added to the logging in process by the YFA.

(7) Medical reports delivered to the YFA should follow the same process with this exception. When the medical unit conducts an examination that gives them concern about an incident they should assume responsibility to make a personal communication of that concern to the YFA and document that communication.

Status: Completed.

Discussion: The medical unit will continue to make a personal contact with the YFA. This contact will be noted in the youth file. The YFA is to log in the IR with date and time.

(8) Clarify definitions of abuse and neglect in 1.43.35.

Status: Completed.

Discussion: Reviewed the P&P and definitions are clear and concise in the new P&P.

(9) Resolve the issue of child abuse referrals to CPS.

Status: Completed.

Discussion: It is agreed that the HYCF is required by law to make that notification and to document the referral. It is also understood that Hawaii CPS will not remove youth from custody of the HYCF and therefore will not investigate. For that reason the HPD is contacted and they conduct the investigation. An investigator has been hired and investigations are referred to his office. Those investigations are currently being conducted.

(10) Update tables for continuing review and assistance in determining protection from harm.

Status: Completed.

4th Report Discussion:

During the February site visit these additional areas were reviewed as part of protection from harm concerns.

Prioritization of policies:

This has been accomplished. They have been identified as 1st, 2nd and 3rd tier. First tier policies include:

1.35.63 Suicide prevention

1.13.01 Facility training program

1.43.01 Basic Youth Rights

1.43.35 Alleged abuse, neglect and exploitation

1.43.81 Youth Grievances

1.63.61 Use of Force

The first tier is going through the review process with the Employees Association and the Union. They will then be reviewed by the monitor and the DOJ. They will be cross-referenced for policy and QA purposes by the newly hired P&P staff. This process is now well underway. These policies will be signed by the OYS executive director as well as the Facility Administrator.

The mixing of populations: Risk assessments are utilized by admissions staff in the classification of youth at the HYCF. Practice has been to classify by commitment, short term, girls and long-term. Youth can be and have been moved from short-term to commitment in the Secure-Care Facility, if the staff determined it was in the best interest of the youth. During the May site visit one youth, who had been assaulted in the short-

term facility was now housed in the long-term secure facility and reported feeling more secure in that placement.

Current facility limitations do not allow much movement and the generally less sophisticated population committed to short-term are seen as more vulnerable and therefore not suitable for placement in the long term facility. Youth will be reviewed on a case by case basis and movement will be made between facilities based on the best judgment of the staff. Martha Torney, OYS ex. Dir. has contacted several other states and requested copies of their classification systems. Those are currently under review. In addition, Martha will request from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) consultation funds for a formal implementation of a classification system.

Direct care supervision at Ho'okipa Cottage. Currently staff do not enter the dorms in this facility at night. It is clear that this facility is outdated and needs to be replaced. There is really no disagreement about that premise but currently there are not funds for the building of a new facility and even if they were appropriated it would be several years before a building could be completed. Cameras are going to be installed and that process is in place. Six to eight months will be required for this process. A modification of the building is contemplated. This would mean building a small control center into the larger dorm, allowing for staff to have full view of the youth at night. If this is not agreed to then a decision has to be made about staffing. In order to make the youth safer staff will need to be posted in the dorms. In order to accomplish this additional staff will be required.

Staff are currently making checks at the Ho'okipa cottage but doing it such a way as to be predictable to youth. Checks need to continue and should always be made within the required 15 minute time span but they need to be randomized.

The Ho'okipa cottage needs to be reviewed by building personnel for installation of CCTV coverage. The HYCF maintenance supervisor indicates that this can be done. This would provide fire coverage from the main security control center of the secure facility. There was some thought that the facility had a sprinkler system under the facility but in checking it during this site visit it was found to not have a floor system.

Facility needs to review the placement and security of chemicals used in maintaining the facility and laundering clothes. These materials can be caustic and should not be available to youth. A check of these materials in all 3 facilities during the May and July site visits found all of these materials to be securely locked and staff aware of the responsibility to see that they are contained behind locked doors. In addition the administration has made efforts to replace, whenever possible, products that are bio-degradable thereby reducing the risk of harm to youth if the products were to be accessed by youth.

GFI circuits will be reviewed by maintenance personnel. There is concern about 220 outlets.

During the July site visit there was a new process being utilized in order to more fully protect youth from harm. Called one-on-one, it is the practice of a staff being assigned to shadow a youth during all activities. This was observed in the Girls cottage, although that process was questionable since the staff member assigned, a nurse, was seated in the module, away from the girl and was reading a book. She would look up frequently to visually check the girl she was monitoring. Currently there is no policy or procedure for this activity and it needs to be developed and staff trained on proper behavior when assigned this responsibility. In most larger systems youth needing this type of observation would be placed in a separate module

During the August site visit further discussion was held with respect to the 1:1 supervision. Two incidents occurred in July that resulted in a self-mutilation and an attempted hanging. Both of these incidents occurred while the youth were on 1:1 supervision. It became clear that two things needed to occur. Both nurses and YCO's need to be trained to perform this duty. In some instances youth would require nursing coverage and in others staff with more security expertise would be desirable.

A conference call was held with Lindsay Hayes and each of these incidents reviewed. Following that call a walk-through of both incidents was conducted by Barry Batts the newly hired investigator who conducted the investigations of both incidents. The 1:1 are viewed as necessary due mostly to the inadequacies of separation units at the facility. Training will have to be scheduled but in the interim it is clear that the process can be improved with the clear understanding that when staff are assigned to 1:1 this duty requires their full attention during the entire time they are on it. Mr. Hayes has reported on this in the suicide prevention section of this report.

In order to develop a baseline of protection from harm measures the following tables were developed.

Assault Table			
	Assaults on youth	Assaults on staff	Ave. Daily Pop.*
Nov. 05	11	0	
Dec. 05	2	0	
Jan. 06	7	0	
Feb. 06	10	2	
Mar. 06	24	1	
Apr. 06	10	1	
May 06	12	3	
June 06	15	0	
July 06	6	1	
Aug. 06	8	0	
Sept. 06	8	2	
Oct. 06	5	1	
Nov. 06	5	2	
Dec. 07	6	1	
Jan. 07	6	2	
Feb. 07	5	2	61
Mar. 07	3	0	60
Apr. 07	6	1	65
May 07	9	1	65
June 07	13	2	67
July 07	1	0	69

*Average Daily Population figures were only available from Feb '07 forward

Sexual Misconduct and Suicide Attempt Table				
	Sexual Contact	Indecent Exposure	Attempt Suicide	Ave. Daily Pop.*
Nov. 05	0	0	1	
Dec. 05	0	0	0	
Jan. 06	0	0	0	
Feb. 06	1	1	1	
Mar. 06	0	3	0	
Apr. 06	0	1	0	
May 06	3	0	3	
June 06	1	0	3	
July 06	0	3	Not Reported	
Aug. 06	0	0	1	
Sept. 06	1	0	0	
Oct. 06	0	0	0	
Nov. 06	0	0	0	
Dec. 07	0	0	0	
Jan. 07	0	0	0	
Feb. 07	0	0	0	61
Mar. 07	0	2	0	60
Apr. 07	1	0	0	65
May 07	6	0	0	65
June 07	0	2	0	67
July 07	0	0	2	69

verage Daily Population figures were only available from Feb '07 forward

Physical & Mechanical Restraints Table			
	Number	Location	Ave. Daily Pop.*
Nov. 05	2	Ho'okipa M, SCF-School	
Dec. 05	1	SCF-Gym	
Jan. 06	1	SCF-A	
Feb. 06	3	O&A girls, SCF-A, Ho'okipa	
Mar. 06	8	Transport, O&A girls (2), SCF-B, Ho'okipa (4)	
Apr. 06	1	O&A girls	
May 06	5	SCF intake (1), SCF B (1), SCF 3 (1), O&A Female (1), Ho'okipa (1)	
June 06	4	SCF B (2), O&A Female (1), Ho'okipa Makai (1)	
July 06	3	SCF (3)	
Aug. 06			
Sept. 06			
Oct. 06			
Nov. 06			
Dec. 07			
Jan. 07			
Feb. 07	5	Ho'okipa Makai (2), SCF A (2), O & A female (1)	61
Mar. 07	6	SCF A (1), O & A female (1), Ho'okipa Makai (4)	60
Apr. 07	4	SCF A (1), Ho'okipa Makai (2), O & A female (1)	65
May 07	5	Ho'okipa Makai (2), O & A female (2) SCF A (1)	65
June 07	4	O & A female (2), SCF B (1), SCF C (1)	67
July 07	2	O & A female (2)	69

*Average Daily Population figures were only available from Feb '07 forward

Recommendation:

Develop P&P for 1:1 supervision.

Provide time frames for camera installation, Ho'okipa remodeling, staff increases.

Provide copies of form 200 revision

Provide evidence of QA, corrective action regarding form 200 notification and time frame adherence with use of segregation.

Documentation: Observation of 1:1 process during July site visit. Discussion of use of force at July site visit. Review of Olomana School time out referrals. August site visit discussion.

(15) Protection from undue restraints. The state shall develop and implement policies, policies, procedures and practices so that only safe methods of restraint are used at the facility, and only in those circumstances necessary for safety and security, or with respect to therapeutic restraints pursuant to a medical order to protect the health of the youth.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report: Prepare the revised security classification process for the next site visit.

Status: Completed.

Discussion: This was in response to the use of restraints for movement within the facility. Youth are not now restrained as part of the normal movement.

Recommendation and Corrective Action from the 3rd Report:

Continue to work on the risk assessment to resolve the issue of level of custody.

Status: Not Completed.

Discussion: The risk assessment continues to be a work in progress. Youth are placed in the facility by commitment status. A risk assessment is completed to see to what extent it might instruct the staff on the development of programming for the youth. Currently there is no connection between the risk assessment, level of custody or supervision. It is yet to be determined whether the use of the risk assessment will guide custody or supervision.

4th Report Discussion: The HYCF uses security restraints, handcuffs, belly chains, leg irons etc., and staff is trained in HandleWith Care. Medical personnel also use restraints that would be classified as soft restraints. They are the same as security restraints only made of leather rather than metal. Also, there is one item, a leather belt that medical uses to assist patients to be mobile, when necessary. While not necessarily a device for use of force it still is occasionally utilized so it will be included in the policy.

The procedures for the use of these restraints are included in Policy 1.63.61, Use of Force currently under final review as a Tier 1 policy. During this site visit it was agreed that the policy needed to be amended to include a description of the medical restraints.

Recommendation: Modify P&P as indicated in the discussion.

Documentation: Review of Policy No. 1.63.61, Use of Force. Discussion with Linda Hadley, medical unit. Demonstration of the use of the medical restraints by Nurse Hadley. Review of the other restraint usage by Alex Escarcega.

(16) Use of Force. The State shall develop and implement comprehensive policies, procedures and practices governing use of force, so that the least amount of force necessary for the safety of staff, youth, and visitors is used on youth, and that staff adequately and promptly document and report all uses of force by staff

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Install the formal review process recommended in the 1st report

Status: Partially Completed.

Discussion: See discussion in provision 18.

Use of Physical Force*
October 2, 2006 – July 31, 2007

Housing Unit	10/06	11/06	12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07
SCF	2	1	0	2	2	1	1	1	2	0
SCF-ADP				38	36	38	33	33	43	44
O&A	2	0	0	0	1	1	1	2	2	2
O&A-ADP				11	9	7	9	11	11	10
HM	0	0	0	0	2	4	2	2	0	0
HM-ADP				18	16	15	18	21	13^	15
Total	4	1	0	2	5	6	4	5	4	2
Total-ADP				67	61	60	65	65	67	69

*Note: Not all incidents of force resulted in the use of mechanical restraints

^ Note: Population reduced to prevent overcrowding

ADP = Average Daily Population. ADP was only available from Feb '07 forward

Use of Mechanical Restraints
October 2, 2006 – July 31, 2007

Housing Unit	10/06	11/06	12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07
SCF	2	0	0	6	2	0	2	0	1	0
SCF-ADP				38	36	38	33	33	43	44
O&A	0	0	0	1	1	0	1	1	0	2
O&A-ADP				11	9	7	9	11	11	10
HM	0	0	0	2	1	0	0	1	1	0
HM-ADP				18	16	15	18	21	13^	15
Total	2	0	0	9	4	0	3	2	2	2
Total-ADP*				67	61	60	65	65	67	69

* ADP was only available from Feb '07 forward

Recommendation and Corrective Action from the 3rd Report:

Remove reference to Handle with care as a use of force in policy 1.63.61 and replace with reference to an approved use of force policy.

Status: Completed.

Discussion: Reviewed revision in policy.

4th Report Discussion:

Policy No. 1.63.61, use of force, is a 1st tier policy and is under final review with the Union and the Employees Association. The final revision of the policy was forwarded to the UPW on 8/13/07.

Uses of force are currently being documented and reviewed as per policy. All uses of force are submitted to the CS1 who reviews them for proper procedure. He then refers

those reviews to the YFA for her review. Any errors made are corrected. YFA schedule training and QA when errors in policy and procedure are noted.

Nurse Hadley confirmed that the medical unit is notified on any uses of force and does meet with the youth to determine proper use of restraints and medical condition of the youth. Nurse Hadley confirmed that if any problems are discovered with the use of force that is reported directly to the YFA. (Child Protective Services is notified by the HYCF when abuses are found in use of force. It is understood, however, that the CPS will not investigate. HPD does the investigation and the newly hired investigator at HYCF will need to develop proper P&P for notification and review with the HPD and CPS.

An administrative review of all uses of force is conducted through the MDT. Revisions of policy and training needs as well as corrective actions are developed through this process.

In the last report it was pointed out that staff who have not completed the Handle With Care training should not be allowed to work directly with youth. During the May site visit it was discovered that 4 staff are currently in the modules who have not completed the training. These staff continually missed scheduled training due to absences from the workplace when training was scheduled. It was agreed that these staff could not be scheduled to work until they had been trained. It was anticipated that this training could take place during the next week since several HYCF staff are Handle with Care certified trainers.

During the August site visit it was confirmed that these 4 staff have been trained and are back working in the modules. It was discovered that one additional staff person had not been trained. He was on workman's comp. He was trained prior to being re-scheduled to work.

During the last month there was a re-certification of Handle With Care trainers. Seven trainers were certified.

The ACO's who work as additional staff have not been trained in Handle with Care. These staff come from the adult system and are trained in pressure point treatment which is prohibited in the juvenile facility.

Recommendation:

Clarify the HYCF investigators role with HPD and CPS in contacting these agencies regarding investigations.

Documentation: Site visit discussion. See list of attendees.

(17) Reporting of Staff Misconduct and Other Serious Incidents. The State shall develop and implement appropriate policies and procedures which contain definitions approved by the Monitor after review and comment by the DOJ for the terms "use of force", "staff-on-youth- violence," "youth-on-youth violence," "inappropriate staff relationships with youth," "sexual misconduct between youth," and "abusive institutional

practices,” and will develop and implement such policies, procedures, and practices so that:

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Provide examples of the implementation of this P&P for review during the next site visit. Provide summary of activities of Matt Levi Corporation. Provide summary of investigations conducted by investigator and resolutions of those investigations. Provide an update of progress of implementation of integrated record keeping computer system that will include serious incident reports and integration of medical and mental health records.

Status: Completed.

Recommendation and Corrective Action from the 3rd Report:

Expedite policy review in time for next reporting period. Include definitions in P&P.

Status: Completed

Discussion: Policy has been forwarded to Union for review

Documentation: See Appendix ?

4th Report Discussion: Policy 1.01.35 was referred to the union for review on 6/1/07. In addition the agency has decided to renew its involvement in the national Pbs initiative. The data gathering has begun. It will be difficult since the requirements of Pbs require considerable time and staff are not able to devote the time probably required. It is, at least a beginning, and definitions can begin to be worked out with the Pbs liaison for Hawaii.

The newly hired investigator is developing a tracking mechanism for his activity. The current form will include name of person being investigated, date of assignment, date completed, date reviewed, date approved for action.

During this discussion the process of routing the form 200's (serious incidents) was reviewed.

If there is a serious incident a form 200 is to be filled out. Interestingly, during this discussion it was determined that many staff have not been trained on the form 200 and would not know how to fill out the form. That training is taking place but has to occur on Tuesdays, after hours and some staff are not required to attend trainings due to doctor's orders indicating that they cannot work more than 8 hours.

The form 200 is completed.

CS1 reviews it

CS1 gives to clerical for input to MIS

Forwarded to YFA

Incidents are reviewed weekly in team meeting. Feedback given to staff regarding forms, processes etc.

Concern was expressed about this process in that it allowed the FYA total discretion in the disposition of serious incidents. (see provision 14). It was agreed that the serious incidents (form 200's) would also be forwarded to the Ex. Dir of OYS. It will be necessary for an audit to be done of this process on a regular basis to confirm receipt of serious incident form 200's by both parties and review dispositions.

Recommendation: Compile list of form 200's for review during the next reporting period.

Documentation: Review of form 200's with CS1. Discussion of process at July site visit.

(17(a)) Appropriate HYCF staff report all incidents of use of force, staff-on-youth and youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices (such as unwarranted use of isolation or restraint or denial of education or medical care) to appropriate individuals at the facility.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Track incidents of use of force for review during next site visit

Status: Completed.

Recommendation and Corrective Action from the 3rd Report:

Tabulate and report monthly totals for comparison and training purposes.

Status: Completed

4th Report Discussion:

Discussion: Serious incidents are being reported but due to lack of training of all staff, including training on use of force incident reporting (form 200's) it is not clear that all serious incidents are reported. That training is on-going with the CS1 providing form 200 training on Tuesday afternoons, when all staff are required to work or attend. That is, with the exception of staff with 8 hour notes which excuses them from the training if they have worked a previous shift. It is not clear how this impasse will be resolved.

Recommendation: Complete form 200 training for all staff.

Documentation: Meeting with staff at July site visit.

(17(b)) Appropriate HYCF staff shall call and document in writing to the Office of Youth Services to report all serious incidents of uses of force, staff-on-youth and youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices, and document the call and written correspondence in the youth's medical or case files

Rating: Partial Compliance

Recommendation and Corrective Action from the 3rd Report:

Continue the documentation for the next reporting period.

Status: Completed

4th Report Discussion: It was agreed at the July site visit that all serious incidents, including use of force will be reported to the OYS. This had not been occurring, in the past, as part of the procedure. The new reporting procedure sends the incidents through

the YFA but then also on to the Ex. Dir, of the OYS. The documentation in the medical files is part of the NCCHC assessment. (See Appendix ?)

Recommendation: Maintain list of serious incidents from the YSA and OYS for review by the monitor. Continue with the NCCHC consultation for the next reporting period.

Documentation: Discussion at the July site visit.

(17(c)) Such reporting may be done without fear of retaliation

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

The FYA should maintain a record of all reviews including any investigations in which there is disagreement and the reasons for that disagreement for review by the monitor and use in P&P revisions and training.

Status: Partially Completed

Discussion: The policy that satisfies this provision has not been completed. Once completed the staff will need to be trained on their responsibility. This is mostly a supervision issue. Supervisors have to be clear on need for supervision of staff who are the subjects of grievances and serious incidents.

Recommendation and Corrective Action from the 3rd Report:

Develop a process that provides for a systematic and timely documentation and reporting of incidents. The issue of injuries and reporting will be covered also in provisions 22 and 38.

Status: Not completed.

4th Report Discussion: Once the supervision training is completed it will be important to conduct an audit of the grievance activity and serious incident reporting. In addition, meeting with youth who have filed grievances or been involved in serious incidents to determine to what extent retaliation may be present in the facility.

Documentation: Discussion at July site visit.

(17(d)) All such incidents are appropriately documented and reported, including the facts of the incident, any injury that occurred as a result of the incident, and in a way that permits review.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Develop documentation of incidents for review during the next site visit.

Status: Partially Completed.

Discussion: That process is being developed as described in 17, 17a, b & c.

Recommendation and Corrective Action from the 3rd Report:

Incident Reports need to be cross-referenced on medical reports. When a youth is seen in medical as a result of an incident that IR number should follow the youth to the medical unit.

Status: Not Completed.

Discussion: This will not be completed until the grievance officer is hired and grievances will be numbered and tracked. That should occur during the next reporting

period. The incident review process has been developed and will be monitored during the next reporting period.

Revise the medical form to include a space for the IR number.

Status: Not Completed.

Discussion: IR Numbers not yet developed or being tracked.

4th Report Discussion: This process described over the last 3 reports should be implemented during the next reporting period.

Documentation: Discussions during the last 4 monitoring visits.

(18) Review of Incidents by Senior Management. The State shall develop and implement policies, procedures, and practices so that senior management review all incidents of use of force, staff-on-youth and youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Prepare a summary of incidents reviewed for monitoring during the next reporting period.

Status: Completed

Discussion: Incidents continue to be reviewed by the OYS Ex. Director. The HYCF YFA has developed a format for compiling incidents in a reporting format. A Multi-Disciplinary Team now reviews all of these incidents.

Recommendation and Corrective Action from the 3rd Report:

Develop the peer review process so that senior staff systematically review these incidents. Develop documentation of that process as it is implemented.

Status: Completed.

Discussion: The Multi-Disciplinary Team is made up of the DOE, DOH, Social Work, YFA, Medical, SC1 and special consultant to the YFA. These meetings are currently called as needed, upon the review of an incident or the identification of a procedural error when incidents are reviewed by the CS1 or the YFA. In addition, the YFA meets weekly with her administrative staff and all serious incident reports are reviewed with that group for corrective action.

4th Report Discussion: The current process is a huge improvement over what was in place. The MDT now is meeting on each incident that needs review. In addition to that review it develops treatment plans for the youth based on the incident. What is lacking is the completion of the process. Changes in policy and procedure through these meetings, the QA process and training for all staff as these changes are identified.

Recommendation: Need to develop regular meetings of MDT for review of incidents. Document those reviews and links to QA, training, P&P revisions.

Documentation: Reviewed internal communication form that YFA uses to schedule MDT's. (1-08-07). Reviewed agendas for past MDT's. These agendas did include assaults, code reds, take downs, restraint usage, code blues, uses of force, lockdowns, dorm restrictions and hearings.

(19) Investigations. The State shall develop and implement policies, procedures, and practices so that senior management initiate investigations of all incidents of use of force, staff-on-youth violence, serious youth-on-youth violence, inappropriate staff relationships with youth, sexual misconduct between youth, and abusive institutional practices. Investigations shall be conducted by persons who do not have direct or immediate indirect responsibility for the conduct being investigated.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Hire an investigator and develop the investigative process.

Status: Partially Completed.

Discussion: The investigator was hired during the May site visit. He is currently developed the procedure for conducting investigations and is actively conducting investigations. (See 20).

4th Report Discussion:

Discussion: Since the OYS (HYCF) has not, with some short time period exceptions, retained an investigator all investigations have been referred to other state agencies. Often these investigations were not completed due to lack of manpower. If investigations were determined not to be criminal in nature then they would be returned to the HYCF and administrative investigations were not conducted again due to lack of an investigator. It is recognized that investigations are the result of incidents. Incidents result in grievances and grievances result in investigations. Since the grievance process was not in place at the HYCF, incidents could have gone unreported and investigations were not being conducted. That will change now with the hiring of an investigator.

At the time of the July site visit the investigator was hired, actively involved in 3 investigations. These investigations included two assaults on youth and assisting in an escape.

The investigator is retired military. He is not law enforcement certified at this time and after review during the last several months it was determined that he could only become certified in Hawaii through legislative action. A bill will be drafted and submitted at the next legislative session that will amend the statute allowing for the investigator to be certified.

A proposed manual for the investigations and inspections position was developed by a former investigator at the facility. The new hire is reviewing that process and will contact other jurisdictions for assistance in developing it with in the OYS.

Recommendation: Continue to develop the investigative process for review during the next site visit.

Provide draft of proposed legislation for investigator certification.

Documentation: Site visits of May 10th, July 10th, and August 13th.

(20) Documentation and Tracking of Investigations. The State shall develop policies practices, and procedures for documenting all incidents of use of force, staff-on-youth violence, youth-on-youth violence, inappropriate staff relationships with youth sexual misconduct between youth, and abusive institutional practices, and for documenting and tracking the status and outcome of all investigations. Where there is evidence of staff misconduct, the State shall initiate appropriate personnel actions and systemic remedies, where appropriate.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Develop an electronic reporting capacity for investigations and incidents

Status: Completed.

Discussion: A second meeting was held on April 16 to determine if the HANA MIS would be suitable for the HYCF. The development of that system is likely over the next several years. Until that time the tracking of incidents and investigations will have to be done manually.

At the July site visit it was indicated that the HANA system would not work for the OYS. There is currently no plans for the installation of an improved MIS.

Continue to improve the tracking of incidents, use of force etc. while the investigations unit is being formed.

Status: Completed

Discussion: The processes that have been developed to date are outlined in provisions 17. 2005

Total investigations	13
Staff on youth	8
Youth on staff	5

2006

Total investigations	16
Staff on youth	8
Youth on staff	3
Youth on youth	5

2007 (June through Aug. 8/28) (coincides with hiring of Barry Batts, investigator)

Total investigations	8
Staff on youth	1
Youth on staff	1
Youth on youth	2
Attempted suicide	3
Youth injury	1

The above records will be kept as part of the reporting process in order to make a determination about reporting capacity and activity of the Investigator.

Recommendation and Corrective Action from the 3rd Report:

Continue tracking of incidents for review and for changes in P&P as the review process indicates.

Status: Completed

Discussion: P&P has been modified and is in the review process.

4th Report Discussion:

The new investigator is maintaining records of his investigations.

During the July site visit there was discussion about the investigative process with the new investigator. The past process was that Form 200, incident reports were forwarded to the CS1 who forwarded those to the YFA. It was determined that this allowed too much discretion for the YFA to determine which incidents would be investigated. It was agreed that the Form 200's would be forwarded to the YFA as well as the Ex. Dir. of the OYS. The investigator would develop the capacity to track these forms as well as their disposition. Periodic audits, through the quality assurance process will have to be conducted to ensure the integrity of the process. That cannot occur in the immediate future since the QA process is not currently in place.

During the July site visit it was discovered that IR's are not always completed by the staff in time for submission to the YFA and Ex. Dir of OYS. Paperwork has been delayed in order to allow for it to be completed. It was determined that the process had to be changed. It is now as follows: All incident reports of a category 1 nature will be presented to the YFA for review. These include incident reports that require immediate investigation/attention of the Youth Facility Administrator and Executive Director (i.e. assaults, escapes, alleged mistreatment, use of force). In such cases, the acting Corrections Supervisor 1 will not hold incident reports requiring immediate attention pending completion of missing information from the Youth Corrections Officer, but will instead made a copy for his/her file and bring the Incident Report to the YFA for review and further action, as deemed necessary. For tracking purposes, the incident report will be date and time stamped in the administrative office.

The HYCF form 200 is in the process of being modified to include a space for the YFA's initials and date of review. This will expedite the review process, as opposed to waiting for missing information to be completed on the incident report. The intent is to avoid a long delay in reporting a serious incident pending completion or awaiting entry into the clerk's data base.

Recommendation: Develop process for tracking investigations, including sign-offs by Administration, dispositions, pending actions.

Add investigations referred for criminal misconduct.

Documentation: Site visit of May 10th. Site visit of July 11th. Site visit discussion of August 13, 2007.

(21) Reporting Possible Criminal Violations. The State shall develop policies, practices, and procedures to define those circumstances in which staff must report

possible criminal violations to the police, the prosecuting attorney, or the Attorney General.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Review activity for last reporting period and follow investigations if any violations occurred.

Status: Completed

Recommendation and Corrective Action from the 3rd Report:

Continue that process. Update the monitor on progress of investigations and outcomes of those investigations.

Status: Completed

4th Report Discussion: The policy & procedure are still under review. The current process continues to be that police and the Attorney General's office is notified. The OYS is currently paying the salary of an investigator assigned to the AG's office.

Recommendation: Identify the activity of the AG investigator in OYS matters as well as the newly hired OYS investigator for review during the next reporting period.

Documentation: Review of cases under investigation. These include YCO's. One for assault on a youth, intimidating a witness, one for assault on a youth and on for assisting in an escape attempt.

(22) Health Care Inquiries Regarding Injury. A nurse or other health care provider shall question, outside the hearing of other staff or youth (unless the facility administrator determines that the youth cannot be left alone with the health care provider,) each youth who reports to the medical unit with an injury, regarding the cause of the injury. If, in the course of the youth's medical unit visit, a health care provider suspects staff-on-youth abuse, that health care provider shall immediately:

1. Take all appropriate steps to preserve evidence of the injury (e.g., photograph the injury and any other physical evidence);
2. Report the suspected abuse to the appropriate local officials;
3. Appropriately document the matter in the youth's medical record; and
4. Complete an injury report

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Develop the Medical policies and procedures in time for the 3rd reporting period.

Status: Not Completed.

Discussion: NCCHC has completed its review (see Appendix B). The policy and procedure is under development with their assistance.

Investigate the issue surrounding referrals of abuse complaints to CPS and provide a remedy. One may be the use of investigators that are police officer certified and therefore able to conduct investigations that are legally acceptable to the courts.

Status: Completed

Discussion: CPS does not investigate complaints from the HYCF but they do have to be notified. The complaints are sent to the police and to the Attorney General's Office. An investigator assigned to that office investigates the complaints. An investigator has also

been hired by the OYS. That person is not POST certified (see provision) but efforts are being made to gain that certification.

Continue to track medical coverage.

Status: Not Completed.

Discussion: Y-A-04 of the NCCHC report points out that while the acting facility administrator, health, mental health and security staff meet weekly to discuss administrative matters there are no minutes of those meetings. It also indicates that there are no statistics maintained on service utilization. (See this section for full review.) Y-A-05, Y-A-06 and Y-E-08 comment on this. The report recommends that the health care staff track student injuries and in Y-H-01 it recommends that a unified health record be maintained.

Recommendation and Corrective Action from the 3rd Report:

Amend reporting forms as recommended in provisions 17. Continue tracking medical coverage for review by the monitor.

Status: Not Completed

Discussion: This amending of forms will wait the hiring of the grievance officer when IR's will be reviewed and the process revised.

4th Report Discussion: The NCCHC report is provided in Appendix B. Dr. James Owens, co-author of the report will join the monitoring team for assistance with implementation of the recommendations of the report. A listing of the recommendations is contained in provision 38.

Documentation: Discussion at July and August site visits. NCCHC report.

(23) Isolation. The State shall develop and implement policies, procedures and practices so that staff use isolation (as defined in this agreement) only in accordance with policy and in an appropriate manner, and so that staff document fully the use and administrative review of any imposition of isolation including the placing of youth in their cells outside normal sleeping hours.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

The recommendation from the last report is continued. Track use of isolation by module, facility, reason, staff member, youth, and shift. When a youth is placed in isolation the medical unit is to be notified. There needs to be confirmation that this is part of the P&P that is currently being drafted. Medical contacts the mental health unit if necessary.

Status: Completed.

Discussion: Tracking use continues and updated figures are in chart.

Pull isolation folders to review use of isolation and determine if notification is occurring as outlined in the P&P.

Status: Completed.

Discussion: Eight folders were randomly pulled from the last 4 months. Those folders were reviewed during the May site visit to determine documentation is appropriate and that medical is being notified and is also responding. In seven of the eight files

notification was made and responses were timely. Usually within the first hour. On one occasion, however, a youth was placed in isolation on 5-5-07 at 8:35 p.m. by security. He was not seen by the nurse until 6:50 on 5-6-07. Efforts were made to determine if notification had been made to medical and that determination could not be made. A check of the unit log indicated that the entry was also missing in that log. A further review of that process indicated that the YCO responsible for the notification had not attended the training and was unaware of the proper procedure

Complete the development of the P&P and implement.

Status: Completed

Discussion: Policy No. 1.51.25, Special Management Program has been written. Also policy 1.63.95 is in draft and in the review process and this policy and procedure contains the necessary changes needed as per our review during this site visit.

Track Clinical Advisor activities.

Status: Not Completed.

Discussion: Position not yet filled.

HYCF Security Program Admissions

July 1, 2006 – July 31, 2007

Month	Housing Unit			Total	ADP*
	SCF	O&A	HM		
Jul-06	14	10	4	28	
Aug-06	12	10	0	22	
Sep-06	15	6	1	22	
Oct-06	7	1	0	8	
Nov-06	5	3	0	8	
Dec-06	9	3	10	22	
Jan-07	20	1	2	23	
Feb-07	19	1	2	22	61
Mar-07	5	0	5	10	60
Apr-07	1	0	7	8	65
May-07	3	0	0	3	65
Jun-07	5	0	3	8	67
Jul-07	5	3	0	8	69

*Average Daily Population figures were only available from Feb '07 forward

Recommendation and Corrective Action from the 3rd Report:

Delete the name Maluhia from the Policy 51 describing the program. This should be a program description that may also be used in other locations in addition to Maluhia.

Status: Completed.

Discussion: The P&P now reads special management unit (MSU)

Continue to track the security program admissions and the use of the newly created program at Maluhia cottage.

Status: Completed

Discussion: Youth are not being placed in Maluhia. This is only for emergency placements and has not been utilized again since the placement of two girls for cutting their arms.

4th Report Discussion:

The files were reviewed for content. They contain:

- Security program instruction
- Report of hearing
- Personal items inventory
- Rules of conduct
- Security program
- Youth chronological record
- Security unit individual youth record
- Security unit nurses log

The files were well-maintained and contained necessary information. One issue brought up during the February site visit was whether youth are adequately notified of actions which would constitute placement in isolation. The youth handbook was reviewed and found to contain a section labeled XXII Allowable Sanctions.

During the July site visit it was indicated that time out was not included in the policy and procedure. There is a draft policy on the use of the HYCF for parole violators and it is this population that most often is referred to regarding the use of time out. Parole programming is outside the scope of the MOA but once youth are in the facility their treatment becomes part of the MOA. The concern about the use of time out for parole violators was expressed in the May site visit and the agency has responded by providing the same process to parole violators as it does all other residents of the facility. Due process is provided to parole violators in the same manner as to all other residents.

Recommendation: Amend the handbook to include narrative that explains to the youth that the behaviors listed may result in placement in the security program and exactly what that program is. Hearing process and appeal

Nurses should begin to log date and time of notification of youth placed in isolation. This will allow for an improved QA process.

The state of Hawaii should, in a separate process begin to look at the continued use of the HYCF for parole violators. It is understood that this is not directly related to the MOA but the possibility of overcrowding of the HYCF makes this a concern for the monitor. In most jurisdictions detention centers are used for parole violators not secure custody facilities. Bed space is so limited that some prioritization may need to be given to who has access to the facility at the time of overcrowding.

Documentation: Review of eight files pulled randomly from security. Discussion with Alex Escarcega, Nurse Hadley, CS1 Keoni Yadao, monitor.

(24) Due Process. The State shall provide youth confined for disciplinary reasons for more than 24 hours with an appropriate due process hearing by an impartial supervisory staff member to determine whether the cause exists for continued disciplinary confinement and appropriate representation at such hearing. The State shall give youth a copy of rule violation charges and the hearing record for review (including the incident report and witness statements), and shall document that youth were: (a) given the opportunity to ask that witnesses be interviewed, and (b) were provided with accommodation where the youth has disabilities that might interfere with his or her capacity to understand the process or outcome. The State shall adequately document any such due process hearings, including the result of the hearing and justification for the result.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Hire the youth ombudsman position instead of using staff as advocates in due process hearings.

Status: Not Completed.

Discussion: The ombudsman has not been hired. Donald Oskashige, the business manager at the HYCF continues to act as the hearing officer.

Recommendation and Corrective Action from the 3rd Report:

Hire a youth advocate, develop that position responsibilities for IR distribution, retrieval, review, due process and resolution.

Status: Not Completed.

Discussion:

4th Report Discussion: There has not been progress or changes to this provision. Due Process hearings are being held but absent a youth ombuds and proper filling out and tracking of IR's due process cannot be properly implemented and monitored.

Recommendation: Same

Documentation: Discussion during the August site visit.

(25) Staffing. The State shall provide sufficient numbers of adequately trained direct care and supervisory staff to (a) supervise youth safely, (b) protect youth from harm, (c) allow youth reasonable access to medical and mental health services, and (d) provide youth with adequate time spent in out-of-cell activities. In furtherance of this requirement, the State shall submit a proposed staffing plan to be approved by the Monitor, with the Monitor's approval establishing the sufficient number of staff required by this Agreement. Prior to approval by the Monitor, DOJ may submit comments to the Monitor regarding the State's staffing plan which comments shall also be provided to the State. The State shall establish mandatory minimum staffing requirements, including a determination of all direct supervision posts that must be filled on each shift. In establishing mandatory post coverage, the State shall include provisions for coverage for all required staff training as well as authorized leave time. The State shall also document daily shift coverages and shall report to the Office of Youth Services, department of Human Services, and to the Monitor, all instances of failure to provide the minimum post coverage and the closing of a post due to lack of direct care staff. The State shall

regularly report to the Office of Youth Services, Department of Human Services, and to the Monitor, the status of all current vacancies.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

The administration, including the Ex. Director of OYS, YFA Kaleve Tufono-Iosefa, and Special Assistant Alex Escarcega should meet in small group sessions with direct care staff and solicit their input into the reasons for the staffing shortages and their recommendations for solutions.

Status: Completed.

Discussion: Martha Torney, the newly appointed OYS director has been meeting with direct care staff in small group discussions to gain their views on issues confronting the HYCF and remedies they see for facility improvement.

Once staffing ratios are stabilized the HYCF should also develop a cottage management team, made up of their most experienced youth secure facility staff. This team would spend up to six weeks in each cottage doing two things: Seeing that newly hired staff are able to properly perform the necessary functions learned in their pre-service academy and current staff also demonstrate competence in this area. Absent competency testing training will not be of benefit. Those staff who cannot demonstrate competence should be invited to be trained a second time. Those unable or unwilling to become part of a youth corrections staff through such training and competency demonstration should be assisted to find employment elsewhere.

Status: Not Completed

Discussion: This is not completed due to a need to hire additional staff prior to implementation. There is still a possibility that a group of staff from the Utah Decker Lake facility will be hired, as contract employees to assist in the development of cottage management practices.

Review with the monitor the responses to the RFP for transportation of youth. This is a highly specialized service that should only be done by those with correctional service backgrounds.

Status: Not Completed.

Discussion: There has been no progress on this contract since the last reporting period.

**DOJ Required Staffing Compliance by Month,
for the Period of June 1, 2006 through July 31, 2007**

Month	Total Shifts Examined	Total Shifts in Compliance to Ratio	Shifts in Compliance to Ratio using ACO Staffing	Shifts in Compliance to Ratio using ONLY HYCF Staffing
June	90	37	1	36
July	93	39	2	37
August	93	36	2	34
September	90	45	3	42
Reporting Period	366	157	8	149
October*	93	76	4	72
November	45	34	3	31
December	93	68	11	57
January	93	87	7	80
Reporting Period	372	303	25	278
February	84	84	3	81
March	93	93	6	87
April	90	80	3	77
May	93	83	4	79
June	90	86	6	80
July	93	66	14	52
Reporting Period	543	492	36	456

Notes for June 1, 2006 through September 30, 2006:

-The Hawaii Youth Correctional Facility (HYCF) Secure Custody Facility (SCF) experienced lockdown status, due to insufficient staffing, for the following dates: August 5, 2006 (6:00 a.m. through 1:00 p.m.) and September 17, 2006 (6:00 a.m. through 2:00 p.m.)

-According to the accumulated data, the Hawaii Youth Correctional Facility has maintained a 42% staffing compliance for the period of June 1, 2006 through September 30, 2006.

Notes for October 1, 2006 through January 31, 2007:

There were no lockdowns due to insufficient staffing. Furthermore, according to accumulated data the Hawaii Youth Correctional Facility has maintained an 81.5% staffing compliance during this review period.

Notes for February 1, 2007 through July 31, 2007:

According to accumulated data the Hawaii Youth Correctional Facility has maintained a 91% staffing compliance during this recording period using ACOs and YCOs. However, 84% compliance is achieved using only YCOs.

**Number of Lockdowns
October 1, 2006 – July 31, 2007**

Housing Unit	10/06	11/06	12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07
SCF	0	0	0	0	0	0	*1	0	0	0
O&A (Girls)	0	0	0	0	0	0	0	0	0	0
HM (short-term Boys)	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	1	0	0	0
Ave Daily Pop.*					61	60	65	65	67	69

*Average Daily Population figures were only available from Feb '07 forward

**Note: Lockdown on April 8, 2007, Easter Sunday due to insufficient staff coverage for SCF (7:30 am-10:20 am). Programming resumed after 2 hours, 20 minutes.*

**Number of Code Reds
February 1, 2006 – July 31, 2007**

Shift 1

	SCF	OA	Ho'okipa	Total
Feb-06	0	0	0	0
Mar-06	0	0	0	0
Apr-06	0	0	0	0
May-06	0	0	0	0
Jun-06	0	0	0	0
Jul-06	0	0	0	0
Aug-06	0	0	0	0
Sep-06	0	0	0	0
Oct-06	0	0	0	0
Nov-06	0	0	0	0
Dec-06	0	0	0	0
Jan-07	0	0	0	0
Feb-07	0	0	0	0
Mar-07	0	0	0	0
Apr-07	0	0	0	0
May-07	0	0	0	0
Jun-07	0	0	0	0
Jul-07	0	0	0	0

Shift 2

	SCF	OA	Ho'okipa	Total
Feb-06	0	0	0	0
Mar-06	3	0	0	3
Apr-06	1	0	0	1
May-06	2	0	0	2
Jun-06	0	0	0	0
Jul-06	0	0	0	0
Aug-06	0	0	0	0
Sep-06	0	0	0	0
Oct-06	0	1	0	1
Nov-06	2	0	0	2
Dec-06	0	0	0	0
Jan-07	0	0	0	0
Feb-07	0	0	0	0
Mar-07	0	0	0	0
Apr-07	0	1	0	1
May-07	1	0	0	1
Jun-07	0	1	0	1
Jul-07	2	0	0	2

Shift 3

	SCF	OA	Ho'okipa	Other Location*	Total
Feb-06	0	0	0		0
Mar-06	1	0	0		1
Apr-06	1	1	1		3
May-06	0	0	0		0
Jun-06	0	0	0		0
Jul-06	0	0	0		0
Aug-06	1	1	0		2
Sep-06	5*	0	0		5
Oct-06	3	1	2		6
Nov-06	0	0	0		0
Dec-06	0	0	0		0
Jan-07	2	1	0		3
Feb-07	2	0	0	0	2
Mar-07	0	1	0	0	1
Apr-07	3	1	0	0	4
May-07	3	0	1	0	4
Jun-07	3	1	1	1	6
Jul-07	1	3	0	0	4

* Code Red at Vocational Building

Recommendation and Corrective Action from the 3rd Report:

Continue the documentation for further compliance.

Status: Completed

Update request for CS1 for each facility.

Status: Completed

Discussion: This is a legislative request and is pending approval.

Update request for additional security officer to manage youth movement.

Status: Completed.

Discussion: This is a legislative request and is pending approval.

4th Report Discussion: During the May site visit, May 7, there were 64 youth in the facility. 32 in secure, 11 in O&A (girls) and 2 in Ho'okipa (short term). On one occasion during this last reporting period, 5/8/07 ratios were not met. There were sufficient staff in the entire facility to have met ratios but due to behavior problems in Ho'okipa (short term) staff from secure had to be sent to short term in order to enhance staffing in that facility. Ratios were therefore below minimums in the secure facility.

During the July site visit there were 10 vacancies among YCO's. There are currently 65 YCO-YCA positions available for staffing at the HYCF. During this site visit 7 of those 65 were on administrative leave (some since 2003), 3 were on workmen's compensation and not available for work and 10 were on 8 hour notes (meaning they could work but only 8 hr. shifts), another 3 were out for undisclosed reasons leaving just 42 positions available for scheduling.

The HYCF still has to utilize employees from the Department of Corrections (ACO,s) in order to meet compliance. (see charts). The Memorandum of Understanding with DOC has been renewed through January 31, 2008. Without this additional staff support the HYCF would meet minimum staffing ratios less than 70% of the time.

The HYCF continues to have staff who do not report to work. Sick leave has been a continual problem and is the basis of a sick leave program instituted during the last reporting period.

Staff who are identified as over-utilizing sick leave are sent notification letters, their patterns of sick leave identified and a start date determined for monitoring their attendance at work. The intent is to increase attendance and identify those staff who are abusing sick leave and either correct that abuse or terminate those employees. To date there have been no terminations via the sick leave program.

During the time of the July visit there were 7 staff (YCO's) identified who claim not to be able to work more than 8 hours at any one time. It was determined that 20% of the staff currently have notes that do not require them to work past the 8 hours shift. This is problematic since staff, due to staff shortages and sick leave abuse, often have to work double shifts. This is pointed out to staff as a condition of employment. These staff provide notes from their doctors indicating that they cannot work beyond the 8 hours. Since working more that 8 hours is a requirement of the job HYCF needs to replace these staff with those can work longer hours. A request has been sent to the state Human Resources Department for clarification of possible actions to remedy this problem with no response. In effect staff who cannot work beyond the 8 hours would not be eligible for retention since they would not qualify for work as a YCO. That letter has now been at the Human Resources department for more than one year.

During the August site visits an update was given on the 8 hour notes. 5 staff have now been cleared to work, 2 are still pending clearance.

Staffing was once again reviewed during the July and Augusts site visits. The concern is that the HYCF is now nearly 18 months into this agreement with no real plan in place that will allow the discontinuation of the ACO's in order to maintain compliance with staffing ratios. In addition there is concern that the continued reliance on the Department of Public Safety for the operation of the HYCF, while extremely useful in the short term, may be detrimental in the long-term. This is due to a mixing of adult corrections staff with youth corrections staff. Basic missions are different. Staff in the HYCF in the long-

term must be staff trained as Youth Corrections Officers with the understanding of juvenile justice philosophy of treatment and rehabilitation.

The issue of staffing of the Ho'okipa Makai cottage was reviewed. During the May site visit there was discussion of requiring staff to be physically present during the night shift in this cottage. The decision has been made that this would be in the best interest of the youth to have staff inside the dormitory at night but there is considerable resistance to this by senior staff. This will continue to be discussed with senior staff.

Also, cameras will be installed in the Ho'okipa Makai cottage.

Martha Torney, OYS Ex. Dir has requested assistance from a staff member of DPS. This person is an attorney with specialization in union contracts and negotiations. This will be a 6 month or 12 month assignment to assist the HYCF in developing a response to sick leave, 8 hour notes so that staffing can be improved.

Recommendation: Gain assistance from the Attorney General's Office and the Department of Public Safety in developing a sick leave program that will allow for disciplinary action to be taken on staff who abuse the policy and who claim to not be able to work beyond 8 hours. The physical capability of working beyond 8 hours is a basic job requirement and needs to be enforced. The continue abuse of sick leave renders other staff and youth vulnerable to a less safe cottage environment.

Develop a time-frame for termination of the reliance on the DPS for staffing assistance.

Documentation: Review of HYCF roster, 5/8/2007. Discussion with attendees at May 7, 2007 site visit. Discussion at July 9, 2007 site visit. Discussion at August 13, 2007 site visit.

(26) Employment Practices. The State shall only employ individuals with reputable and responsible characters to work with youth residents at the facility. Within 120 days of the Effective Date of this agreement, the State shall conduct a criminal record check for all current employees at HYCF, In accordance with Hawaii Revised Statutes section 352-5.5 (2006), taking appropriate actions where new information is obtained. At least as often as every year thereafter, the State shall update such criminal record checks for all employees who come into contact with youth. HYCF administration shall develop policies and procedures so that applicants and all current staff are required to immediately report to it any arrest other than a minor traffic violation and also report the issuance of a restraining order entered against the staff member due to alleged abusive behavior.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Update on BCI checks of employees.

Status: Completed

Discussion: A review of this at the July site visit indicated that all BCI checks for 2006 had been completed. 2007 checks were completed through March.

Clarify the issue of whether issuance of restraining orders will be included in reports to the YFA from DHS.

Status: Completed.

Discussion: The settlement agreement requires that domestic violence be reported. The question remains about the impact this should have on continued employment. It was noted, during the discussion, that restraining orders are quite routinely given and that an issuance of one, in and of itself, should not require that the person discontinue employment. Human resources has indicated that it would be incident specific whether domestic violence should preclude continued employment at the HYCF.

Develop the employee misconduct policy

Status: Partially Completed

Discussion: The employee misconduct policy was drafted on 3/7/06. It is in the review process. A number has not been assigned to this policy.

Recommendation and Corrective Action from the 3rd Report:

Continue to work on clarification of inclusion of domestic violence in employee misconduct policy.

Status: Completed.

Discussion: (see above)

Formalize process with Attorney General's Office.

Status: Partially Completed.

Discussion: This will be completed when the P&P is adopted.

4th Report Discussion: The issue of staff being available and able to work is one that has to be resolved for the HYCF to function properly and the SA complied with. Job related performance measures are slowly being introduced but as of this report still not sufficient to provide timely and effective personnel actions.

Currently the HYC maintains a list of employees using sick leave, days off, vacation and comp time.

The CS1 consults with the Youth Corrections Supervisor to verify lists.

Attendance reports are compiled.

Employees now must have to call in sick (previously employees were not appearing for scheduled shifts resulting in code reds throughout the facilities)

Vacation and comp time have to be pre-approved

The administration is tracking patterns of sick leave usage. Of current concern is the use of 8 hr. notes. This is a practice whereby employees have their personal physicians write notes to the HYCF administration indicating that they, for presumably medical reasons, cannot work more than 8 hours. Some notes even indicate where the employee can work,

which usually takes them out of the modules and into the control center. (non direct care youth contact). How physicians, without intimate knowledge of the HYCF can issue such notes needs an answer. How this practice can be allowed to continue also needs addressing. The 8 hr. notes also means that shifts may not be properly staffed due to staff shortages. 16 hr. shifts are common and staff are expected to remain on shift until relieved. This also precluded the employee from attending training if they have just worked an 8 hr. shift since training is being conducted following the morning shift.

The CS1 is maintaining a list of employees with 8 hr. notes. DHS has been asked to determine if YCO's with 8 hr. notes are capable of continuing their employment.

Over time is tracked by each employee. The current policy is that employees can work 16 hr. shifts, must have an 8 hr. break. Theoretically an employee could work an unlimited amount of overtime as long as the breaks occur. Current DHS policy would not allow the limiting of overtime.

The dilemma at HYCF is obvious. Staff are not being required to work. Doctors are providing notes that limit work. Overtime is dangerous for youth and staff if it exceeds standards (usually 16 hrs. per pay period). Without overtime the HYCF will also have a protection from harm issue in that it will not be able to maintain staffing ratios.

Recommendation: Secure a decision from DHS about continued employment of staff needing 8 hr. notes

Require that staff procure medical permission from the HYCF physician and not from personal physicians if DHS determines that these employees can continue employment.

Determine an overtime policy that limits the use of overtime. Extended working of shifts by any single employee is a protection from harm issue. Most jurisdictions do not allow any single employee to work more than 16 hrs. overtime per pay period.

Documentation: Discussion at July site visit. Review of 8 hr. notes.

(27) Exploitation. The state shall develop and implement policies, procedures, and practices so that staff do not financially exploit youth or their families.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Compile listing of any actions taken and review those reports with the monitor during the next reporting period.

Status: Not Completed.

Discussion: P&P is under review and there has been no activity that could be reviewed during this last period.

Review the newly drafted P&P for compliance during the next reporting period.

Status: Partially Completed.

Discussion: P&P was originally drafted 9/30/06. Revised 4/4/07. P&P is in formal review by the union since 3/5/07. OYS consulted with union regarding P&P review on 6/15/07.

Recommendation and Corrective Action from the 3rd Report:

Complete review process of P&P.

Status: Partially completed.

Discussion: See above.

Hire investigator.

Status: Completed.

4th Report Discussion: An investigator has been hired. He is housed at the OYS. A process is in place that will now allow an immediate response to any allegation of exploitation. It is expected that the P&P review process will be completed during the next reporting period.

Recommendation: Identify any instances of exploitation and responses to them. Have investigator detail his activity in this area for next site visit.

Documentation: Discussion at July site visit.

(28) Grievances. The state shall develop and implement policies, procedures, and practices so that the HYCF has an appropriate grievance system for youth.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Hire a Youth Advocate

Status: Not Completed.

Discussion: The grievance officer position was included in the OYS budget out of the last legislative session. The funds will not be available until July 1. Given advertisement, recruitment, interviews etc. the time frame for filling this position is around October 1. The Attorney General's office was requested to assist with the possible expediting of the process.

As of the July site visit the grievance officer had not been hired but the announcement was out and recruitment was taking place.

YFA continues to review resolutions. The Youth Complaint form needs to be revised to include space for youth to provide a narrative of the incident.

Status: Not Completed

Discussion: This will be completed as soon as the grievance officer is hired.

Recommendation and Corrective Action from the 3rd Report:

Include in the orientation process to newly arriving youth that grievances need not be written to be delivered. Youth can approach staff at any time with a grievance or ask to meet with a supervisor or administrator.

Status: Completed.

Discussion: P&P is being changed to reflect this process.

4th Report Discussion: Policy 143.81, Youth Grievance, establishing a grievance system for youth at HYCF is a 1st tier policy and is in the final review process with the Union

and the Employees Association. It was agreed that this P&P would require a minor adjustment that would include language making it clear that youth can grieve informally and to any employee. The formal process is properly outlined in the P&P. In the previous reports a decision was made to number all forms. That process was discontinued but will begin again when the grievance officer is hired. Forms were being lost. It was agreed that the numbering system is critical to determine that youth have free access to the forms.

The OYS is examining also hiring a youth ombuds to assist with youth representation. That decision has not been made due to some thought that the grievance officer may be sufficient to provide what is needed due to the size of the facility.

Recommendation: Include in the orientation and handbooks information about youth's right to grieve verbally without the need for the formal submission of a form.

Hire the grievance officer in time for next reporting period. Make decision about youth Ombuds position.

Documentation: Review of P&P 1.43.81. Discussion with Alex Escarcega, Kaleve Tufono-loseda, Heidi Rian and Blair Goto. Discussion with attendees at July site visit.

(29) Retaliation and Intimidation. The State shall develop and implement policies, procedures, and practices so that staff do not intimidate or retaliate against youth who file grievances or against staff members, volunteers, contractual employees, or youth families who report allegations of staff abuse or misconduct. The policies, procedures, and practices contemplated by this paragraph will not preclude appropriate action where a youth, employee, or other person knowingly asserts a false complaint or grievance. As to retaliation against staff members, the policies and procedures contemplated by this paragraph may reference Hawaii Revised Statutes, Chapter 378, Part V (Whistleblowers' Protection Act).

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

The old recommendation is continued. Compile list of actions for review during the next reporting period.

Status: Completed.

Discussion: Reviewed list of activity by newly hired investigator.

Recommendation and Corrective Action from the 3rd Report:

Develop the formal process with procedures that allow determination of intimidation or retaliation.

Status: Partially Completed.

Discussion: P&P in formal review process

4th Report Discussion: The process described in provisions 17 & 18 for staff misconduct will apply to this provision. The grievance officer is expected to be hired by October, 2007. This person will assume full responsibility for the grievance process and will work closely with the investigator to review all grievances that suggest retaliation and intimidation.

Recommendation: Hire grievance officer and begin to implement the grievance process throughout the facility.

Documentation: Discussion at July site visit.

(30) Admissions, Intake and Orientation. The state shall develop and implement policies, procedures and practices to establish a consistent, orderly admissions intake system, conducive to gathering necessary information about youth, disseminating information to staff providing services and care for youth, and maintaining their safety. Each youth entering the facility shall receive an orientation that shall include simple directions for reporting abuse, and assure youth of their right to be protected from harm and from retaliation for reporting allegations of abuse. Orientation shall also clearly set forth the rules youth must follow at the facility, explain how to access medical and mental health care and the grievance system, and provide other information pertinent to the youth's participation in facility programs.

Rating: Substantial Compliance

Recommendations and Corrective Action from 2nd Report:

Assessments and exams need to follow the youth.

Status: Partially Completed

Discussion: The Attorney General's office has developed MOU with the Judiciary regarding a checklist of information to be provided to HYCF when a youth is committed. It is entitled a Commitment/Transfer Packet Checklist. It includes the following:

Name

Birthdate

Alias(es)

Type of commitment/Short term, Minority, to age 19, to age 20.

Date Committed

Judge/Circuit

Probation Officer/Phone

Attorney/Phone

Guardian Ad Litem/Phone

Social worker/Phone

Parents'/Guardian/Phone/Address

Physical Description:

Ethnicity

Complexion

Hair/Height/Weight/Build

Eyes

Visible/(tattoo/scar/birthmark)

Physical Disability

Medications

Order Committing Minor to HYCF

Mittimus

Reasons for Recommending Commitment to HYCF includes:

Threat to the community

Threat to self
History of law violations
Seriousness of offense(s)
Adjustment on probation
Adjustment to stayed Mittimus
Effectiveness of prior treatment efforts
Prior court dispositions
Minor's age
Mental health background
Level of functioning, sophistication, motivation and support systems
Availability of alternative treatment programs
Reasons for commitment as a condition of probation
Case plan after Minor's release

Birth Certificate
Index sheet (updated)
Social record (updated)
Psychiatric/Psychological reports
School record
HYCF Pertinent Information Questionnaire
HYCF Medical/Drug Questionnaire
Security/Assistance Request Form

Clarify Communication channels between personnel involved in this process. Different people conduct the admissions process and it is not clear who has primary responsibility.

Status: Partially Completed.

Discussion: During the May site visit it was clarified that the social work staff would have primary responsibility for the admissions, intake and orientation process. This has historically been an area of responsibility for social workers. Those who have social work degrees, bachelor's and master's have specific training in how to gather information, how to conduct intake interviews. The development of a social history and the inclusion of information relevant to the placement should be a part of social work operations at the HYCF. Included in this would also be the initial orientation process.

The intake policy should clearly identify the HYCF staff responsible for obtaining documents that are required upon the admission of a youth.

Status: Completed.

Discussion: The current policy includes the requirement that social work staff have the responsibility for intake, including confirming that the proper documentation has been received.

The P&P needs to clarify which items are to be covered in the orientation and how that is to be documented.

Status: Completed.

Discussion: Draft P&P does include orientation process.

4th Report Discussion: In the last report the question about re-commitments was raised. There has not been a standard practice for re-committed youth. It was agreed that all commitments should be treated the same. There will not be a separate process for re-commitments.

The documents needed from the court for admission have now been identified. Also, it is agreed that social work will conduct the admission process. Social work will develop the process for communicating with medical, MH, education, security etc. that the admission has occurred and providing them with information they will need to process the intake.

With the introduction of a full cottage management system in the near future, social work will take on a much expanded and important role in the facility. Social work will be responsible for the implementation of cottage management and will therefore need to work flex-time so that social work is present in the facility every day until 10 p.m. All admissions will occur prior to 10 p.m. so the availability of social work for this process should not be an issue.

Recommendation: Have social work develop a process for the sharing of information regarding intakes with other disciplines. Identify re-commitments and document that intake process was followed on those admissions.

Documentation: May site visit discussion with Kaleve Tufono-loseda, Alex Escarcega, Heidi Rian and Blair Goto. Review of draft document outlining material to be in MOU between courts and HYCF.

(31) Classification. The state shall develop and implement a classification system that, upon intake, places youth appropriately and safely within the facility, and provides for later reclassification in appropriate circumstances.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report: Review the experience of field-testing the classification instrument. Determine if classification is being followed from intake to placement in cottages and its compatibility with the level system

Status: Partial Compliance

Discussion: Classification will need to be improved over the next several months. The use of risk assessments and the relationship of them to placement by commitment category needs further exploration. In effect, a risk classification system is being developed but it does not presently have much relevance to placement.

Complete the override section of the risk assessment. This is also being reviewed as part of the field-testing of the instruments described above.

Status: Not Completed.

Discussion: In progress.

Recommendation and Corrective Action from the 3rd Report:

The necessary paperwork that must accompany a youth from the court to admission has been identified. This information is also critical in the classification of a youth. This information should be identified as required paperwork to the committing agencies. It is

recommended that a youth not be admitted/classified without the complete admissions package.

Status: Completed.

Discussion: See Provision 41.

Develop a check-list that identifies the required documents upon admission and classification so that the admitting and classifying staff person checks and verifies that the information was received and considered.

Status: Completed.

Discussion: See Provision 41.

4th Report Discussion: The P&P 1.47.21, is second tier. The initial review was conducted on 6/1/07. There has been considerable discussion during this reporting period regarding placement of youth. Commitment status has historically been the official classification instrument. Short-term youth have been separated from long-term commitments. This is sound practice with efforts to keep younger less sophisticated youth away from the exposure to more criminally sophisticated committed youth. There have been occasions when short-term youth were moved to the SCF for protection purposes. (Individual cells v. dorm setting of Ho'okipa) It is common practice for youth to arrive at the facility with judicial orders stating place of confinement and length of stay. This court order mandates the placement of the youth within the HYCF but placement within the facility is the prerogative of the HYCF administration.

Due to overcrowding youth cannot be classified solely on commitment status (long-term, short-term). Youth in both commitment statuses are mixed. Youth are classified based on age, maturation, type of offense and behavior within the facility. The initial security classification assessment (ISCA) and the community risk assessment (CRA) are administered by social work staff but they do not play a significant role in classification. This is mostly in response to the severe limitations of the Ho'okipa Makai cottage. The dormitory settings in this cottage currently limit necessary staff supervision. Even when that is resolved the mixing will need to continue. Only way to ensure the separation of these youth based on commitment status is to replace this cottage. That process would take years and is not seen as a short-term solution to this dilemma.

The multi-disciplinary team regularly reviews classification issues and moves youth as needed based upon the criteria described above.

Martha Torney , OYS Ex. Dir. has been contacting other jurisdictions of similar size in order to assist with the development of this process. She has classification materials from 3 states and is working with staff to determine to what extent they might be adapted to Hawaii. In addition she has requested from the Office of Juvenile Justice & Delinquency Prevention (OJJDP) technical assistance for the development of a classification system.

Recommendation:

Continue to review the classification instrument and its relationship to commitment status, placement options and supervision levels.

Determine if other jurisdictions classification systems can be adapted to the HYCF and begin that process.

Documentation: Discussion with Alex Escarcega, Kaleve Tufono-Iosefa, Heidi Rian, Blair Goto during the May 10th site visit. Continued discussion with HYCF staff during the July site visit. Discussions with staff and with Martha Torney, OYS Ex. Dir. during the August site visit.

B. TRAINING

(32) Training. The state shall develop and implement policies, procedures, and practices to provide staff, volunteers and contractual employees of HYCF, and OYS employees as deemed appropriate by OYS, with training regarding their responsibilities.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Update the funding and hiring of two training specialists and one training clerk/typist. These three positions were to respond to all areas of this provision.

Status: Completed.

Discussion: HYCF has posted two new training positions. Recruitment is on-going and hiring should be completed within the next 60 days.

Explore the development of a juvenile justice academy (system wide).

Status: Completed.

Discussion: The development of an academy has been thoroughly discussed. It isn't feasible at this time due to a lack of staff that could be available for pre-service training. For the foreseeable future staff will be trained in small groups as they are hired. The old canoe house has possibilities as a training center and will likely be modernized for that purpose. As the system evolves the academy could become a reality in that location.

Develop a time table for the completion of training of all current employees on basic juvenile justice and cottage management principles.

Status: Completed.

Discussion: A time table has been developed. The tentative work plan provided at the May site visit includes the following.

Training needs assessment	August 2007
Identify Core Group	September 2007
Build and implement Core Curriculum	September 2007
Training for Trainers	November 2007
Coaching	May 2008
Evaluation (Pbs)	November 2008

Determine if funding would be provided so that staff can be hired, trained in pre-service settings.

Status: Completed.

Discussion: Funding is not currently available and will not be available for several years. This will have to be a building block developed by the OYS and the Juvenile Court as part of a greater juvenile justice system improvement project. Current projections indicate that staff will be trained for a 40 hour pre-service requirement. This is considerably less than most systems require (6weeks) but given the need for staff and the cost inefficiency of an academy at the present time that is likely to be the plan adopted.

Incorporate the use of trainers in the cottages, as part of the training plan, until the academy is instituted.

Status: Completed.

Discussion: Trainers will be incorporated as part of the training package. See schedule above. The Utah staff, if that contract is successfully completed, would also fulfill this recommendation.

Recommendation and Corrective Action from the 3rd Report:

Continue the discussion regarding the academy and the development of the training resources.

Status: Completed.

Discussion: Training resources are being developed. A training contract has been developed and final approval for that contract and the hiring of the vendor will happen in the next couple of weeks. When that occurs the schedule outlined above will be incorporated.

Determine the feasibility of hiring an outside consultant to develop the training curriculum and begin the training.

Status: Completed.

Discussion: See above

4th Report Discussion: Training records dating back to 2005 show 49 staff have been trained on CPR, 51 have not. 49 have been trained on first aid, 51 have not, 53 on suicide prevention, 47 have not, 63 have been trained on Handle With Care 37 have not. Many who have received the training one to two years or more ago and in the case of suicide prevention, did not receive a curriculum that meets the training requirements necessary for competence

The training plan of action includes the following:

Identification of a national consultant to develop the training curriculum. This will include a training needs assessment. OYS is finalizing a contract with a provider. In addition, Lindsay Hayes will provide training for all direct care staff and the majority of non-direct care staff on suicide prevention some time early this fall. That training is tentatively set for the week of October 8.

The HYCF has the budgetary resources to implement assessment and staff training intervention. HYCF will seek additional funding in the 2008 budget to identify and upgrade a viable long term training site on campus. (Academy)

HYCF will identify a core group of staff and supervisors to constitute a lead group from which it shall be determined who will serve as alternative staff trainers in addition to those hired for two new training positions.

The provider and a team of practitioner-trainers will assemble to build and implement the core curriculum to the lead group of staff.

Training for trainers, of which two are new full time training positions, and other lead workers and supervisors to develop the continuity of quality training.

Coaching, this will supply constructive feedback regarding training style to reassure new trainers that they are on track.

HYCF has selected and will fully implement Pbs as an evaluation strategy to document post-training changes.

It should also be noted that when staff training begins that staff will be receiving 80 hours of training. There is currently no method of accomplishing this without reducing staff coverage in the modules. This is of concern to everyone but since a pool of staff will not be able to be developed this reduction will have to occur. Another issue of concern to the monitor is that in addition to reducing staff coverage for training HYCF has to continue to reduce that coverage to provide transportation for youth needing to leave campus. On May 9, 2007 during an early morning walk-through of the SCF there were 5 youth, in just one cottage, who needed transportation. This type of staff reduction will not be possible once training begins. The transportation contract will have to be in place prior to that time.

Recommendation:

Provide updates on progress of training plan of action and data on number of staff trained including time-frames.

Complete the transportation contract so that adequate staff coverage can be provided which will allow the needed training to take place.

Documentation: Discussion at May site visit. Review of training plan of action. A review of the HYCF employee training log,

(33) Use of Force Training. The State shall train direct care staff in the approved method for physical restraint that minimizes the risk of injury to youth. The State shall only use instructors that are appropriately certified to teach the approved physical restraint method. All training shall include each staff's demonstration of the approved techniques and meet the minimum standards for competency established by the method. Direct care staff skills in employing the method shall be periodically re-evaluated. Staff that demonstrate deficiencies in technique or method shall be re-trained at least every six months until they meet minimum standards for competency established by the method. Supervisory staff who are routinely involved in responding to incidents and altercations shall be trained to evaluate their subordinates' use of the approved restraint methods and

must provide evaluation of the staff's proper use of these method (s) in their reports addressing use of force incidents.

Rating: Partial Compliance

Recommendation and Corrective Action from the 3rd Report:

Develop process for supervisory review of use of force incidents.

Status: Completed.

Discussion: The plan of action developed by the HYCF and outlined in provision 32 includes a process for developing supervisory training. This will include oversight to use of force as part of the training process.

4th Report Discussion: Physical restraint training for recertification of trainers with Handle With Care was conducted over the last two month. (See provision 16 discussion.)

Recommendation: Continue to provide updates to the monitor on the completion of the restraint training.

Determine which staff have not received suicide prevention and/or use of force training and prioritize those staff for training.

Identify YCO's that have not been trained and assure that those staff will not be lead staff while working with ACO's.

Documentation: May site visit discussion. Training Plan of Action outline.

(34) Suicide and Self-Harm Prevention Training. The State shall conduct suicide prevention training for direct care staff. Within six months of the Effective Date of this Agreement, HYCF shall develop a prevention training curriculum, which shall include the following topics:

- (a) A suicide prevention policy consistent with this Agreement;
- (b) The ways in which facility environments may contribute to suicidal behavior;
- (c) Potential predisposing factors to suicide;
- (d) High risk suicide periods;
- (e) Warning signs and symptoms of suicidal behavior;
- (f) Case studies of recent suicides and serious suicide attempts;
- (g) The proper role of staff in responding to a suicide attempt by youth, including different levels of observation and the types of precautions that should be taken;
- (h) Strategies for de-escalating youth engaging in self-harming behaviors;
- (i) Instruction and mock demonstrations regarding the proper response to a suicide attempt; and
- (j) The proper use of emergency equipment.

Rating: Partial Compliance

Discussion: The new Suicide Prevention Policy adequately addresses this provision by requiring both an eight (8) hour initial suicide prevention training workshop, followed by an annual two (2) hour workshop to be completed by all staff.

HYCF has attempted to provide suicide prevention training on two recent occasions. First, as previously reported, both HYCF and FCLB officials collaborated in providing suicide prevention training in November 2005 with the provision of an 8-hour training workshop. Approximately 60% of direct care staff received the apparent 8-hour training. However, a review of the lesson plan for the 4-hour clinical perspective indicated that it was woefully inadequate and not compliant with the remaining sections of Provision 34. Second, beginning on September 22, 2006 and continuing through January 9, 2007, the FCLB Psychiatrist attempted to conduct 30 to 60-minute suicide prevention training workshops to HYCF staff. During 10 scheduled workshops, four were cancelled for non-attendance and the remaining six sessions combined only attracted a total of approximately 25 staff. Although commendable that the FCLB Clinical Director would devote time to this endeavor, and the workshops provided some clinical insight into suicidal youth, these workshops do not fully comply with the requirements of Provision 34.

Further, as previously reported in March 2007, the Office of Youth Services has submitted a budget request for a full-time trainer to be assigned to the HYCF. The Monitor would certainly support this position as it would assist in expediting compliance with both Provisions 34 and 11.

Finally, it should be noted that the Monitor's suicide prevention consultant is scheduled to provide two 8-hour workshops during the week of October 8, 2007 to all available HYCF direct care, social work, education, medical, and mental health personnel. The workshops will cover all the required topics as listed above, and the comprehensive 8-hour PowerPoint slide suicide prevention presentation and handout material will be subsequently forwarded to HYCF and FCLB officials for future use.

A rating of partial compliance is given because a sizable percentage of staff has not been trained and a training curriculum has not been developed.

Recommendation: First, following the provision of suicide prevention workshops in October 2007, HYCF officials should ensure that all remaining personnel receive the initial 8-hour suicide prevention workshop. (It is particularly important that all contract medical staff, who has limited familiarity with HYCF policy and incarcerated youth, receive this training.) Second, following completion of the initial training, HYCF officials should begin planning for the 2-hour annual suicide prevention training scheduled for 2008. Third, as previously recommended in both November 2006 and March 2007, it is strongly recommended that HYCF develop a database to track compliance with suicide prevention training. The above recommendations are more likely to be expeditiously acted upon when the Office of Youth Services hires a new training coordinator.

Documentation: Interviews with HYCF officials

(35) Staff Training in Behavior Management, De-Escalation and Crisis Intervention. The State shall provide appropriate competency-based training to staff in behavior management, de-escalation techniques, appropriate communication with youth, and crisis intervention before staff may work in direct contact with youth.

Rating: Partial Compliance

Recommendation and Corrective Action from the 3rd Report:

Continue the “refresher” training in use of force as well as the regularly scheduled training.

Status: Completed.

Discussion: See provisions 16, 32 & 33.

Develop behavior management training as the cottage management concept is implemented.

Status: Partially Completed.

Discussion: This is part of the package that is being developed under the Training Plan of Action described above in 32 & 33. The new curriculum that will be developed when the consultant is hired will include behavior management practices.

4th Report Discussion:

It is the current intention of OYS and HYCF administration to adopt the New Freedom cottage management curriculum. When this is done and the curriculum is acquired consultants from another jurisdiction that has had experience with New Freedom will act as trainers for New Freedom. In addition, staff will be identified that will be responsible for implementing New Freedom and they will visit that jurisdiction for training and hands-on experience.

Recommendation: Acquire the New Freedom curriculum and develop the collaboration relationship with a host jurisdiction. Develop time frame for training and implementation of the New Freedom cottage management program.

Documentation: May site visit discussion with HYCF administration.

(36) Staff Training in Incident Reporting. The State shall develop and implement policies, procedures, and practices so that staff are appropriately trained in incident reporting consistent with the type of incident reporting required under this agreement.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Document trainings for review at next site visit.

Status: Partially Completed.

Discussion: This training will be part of the training curriculum that will be developed as outlined in provisions 32 & 33.

Recommendation and Corrective Action from the 3rd Report:

Complete review of P&P and begin training.

Status: Partially Completed.

Discussion: P&P is in the review process and training will begin during this reporting period.

4th Report Discussion: Incident reporting will be included in the curriculum and will be trained during this and the next reporting period. Those reports will contain outcomes of that training.

In addition the state has begun the data collection process for the national Performance Based Standards Initiative that it had decided to abandon some time ago. This initiative is crucial to developing outcome measures for staff and program performance but also requires substantial staff commitment and with the recent staff shortages it was understandable that this initiative was not sustained. With some recent hires the state can now renew this effort.

The policy for serious incident reporting 1.01.35 is listed as second tier policy and continues under review (see appendix A). Staff cannot be scheduled for training until the review process is completed.

The Corrections Supervisor 1 has been providing individual training on form 200. So far 40 staff have been trained. Staff have to stay overtime for 1 hr. to receive the training. State has to pay for the overtime because it is currently the only way to accomplish staff training. This training will have to be repeated as the form has been revised during the August site visit. (See provision 20).

Recommendation: Provide monitor with updates on curriculum development and training schedule.

Documentation: May site visit discussion with HYCF administration. Review of training sign-in sheets of 5/1/07 and 6/26/07. Discussion of form 200 revisions during the August site visit.

(37) Behavior Management Program. The State shall develop and implement a behavior management program. The program shall provide youth with positive and systematic recognition and rewards for accomplishments and shall teach social and cognitive skills, reinforce appropriate choices, and assist youth in establishing understandable and reachable goals. The program shall also provide that mental health staff (a) consult custody and other direct care custody staff regarding behavior management, and (b) assess the effectiveness of such program and any interventions utilized. HYCF administration shall incorporate means to assess and refine the program based on mental health staff assessment of outcomes and shall share results with program units.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Update on measures being developed (such as the YOQ) for use in the cottages

Status: Partially Completed.

Discussion: HYCF social work staff have taken the initiative to look into the New Freedom program utilized by many corrections facilities nation-wide. A preliminary review indicates an interest in adapting this program to the HYCF and that process will begin as soon as a jurisdiction can be identified that could assist in that process. This implementation will not be successful until staff are trained on the new P&P and the clinical director position filled so that the leadership necessary for implementation is in place.

Review the Clinical Director position, hiring and activities.

Status: Partially Completed.

Discussion: The position is being recruited.

Develop outline for cottage management system that includes level system and its connection to treatment issues.

Status: Partially Completed.

Discussion: This will not be completed until the cottage management system is implemented. The level system will be a major part of that system. New Freedom, for example, contains a level system that would replace the one that is currently being used.

Recommendation and Corrective Action from the 3rd Report:

Investigate New Freedom cottage management program

Status: Completed.

Discussion: See above discussion.

Hire Clinical Director with main assignment the development of the cottage management system and the adaptation of the level system to it.

Status: Not Completed.

Discussion: Awaiting approval of position.

4th Report Discussion: Based on the report from social work staff New Freedom will be actively pursued as the cottage management system of choice. It is seen as adaptable to Hawaii. Arizona is a system that has successfully implemented this system and is known to the monitor. Arizona should successfully complete its compliance with an MOA begun 3 years ago this September. Upon successful completion of that agreement it is the intent of the OYS administration to ask for assistance with New Freedom implementation from staff in Arizona.

Recommendation: Acquire the New Freedom curriculum and begin a detailed review for Hawaii adaptation.

Documentation: Discussion with social work staff at May 07 site visit.

C. ACCESS TO MEDICAL AND MENTAL HEALTH CARE

(38) Access to Care. The state shall provide youth with access to adequate, appropriate, and timely medical and mental health care to meet the individualized needs of youth in accordance with clinical judgment.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Mental health staff need to work with direct care staff so that cottage management is implemented.

Status: Not Completed.

Discussion: Cottage management is not yet being implemented and will require considerably more time before it can be as outlined in 37.

During the next reporting period review the last 3 months of the use of security. Cross reference this with the nursing unit log which contains a listing of each time nursing staff visited youth in security. This will help determine to what extent, if any, youth are being placed in security without accompanying incident reports or referrals to medical.

Status: Completed.

Discussion: The development of IR's and their review is contained in provision 20. There is a need for improvement of this process but during this discussion it has been confirmed that medical does review IR's. The CS1 tracks all IR's and all category 1's go to both the YFA and the Ex. Dir of OYS.

Update cancellations of medical and dental appointments.

Status: Completed.

Schedule flex-time for MH and social work staff to facilitate meetings with youth

Status: Completed.

Discussion: Staff are working some flex time in order to accommodate scheduling of interviews. This will continue to be reviewed and increased.

HYCF & Education need to cooperate in scheduling youth time for better access to youth by MH.

Status: Completed

Discussion: Discussions have been held and are on-going.

Clarify the issue of 14 day assessments.

Status: Completed.

Discussion: 14 day assessments were problematic several months ago. The process has now been refined and the assessments are completed within the 14 day period.

Recommendation and Corrective Action from the 3rd Report:

Continue compiling the spread sheets for review during the monitoring visits.

Status: Completed.

The YFA should convene a committee to review the "not reported" entries no less often than monthly. The nurses should attend this meeting and review those cases with senior administration.

Status: Not Completed

Medical staff should, until a computer system can do it electronically, verbally communicate to the YFA any concerns they have about abuse or identifying youth who did not receive formal referrals to medical, who in their view, should have been referred.

Status: Completed.

The YFA should explore the possibility of using ACO's for transportation purposes until a company can be located who can provide the service.

Status: Not Completed

Discussion: ACO's are still required in the modules and sufficient numbers have not been identified to provide transportation.

Complete the hiring process for FCLB.

Status: Completed.

Documentation: Hiring progress included in provision 39 discussion.

4th Report Discussion:

The National Commission on Correctional Health Care has completed its consultation to the HYCF. This was completed on June 19 and 20, 2007. (See Appendix B) for the full report. Policy and procedure will be drafted by Jackie Moore, the same consultant who co-authored the NCCHC report. Dr. James Owens, the other co-author will provide consultation for the implementation of the NCCHC recommendations.

During the August site visit this report was reviewed in detail with the following observations and recommendations discussed:

“Out of 38 essential standards, 37 of which were applicable to this facility, 21 were found to be in compliance, and the following need attention or corrective action:

- Y-A-04 Administrative Meetings and Reports
- Y-A-05 Policies and Procedures
- Y-A-06 Continuous Quality Improvement Program
- Y-A-07 Emergency Response Plan
- Y-B-01 Infection Control Program
- Y-C-03 Continuing Education for Qualified Health Care Professionals
- Y-C-04 Training for Child Care Workers
- Y-D-01 Pharmaceutical Operations
- Y-E-06 Oral Care
- Y-E-07 Non-emergency Health Care Requests and Services
- Y-G-01 Special Needs Treatment Plans
- Y-G-05 Suicide Prevention Program
- Y-H-01 Health Record Format and Contents
- Y-H-02 Confidentiality of Health records and Information

The NCCHC report confirms that juveniles have access to health care.

The following items were discussed during the August site visit with the expectation that a plan of action will be developed for the next reporting period:

Y-A-01: It noted that the cooperation between the custody and the health care staff is not optimal, tension was evident. The facility needs to develop opportunities for staff to interact and receive cross training to deal with these issues.

Y-A-03: It is recommended that the medical staff become more involved in the facility's operations such as training for new youth workers, education for juvenile offenders etc. It is also advised that the acting facility administrator develop team building exercises for both custody and medical staff as noted in Y-A-01.

Y-A-04: Compliance indicators 3 and 4 need to be met; a system for managing and reporting at least monthly health service statistics needs to be established; minutes for at least administrative meetings, and documentation for monthly health staff meetings are necessary.

Y-A-06: It is recommended that monthly chart reviews are conducted by mental health, nursing and physician staff. Results should be discussed at multidisciplinary meetings.

Y-A-07: A disaster drill that involves triage of casualties by health staff is to be conducted on an annual basis.

Y-A-11: The facility needs to take steps to revitalize the grievance program.

Y-A-13: The facility should continue to work with consultant Lindsay Hayes regarding blind spots at the facility and continue to educate staff on the Sexual Assault reporting requirements.

Y-B-01: Site-specific infection control policies need to be developed.

Y-B-03: During the kitchen inspection, there were several boxes on the freezer floor. Sample food trays are not maintained for 24 hours. The survey team did not observe food workers wearing hairnets or gloves when preparing food. Temperature logs were being maintained, but some days temperature logs were not being recorded. The facility reports that the Department of Health inspects the facility's kitchen annually.

Y-C-01: Licenses were not on file for the provider clinicians.

Y-C-03: Training in CPR could not be verified for all health staff.

Y-C-09: There is an orientation book with a compilation of procedures for new nurses. The book has not been updated since 2004.

Y-D-01: A consulting pharmacist does not come on site at least semiannually to inspect the facility's medication operations. Expired medications were found during the survey. Medications were not stored properly.

Y-D-03: Corrective action is required to be sure methods of accountability for sharps are accurate.

Y-E-07: On the sick call signup sheet, the youth list their name and their medical complaint. This needs to be corrected.

Y-E-08: It is recommended that the health care staff track injuries.

Y-E-10: Corrective action is required so that the reasons for cancellations are identified and corrective action taken if a trend becomes apparent.

Y-E-11: The nursing protocols are not site-specific for the juvenile population.

Y-F-02: The diets have not been reviewed by a dietitian.

Y-G-02: A chronic care program needs to be established so that these youth are seen by the nurse practitioner or the physician every three months. The facility does not have clinical guidelines available to assist them with chronic medical and mental health issues.

Y-G-05: Not all of the rooms are suicide proof. The nursing staff, including agency staff, need to be involved in annual suicide training and prevention.

Y-G-06: It is recommended that a system of monitoring with flow sheets be developed for youth that have indicated a history of severe alcohol or drug abuse.

Y-H-01: Problem lists need to be implemented.

Y-H-02: It is recommended that the health care staff follow the directive developed by the Attorney General regarding confidentiality of information.

Y-I-01: Performance measures may need to be developed.

Y-I-04: Consents should be obtained prior to dental extractions.

Recommendation: Develop plans of action for the recommendations listed above for the next reporting period.

Documentation: NCCHC report. Discussion of report at August site visit.

(39) Policies, Procedures and Protocols. The State shall develop and implement adequate medical and mental health policies, procedures and protocols as set forth in this Agreement. The State shall provide sufficient numbers of qualified medical professionals to meet these needs. In furtherance of this requirement, the state shall submit a proposed staffing plan to be approved by the Monitor, with the monitor's approval establishing the sufficient number of staff required by the Agreement. Prior to approval by the Monitor, DOJ may submit comments to the Monitor regarding the State's staffing plan, which comments shall also be provided to the State. The State shall also provide that direct care staff do not restrict or deny the provision of adequate medical and mental health care.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

The P&P 1.35.01, 1.35.29, 1.35.39 and 1.35.63 were specifically identified as needing further development during the last reporting period. Update these P&P and all others that pertain to medical and mental health.

Status: Completed.

Discussion: The policy and procedure listed above pertain to medical and mental health. These were reviewed by the NCCHC during their June site visit and included in the

report on P&P issued by those consultants. The review is currently about 3 months behind earlier projection. In order to expedite the training and implementation of the P&P it was agreed that OYS would identify those policies that were near completion and provide an extra effort to have them complete the review process during the next reporting period.

The accelerated process for draft policies is included in Appendix A.

Update staffing. Vacancies included a psychiatrist, two psychologists, two social workers, QA position and administrative assistant.

Status: Completed.

Discussion: One psychologist has been hired. Emergency hiring 3 social workers, QA position has been filled and an emergency clerical position filled. The emergency hires are time-limited but during that time it is anticipated that full-time positions will be certified and filled. The NCCHC consultation has provided a staffing analysis. That analysis is included in Appendix C and will be reviewed during the next reporting period.

4th Report Discussion:

National Commission on Correctional Health Care (NCCHC) conducted a technical assistance to the HYCF on June 19, 20 2007. (See Appendix B). The report from NCCHC was reviewed during the July and August site visits. That report will be the basis for corrective action in the medical and mental health areas and will include the development of policy and procedure in this area. The NCCHC staffing analysis is contained in Appendix C. In addition, Jackie Moore, co-author of the NCCHC report has been retained to develop the policy and procedure for this area. That process is just beginning.

Recommendation: Review NCCHC staffing analysis and plan for implementation during next reporting period. Also, P&P developed by NCCHC for medical area.

Documentation: NCCHC report Appendix B. July site visit discussion of report

(40) Privacy. Subject to a safety consideration, the state shall provide for an appropriately private environment in which to conduct medical and mental health assessments at HYCF.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report.

Continue to explore the use of TV rooms as discussed during the August site visit.

Status: Completed

Discussion: Decided this was not a viable option. Other options are being explored.

Recommendation and Corrective Action from the 3rd Report:

Explore the possible use of Ho'okipa and Maluhia cottages for mental health assessments.

Status: Completed

Discussion: Ho'okipa cottage is not seen as viable. The majority of youth are not in this cottage and would require transportation to it. This would require staff that are not available for this duty.

4th Report Discussion: The NCCHC report, Y-A-09 (see appendix B) confirms that the privacy of youth during health encounters is respected. When possible MH exams are also being conducted in the medical area. There isn't space currently to provide for the privacy in all instances. MH workers continue to use visiting areas which have large windows and do not provide privacy. These were intended as visiting areas, in the control sector and are still used for that purpose. It would be possible to install cameras within the visiting rooms and install blinds so that visual privacy was afforded without jeopardizing security. This is seen as a possible but not outstanding alternative. If youth could be seen more frequently during school hours the medical space would be more available and could reduce the number of youth that have to be seen in the visiting rooms.

The HYCF is now a campus operation even though that was not the intention when the original SCF was built. The other facilities were used for different purposes and now have been incorporated into the overall operation of the HYCF. Campus settings require that staff and youth move between the facilities. Constructing new buildings or remodeling existing ones will likely not be approved during the time that the state needs to come into compliance with this MOA. Youth could be moved around the facility through the posting of staff as youth move. Current staff limitations preclude this but the long-term solution probably resides in additional staff and the utilization of existing structures for additional purposes. The secure facility is simply too small to accommodate the staff and programming needed at the present time.

Recommendation: Continue to explore the options discussed during this site visit for possible inclusion as long term solutions to privacy.

Documentation: Discussion during July site visit. NCCHC report (appendix B).

(41) Mental Health and Medical Records Retrieval. The State, through appropriate HYCF and OYS staff, shall develop and implement policies, procedures and practices so that, consistent with State and Federal law, all reasonable efforts are made to have the juvenile courts in the State, all juvenile detention facilities, and all placement settings from which youth are committed, timely forward all pertinent youth records or discharge summaries regarding medical and mental health care, in accordance with the clinical judgment of the qualified medical professional or qualified mental health professional.

Rating: Substantial Compliance

Recommendations and Corrective Action from 2nd Report:

Allow for a short period of time for paperwork requirements to be addressed by all concerned agencies (3 months) and then amend current policy requiring additional documents.

Status: Completed

Discussion: The Attorney General's office has negotiated a Memorandum of Agreement between the Hawaii Judiciary and the Office of Youth Services. This memorandum is to ensure compliance with the provisions of the agreement between the U.S Department of Justice and the State of Hawaii pertaining to the transfer of records from the Family Courts and detention facilities to the Hawaii Youth Correctional Facility (HYCF).

Update the monitor on the progress of the contract with the Department of Health to assist in the process of setting up protocols and information sharing practices.

Status: Completed.

Discussion: Still in process of developing contract.

Recommendation and Corrective Action from the 3rd Report:

Obtain check list of needed documents for complete admission and screening that has been developed in other states. That check list is to be reviewed for possible adoption by Hawaii.

Status: Completed.

Discussion: The check list is completed and outlined in the MOA.

4th Report Discussion: The MOU has been completed.

Recommendation: Track admissions to document that paperwork being required by MOU are accompanying admissions and in instances that paperwork was not provided action taken by admissions staff.

Documentation: MOU. Discussion with Attorney General's staff during July and August site visits.

(42) Interdisciplinary Communication. The State shall develop and implement policies, procedures and practices so that interdisciplinary communication occurs to facilitate mental health treatment among medical and mental health staff, HYCF and outside providers of medical and mental health services.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Complete P&P regarding interdisciplinary communication.

Status: Partially Completed.

Discussion: These P&P continue to be in draft form.

Recommendation and Corrective Action from the 3rd Report:

Clarify what MH information is routinely placed in the medical files and if that is sufficient for 24 hr. coverage.

Status: Partially Completed

4th Report Discussion: The interagency MOA is to be extended. Leland Chang has been facilitating this group which is charged with fulfilling the requirements of this provision. A document from this group is expected at the end of the next 3 month period.

Recommendation: Provide monitor with copy of MOA when completed.

Documentation: Memo of 7/1/07 to August Suehiro regarding the DOJ's MOA meeting request. Discussion at the July site visit.

(43) Mental Health and Medical Record System. The state shall develop and implement policies, procedures and practices so that medical and mental care staff have reasonable access to all documents that are relevant to the care and treatment of the youth.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Update status of P&P development. These include 1.35.01, 1.35.35, 1.35.29, 1.35.39 and 1.35.63

Status: Partially Completed.

Discussion: These are in draft form and included in the review process currently underway.

Update status of the development of the information system including technology position and of information sharing resolutions including fax machine usage.

Status: Completed.

Discussion: MIS is very badly needed but will not be made available to the HYCF during the time of this MOA.

4th Report Discussion: The NCCHC report (Appendix B) also addressed this issue. Pg. 17, Y-H-01 though 0-6. The attorney general wrote an opinion regarding the confidentiality of information in the medical record. That opinion will be followed at the HYCF. Information will be shared. The transfer of that information, without an MIS, is difficult. Hard copies have to be transferred from location to location on the campus. The logistics of this are mostly completed.

Recommendation: Document problems, if any, with implementation of AG's opinion

Documentation: Discussion during the August site visit. NCCHC report.

D. SPECIAL EDUCATION

During this reporting period the team conducted a site visit, reviewed documents, and examined meeting notes and correspondence. In response to recommendations made by the team during a visit earlier this year, one teacher and two administrators visited correctional education programs on the Mainland during the past 6 months, frequently combining trips to professional meetings or a vacation with site visits to correctional education programs. During the past 6 months, Olomana School staff has visited facilities and programs in the District of Columbia and Southern California and has plans to continue site visits this year.

In response to another recommendation made by the team, the Olomana School staff in cooperation with Superintendent Kaleve has taken students on field trips outside the institution nearly every month during this reporting period. Several students participated in a state-wide robotics competition in Honolulu during this reporting period. With the support of teachers and YCOs, students constructed robots during lunchtime, after school, and on weekends to participate in a Botball tournament. Students also have visited the Honolulu Zoo, gone bowling, and visited senior day care centers as a community service activity. With the exception of Botball, each trip involved 4 to 6 students who had been identified by the school as "students of the month." While the effect of having some students participate in out-of-facility activities is difficult to measure, it certainly provides tangible incentives for other students who might participate in subsequent months.

Olomana School and the HYCF staff also collaborated to bring several speakers into the facility for special events.

The Olomana School has begun the process of achieving Western Association of Colleges and Schools (WASC) accreditation. Accreditation by a professional association is a process that assists a school in examining its operations and improving its services and supports to meet students' needs. Most public schools and a few correctional education programs in the United States go through accreditation review on a regular basis.

While these activities do not address directly elements of the settlement agreement, they have contributed to the creation of a school environment that is more normalized and where expectations and services rise to the level appropriate for middle school and high school students. These activities set the stage for continued improvement in the functioning of the school program and long-term compliance with the terms of the settlement agreement.

As the review and discussion below indicate, the Olomana School continues to make progress towards compliance with the education provisions of the settlement agreement. The team found the education program in substantial compliance in two areas and in partial compliance in four areas during this reporting period.

(44) Provision of Special Education. The State shall provide youth confined at the facility with special education in compliance with the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400et seq., and regulations promulgated thereunder. The State understands that providing appropriate special education services includes having staff sufficient to transport and, if necessary, appropriately supervise youth during the provision of special education services.

Rating: Partial Compliance.

Recommendations and Corrective Action from 3rd Report:

Status: In progress.

Discussion: One of two special education teacher vacancies was filled during the past 6 months, a new special education coordinator was appointed, and a new master schedule was implemented. The school staff has improved its special education service delivery during this reporting period but needs to ensure that differentiated instruction consistent with students' IEPs is provided and that all students eligible for special education services receive them. Interviews with students and classroom observations revealed that in some classes, all students regardless of their ability and/or instructional level receive the same material often delivered via worksheets. In contrast, other classrooms students were actively engaged, instruction was differentiated and consistent with students' IEPs. One group of students at Olomana not receiving special education services during this reporting period were those enrolled in the tech education program.

During this reporting period, the Olomana school staff has engaged in an ambitious schedule of staff development activities that included topics such as instruction,

curriculum development, and assessment. Additional staff training activities for teachers have addressed reading across the curriculum and special education service delivery.

Recommendation: Principal Suehiro and the staff at HYCF are aware of the shortcomings and have taken steps to address them. Recently conducted and upcoming staff development activities have been designed to address the problems noted here. Instructional activities and support, particularly for students in the SCF, need to be carefully examined during the next reporting period. Teachers who are unable to provide individualized instruction to students should receive coaching and additional supports. Filling the remaining special education teacher vacancy and ensuring special education services for students in the tech ed program should be priorities.

Documentation: Site visit, April 2-5, 2007; observations; interviews with students, staff; review of correspondence, progress reports.

(45) Documentation. The State shall adequately document any lapse in the provision of special education, including the number of youth who were denied access to special education, the date, time, periods missed, and reason for the lapse. The State shall submit such documentation to the facility director for prompt action to try to cure and prevent recurrence of such denial.

Rating: Partial Compliance

Recommendations and Corrective Action from 3rd Report: The previous report recommended that staff continue to monitor behavior and school exclusions and use this information to examine disciplinary practices.

Status: Partial compliance.

Discussion: The Olomana School staff has modified its behavior management system and has worked with HYCF to create a more positive school atmosphere and limit the exclusion of students from classes and school. While these are steps in the right direction, students' perceptions of fairness of school, particularly at SCF, and review of disciplinary referrals indicate that this is an area where continued work is needed.

Some aspects of the old behavior management system which was criticized by the team as being overly punitive and restrictive in earlier reports have been changed. Students are no longer suspended from school. The school has attempted during the school year that just ended to institute a management system based on the principles of Positive Behavioral Support (PBS). One measure of the improvement in the behavior management system is the increasing number of youth who earn "student of the month" and have access to special activities because of this. In general mgt system; major problem – older boys, girls unit, short-term boys appear to be in best shape should work with HYCF staff to develop an integrated system for behavior management. Another measure of the changes in the behavior management system in the school is the number students who are temporarily removed from class and sent to "corners" or timeout. For example during September and October 2006, 147 and 150 students respectively, were sent to timeout. For a comparable period in February and March 2007, 75 and 70 students respectively, were sent to timeout. Though the March data include a fewer number of school days than other months. File review indicate that similar declines in "corners," no tolerance, and "refer to security: have occurred during the past two

reporting periods. Interviews with YCOs suggest that the relationship between teaching staff and unit staff is improving.

Recommendation: Monitoring service delivery and exclusion of students from class should continue. The work of the school committees with a focus on positive behavior, discipline, and staffing should also continue.

Documentation: Review of 206 summaries of discipline referral reports from the 2nd and 3rd quarters of the 2006-07 school year; discussion with teachers and administrative staff.

(46) Timeliness in Providing Special Education. Youth who qualify for special education services shall receive such services within a reasonable time following intake at the facility.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

The special education administrative staff reviews files and places students soon after their arrival at the HYCF. Continue to expedite the review of students' files and ensure that students are placed into school within the first day or two of their arrival.

Status: Partially Completed

Discussion: Initial placement for special education services was not noted as a problem in the third report. The status of this provision will be reviewed during the next reporting period.

Recommendation: Compliance with this provision is closely linked to Provision #44 (Provisions of Special Education). While Olomana School does a good job managing the paperwork and getting students placed in a timely manner, the absence of service for students in the technology education program is a serious problem.

Documentation: Review of tracking data; student file review; discussion with Olomana staff during April and August site visit.

(47) Vocational Education. The State shall develop and implement appropriate vocational education services for youth with disabilities.

Rating: Partial Compliance

Recommendations and Corrective Action from 3rd Report: Find ways to enable boys and girls at HYCF to take vocational coursework during the same semester; find ways to provide appropriate vocational education programs to short-term boys.

Discussion: During this reporting period the status of vocational education programming was reviewed for all youth. Many of the safety concerns in the vocational shop area noted in a earlier report have been addressed but a final review of these issue has not been completed. The Olomana School developed several new vocational education programs during the past sixth months. A new woodworking program for girls was developed and implemented during this reporting period. For the short-term boys, a computer program with a focus on software application skills and a ukulele program have been developed. For long-term boys a pre-A+ certification program has been developed. Additional coursework planned for the 2007-2008 school year includes a construction skills sequence with carpentry, masonry, plumbing, and electrical curriculum modules,

The Olomana School staff working with the HYCF staff continues to address the safety concerns discussed in earlier reports. An on-going challenge for the vocational program

is securing adequate space for instruction. A number of vocational classrooms created several years ago for the school have been occupied by institutional maintenance staff. One of these areas has been re-converted into a classroom space. Another area is shared by school staff and maintenance staff and several areas continue to be used solely by the maintenance staff.

Recommendation: During the next site visit, the team will review the newly developed vocational coursework and the safety in the vocational shops.

Documentation: Review new master schedule; observation during April 2-6 site visit; discussion with Suehiro, staff.

(48) Section 504 Plans. The State shall develop and implement policies, procedures and practices to provide that Section 504 plans are developed and implemented for eligible youth.

Rating: Substantial Compliance

Recommendations and Corrective Action from 3rd Report: Review implementation and documentation of 504 plans.

Status: Completed.

Discussion. A designated staff member in each of the school sites serves as the 504 coordinator. These staff members disseminate information to teaching staff about students who need accommodations and/or support. Discussion with staff, observation, and review of records indicate that 504 plans are being developed and implemented appropriately.

Recommendation: No recommendation.

Documentation: Interviews with staff during site visit, April 2-5, 2007; review of files.

(49) Parent, Guardian and Surrogate Involvement. The State shall develop and implement policies, procedures and practices to appropriately notify and involve parents, guardians or surrogate parents in the provision of special education services, whenever possible.

Rating: Substantial Compliance

Recommendations and Corrective Action from 3rd Report:

Continue to document parent, guardian, and surrogate involvement in meetings.

Status: Completed.

Discussion: Review of files and discussion with students and staff indicate that parents, guardians, and surrogates continue to be actively involved in IEP meetings. A number of IEPs reviewed indicate that both parents and surrogate parents as advocates attended IEP meetings.

Recommendation: No recommendation.

Documentation: Site visit, April 2-5, 2007; review of 9 student IEPs; discussion with staff.

E. COMPLIANCE AND QUALITY IMPROVEMENT

(50) Document Development and Revision. The State shall revise and/or develop policies, procedures, protocols, training curricula, and practices so that they are consistent

with, incorporate, address, implement, document, and assess all provisions of this Agreement. The State shall revise and/or develop as necessary other written documents such as screening tools, logs, handbooks, manuals, and forms, and internal audit or quality improvement methods to effectuate the provisions of this Agreement and report the outcomes, findings, and corrective action plans.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Provide update on status of P&P development and Performance based standards (Pbs) activities.

Status: Completed

Provide monitor with completed audits and corrective action plans for review during the next reporting period.

Status: Partially Completed.

Discussion: Audits and corrective action plans are pending the staff hiring that will allow this to occur.

Recommendation and Corrective Action from the 3rd Report:

Continue to provide the monitor with corrective action plans and audit activities as they are conducted.

Status: See above.

Provide time frames for review of the various sections of the P&P manual.

Status: Completed.

Discussion: See Appendix A

Recommendations and Corrective Action from the 3rd Report:

The current practice is for the policy and procedure, as it completes its final review to be signed off by the Youth Facility Administrator (FYA). Since the P&P includes many areas that impact the larger system of juvenile justice in Hawaii it is recommended that the final signature of approval be provided by the Director of the Office of Youth Services.

Status: Completed.

(The following recommendation was included in provision 39 in the 3rd Report. It was moved to this provision for this reporting period because it seemed to be more appropriately addressed in this section.)

As the P&P is completed it will be important to determine that definitions used in the HYCF P&P are consistent with other agencies that are part of the provision of services to HYCF youth.

Status: Partially Completed.

Discussion: A full-time staff person, Adam Beattie, has been hired to oversee the development of all P&P. He is in the process of cross-referencing all P&P so they are consistent with other agencies.

4th Report Discussion: During the May site visit it was agreed that the OYS director would sign all P&P. This is to acknowledge that the OYS is the administrative authority and that the HYCF administrator works under the authority and direction of the Executive Director of the OYS. All P&P currently under review for ratification will be amended for signature by the OYS director.

Appendix A lists all of the P&P with the review status of each.

During the may site visit it was determined that a more formal process for P&P development needed to be identified. The current process is as follows:

- (1) OYS has responsibility for developing protocols for the development of P&P. (these protocols need to be identified and distributed to all staff.)
- (2) The HYCF has employed a P&P staff person whose main job will be to develop all needed P&P as well as drafting revisions to existing P&P. In addition this person will determine that P&P address minimum standards of operation and service delivery. That the P&P contain standard definitions found in juvenile corrections facilities. This person will cross-reference all P&P in the agency so that audits and QA will be based on these P&P.
- (3) All P&P which pertains directly to operations of the facility will be reviewed by the Employees Association and Union prior to ratification and implementation.
- (4) DOJ and the monitor will review the P&P
- (5) Signed off by OYS Director.
- (6) Training times will be developed
- (7) Full implementation, monitoring, audits, QA
- (8) Revisions as necessary based on the monitoring and QA process following the same procedure outlined above.

On June 15, 2007 the policies that were listed as first tier were sent to the Unions for review. Life safety P&P were prioritized and are being reviewed currently. (See Appendix A)

Once the review process is completed an implementation date will have to be developed that takes into account the need for staff to be fully trained on each policy and procedure prior to full implementation.

Pbs has been re-initiated. All forms, manuals are being updated as the P&P is completed and ratified

Recommendation: Develop time frame for full implementation and training of P&P.

Documentation: Letters of 3/5/07 to Employees Association and United Public Workers. Discussion with attendees of site visit of May 7, 2007 and July 9-12, 2007. Summary of P&P status, Appendix A

(51) Document Review. The State shall draft policies and procedures in conjunction with comments and discussions with the DOJ and the Monitor, and will send newly-drafted and revised policies and procedures to the DOJ and the Monitor for review and approval as they are promulgated. The State shall provide initial and refresher training to all facility staff with respect to newly-implemented or revised policies and procedures. The State shall document employee review and training in policies and procedures.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Update on status of P&P revisions

Status: Completed

Discussion: The paralegal position described in the last report is being re-classified by personnel. Person has not yet been hired.

Need update on refresher training to all facility staff on P&P revisions

Status: Completed

Recommendation and Corrective Action from the 3rd Report:

Send P&P to monitor as drafts are available.

Status: Completed.

Provide evidence of training of staff on newly completed P&P.

Status: Completed.

4th Report Discussion: Policies and procedures continue to be drafted. Vacant position has been filled so that a full-time staff person, Adam Beattie, is now assigned and is engaged in this process. Staff are being trained as P&P are completed but this continues to be problematic due to shortage of staff so that staff can be released from work for training.

The new time frame for completion of the P&P process is projected to be March 2008. This will be two years into the monitoring process.

Recommendation: Provide updates to the monitor on review, including dates of forwarding documents to the unions and training schedules.

Documentation: Review of process with newly hired staff person and attendees at July site visit.

(52) Quality Improvement Programs. The State shall develop and implement a Quality Improvement Program for HYCF.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Forward to the monitor any corrective action plans developed in response to the audits.

Status: Not Completed.

Discussion: Alex Escarcega continues to conduct some QA as he is involved in other activities at the facility. This QA is passed on in meetings with staff. Lack of staff does not allow this activity to be formalized as it needs to be.

Recommendation and Corrective Action from the 3rd Report:

Continue to develop the auditing capacity during the next reporting period.

Status: Not Completed.

Discussion: This activity has actually lessened during the last reporting period. The Youth Facility Administrator has been on medical leave and her absence has required the assumption of duties by other staff, including Alex Escarcega which lessens his already very limited time to devote to this process.

4th Report Discussion: Audits are not currently being conducted. Staff are not able to develop teams that would participate in the audits due to staff shortages as described in provision 25. A QA team meeting continues to be held. Agendas are developed and corrective action is discussed in areas where there is the ability to make corrections.

Form revisions, training needs etc.

Recommendation: Continue to develop the auditing capacity.

Documentation: Discussion at July site visit. Review of agendas from seven previously held QA staff meetings.

(53) Corrective Action Plans. The State shall develop and implement policies and procedures to address problems that are addressed in this Agreement or uncovered during the course of quality improvement activities. The State shall develop, implement, and document corrective action plans to address these problems in such a manner as to prevent them from occurring again in the future, and shall report such plans to the Office of Youth Services, Department of Human Services.

Rating: Partial Compliance

Recommendations and Corrective Action from 2nd Report:

Forward to the monitor and corrective action plans developed in response to audits

Status: Not completed

Discussion: Corrective action plans are not formally being developed. When possible these plans are developed in response to specific incidents. Staffing does not yet allow this process to be developed as needed.

Develop plans for expanding the auditing capability including relieving the YFA of the responsibility of chairing this effort. This should be a separate office.

Status: Not Completed.

Discussion: Part of future planning.

To expedite the monitoring process it would be helpful to have audits and corrective action plans completed electronically forwarded to the monitor for review prior to the site visit.

Status: Not Completed.

Discussion: This process is just beginning. Audits will be forwarded to the monitor as they are completed.

Recommendation and Corrective Action from the 3rd Report:

Review auditing processes in other jurisdictions for assistance in developing the process in Hawaii.

Status: Not Completed.

Discussion: Staffing limitations has not allowed this to occur.

4th Report Discussion: The current intent of the HYCF administration is to develop corrective action plans for provisions 1-13 of the Memorandum of Agreement. This will occur as staff are hired and this process can be implemented.

Recommendation: Same as previous reports.

Documentation: Discussion at May and July site visits.

APPENDIX A: ACCELERATED PROCESS FOR DRAFT POLICIES

ACCELERATED PROCESS FOR DRAFT POLICIES			
Policy #	Policy Name	Status	Comments:
1.01.07	Administrator's Responsibilities		Draft developed by Etene Taimalelagi dated 7/30/06
1.01.13	HYCF Administrative Directive System		Draft developed by Etene Taimalelagi dated 9/30/06
1.01.35	Notification of a Serious Incident	2nd Tier	Recommended for review 6/1/07 Reviewed by ED, TFA (7/16, 20, 23, 8/11) Draft completed; submitted to UPW & HGEA 8/13/07 Consulted with UPW 8/20/07; Consultation complete Pending HGEA approval
1.01.53	Interdisciplinary Communications	3rd Tier Under Review	Draft developed & completed by Interagency Workgroup Reviewed by ED 8/25/07
1.09.05	Criminal History Record Checks: HYCF Applicants and Staff Members	3rd Tier Under Review	Changed to 2nd tier due to required additional review: 6/1/07 Submitted questions to PERS - RES on 7/19. Received half response from PERS 8/3; received rest of response 8/11; clarified responses with PERS 8/24, 25 Reviewed by ED & TFA (7/16, 20, 23, 8/25) BSS (8/9) & Investigator (8/2) Form 256 developed for staff reporting of Arrest/RO issuance
1.09.55	Youth Corrections Officer Work Assignment Responsibilities		Draft developed by Etene Taimalelagi dated 9/30/06
1.13.01	Facility Training Program	1st Tier	Submitted to UPW & HGEA in 3/07; HGEA did not request revisions Consulted with UPW on 6/15/07; consultation incomplete Revisions made 8/11; resubmitted to UPW 8/13/07 Consulted wUPW 8/20/07; Consultation complete Needs to be signed and distributed
1.13.13	Trainer Qualifications		Draft developed by Etene Taimalelagi dated 9/30/06
1.15.01	Volunteer Services		Draft developed by Etene Taimalelagi dated 9/30/06
1.35.01	Criteria for Health Care		NCCHC site-visit on 6/19-6/20; Draft report issued on 7/9. Consultant Jackie Moore will be hired to write Medical P&Ps (Ch. 35)
1.35.29	Scabies and Lice Control		NCCHC site-visit on 6/19-6/20; Draft report issued on 7/9. Consultant Jackie Moore will be hired to write Medical P&Ps (Ch. 35)
1.35.39	Medication Administration and Supervision		NCCHC site-visit on 6/19-6/20; Draft report issued on 7/9. Consultant Jackie Moore will be hired to write Medical P&Ps (Ch. 35)

1.35.63	Suicide Prevention	1st Tier Signed & In Effect	4/24/07 version in effect & submitted to UPW & HGEA in 3/07; HGEA did not request revisions Consulted with UPW on 6/15/07; consultation incomplete Developed form 30: Arresting Officer Questionnaire; Form in use Revisions made 8/11; resubmitted to UPW 8/13/07 Consulted with UPW 8/20/07; Consultation complete Needs to be signed and distributed
1.43.01	Basic Youth Rights	1st Tier Signed	Submitted to UPW & HGEA in 3/07; HGEA did not request revisions Consulted w/UPW on 6/15/07; Consultation completed Signed by ED & YFA 8/10/07; needs to be distributed to staff
1.43.35	Alleged Abuse, Neglect, and Exploitation	1st Tier Signed	Submitted to UPW & HGEA in 3/07; HGEA did not request revisions Consulted w/UPW on 6/15/07; Consultation completed Signed by ED & YFA 8/10/07; needs to be distributed to staff
1.43.81	Youth Grievance	1st Tier Signed	Submitted to UPW & HGEA in 3/07; HGEA did not request revisions Consulted w/UPW on 6/15/07; Consultation completed Signed by ED & YFA 8/10/07; needs to be distributed to staff
1.47.01	Requirements for Admission	3rd Tier Under Review	Draft developed by Etene Taimalelagi dated 9/30/06 Reviewed by ED on 8/25/07
1.47.05	Intake Process		Draft developed by Etene Taimalelagi dated 9/30/06
1.47.09	Assessment and Evaluation	3rd Tier Under Review	Draft developed by Etene Taimalelagi dated 9/30/06 Reviewed w/Interagency Work Group on 8/23/07; Finished IWG rev. Reviewed by ED on 8/25/07
1.47.13	Youth Orientation		Draft developed by Etene Taimalelagi dated 9/30/06
1.47.21	Initial Security Classification Assessment, and Community Risk Assessment	3rd Tier Under Review	Needs modification: Apply samples (Georgia, Virginia and Cook County) & split into two policies (ISCA & CRA) Reviewed by ED on 8/11/07 Changed to 3rd tier due to required additional review
1.51.01	Behavior Management Program	3rd Tier Under Review	Draft developed by Etene Taimalelagi dated 9/30/06 Reviewed w/Interagency Work Group on 8/23/07; Needs further rev.
1.51.03	Privileges Associated with Level Program		Draft developed by Etene Taimalelagi dated 9/30/06
1.51.09	Case Planning	3rd Tier Under Review	Draft developed by Etene Taimalelagi dated 9/30/06 Forwarded to Interagency Workgroup; Next Mtg: 8/23
1.51.25	Special Management Program (formerly "Isolation")	2nd Tier	Draft developed & completed by Interagency Workgroup Reviewed by ED 8/11/07 Draft completed; submitted to UPW & HGEA 8/13/07

			Consulted with UPW 8/20/07; Consultation complete Pending HGEA approval
1.51.30	Respite and Transition Program	3rd Tier Under Review	Draft developed & completed by Interagency Workgroup Reviewed by ED 8/25/07
1.55.01	Discipline System Overview	2nd Tier	Recommended for review 6/1/07 Reviewed by ED 8/11/07 Draft completed; resubmitted to UPW & HGEA 8/13/07 Consulted with UPW 8/20/07; Consultation complete Pending HGEA approval
1.55.05	Rules of Conduct		Draft developed by Etene Taimalelagi dated 9/30/06
1.55.25	On-Site Disciplinary Consequences		Draft developed by Etene Taimalelagi dated 9/30/06
1.59.05	Category One Due Process Hearing		Draft developed by Etene Taimalelagi dated 9/30/06
1.63.05	Central Control Center		Draft developed by Etene Taimalelagi dated 9/30/06
1.63.09	Perimeter Security		Draft developed by Etene Taimalelagi dated 9/30/06
1.63.17	Youth Supervision and Movement		Draft developed by Etene Taimalelagi dated 9/30/06
1.63.21	Count Principles and Procedures		Draft developed by Etene Taimalelagi dated 9/30/06
1.63.25	Module or Cottage Restriction	2nd Tier Under Review	Recommended for review 6/1/07 Draft developed by Etene Taimalelagi dated 9/30/06 Reviewed by ED & TFA (7/23); Requires further revision
1.63.29	Logbooks		Draft developed by Etene Taimalelagi dated 9/30/06
1.63.33	Youth Searches		Draft developed by Etene Taimalelagi dated 9/30/06
1.63.61	Use of Force	1st Tier	Submitted to UPW & HGEA in 3/07; HGEA did not request revisions Consulted with UPW on 6/15/07; consultation incomplete Revisions made 8/11; resubmitted to UPW 8/13/07 Consulted with UPW 8/20/07; Consultation complete Needs to be signed and distributed
1.63.91	Security Unit Admissions, Extension and Release	3rd Tier Under Review	Recommended for review 6/1/07 Needs ED & TFA review

TAB

3

DEFINITIONS OF RATINGS

Compliance with the Agreement requires that The Office of Youth Services (OYS) demonstrate substantial compliance for each of the substantive remedial measures at the Hawaii Youth Correctional Facility (HYCF). In this report, the Monitor describes the steps taken by the OYS to implement the remedial measures and the extent to which the OYS has complied with the requirements of the Agreement. In assessing compliance, the Monitor utilizes the following terms, which have been agreed upon by the parties:

Substantial Compliance: Substantial Compliance with all components of the rated provision. Non-Compliance with mere technicalities, or temporary failure to comply during a period of otherwise sustained compliance will not constitute failure to maintain substantial compliance. At the same time, temporary compliance during a period of sustained non-compliance shall not constitute substantial compliance.

Partial Compliance: Compliance has been achieved on most of the key components of the Agreement provision at the HYCF, but substantial work remains.

Non-Compliance: Non-compliance with most or all of the components of the Agreement provision at the HYCF.

Not Reviewed: This rating is given if the Monitor due to time constraints in the reporting period could not adequately review it.

Memorandum of Agreement Between State and DOJ dated 02/07/06

SECTION IV: SUBSTANTIVE REMEDIAL MEASURES

	7/24/2006	11/15/2006	3/19/2007	9/15/2007
A. PROTECTION FROM HARM				
1. Suicide prevention				
(1) Development and implementation of Policy	Partial-Comp	Partial-Comp	Partial-Comp	Sub-Comp
(2) Identification of youth at risk of Suicide	2(e)Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(3) Suicide risk assessments, evaluations, and review of files by mental health staff	Partial-Comp	Partial-Comp	Partial-Comp	Sub-Comp
(4) Placement of youth on suicide precautions	Partial-Comp	Partial-Comp	Partial-Comp	Sub-Comp
(5) Mental health response to suicidal and self-harming youth	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(6) Documentation of youth on suicide precautions	6(a)Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(7) Documentation of youth at risk of self-harm	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(8) Access to programs and services by youth on suicide	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(9) Step down levels of observation	Partial-Comp	Partial-Comp	Partial-Comp	Sub-Comp
(10) Treatment plans for youth discharged from suicide precaution	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(11) Access to emergency equipment	Partial-Comp	Sub-Comp	Partial-Comp	Partial-Comp
(12) Safe housing of suicidal, self-harming youth, and youth in isolation	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(13) Suicide and suicide attempt review	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
2. Staff abuse and youth assaults				
(14) Protection from harm	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(15) Protection from undue restraints	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(16) Use of force	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(17) Reporting of staff misconduct and other serious incidents	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(18) Review of incidents by senior management	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(19) Investigations	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(20) Documentation and tracking of investigations	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(21) Reporting possible criminal violations	Non-Comp	Non-Comp	Partial-Comp	Partial-Comp
(22) Health care inquiries regarding injury	Non-Comp	Non-Comp	Partial-Comp	Partial-Comp
(23) Isolation	Non-Comp	Non-Comp	Partial-Comp	Partial-Comp
(24) Due process	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(25) Staffing	Non-Comp	Non-Comp	Partial-Comp	Partial-Comp
(26) Employment practices	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(27) Exploitation	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(28) Grievances	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(29) Retaliation and intimidation	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(30) Admissions intake and orientation	Partial-Comp	Partial-Comp	Partial-Comp	Sub-Comp
(31) Classification	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
B. TRAINING				
(32) Training (policies, procedures and practices)	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(33) Use of force training	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(34) Suicide and self-harm prevention training	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(35) Staff training in Behavior Management, De-Escalation and Crisis Intervention	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(36) Staff training in incident reporting	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(37) Behavior management program	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
C. ACCESS TO MEDICAL AND MENTAL HEALTH CARE				
(38) Access to care	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(39) Policies, procedures, and protocols	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(40) Privacy	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(41) Mental health and medical records retrieval	Non-Comp	Partial-Comp	Partial-Comp	Sub-Comp
(42) Interdisciplinary communications	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(43) Mental health and medical record system	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
D. SPECIAL EDUCATION				
(44) Provision of special education	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(45) Documentation	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(46) Timeliness in providing special education	Sub-Comp	Sub-Comp	Sub-Comp	Partial-Comp
(47) Vocational education	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(48) Section 504 plans	Partial-Comp	Partial-Comp	Partial-Comp	Sub-Comp
(49) Parent, guardian and surrogate involvement	Partial-Comp	Sub-Comp	Sub-Comp	Sub-Comp
E. COMPLIANCE AND QUALITY IMPROVEMENT				
(50) Document development and revision	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(51) Document review	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(52) Quality improvement programs	Non-Comp	Partial-Comp	Partial-Comp	Partial-Comp
(53) Corrective action plans	Partial-Comp	Partial-Comp	Partial-Comp	Partial-Comp

Non-Compliance	15	4	0	0
Partial Compliance	37	46	51	45
Substantial Compliance	1	3	2	8

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#	MOA SUBSTANTIVE REMEDIAL MEASURES	RATING*	DOCUMENTED PROGRESS (COMPLETED)	COMPLIANCE OBJECTIVES (PENDING)
A.	Protection from Harm - Suicide Prevention			
1	<i>Development and Implementation of Policy</i>	SC	<ul style="list-style-type: none"> • Suicide Prevention Policy signed; effective 9/28/07. • Consultant Lindsay Hayes held Suicide Prevention training sessions for 42 staff members 10/9 & 10/10/07. 15 staff members trained by YCO 2/12/08. 	<ul style="list-style-type: none"> • Continue with follow up trainings.
2	<i>Identification of Youth at Risk of Suicide</i>	PC	<ul style="list-style-type: none"> • Intake Process policy signed; effective 12/10/07. 	
(2(a))	<i>Intake Observation for Mental Health (MH) Assessment</i>	PC	<ul style="list-style-type: none"> • Process in place for screening/assessment of all new and recommitted youth. • Intake Process policy signed; effective 12/10/07. 	
(2(b))	<i>Obtain Family Court (HJDC) Mental Health Reports for New Admissions</i>	PC	<ul style="list-style-type: none"> • MOA with Family Court signed; effective 9/10/07. Includes requirement that Family Court forward all mental health reports it has available within seven days of commitment. • Requirements for Admission Policy signed; effective 10/8/07. 	<ul style="list-style-type: none"> • Continued follow up with each Judiciary Circuit to ensure all documentation is provided to HYCF. • Networking with external Mental Health providers who provide services for youths to obtain their Mental Health records
(2(c))	<i>Close Observation & Precautionary Direct Supervision, if History of Attempted Suicide or Self-Harm or Self-Report</i>	PC	<ul style="list-style-type: none"> • Suicide Prevention Policy signed; effective 9/28/07. 	<ul style="list-style-type: none"> • Ensure Staff's compliance with Precautionary Direct Observation requirements. One-on-one supervision must be improved to ensure youth is properly supervised. • Develop one-on-one policy.
(2(d))	<i>Close Observation for at Risk Youth w/o History of Suicide or Self-Harm</i>	SC	<ul style="list-style-type: none"> • Suicide Prevention Policy signed; effective 9/28/07. 	
(2(e))	<i>Health Care Staff Access to Centralized Medical & MH Records</i>	PC	<ul style="list-style-type: none"> • Health Care Services Section and FCLB share limited documentation. New section in MH file for Suicide Prevention. 	<ul style="list-style-type: none"> • Need to integrate medical and mental health files. Health Care Services Section and Mental Health Services (FCLB) not centrally located, impeding progress to create one medical/mental health file per ward. • Limited relevant information faxed between sections to include in their respective files. • In the interim, develop a policy requiring Medical and MH to exchange relevant forms. Expressed concern about MH information being in the legal files.

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#	MOA SUBSTANTIVE REMEDIAL MEASURES	RATING*	DOCUMENTED PROGRESS (COMPLETED)	COMPLIANCE OBJECTIVES (PENDING)
(2(f))	<i>MH Staff Use of Progress Notes for Documentation/Assessment</i>	PC	<ul style="list-style-type: none"> Progress notes required by FCLB. Copies provided to Health Care Services Section. 	<ul style="list-style-type: none"> FCLB created a new section in MH file for Suicide Prevention; will monitor to ensure progress notes are entered.
(2(g))	<i>Communication between Direct Care, Medical, MH, and Outside Providers</i>	PC	<ul style="list-style-type: none"> HYCF Administrative meetings weekly (Monday). Q & A Committee meetings weekly (Monday). Implemented daily Suicide Precautions Roster. Clinical Treatment Team meetings. Leland Chang has been facilitating the Interagency Workgroup between DOH, DOE, and HYCF 	<ul style="list-style-type: none"> Social Workers have improved their attendance at the Clinical Treatment Team meeting and have made positive contributions at the meeting. Private Clinical Contractors must provide documentation of services to Medical and/or MH and should attend Clinical Treatment Team meeting, if feasible.
3	Suicide Risk Assessments, Evaluations, and Review of Files by MH Staff.	PC		
(3(a))	<i>MH Staff Use of Risk Assessment Instrument</i>	PC	<ul style="list-style-type: none"> MH Assessment Summary being utilized properly. 	<ul style="list-style-type: none"> FCLB created a new section in MH file for Suicide Prevention; will monitor to ensure progress notes are entered.
(3(b))	<i>Qualified MH Staff Evaluate Youth Who Attempt or Commit Self-Harm or Have a History of Self-Harm</i>	PC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. Assessment and Evaluation Policy signed; effective 10/8/07. 	
(3(c))	<i>MH Staff Review of all Files for History of Suicidal or Self-Harming Behaviors</i>	PC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. Assessment and Evaluation Policy signed; effective 10/8/07. 	<ul style="list-style-type: none"> Coordination of FCLB's tracking system to share with HYCF, which identifies youths with prior history of attempted suicide and self-harm incidents.
4	Placement of Youth on Suicide Precautions	SC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. Intake Process Policy signed; effective 10/8/07. 	
5	Mental Health Response to Suicidal and Self-Harming Youth	PC	<ul style="list-style-type: none"> Mental Health staff currently document in suicide treatment plan and share with direct care staff. Mental Health Care Plan Policy signed; effective 2/12/08. 	<ul style="list-style-type: none"> Mental Health Care Plan Policy must be distributed and explained to direct care staff. Review needed to determine whether further training necessary.
6	Documentation of Youth on Suicide Precautions	PC		
(6(a))	<i>Read Youth's Mental Health Care Plan</i>	PC	<ul style="list-style-type: none"> Mental Health Care Plan Policy signed; effective 2/12/08. 	<ul style="list-style-type: none"> Mental Health Care Plan Policy must be distributed and explained to direct care staff.

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(6(b))	<i>Documentation of MH Information</i>	SC	<ul style="list-style-type: none"> Implemented daily Suicide Precautions Roster in conjunction with Suicide Alert (#205) and Youth Chronological Form (#235). Suicide Prevention Policy signed; effective 9/28/07. 	
7	Documentation of Youth at Risk of Self-Harm	SC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. 	
8	Access to Programs and Services by Youth on Suicide Precaution	SC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. 	
9	Step Down Levels of Observation	SC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. 	
10	Treatment Plans for Youth Discharged from Suicide Precaution	PC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07, which clearly outlines the reassessment schedule for the youth. Mental Health Care Plan Policy signed; effective 2/12/08. 	
11	Access to Emergency Equipment	PC	<ul style="list-style-type: none"> Emergency rescue equipment in each cottage or module secured in locked box. External agency will assist with conducting training in CPR, First Aid, and Automated External Defibrillators. PMS III (Head Trainer) and Youth Corrections Trainer selected. 	<ul style="list-style-type: none"> Implementation of annual mock drills for emergency response to suicide attempts.
12	Safe Housing of Suicidal, Self-Harming Youth, and Youth in Isolation	PC	<ul style="list-style-type: none"> Ho'okipa Makai holding cells condemned because they are not free of hazards for suicide attempt. Renovated rooms at Maluhia for emergency respite housing for immediate crisis intervention. No concerns were raised regarding SCF. 	<ul style="list-style-type: none"> Ensure staff in O&A lock the shower doors due to protrusions conducive to a hanging attempt.
13	Suicide and Suicide Attempt Review	PC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. The policy addresses the Morbidity-Mortality Reviews of critical incidents. 	<ul style="list-style-type: none"> Ensure that Morbidity and Mortality reviews (critical incidents) are conducted as required by policy.
14	Protection from Harm	PC	<ul style="list-style-type: none"> OYS Investigator hired June 2007; responsible for administrative investigations. CIP project to incorporate security surveillance and electrical locks at Ho'okipa Makai and O&A. Direct Care staff considering the New Freedom Behavior Management System to compliment cottage management. 	<ul style="list-style-type: none"> Classification system based on a risk assessment, level of custody, and supervision methodology to be developed. Will seek technical assistance from Office of Juvenile Justice Delinquency Prevention for development of a new classification system. Construction and design of two padded cells to house youth, informed Monitor of the infeasibility given HYCF's cell design.

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			<ul style="list-style-type: none"> • Various staff have visited Utah Youth Corrections to be acquainted with continuum of care and cottage management systems. • Notification of a Serious Incident Policy signed; effective 9/28/07. • Alleged Abuse, Neglect, and Exploitation Policy signed; effective 9/28/07. • Contracted with NPJS Center for Research & Professional Development to structure a training program for HYCF staff. • Mental Health Care Plan Policy signed; effective 2/12/08. 	<ul style="list-style-type: none"> • Complete CIP projects for Ho'okipa Makai and O&A. • NCCHC's recommendation to train direct care staff in the proper utilization of the Medical Unit. • Ensure Staff's compliance with Precautionary Direct Observation requirements. One-on-one supervision must be improved to ensure youth is properly supervised. One-on-one policy to be developed.
15	<i>Protection from Undue Restraints</i>	PC	<ul style="list-style-type: none"> • Use of Force Policy signed; effective 9/28/07. • Prior to signing new policy all youth corrections staff received annual training in "Handle with Care". 	<ul style="list-style-type: none"> • Classification system based on a risk assessment, level of custody, and supervision methodology to be developed.
16	<i>Use of Force</i>	PC	<ul style="list-style-type: none"> • Use of Force Policy signed; effective 9/28/07. • Prior to signing new policy, all youth corrections staff received annual training in "Handle with Care". • Administrative Investigator hired June 2007. 	<ul style="list-style-type: none"> • Ensure formal reviews occur
17	<i>Reporting of Staff Misconduct and Other Serious Incidents</i>	PC		
(17(a))	<i>HYCF Staff Reporting of Incidents</i>	PC	<ul style="list-style-type: none"> • HYCF participating in National Performance-based Standards Data Base. • Notification of a Serious Incident Policy signed; effective 9/28/07. • OYS Investigator developed a tracking system for investigations. Staff trained on HYCF 200 for incidents 	<ul style="list-style-type: none"> • Contracted with NPJS Center for Research & Professional Development to include report-writing skills for staff.
(17(b))	<i>HYCF Staff Notification to OYS</i>	PC	<ul style="list-style-type: none"> • OYS/EDIR notified of serious incidents. Notification of a Serious Incident Policy signed; effective 9/28/07. 	<ul style="list-style-type: none"> • Follow up of documentation for next review period.
(17(c))	<i>Reporting w/o Fear of Retaliation</i>	PC	<ul style="list-style-type: none"> • Notification of a Serious Incident Policy signed; effective 9/28/07. • Youth Grievance Policy signed; effective 9/28/07. • Alleged Abuse, Neglect, and Exploitation Policy signed; effective 9/28/07. 	<ul style="list-style-type: none"> • Maintain list of serious incident reports for YFA and OYS to monitor and review. • Ensure timely notification to OYS/EDIR of serious incidents. • Supervisors need to supervise staff that are the subject of grievances and serious incidents.
(17(d))	<i>Appropriate Reporting Procedures</i>	PC	<ul style="list-style-type: none"> • Youth Grievance Policy signed; effective 9/28/07. • Grievance Officer hired 10/16/07. 	<ul style="list-style-type: none"> • Supervisors need to supervise staff who are the subject of grievances and serious incidents.

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			<ul style="list-style-type: none"> Alleged Abuse, Neglect, and Exploitation Policy signed; effective 9/28/07. 	<ul style="list-style-type: none"> Grievances must be numbered and tracked. This will be monitored on the next reporting period.
18	Review of Incidents by Senior Management	PC	<ul style="list-style-type: none"> Notification of Serious Incident Policy signed; effective 9/28/07. Multidisciplinary Team Meetings being held to review incidents. 	<ul style="list-style-type: none"> Serious incident reports must be forwarded OYS/EDIR and need to monitor the timeliness in processing serious incident reports.
19	Investigations	PC	<ul style="list-style-type: none"> Administrative Investigator hired June 2007. Administrative Investigations Policy signed; effective 2/12/08 	<ul style="list-style-type: none"> Investigative Manual needs to be developed.
20	Documentation and Tracking of Investigations	PC	<ul style="list-style-type: none"> Administrative Investigator hired June 2007. OYS Investigator documents and tracks investigations. Administrative Investigations Policy signed; effective 2/12/08 	<ul style="list-style-type: none"> Investigative Manual needs to be developed.
21	Reporting Possible Criminal Violations	PC	<ul style="list-style-type: none"> Administrative Investigator hired for administrative cases; criminal cases are referred to AG or HPD. Notification of a Serious Incident Policy signed; effective 9/28/07. 	
22	Health Care Inquiries Regarding Injury	PC	<ul style="list-style-type: none"> Jacqueline Moore of NCCHC contracted to develop Health Care policies. Newly hired investigator for administrative cases; criminal cases are referred to AG or HPD. CPS must be notified of abuse, however they will defer to HPD and/or AGs. 	<ul style="list-style-type: none"> Minutes must be taken of administrative meetings. A unified medical and mental health record must be developed. Health Care staff must develop a logical and simplistic tracking system for youth injuries.
23	Isolation	PC	<ul style="list-style-type: none"> Special Management Program Policy signed; effective 9/28/07. Maluhia should be utilized only for emergency placements. Youth Handbook revised to notify youth of actions that will result in isolation. Security Program Policy signed; effective 2/12/08 	<ul style="list-style-type: none"> Implement revised handbook. Ensure staff trained on justification for placement in isolation and the due process limitations (2 hours).
24	Due Process	PC	<ul style="list-style-type: none"> Due Process Hearings currently conducted by Maintenance employee and Improvement Project Director. Due Process Hearings Policy signed; effective 2/12/08 	<ul style="list-style-type: none"> Due Process Hearings needs to be timely. The resolution to the timeliness issue is to establish a Hearings Officer position and a Youth Advocate position.
25	Staffing	PC	<ul style="list-style-type: none"> DHS/LR assisted in resolving Employee's limited duty/8-hour doctor's notes. 	<ul style="list-style-type: none"> Ensure that staffing ratios are met. Need to fill position vacancies in a timely manner. Address staff resistance to enter dorm at Ho'okipa Makai at night, because of need to ensure safety of youth.

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26	Employment Practices	PC	<ul style="list-style-type: none"> Current criminal check of staff completed. Criminal History Records Checks Policy signed; effective 12/10/07 	<ul style="list-style-type: none"> Need to develop and implement Standards and Code of Conduct.
27	Exploitation	PC	<ul style="list-style-type: none"> Administrative Investigator hired for administrative cases; criminal cases are referred to AG or HPD. Alleged Abuse, Neglect, and Exploitation Policy signed; effective 9/28/07. 	
28	Grievances	PC	<ul style="list-style-type: none"> Grievance Officer hired 10/16/07. Youth Grievance Policy signed; effective 9/28/07. 	<ul style="list-style-type: none"> Need to provide orientation to youth about the grievance process.
29	Retaliation and Intimidation	PC	<ul style="list-style-type: none"> Grievance Officer hired 10/16/07. Youth Grievance Policy signed; effective 9/28/07. 	<ul style="list-style-type: none"> Review list of activities conducted by OYS investigator.
30	Admissions, Intake and Orientation	SC	<ul style="list-style-type: none"> Intake Process and Youth Orientation policies signed; effective 12/10/07. 	<ul style="list-style-type: none"> Social Workers may need flex hours under cottage management. Social Workers needs to develop process to share information with other disciplines.
31	Classification	PC	<ul style="list-style-type: none"> MDT regularly reviews housing and classification. 	<ul style="list-style-type: none"> Classification system based on a risk assessment, level of custody, and supervision methodology to be developed.
B. Training				
32	Training	PC	<ul style="list-style-type: none"> Recruitment for Training positions. National consult will be developing training for Corrections staff over November 2007-March 2008 with a Training for Trainer approach. 	<ul style="list-style-type: none"> Problematic area of training is having sufficient staff to ensure mandated ratios for population while facilitating training. Staff training to include pre-service, OJT, and in service training.
33	Use of Force Training	PC	<ul style="list-style-type: none"> Use of Force Policy signed; effective 9/28/07. All staff have been trained in Handle with Care. 	<ul style="list-style-type: none"> Problematic area of training is having sufficient staff to ensure mandated ratios for population while facilitating training.
34	Suicide and Self-Harm Prevention Training	PC	<ul style="list-style-type: none"> Suicide Prevention Policy signed; effective 9/28/07. HYCF has maintained a training database for staff. 	
35	Staff Training in Behavior Management, De-Escalation and Crisis Intervention	PC	<ul style="list-style-type: none"> Direct Care staff considering the New Freedom Behavior Management System to compliment cottage management. Various staff have visited Utah Youth Corrections to be 	

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			acquainted with continuum of care and cottage management systems.	
36	<i>Staff Training in Incident Reporting</i>	PC	<ul style="list-style-type: none"> National consult will be developing training for Corrections staff over November 2007-March 2008. Training for Trainer approach to training staff. 	
37	<i>Behavior Management Program</i>	PC	<ul style="list-style-type: none"> Direct Care staff considering the New Freedom Behavior Management System to compliment cottage management. Various staff have visited Utah Youth Corrections to be acquainted with continuum of care and cottage management systems. 	<ul style="list-style-type: none"> Clinical Director position must be established and filled.
	C. Access to Medical and Mental Health Care			
38	<i>Access to Care</i>	PC	<ul style="list-style-type: none"> NCCHC report confirms that youth have access to health care. 	<ul style="list-style-type: none"> NCCHC conducted review. HYCF's goal is to and implement NCCHC recommendations and seek accreditation.
39	<i>Policies, Procedures and Protocols</i>	PC	<ul style="list-style-type: none"> NCCHC consult to write relevant policies. 	<ul style="list-style-type: none"> NCCHC conducted review. HYCF's goal is to and implement NCCHC recommendations and seek accreditation.
40	<i>Privacy</i>	PC	<ul style="list-style-type: none"> NCCHC confirms that privacy of youth during health encounters are respected. 	
41	<i>Mental Health and Medical Records Retrieval</i>	SC	<ul style="list-style-type: none"> MOA with Family Court signed; effective 9/10/07. Includes requirement that Family Court forward all mental health reports it has available within seven days of commitment. 	
42	<i>Interdisciplinary Communication</i>	PC	<ul style="list-style-type: none"> Interdisciplinary Communications Policy signed; effective 9/28/07. 	<ul style="list-style-type: none"> Interagency Work Group continues to meet to address potential issues.
43	<i>Mental Health and Medical Record System</i>	PC	<ul style="list-style-type: none"> Maintains a manual transfer of information between interdisciplinary organizations. 	<ul style="list-style-type: none"> Transfer of information w/o an MIS is difficult.
	D. Special Education			

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44	<i>Provision of Special Education</i>	PC		<ul style="list-style-type: none"> Teachers who are unable to provide individualized counseling should receive coaching and additional supports. Ensure Special Ed to tech students.
45	<i>Documentation</i>	PC	<ul style="list-style-type: none"> Olomana School has modified its behavior management system to a more positive school atmosphere. There has been a decrease in use of "time outs" during school. 	<ul style="list-style-type: none"> HYCF to develop an integrated system of behavior management.
46	<i>Timeliness in Providing Special Education</i>	PC	<ul style="list-style-type: none"> Olomana School is managing the paperwork and getting students placed in a timely manner. 	<ul style="list-style-type: none"> Need to improve services for students in tech education program.
47	<i>Vocational Education</i>	PC	<ul style="list-style-type: none"> Newly developed vocational coursework and safety in vocational shops. 	<ul style="list-style-type: none"> Need to secure adequate space for vocational instruction.
48	<i>Section 504 Plans</i>	SC	<ul style="list-style-type: none"> 504 plans are being developed and implemented appropriately. 	
49	<i>Parent, Guardian and Surrogate Involvement</i>	SC	<ul style="list-style-type: none"> Parents, guardians, and surrogates continue to be actively involved in IEP meetings. 	
E.	Compliance and Quality Improvement			
50	<i>Document Development and Revision</i>	PC	<ul style="list-style-type: none"> Approximately 25 policies developed, approved & signed June 2007 – February 2008. HYCF P&Ps are consistent with other agencies. OYS Director was added as approving all HYCF P&Ps. 	<ul style="list-style-type: none"> On going development and consultation with relevant Unions.
51	<i>Document Review</i>	PC	<ul style="list-style-type: none"> Approximately 25 policies developed, approved & signed June 2007 – February 2008. 	<ul style="list-style-type: none"> Continue to de
52	<i>Quality Improvement Programs</i>	PC	<ul style="list-style-type: none"> Q&A meetings are being held regularly. 	<ul style="list-style-type: none"> Q&A hindered by absence of Permanent YFA. Audits are not currently being conducted. Need to be more consistent in having meeting minutes for review.
53	<i>Corrective Action Plans</i>	PC	<ul style="list-style-type: none"> Corrective Action Plans submitted to Monitor in a timely manner. 	<ul style="list-style-type: none"> Need to expand audit process. Review auditing process in other jurisdictions. Staffing limitations have hindered the objective of developing corrective action plans.

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TAB

4

POLICIES AND PROCEDURES

#	Policy Name	Purpose	Completed
1.03	Section Administrator's Responsibilities	To state basic job duties and to ensure they are managed in responsible and consistent manner.	
1.05	HYCF Administrative Directive System	To describe directive system, authority for issuance and responsibility for preparation, filing, distribution, etc.	
1.10	Notification of a Serious Incident	To ensure administrative personnel are immediately notified of serious incidents.	✓
1.14	Interdisciplinary Communications	To integrate approaches by staff from partner agencies DOE and FCLB so youth receive consistent messages and responses from all staff.	✓
1.15	Administrative Investigations	To establish administrative investigative process of incidents, practices, or behavior that requires review by OYS.	
3.01	Code of Conduct	Guidelines for employees to perform their work in professional and ethical manner.	
3.02	Criminal History Record Checks and Background Checks: HYCF Applicants and Staff Members	To ensure that reputable and responsible persons are hired and retained as staff members.	
3.09	Youth Corrections Officer Work Assignment Responsibilities	To ensure that shift assignments sufficient to maintain order and safety of all youth and staff.	
4.01	Facility Training Program	To ensure that employees appropriately trained to perform assigned job duties.	✓
4.04	Trainer Qualifications	To ensure that qualified persons hold trainer positions.	
5.01	Volunteer Services	To govern use of volunteers at the facility.	
10	Chapter 10: Health Care Policies	Approximately 90 Health Care policies drafted by medical consultant for the running of the Healthcare Services Section.	
10.15	Suicide Prevention	To identify, assess, treat, and protect youth at risk of suicide.	✓
10.16	Mental Health Care Plan	To provide guide for staff supervising youth on suicide precautions.	
12.01	Basic Youth Rights	To identify rights and ensure they are met.	✓
12.02	Non-Discriminatory, Developmentally-Sound Treatment of Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) Youth	To establish fair and equal child care practices and training to respond to gender identity and sexual orientation of youth.	✓
12.05	Alleged Abuse, Neglect, and Exploitation	To ensure allegations of abuse, neglect, and exploitation are reported and investigated.	✓
12.10	Youth Grievance	To establish a fair, prompt, and effective grievance system.	✓
13.01	Requirements for Admission	To ensure that HYCF receives proper documentation regarding admission of wards.	✓
13.02	Intake Process	To establish a thorough and consistent intake process.	✓
13.03	Assessment and Evaluation	To ensure youth are accurately assessed and evaluated so that youth placed in most appropriate programs.	✓
13.04	Youth Orientation	To ensure that orientation is provided to all youth.	✓
13.06	Assessment	To house youth based on youth risk and needs.	
14.01	Behavior Management Program	To specify the facility's philosophy and approach to rehabilitation of juvenile delinquents.	
14.02	Special Management Program	To provide intensive interventions in a highly secure and structured environment for youth who have engaged in high-risk behaviors.	✓

POLICIES AND PROCEDURES

14.03	Respite and Transition Program (RT)	To provide short-term housing alternative for youth engaging in serious self-harming behavior or returning from community placement or hospital stay.	✓
14.04	Privileges Associated with Level Program	To establish system of positive reinforcements and encourage and acknowledge youth participation and progress in Behavior Management Program.	
14.06	Case Planning	To facilitate a systematic use of facility resources to provide for youth rehabilitation.	
15.01	Discipline System Overview	To ensure uniform discipline system used to teach and manage youth behavior focusing on accountability for that behavior.	✓
15.02	Rules of Conduct	To establish rules of conduct for youth.	
15.04	On-Site Disciplinary Consequences	To provide a system for assigning fair consequences for minor misbehavior.	
16.01	Due Process Hearing	To provide due process when incidents that occur may lead to a youth's removal from the general population (or other serious consequence).	
17.02	Central Control Center	To manage facility activities and communication from a single site - the Central Control Center.	
17.03	Perimeter Security	To ensure security of entrances, exits, and facility grounds maintained at all times.	✓
17.06	Youth Supervision and Movement	To ensure efficient and safe youth supervision and movement.	
17.07	Count Principles and Procedures	To protect youth and citizens of the community by ensuring whereabouts of all youth at all times.	
17.08	Module or Cottage Restriction	To provide a temporary means for gaining control of a module or cottage in which majority of youth are acting in a manner that creates an unsafe environment.	✓
17.09	Logbooks	To establish a process for the use of logbooks at designated work assignments.	
17.10	Youth Searches	To prevent unauthorized items from entering facility and to prevent youth from being in control of such items by conducting searches of youth, their property and assigned rooms.	
17.16	Use of Force	To ensure there are limitations and procedures for the use of force by staff members in performance of duties and to minimize the likelihood of injury to all should behavior require restraint.	✓
17.19	Security Program	To define process used to segregate youth from the general population when behaviors exist that meet specific criteria.	

TAB

5

THE PARTNERSHIP

*Promoting Quality Practices and Programs for Youth and Families
that Result in Positive Change and Restore Community*

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Training Needs Assessment of the Hawai'i Youth Correctional Facility, Kailua, Hawai'i

by

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Submitted to

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Haseko Center
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January 15, 2008

I. Introduction and Background

Following an investigation of complaints about abuse and excessive force at the 40-bed Hawai'i Youth Correctional Facility (HYCF), the American Civil Liberties Union (ACLU) issued a report of findings in August 2003 that set in motion a sequence of events resulting in a CRIPA investigation by the U.S. Department of Justice. Following the issuance of the CRIPA findings letter in August 2005, Hawai'i and the Department of Justice entered into a Memorandum of Agreement (MOA) through the Office of Youth Services (OYS) to remedy the problems at HYCF. Russ VanVleet is the monitor of the MOA.

Training is an important component of the MOA. As new OYS Executive Director Martha Torney approached the issue of staff training, she extracted from the OYS files the 2004 training needs assessment completed for HYCF by the National Partnership for Juvenile Services (NPJS) Center for Research and Professional Development (CRPD). The training needs assessment outlined a training capacity development strategy consistent with the requirements of the MOA. Torney then contacted CRPD and initiated discussions on (a) the implementation of the 2004 training intervention plan and (b) conducting another training needs assessment to measure any changes that had occurred in staff perceptions between 2004 and 2007. These conversations resulted in a proposal and a contract between NPJS and OYS to conduct the follow-up training needs assessment and to implement the 2004 training implementation plan with any necessary modifications from the findings of the training needs assessment in 2007. This report contains the findings of the 2007 training needs assessment.

II. Training Needs Assessments: Findings

The first training needs assessment of the juvenile corrections program operated at HYCF occurred on June 21-23, 2004 and included a tour of the institution, interviews with administrative staff, line staff, and detainees, along with the administration of two survey instruments designed to collect information from staff regarding training needs.

The 2004 report contained recommendations for a core curriculum, budget estimates, and a work plan for implementation. Because of changes in funding from OJJDP, the implementation of the training intervention required a fee-for-service contract with the National Partnership for Juvenile Services at Eastern Kentucky University.

A. Assessment Activities

The 2007 assessment activities included:

1. A meeting with key HYCF administrators to collect information regarding priority issues about staff and program development, critical issues regarding resident and staff safety, and the receptivity of staff to a training-based intervention.
2. Twenty-seven structured interviews with Youth Corrections Officers (YCO) and Supervisors conducted in privacy. The interviews used a standard questionnaire. Interviewees included Faaolo Alovao, John Cavaco, Marla Cruz, Daniel Gooch, Holly Hinton-Morgan, Peni Holakeituai, Leila Holloway, Tony Hoolulu, Cynthia Hubbell, Lei Johnson, Joseph; Kahawai, R. Michael Kim, Ricardo Koehler, Kam Lai, Patricia Ledet, Mary Lemau, Brandon Lovett, Lisa Manyak, Cathy Marciel, Ivan Mauga, Derek McMoore, Matt Mondragon, Layne Napuelua, Liza Nasau, Robert Paiva, Regino Punahеле, Bonnie Silva.

The need for additional staff emerged as a priority along with the need for training of new staff, especially since the pre-employment education requirements for new youth corrections officers are so low.

3. Twenty Youth Correctional Officers completed the Training Needs Assessment Inventory-Short Form (TNAI-SF). Job hindrance data come from Question 7 on page 1 of the TNAI-SF.

4. The 2007 assessment also included a meeting with Management Team members ($n = 9$) where each completed a TNAI-SF based on individual perceptions of the skills needed to do the job well (to comply with the MOA) and individual perspectives on the collective proficiencies of YCOs in each of the designated categories. As a result, there are three data sets that inform this training needs assessment.

B. Selected Staff Demographics

Twenty (20) staff members completed the Training Needs Assessment Inventory - Short Form (TNAI) for HYCF. Table 1 contains demographic information about the 2004 and 2007 Youth Corrections Officers (YCO). Comparisons are straightforward, and only a couple requires additional comment.

First, the average ages of the TNAI respondents from HYCF are approximately 40-years old for both males and females. The average ages of the 2007 sample are noticeably younger for males, suggesting new hires have occurred.

Second, HYCF respondents perceived themselves as supervising substantially more youth than would normally be

under the direct supervision of one staff member. This statistic supports perceptions of understaffing.

Finally, the average level of formal education is very low. In fact, 88% of HYCF respondents reported less than two years of college education. Research shows a direct correlation between formal pre-employment education and resident skill development.

Table 1. A Comparison of 2004 and 2007 TNAI Response Means for Male and Female Staff

Category	HYCF	2004	HYCF	2007
	Female	Male	Female	Male
Years in Current Job	6.2	11.0	1.5	5.7
Years of Related Professional Experience	12.8	11.5	8.3	9.0
Number of Youth Supervised	27.8	14.9	19.0	18.2
Education: Percent with 2 years of college or more	50%	22%	14.29%	23.1
Age	39.0	46.2	38.7	36.2
Percent Full Time	100%	100%	100%	100%

C. Job Hindrance Information

An important part of the training needs assessment process is a specification of the staff-identified obstacles that they believe prevent them from doing their jobs well. In many instances, these job hindrance issues are systemic problems that require larger changes in the institution than a new or different staff training strategy. Nonetheless, real or perceived obstacles and challenges to doing the job well will be a topic of discussion in any staff training activity, and they will invariably affect staff morale and job performance. HYCF staff identified ten job hindrance issues (the number of times the issue appeared follows the issue):

More staffing: 6

More training concerning residents: 6

Supervisor consistency: 5

Lack of structure of program: 3

No clear sanction schedule: 2

Staff not agreeing on certain things: 2

Staff morale: 2

Adequate vehicles, i.e., seat belts, mirrors: 1

Breakdown of communication: 1

Dealing with co-workers who do not know their jobs: 1

No tools for staff i.e. copy machines, computers etc: 1

Job hindrance data point to the important training-related concerns by staff.

D. Staff Questionnaire

The staff interview questionnaire is a second measure of staff perceptions about training and its importance to the successful operations of the corrections facility. Table 2 contains the average responses for each question.

Table 2. Average Responses to the Staff Interview Questionnaire

Question	HYCF 2004		HYCF 2007	
	Mean	SD	Mean	SD
How well do you understand the role you play in achieving this mission?	8.19	2.45	8.52	1.87
How compatible is the facility mission with your philosophy about working with juvenile offenders?	5.44	1.94	6.15	2.25
How often are youth physically restrained?	3.00	1.26	2.56	1.45
How often do residents get recreation?	7.88	2.15	9.59	1.22
How effective is the school program?	5.81	2.30	7.23	2.16
How safe do believe juveniles are in this facility?	7.06	2.51	8.20	1.63
How safe do you believe you are working here?	6.94	3.76	8.09	2.03
How would you rate staff morale?	1.81	1.69	3.74	2.15
How would you rate the training you receive to do this job?	2.44	2.67	4.04	2.36
How much do you enjoy your job?	8.44	0.62	8.96	1.45
How satisfied are you with the leadership and supervision here?	5.38	2.01	5.96	2.46
How would you rate your health and physical fitness?	7.06	2.31	6.52	2.06

(n = 18)

(n = 27)

Note: Before presenting the question, staff were asked, "On a scale of 1 to 10 with 10 as the highest, how would you rate ..."
Scores in *italics* represent areas of greatest concern.

Staff responses are self-explanatory. The strengths and weaknesses have remained largely the same since 2004. The important difference is the across-the-board improvement in staff perceptions of key issues at HYCF. For example, despite

the fact that staff morale remains low (3.74), the 2007 responses are twice as positive as those in 2004. Another large increase in satisfaction is the perception of the school program.

One area of increasing concern remains staff perceptions of their health and physical fitness. While there is a tendency for a "graying" workforce to rate their health and physical fitness more poorly than younger staff, the comments surrounding these responses appear to indicate a primary health concern that is a function of stress associated with being overworked in a tense environment.

Two questions asked for additional information from staff.

1. Responses to Question 13: What Training Do You Need?

Regarding staff perspectives about their training needs, HYCF staff identified 16 training issues (the number of times the issue appeared follows the issue):

Crisis intervention and verbal de-escalation: 13

HWC training: 11

P/P and rules, roles & functions: 7

Report writing: 7

Staff certified in first aid/CPR: 6

Adolescent psychology: 5

Suicide prevention: 5

Safety & Security: 4

Teambuilding: 3

Better orientation to the job: 2

Counseling skills: 2

Leadership: 2

Cultural sensitivity

GLTB training was a waste of time; need to address more issues, e.g., all forms of harassment, including youth harassing others. The issue is respect for those who are different; zero tolerance for discrimination.

GLTB training was helpful.

Group work skills

Mental health issues.

Organizational issues,

Outcomes

Physical discipline is part of the culture; language is violent.

Professional behaviors of staff; how to model appropriate behaviors.

Pro rescuer, first responder

Question of functional illiteracy and laziness?

Role play of scenarios.

Shift training

Social skills

Staff rights

Standards to wash out new trainees who should not be in the job.

2. Responses to Question 19: What Needs to Be Done to Make This a Better Facility?

Regarding staff perspectives about what they would recommend that would improve the facility, HYCF staff identified 16 improvement issues (the number of times the issue appeared follows the issue):

Consistency; better staff training, more agreement on problem-solving, more rule-following: 13

Hold more staff meetings; shift meetings; staff don't know what is happening; more staff input; listen to staff: 6

More social interaction between staff: 4

Leadership is at the heart: 3

More staff: 3

Operations manual: 3

Quality training: 3

Crowding creates too many problems for line staff: 2

If people got along better; improved morale: 2

Retraining of everyone: 2

Starts from top; Judiciary needs to understand what we do.

Stop profanity: 2

Talk to the line staff: 2

Backward system rewards the units with no problems.

Better security.

Equipment

Fire them (YCOs) all!

Hold staff accountable for misbehaviors and mistakes; union is the problem.

Limit the amount of time staff can work consecutively.

MBWA (Management by Walking Around)

More interaction between social workers and YCOs.

More programs.

Too many inter-staff problems; more staff cohesion.

Up-to-date P/P

What are we? Corrections or treatment?

E. Training Needs

NPJS defines a training need as the gap between those skills required to do the job well (Part 2 of the TNAI) and the current level of skills in these areas possessed by staff (Part 3 of the TNAI). Table 3 represents the training need analysis or gap analysis based on the self-report data from HYCF youth corrections staff.

The interesting part of Table 3 is not the staff ratings of skill levels required to do the job well (Part 2), for these responses look like most other responses. Instead, the statistic of interest is the gap, particularly the relatively small gap identified by staff based on their self-ratings of their current skill proficiencies. Experience indicates that small gaps are often a function of some distortion by line staff regarding an accurate assessment of their own skill proficiencies. The turmoil and uncertainties surrounding the litigation and the CRIPA investigation likely have contributed to a sense of defensiveness by staff such that they have substantially over-estimated their own skills and abilities.

Compare these responses to those of administration (see Table 4). The Management Team identified different skill proficiencies at levels noticeably larger than the YCO responses. For the Management Team, every topic represents a training need. To account for these differences, the final section of this report contains a blending of the two response patterns.

Table 3. YCO Mean Responses regarding Skills Needed, Skills Possessed and the Difference between Them

Job Functions and Effectiveness Characteristics	Part 2 (Skill Level Needed to Do the Job Well)	Part 3 (Current Skill Level Among Staff)	Gap (The Difference between Skills Needed Minus Skills Possessed)
Behavior Management	8.00	7.00	<i>1.00</i>
Security	8.40	7.60	0.80
Safety	8.00	7.25	0.75
Strategic View	6.65	6.05	0.60
Technical Competence	6.85	6.25	0.60
Organizational Awareness	6.60	6.10	0.50
Record Keeping	7.15	6.65	0.50
Interpersonal Sensitivity	7.40	6.95	0.45
Problem Solving	6.65	6.20	0.45
Flexibility	7.50	7.15	0.35
Custodial Care	6.85	6.55	0.30
Crisis Intervention	7.60	7.35	0.25
Leadership	7.75	7.55	0.20
Program Maintenance	6.20	6.05	0.15
Action Orientation	7.35	7.20	0.15
Results Focus	6.80	6.75	0.05
Balanced Perspective	6.30	6.30	0.00
Communication	8.15	8.20	-0.05
Environmental Sensitivity	5.15	5.45	-0.30
External Awareness	4.70	5.30	-0.60

Note: Scores in *italics* represent gaps or differences near or greater than 1.00.

Table 4. HYCF Management Staff Mean Responses regarding YCO Skills Needed, Skills Possessed, and the Difference between Them

Job Functions and Effectiveness Characteristics	Part 2 (Skill Level Needed to Do the Job Well)	Part 3 (Current Skill Level Among Staff)	Gap (The Difference between Skills Needed Minus Skills Possessed)
Behavior Management	7.67	3.44	4.22
Crisis Intervention	7.67	4.11	3.56
Custodial Care	7.78	4.22	3.56
Problem Solving	7.78	4.33	3.44
Organizational Awareness	6.89	3.78	3.11
Communication	8.22	5.22	3.00
Interpersonal Sensitivity	7.56	4.67	2.89
Technical Competence	6.67	3.89	2.78
Strategic View	6.22	3.56	2.67
Balanced Perspective	6.78	4.22	2.56
Flexibility	7.22	4.67	2.56
Results Focus	6.56	4.33	2.22
External Awareness	5.11	2.89	2.22
Safety	7.22	5.11	2.11
Environmental Sensitivity	5.78	3.67	2.11
Record Keeping	5.78	3.89	1.89
Leadership	7.22	5.67	1.56
Security	7.56	6.11	1.44
Action Orientation	6.78	5.33	1.44
Program Maintenance	6.11	5.22	0.89

Note: Scores in *italics* represent gaps or differences near or greater than 1.00.

Table 5 looks at the sums of the rank orderings of the three segments of the TNAI. Part 2 measures those skills that are important in doing the job; Difference measures the gap between importance (Part 2) and staff's perceptions of their current skill levels in each of the corresponding areas; and

Part 4 rank-orders these training topics in terms of desirability in the minds of staff. Table 5 provides another simple perspective on important training issues for staff. A comparison between Tables 3 and 5 indicates a high level of similarity in training needs for HYCF staff.

Table 5. A Comparison of Rank Orderings of Job Functions and Effectiveness Characteristics for HYCF Staff

Job Functions and Effectiveness Characteristics	Part 2	Gap	Part 4	Sum of Ranks
Safety	4	3	4	11
Behavior Management	3	1	15	19
Leadership	5	13	1	19
Security	1	2	20	23
Strategic View	14	4	6	24
Flexibility	7	10	8	25
Interpersonal Sensitivity	8	8	10	26
Problem Solving	15	9	3	27
Communication	2	18	7	27
Custodial Care	11	11	11	33
Record Keeping	10	7	16	33
Action Orientation	9	15	9	33
Organizational Awareness	16	6	12	34
Technical Competence	12	5	17	34
Crisis Intervention	6	12	19	37
Balanced Perspective	17	17	5	39
Environmental Sensitivity	19	19	2	40
Results Focus	13	16	14	43
Program Maintenance	18	14	18	50
External Awareness	20	20	13	53

Again, the HYCF Management Team rank orderings (see Table 6) present a somewhat different set of training priorities. While the gap statistic reflects some YCO defensiveness, that should not discount the ordering of YCO perceptions of training needs. Therefore, it is important to take both YCO and Management Team perspectives into account.

Table 6. A Comparison of Rank Orderings of Job Functions and Effectiveness Characteristics for YCO Staff by the HYCF Management Team

Job Functions and Effectiveness Characteristics	Part 2	Gap	Part 4	Sum of Ranks
Communication	1	6	6	13
Interpersonal Sensitivity	6	7	1	14
Problem Solving	3	4	8	15
Behavior Management	4	1	10	15
Crisis Intervention	5	2	11	18
Custodial Care	2	3	19	24
Balanced Perspective	12	11	2	25
Flexibility	9	10	9	28
Strategic View	16	9	3	28
Safety	10	14	5	29
Organizational Awareness	11	5	15	31
Leadership	8	17	7	32
Environmental Sensitivity	18	15	4	37
Results Focus	15	12	13	40
Security	7	18	17	42
Technical Competence	14	8	20	42
Record Keeping	19	16	12	47
External Awareness	20	13	14	47
Action Orientation	13	19	16	48
Program Maintenance	17	20	18	55

1. Sum of Ranks Comparison

The sum of ranks comparisons becomes the best indicator of the topics that should be included in the core curriculum. Presented below are three lists of the top ten training topic priorities derived from the YCO rank ordering table, the Management Team rank ordering table, and an average of the two table into a Combined Perspective.

YCO Perspectives	Management Perspectives	Combined Perspectives
Safety	Communication	Behavior Management
Leadership	Interpersonal Sensitivity	Communication
Behavior Management	Problem Solving	Interpersonal Sensitivity
Security	Behavior Management	Safety
Strategic View	Crisis Intervention	Problem Solving
Flexibility	Custodial Care	Leadership
Interpersonal Sensitivity	Balanced Perspective	Strategic View
Communication	Flexibility	Flexibility
Problem Solving	Strategic View	Crisis Intervention
Action Orientation	Safety	Custodial Care

2. Training Inferences

Using the narrative descriptions of the training topics from the TNAI-SF, the following contains the top ten Combined Perspectives training topics and the corresponding description.

This information is a guide for curriculum development, but it does not represent a rigid prescription of the core curriculum since the rank ordering data do not include the Job Hindrance responses.

Combined Perspectives

Behavior Management	Using behavioral and developmental theories to establish clear expectations for residents' behavior and employing immediate positive and/or negative consequences because of direct involvement with residents.
Communication	Ability to express oneself clearly and authoritatively and to listen clearly to others.
Interpersonal Sensitivity	Self-knowledge and awareness of impact of self on others, sensitivity to the needs and weaknesses of others, ability to empathize with the viewpoint of others.
Safety	Employing knowledge and skills in relation to emergency procedures, i.e., first aid, CPR, fire safety, and communicable disease, to assist the well-being of youth.

Problem Solving	Creating an environment or institutional climate where a youth's personal, social, and emotional problems can be openly discussed, explored, and possibly resolved through effective use of interpersonal relationship skills, communication, and consultation with clinical staff, and leadership in group discussions and activities.
Leadership	An ability and willingness to lead and manage others.
Strategic View	Ability to collect and analyze information which forms an overall long-range view of priorities and forecasts likely needs, problems and opportunities.
Flexibility	Openness to new information and tolerance for stress and ambiguity in the work situation.
Crisis Intervention	Using skill and composure in order to prevent or minimize physical and emotional harm to residents and other staff when handling a wide variety of crises, e.g., physical violence, escapes, riots, and suicidal behaviors.
Custodial Care	Assisting in the proper identification and treatment of problems relating to the physical and emotional health and well-being of detained youth using knowledge and skills in basic health-related areas, e.g., medical and hygiene, adolescent sexuality, substance abuse, physical or emotional abuse, and symptoms of suicidal behavior and emotional distress.

This report completes the first two phases of the Training Intervention Plan. The core curriculum development and delivery, the training-for-trainers workshop, and the staff trainer coaching experiences will be completed by teams of trainers from the Juvenile Justice Trainers Association (JJTA). JJTA will draw from its rank of trainers individuals with experience in building and delivering a range of training experiences for juvenile correctional officers.

III. A Training-Based Institutional Intervention

This assessment makes several assumptions about the general nature of training in juvenile corrections facilities. First, the need for public institutions to be accountable for the expenditure of tax payer dollars means that staff training programs generally do not have sufficient resources to conduct model training programs. Second, it is difficult to schedule training for staff who work in an institution that is in full operation 24 hours a day, 7 days a week. Thus, the ability to get staff out of the work environment to attend staff training is very difficult.

There is also a Hawai'i specific consideration that supports this training intervention. Hawai'i is isolated. Despite the powerful attractiveness of Hawai'i, travel and per diem costs are very expensive; and line staff training rarely rates high enough in agency budgets to justify large expenditures for travel, especially out-of-state travel. Therefore, building a competent in-house staff training capacity becomes vitally important.

The training plan addresses each of the components required for the development of a comprehensive staff training program that will meet the requirements of the MOA:

Step 1: Training Needs Assessment

NPJS conducted two on-site training needs assessments using multiple assessment strategies. This report is the product of Step 1: the Training Needs Assessment.

First, the assessment focuses on interviews with selected administrative, supervisory, and youth corrections officers (YCO) to generate specific information about training needs and determine specific compatibility with the content materials in the NPJS Juvenile Corrections Careworker Curriculum.

Second, a formal survey of YCOs used the short form of the Training Needs Assessment Inventory (TNAI). The TNAI was administered with participant confidentiality during the on-site assessment.

Step 2: Storyboarding Activity

Following the facility's identification of approximately 10-15 lead staff and supervisors, this important step was a two-day storyboarding process with key OYS administrative staff and facilitators that helped the group reach consensus on its vision, mission, and core values. This was a critically important process to gain buy-in or ownership on the part of

staff for any future changes in the institutional culture prompted by a new training curriculum.

Step 3: Development and Implementation of the Core Curriculum

A summary of the information produced through the Training Needs Assessment and the Lead Staff Storyboarding Activity will be used by the Juvenile Justice Trainers Association (JJTA) to build a core curriculum for YCO staff. This information will be used to match appropriate lesson plans and programs in the development of a core 40-hour training program specific to OYS youth corrections officers.

The implementation of a 40-hour, core curriculum will take place. However, because training is most effective in those institutions where supervisors support the new principles acquired through training, supervisors and lead staff should be the first to experience the curriculum. (Supervisory and lead staff include assistant directors, middle managers, shift supervisors and several of the best and most reliable Youth Corrections Officers.) OYS staff will identify this group.

Presenting the OYS Youth Corrections Officer Curriculum to supervisory and lead staff is vital to the long-term effectiveness of training because supervisory and lead staff will know, understand, and endorse the concepts and skills taught in training. Skills acquired in training will not carry over to the daily operation of the corrections center without the support of supervisory and lead staff. This is not training for supervisors in the traditional sense (training on supervisory techniques and skills). Instead, it acquaints key staff with the Curriculum so that the skills acquired in training are more likely to be implemented on the shift.

Step 4: Training for Trainers Foundation Skills

A training skills curriculum will be presented to the lead staff group to strengthen the cadre of in-house trainers at the facility. The curriculum will increase the skills of current trainers and add to the total number of staff trainers.

Step 5: Presenting the Juvenile Careworker Curriculum

The new OYS Youth Corrections Officer Curriculum will be presented to all youth corrections line staff using a training team consisting of training staff, supervisors, and lead staff. JJTA trainers, in cooperation with the OYS training staff, will coach and monitor the initial delivery of the training.

Step 6: Evaluation

A training evaluation will be completed that contains two areas of analysis. First, 60-90 days following the training experience, evaluators should interview participants, supervisors, and administrative staff regarding any changes in (a) job performance, (b) the nature of the job, and (c) relationships with residents. Second, the evaluation should include interviews with training staff to ensure that the training materials and strategies remain relevant to facility operations. The evaluation report should also contain recommendations for continued training interventions.

B. Work Plan

A contract work plan is in-progress. Implementation of the suggested work plan dates is contingent upon the ability of HYCF administration to schedule targeted staff for training.

Steps	Proposed Time of Completion
1. Training Needs Assessment	November 2007
2. Storyboarding Activity	December 2007
3. Build and Implement the Core Curriculum	February 2008
4. Training for Trainers Foundation Skills Course	March 2008
5. Coaching	April-May 2008
6. Evaluation	October 2008

The Center for Research & Professional Development (CRPD) is the research and training arm of the National Partnership for Juvenile Services (of which JJTA is a founding partner) and an outreach program for the School of Criminal Justice at Michigan State University. CRPD provides training and technical assistance to juvenile confinement facilities and jurisdictions in the areas of line staff development, educational programs and services, and strategic planning. NPJS remains available to OYS for further technical assistance.

TAB

6

THE PARTNERSHIP

*Promoting Quality Practices and Programs for Youth and Families
that Result in Positive Change and Restore Community*

National Partnership for Juvenile Services

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THE STORYBOARD EVENT: FOCUS GROUP FOR STAFF TRAINING

HAWAI'I YOUTH CORRECTIONAL FACILITY KAILUA, HI

Conducted by
Center for Research and Professional Development

A Division of the
National Partnership for Juvenile Services

Submitted to:

Martha Torney
Offices of Youth Services
Department of Human Services
Haseko Center
820 Miliani St., Suite 817
Honolulu, HI 96813

January 3, 2008

Hawai'i Youth Correctional Facility Storyboard Session Notes December 19-20, 2007

Opening Comments:

Martha Torney provided opening comments welcoming all participants to the first phase of planning for their new training program. She thanked participants for being willing to interrupt their normal schedules to participate.

Participants

Wilbert Adams Jr.	Youth Correctional Officer
Kale Au	Acting Administrator
J.L. Ballina	Youth Correctional Officer
John Cavaro	Youth Correctional Supervisor
Duane Francisco	Youth Correctional Supervisor
Cindy Hubbell	Youth Correctional Supervisor
Joseph Kahawai	Youth Correctional Officer
Mike Kim	Youth Correctional Supervisor
Mary Lemau	Youth Correctional Officer
Shelley Nobriga	Department of Public Safety
Regino Punahale	Youth Correctional Officer
Bonnie Silva	Youth Correctional Officer
Mitch Simao	Youth Correctional Supervisor
Lori Terakawa	Social Worker
Martha Torney	Executive Director, Office of Youth Services
Eric Yamogishi	Social Worker

National Partnership for Juvenile Services Center for Research and Professional Development

Carol Cramer Brooks	CRPD Consultant
Kia Loggins	CRPD Consultant
David Roush	Executive Director

I. Introduction

History shows that storyboard approaches may have been used as far back as Leonardo Da Vinci who used the concept to visualize the component parts of his ideas and inventions. In modern times, Walt Disney popularized storyboarding, starting in the late-1930s, by bringing his cartoonists out of their sterile individualized cubicles and into a large room where they developed their animated shows by discussing and then drawing each frame of the program and placing them in sequence on the walls around the room until the story was developed. Disney

thought this approach was a catalyst to the entire group's creativity and a more efficient use of their time. Given the success of Disney, one would be hard pressed to argue Disney's viewpoint.

Today, storyboarding is a generalized term referring to a broad array of visual thinking approaches wherein a small group of high-performing, incumbent workers are convened to focus on a specific issue or set of issues (hence the term Focus Group). Ideally, the group is lead through the brainstorming session by a neutral facilitator (i.e., someone with no vested interest in the outcome and no background with the group or the presenting problems, so as not to consciously or sub-consciously impact the direction of the group's thinking). The topic or issues generally determine the level of creativity being sought from the group. Typically, a more technical or highly focused issue necessitates a lower level of creativity than discussion around issues such as future vision, new program ideas, etc. A standard storyboard session can be accomplished between 1/2 day and 1 1/2 days depending on the number of questions that need to be addressed. As a rule of thumb, a session should not exceed 1 1/2 days as a group's energy and attention tends to be drained given the high level of participation required. To ensure an effective and efficient use of everyone's time, the facilitator(s) always design the session (i.e., develop the framework, gather background information, outline ground rules, and construct appropriate questions geared to generate the information being sought) in advance of the focus group being convened. The storyboard design often is shared with the client or key individuals to make sure the background information is correct and that the questions elicit the needed information. A storyboard session can be used to gather answers to one issue or to serve as a catalyst to drive an overall project.

II. Storyboard Design

The Hawai'i Youth Correctional Facility storyboard was designed to be the inaugural (i.e. kick-off) event for a larger training and technical assistance intervention being conducted by the National Partnership for Juvenile Services (NPJS).

A standard storyboard design consists of seven (7) main parts --- *Topic, Overall Purpose, Desired Outcomes, Background, Non-Purpose, Ground Rules, and Questions.*

Topic is the broad vision of the entire project.

Overall Purpose is the stated goal of the project and is presented in language/terminology typical of the focus group participants.

Desired Outcomes represents the information that needs to be generated by the focus group during the planned session.

Background is information that is provided to the focus group to ensure all participants have a consistent understanding of issues and past history relevant to the storyboard session (i.e. attempts to ensure all participants start at the same knowledge level).

Non-Purpose is a list of issues not to be addressed or discussed by the group (i.e. issues that would distract the group's energy from the stated purpose of the session).

Ground Rules are self-imposed guidelines by the participants to further police themselves and their actions during the ensuing session.

Questions are the clearly articulated inquiries that solicit participants' creativity and thoughtful consideration of the presenting issues. The number of questions is driven by the overall purpose and desired outcomes as well as the available timeframe for the session.

With the exception of the ground rules, each of the parts of the storyboard is developed by the facilitator in advance of the session.

The design of the Hawai'i Youth Correctional Facility session is as follows:

A. Opening Icebreaker

Each participant was instructed to review a list of animals with descriptive words and find one they most identified with. Next they were asked to draw a picture of the animal with their name on it. Every participant then introduced themselves, shared their title or position, and why they chose their animal. The importance of working as a team was emphasized as well as capitalizing on each other's strengths during this process of this change.

B. Topic

Developing a program philosophy and plan for the Hawai'i Youth Correctional Facility that will enhance public safety and accountability through:

- a) positive and constructive programs that motivate youth to change their behaviors,
- b) strong and healthy relationships between staff and youth, and
- c) balanced and restorative strategies that integrates the victim and community into a process that works to heal the harm created by the offender.

C. Ground Rules

- 1. Keep it simple
- 2. Value other's opinions
- 3. Be open minded
- 4. Allow bathroom breaks
- 5. Be on time
- 6. Be an active participant
- 7. Be honest and sincere
- 8. Be professional
- 9. Think outside the box
- 10. No whining

11. Stay on the subject

D. Background

The National Partnership for Juvenile Services (NPJS) is a non-profit organization with a mission to promote high standards and best practices in juvenile confinement facilities. NPJS has provided direct care staff and management level training programs along with technical assistance regarding conditions of confinement and quality of life issues to many jurisdictions across the United States over the past decade. The storyboarding session, as well as subsequent training activities, resulted following a technical assistance request from Hawai'i Youth Correctional Facility.

Dave Roush provided participants information regarding the history of the project and Martha Torney provided her support for the staff involved in this training intervention.

E. Non-Purposes

- Discussion Past Grievances
- "War Stories"

F. Questions

1. On December 19, 2012, Katie Couric and 60 minutes will arrive at the Hawai'i Youth Correctional Facility to do a story on the detention center. What is your collective VISION for how the Hawai'i Youth Correctional Facility would be portrayed in this national broadcast?
2. What key actions need to be taken by staff or administrators to help make your vision a reality?
3. Given your collective vision, what is Hawai'i Youth Correctional Facility's purpose (mission) for existing?
4. In your collective vision of Hawai'i Youth Correctional Facility's future, what values should represent the core priorities in the organization's culture?
5. Reflecting on the list of lesson plans, what are the key areas (e.g. learning objectives) that should be included in the lesson plans?

III. Focused Conversation

A. What do they SEE or FEEL outside the facility?

- Parking space far from the building
- Tired
- See the amount of cars to determine how many staff is there
- See staff members, a number of them not there
- Happy coming to work, feels fortunate

B. What do they SEE, FEEL, HEAR, or SMELL inside the facility?

- Peace because they are sleeping
- Smell of wet grass
- Frustration
- Smell cigarette smoke
- Hear bells from the control room
- Smell of cattle in the pasture
- Sounds of the cattle

C. What are some of your PROUDEST PROUDS during the course of your work at HAWAI'I YOUTH CORRECTIONAL FACILITY?

- Running into a former inmate at the store with a parent and they introduce themselves
- Seeing staff going beyond their call of duty to provide for a past resident who gave birth to a baby that died and didn't have money to bury her child
- A resident learned to read
- Graduation of residents

D. What are some of your SORRIEST SORRIES during the course of your work at HAWAI'I YOUTH CORRECTIONAL FACILITY?

- The last four years because the facility has regressed when he thought they would be progressing
- When staff was found guilty in harming youth, the negative impact on the staff was the beginning of their Sorriest Sorries
- A staff read that a past resident died from being bashed in the head
- A boy they would never have thought would, committed suicide

E. Characteristics of Highly Incumbent Workers:

1. Professional dealing with co-workers
2. Appreciative

3. Problem-solving
4. Empathy
5. Common Sense
6. Knowledgeable of duties
7. Accountable
8. Humorous
9. Motivated
10. Integrity
11. Consistent
12. Sensitive
13. Calm
14. Gives 100%
15. Willingness to do your best
16. Organized
17. Informative
18. Dedicated
19. Good listener
20. Firm
21. Compassion
22. Assertive
23. Innovative
24. Gets along with others
25. Complete honesty
26. Approachable
27. Alert
28. Fun-loving
29. Sense of pride
30. Leadership qualities
31. Punctual
32. Lead by example
33. Trustworthy
34. Understanding
35. Competent
36. Patient
37. Fair
38. Kind
39. Communicable
40. Initiative
41. Reliable
42. Independent
43. Responsive
44. People skills
45. Creative

F. People, Programs, and Place

With the Focused Conversation wrapping-up, the group's comments had transitioned from a beginning that focused on Place to culminating reflections that addressed People and Programs. This transition allowed the facilitator to introduce John Sheridan's statement that "with a proper number of trained staff, I can run a training school in tents." Sheridan's perspective allowed the HYCF staff to converse with the NPJS team on the importance of programs and people. The primary elements are people and programs. With everyone focused and energized, the facilitator transitioned the group into the Questions. Those results are enumerated over the following pages.

IV. Activities

Group Activity 1:

On December 19, 2012, Katie Couric and 60 Minutes will arrive at the Hawai'i Youth Correctional Facility to do a story on the detention center. What is your collective VISION for how the HAWAII YOUTH CORRECTIONAL FACILITY would be portrayed in this national broadcast?

The facilitator divided the participants into four (4) teams and gave 30 minutes to do some brainstorming on the question. Each team reported their ideas to the entire group. The common themes synthesized from the entire group's vision were:

Overall Themes:

- Community involvement
- Community restoration
- Vocational education
- Education – college prep, promoting higher education
- Family reintegration/relationships
- Parent support
- Youth employment
- Life skills
- Aftercare/tracking program
- Mentoring programs/positive role models
- Training

The individual team reports, from which the aforementioned was gleaned, can be viewed in Appendix A.

Group Activity 2:

Favorite quote: A VISION without a PLAN is a DREAM.

What key actions need to be taken by staff or administrators to help make your vision a reality?

Participants carded individual responses, provided responses to the larger group through a round-robin elimination activity, and then categorized remaining responses into the seven (7) key actions listed below:

- **Involving community on the dream**
 - Access community needs
 - Create community resource list
 - Involve positive community role models
 - Recruiting cultural mentors

- **Implement effective training program**
 - Create training curriculum
 - Training staff to the dream
 - Develop and maintain teamwork
 - Create training to support program
 - Simplifying work duties
 - Promote staff education
 - Holding individuals accountable
 - Adapt to change
 - Be flexible
 - Educate staffs on behavior management systems
 - Learn and apply policies and procedures

- **Enhance programs**
 - Develop program needs
 - Promote career training
 - Implement strengths based programs
 - Recruit private companies for apprenticeship
 - Keep kids active
 - Develop parent education programs
 - Create tracking program
 - Promote family involvement

- **Seeking funds to implement program**
 - Develop funding sources
 - Increase salary schedule

- **Develop public policy supporting mission**
 - Lobbying legislators

- **Improve communication system**
 - Promoting better interagency communication
 - Improve communication amongst HYCF staff
- **Empowering wards through education**
 - Create pre-college program for grads
 - Develop education programs

Group Activity 3:

Given our collective vision, what is Hawai'i Youth Correctional Facility's purpose (mission) for existing?

Participants worked in three groups to develop a facility mission statement and then discussed common themes among each.

Group #1- HYCF's mission is to rehabilitate and reintegrate youth through educational and therapeutic means while maintaining their cultural and family identity. To return as a more productive individual back into the community.

Group #2- Adequately meet the needs of our challenged youth by providing effective programs and services to establish and promote positive change.

Group #3- The HYCF ensures public safety through the rehabilitation and reintegration of our youth as contributing members of their communities.

Common Themes:

- Rehabilitation
- Reintegration
- Productive members of community
- Programs promoting positive change.

Group Activity 4:

In our collective vision of Hawai'i Youth Correctional Facility's future, what values should represent the core priorities in the organization's culture?

- A. Security/Safety**
 - Order
 - Accountability
 - Respectful

- Practical
- Consistency

B. Leadership

- Dependable
- Communication
- Common sense
- Stability
- Knowledge
- Trustworthy
- Fairness & equitable
- Integrity
- Honesty
- Humility

C. Family

- Relationships
- Passion
- Commitment
- Compassion
- Loyalty
- Education

D. Faith

- Youth
- Humor
- Belief that people can change
- Every person has strengths
- Inspiration
- Success for every youth

E. Professionalism

- Staff
- Optimistic
- Motivated
- Reliability
- Creativity
- Honorable
- Unity
- Receptiveness

- Personable
- Training

In our collective vision of HYCF's future, what values represent the core priorities in the organization's culture? What values are currently being enacted at the facility?

The group prioritized the values using a scale of 1-5 with 1 being the most critical value to achieving the vision of HYCF and 5 being the least critical. The scores represent averages with the score closest to 1 being the most critical and the most currently practiced. The difference represents the gap between what is considered critical and how well it is currently practiced.

Title	Critical Importance	Current Practicing	Difference
A. Safety/Security	2.07	1.67	0.40
B. Leadership	1.43	2.67	-1.24
C. Family	4.57	3.83	0.74
D. Faith	4.14	3.78	0.36
E. Professionalism	2.79	3.50	-0.71

Group Activity 6:

What are the key areas that should be included in the lesson plans?

Kia Loggins explained the eleven training modules within the 40-Hour Juvenile Corrections Curriculum. The participants worked in small groups to list training needs, skills, and subtopics for assigned training topics. Each group presented their training topic needs list and other participants were able to make additions to the list. The focus group prioritized each list of training subtopics, using a dotting method, based on criticality for new employee training. The bolded subtopics were ranked most critical to a new employee.

A. Introduction to Juvenile Corrections

- History of juvenile corrections (1776 – Contemporary Juvenile Corrections, Hawai'i specific history)
- **Civil rights of juveniles – constitutional and statutory guarantees, protection of state and employees)**
- Philosophy that guides contemporary juvenile corrections – current theories of adolescent development, rehabilitation/reintegration are considered best practice

B. Adolescent Development

- Mentally ill kids
 - Recognize/identify

- Suicide prevention
- Impact on general population
- Life circumstances
 - Physical – mental – sexual abuse
 - Abandonment issues
 - Poverty
- Adolescent brain development
 - Impact of drug use
 - Maturing process
 - How this effects their behavior
 - Appropriate response based on brain development stages

C. Behavior Management

- Knowledge of the rules of facility and cottage (policies and procedures)
- Have knowledge of post assignments and expectations
- Know the time table of the shifts
- Be able to relay expectation/info to wards via briefing, groups, etc.
- Set limits with wards keeping in mind “approach determines response”
- Don’t shy away from enforcing these limits
- Ask supervisor if in doubt

D. Cultural Awareness

- Educated
- Respect
- Accommodate

E. Health Care

- Policy/procedure of contact appropriate health unit
- Privacy act
- Communicable diseases
 - Lice, scabies
- Policy of procedure for suicide prevention and/or watch

F. Interpersonal Communication

- Posture awareness
- Clarification and understanding
- Gut instinct listening skills
- Approach
- Voice tone

G. Conducting Searches

- Educated on policies and procedures
- Identify type of search
- Pat search
- Cell search
- Strip search
- Perimeter search
- Facility shake-down

H. Security, Supervision, and Safety

- Updated functional post orders, Policies/procedures (written reverence)
- Legal liability – ER/EE Be-Aware!
- ID security Measures
- Safety Prevention issues (CPR, Suicide Prevention, Fire drill, disaster drills, code responses)

I. Supervision Styles

- Use policy and procedures as guidelines to best supervise staff and wards
- Characteristics of an effective supervisor
- Types of supervision

J. Worker as Learner

- LTM/Briggs for learners understand their style
- ID learner's learning style
- Develop alternative learning style
- Mix styles in teaching process

K. Written Communication

- Assist ESL staff
- Able to observe and ID facts
- Able to put factual observations in writing
- KISS

V. Summary

The Hawai'i Youth Correctional Facility's focus group participants actively engaged in the process, creatively exploring new concepts and exhibiting professionalism throughout the process. The commitment to change is commendable though some uncertainty is present. The group of lead staff appears committed to the improvement of services to youth through enhanced

training and skill development. The group is ready for the next steps in the training intervention plan.

Appendix A: Vision Team Reports

Group 1: "Making Dreams Happen"

- Creating opportunities
- Raising expectations
- Celebrating success
- Community involvement
- Building accountability to yourself and others
- Promoting HIGHER education
- Positive role models
- Positive family relationships
- Discover self spirituality

Group 2: "HYCF: The Cinderella Story"

- World Class Training Academy
- Vocational training program
 - Active work/educational program (during transition)
- Community re-investment
 - Mobile community service work program
- Community tracing program
- Foster parent network
- Cultural education
- Drug rehabilitation program
- Interdepartmental training (actual line work) with all HYCF employee's: administration, medical, DOE, etc.

Group 3: "HYCF Efforts Today for a Youth's Brighter Tomorrow!" Programs

- Cognitive Restructuring Program
- Family Reintegration – mentoring or foster care assigned before leave the facility
- Educational Life Skills Development
 - Armed forces
 - College prep
 - Parenting skills
 - Employment preparation/program
 - Vocational Training Apprenticeship
- Community Restoration – give back to community came from
 - Clean up graffiti
 - Community volunteer projects/services
 - Mentoring programs

We have the Best trained staff, Best available resources to ensure effective change for the future.

Group 4: "Winning on the Windwardside": 5 years later

- HYCF house long term youth – Judiciary is currently housing short-term youth in Kapolei
- HYCF is legislatively mandated to house serious offenders and those that have not successfully completed alternatives to incarceration (3 incidents)
- State of Hawai'i's goal is to mandate community programs as alternatives to incarceration "Governor's speech"
- In-house program – sex offender, substance abuse (levels 1-3), life skills, vocational/education/courses, sequential phasing process
- Intensive after-care
 - On-line data base with private contractor and other agencies

TAB

7



National Commission on
Correctional Health Care

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August 8, 2007

Russell K VanVleet, Monitor
University of Utah
College of Social Work
395 S. 1500 East Rm. 233
Salt Lake City, Utah, 84112-0260

[via e-mail.rivanvleet@socwk.utah.edu](mailto:rivanvleet@socwk.utah.edu)

Dear Mr. VanVleet.

The National Commission on Correctional Health Care (NCCHC) is pleased to forward this report of the June 2007 technical assistance consultation regarding the Hawaii Youth Confinement Facility, Hawaii. I have incorporated the factual revisions as forwarded by Executive Director Torney. I also anticipate being able to forward the Staffing Report shortly.

Please let me know if you have any questions, or if we can be of further assistance at this time

Sincerely,

A handwritten signature in cursive script that reads "Judith A. Stanley".

Judith A. Stanley, MS, CCHP-A
Director of Accreditation

Enclosure. August 2007 TA Report

Technical Assistance Report – August 2007
Hawaii Youth Confinement Facility, HI

This Technical Assistance (TA) to the State of Hawaii, Office of Youth Services, in the form of an assessment of the current compliance of the Hawaii Youth Correctional Facility (HYCF), Kailua, Oahu, with the 2004 NCCHC *Standards for Health Services in Juvenile Detention and Confinement Facilities*, was prepared at the request of Russell K. Van Vleet, Court Monitor. On June 19 and 20, 2007, NCCHC consultants Jacqueline Moore, PhD, RN, CCHP-A and James Owens, MD, CCHP-A, conducted the TA.

I. Executive Summary of TA Findings

Compliance Decision Key

Accreditation is awarded to a facility when it is in compliance with the applicable 2004 NCCHC *Standards for Health Services in Juvenile Detention and Confinement Facilities*. This TA report includes probable conclusions if the survey were an actual accreditation survey, with recommendations and alternatives for achieving compliance where appropriate.

Accreditation itself requires compliance with 100% of the applicable Essential standards and at least 85% of the applicable Important standards. Although the facility is not required to correct more than 85% of the important standards' deficiencies for accreditation, it is encouraged to clear up as many as possible, since compliance will enhance the quality of health services provided.

There are five types of findings regarding individual standards:

1. Compliance: all requirements for the standard are met; the intent of the standard is met; no corrective action is required.
2. Partial Compliance: any number of indicators are missing/or not in compliance; the intent of the standard is met; corrective action is required.
3. Non-compliance: none of the indicators are met; the intent of the standard is not met, corrective action is required.
4. Not applicable: self-explanatory.
5. Recommendation(s): suggestions for continued improvement, no corrective action is required

In addition, there may be "Comments" added in place of "Recommendations." This allows flexibility to cross-reference issues or add findings related to compliance concerns.

TA Findings:

In general, it is evident that the youth at HYCF are receiving the health services they need; there is no question that access to care is present. Having said this, there are aspects to many standards that need attention. Although some of the issues are related to administrative matters or documentation of services that are being provided, bringing the facility's practice into compliance will provide a more effective, efficient manner to provide care.

Out of 38 essential standards, 37 of which were applicable to this facility, 21 were found to be in compliance, and the following need attention or corrective action:

Y-A-04 Administrative Meetings and Reports

Y-A-05 Policies and Procedures

Y-A-06 Continuous Quality Improvement Program

- Y-A-07 Emergency Response Plan
- Y-B-01 Infection Control Program
- Y-B-02 Environmental Health and Safety
- Y-C-01 Credentialing
- Y-C-03 Continuing Education for Qualified Health Care Professionals
- Y-C-04 Training for Child Care Workers
- Y-D-01 Pharmaceutical Operations
- Y-E-06 Oral Care
- Y-E-07 Nonemergency Health Care Requests and Services
- Y-G-01 Special Needs Treatment Plans
- Y-G-05 Suicide Prevention Program
- Y-H-01 Health Record Format and Contents
- Y-H-02 Confidentiality of Health Records and Information

Important Standards in Partial Compliance and Requiring Corrective Action

- Y-A-11 Grievance Mechanism for Health Complaints
- Y-B-03 Kitchen Sanitation and Food Handlers
- Y-C-02 Clinical Performance Enhancement
- Y-C-09 Orientation for Health Staff
- Y-D-03 Clinic Space, Equipment and Supplies
- Y-D-05 Hospital and Specialty Care Arrangements
- Y-E-10 Patient Escort
- Y-E-11 Nursing Assessment Protocols
- Y-F-02 Nutrition and Medical Diets
- Y-G-02 Management of Chronic Disease
- Y-I-04 Informed Consent

This report is most effective when read in conjunction with the *Standards* manual, a copy of which was forwarded to the facility as part of the TA.

II. Facility Profile

The HYCF is a confinement center for youth that have been adjudicated or who have been adjudicated and are awaiting placement. The average length of stay is less than nine months. With a design-rated capacity of 70, the average daily population is 68 and the average daily intake is 4. On the days of the survey there was a total of 67 juveniles, which included 58 males and nine females.

The facility reports that the female housing was first established in 1929 as part of the Kawaihoa Girls' Training school, and was extensively renovated in 2001 with the creation of ten cells to replace former dormitories. Ho'okipa Makai, built in the early 1950's, was the original superintendent's house for the Ko'olau Boys' Training School and first used as a dormitory housing for youth in 1978; and the Secure Custody Facility, made up of three living units of ten single cells each, opened in 1997. The facility has experienced continued overcrowding in recent years.

A large new gym and swimming pool are on the compound. There is also indoor recreation. All food is prepared in the main kitchen and served in each housing unit. Education is provided by the Olomana Elementary School. Laundry facilities are located in each housing unit. Clean clothing is provided on a daily basis. Linen is changed on a weekly basis.

There are separate offices for mental health staff and administrative staff. A social worker on each unit is responsible for coordinating the needs of juveniles that reside on that unit. The medical unit is located in the secure custody facility. It is comprised of an exam room, office, waiting area, dental operatory and nurse's station. There are satellite medical exam rooms located in each of the other buildings. Nursing staff visit these satellite units at least twice a day.

All rooms can double as a "time out" room; however, the practice at this facility is not to have youth in "time out" for longer than eight hours. In practice, the intervention is generally employed for less than four hours.

The furniture in some of the cottages is suicide-proof. At the Ho'okipa Makai Unit, the bunk beds are not. There are three observation cells which are no longer being utilized for suicidal patients because they were not suicide-proof. There are also several blind spots in each of the cottages. Lindsay Hayes, a national expert on suicide, is working with the facility on these and other issues related to suicide prevention.

There are 75 authorized security positions; the 65 filled youth correction officer (YCO) positions are scheduled on three shifts. It is reported that recruitment of correctional staff has been problematic.

Facility's Health Services

Nursing staff are provided by two full-time nurses and staff from a temporary agency. Medical inpatient care is provided by the local hospital. Mental health services are provided by the medical school faculty; the psychiatrist is on staff full time. A dentist who brings two assistants with him is available for 16 hours per week, according to the contract. A physician specializing in adolescent medicine provides medical care six hours per week. The health administrator is also a nurse practitioner. Nursing staff are on site 24 hours a day, seven days a week. The facility has two full-time staff and several agency nursing staff. There are currently no vacancies. For complete information on staffing types and coverage, see Section C Personnel and Training. The requested staffing plan is attached to this report.

III. TA Profile

HYCF has been under Department of Justice review. The current monitor for a settlement agreement between the State of Hawaii, Office of Youth Services, and the Department of Justice, is authorized to seek consultation for the development of a health service delivery system at the facility and has requested this consultation as part of his directive.

On-site activities focused on review of the current health services policies and procedures for compliance with the 2004 NCCHC *Standards*; an assessment of current health service delivery practices and care provided; advice on what would be necessary to correct any outstanding compliance issues in policy or practice; and, recommendations for achieving NCCHC accreditation as a long-range goal. The consultation consisted of touring the clinic area, housing areas, recreation areas, and the kitchen. Documents reviewed included seven medical records; policies and procedures; provider licenses; and job descriptions. A number of documents such as staff minutes, environmental and safety inspections, training records, CQI minutes or audits were not available. Interviews were conducted on a structured and confidential basis. Those interviewed included the Office of Youth Services Executive Director, acting facility administrator, acting corrections supervisor, physician, psychiatrist, psychologist, nurse practitioner, dentist, social worker, substance abuse counselor, food services supervisor,

the federal technical advisor, two nurses, the nursing coordinator, six youth corrections officers, and seven juveniles, who were randomly selected. The Court Monitor also provided background for the consultants prior to the visit.

IV. Findings and Comments

A. GOVERNANCE AND ADMINISTRATION

This section deals with the organization of the health services at the facility and the interface of custody and health services authorities. Although many models of organization are valid, the outcome needs to be a coordinated system of health care for the whole individual in which it is clear who does what, when, and under whose authority. Policies and procedures need to include site-specific operating guidelines. The foundation for operating the health services system are laid in this section; without compliance in these areas, health services staff lack basic parameters within which to practice clinical skills and meet patient needs.

1. General Comments

The survey process confirmed that juveniles have access to health care. Many of the staff are bilingual. Patients are seen by a qualified clinician and receive care in a timely manner as ordered for serious medical, mental health and dental needs. The facility has no fee-for-service program. There has been a change recently in the position of facility administrators; the current position holder is the "acting" acting facility administrator.

2. Standard Specific Findings

Y-A-01 Access to Care (E).

compliance partial compliance non-compliance

The consultants noted that cooperation between the custody and the health care staff is not optimal, tension was evident. Medical staff express the opinion that custody staff are interfering with their ability to provide care. Custody staff report feeling that health care staff does not understand their responsibilities and do not seem to acknowledge their correctional expertise. The facility needs to develop opportunities for staff to interact and receive cross-training to deal with these issues. Team growth results when each member acknowledges and understands each other's respective role. Better and more frequent communication can help keep the focus on care of the youth and prevent "staff-splitting" by the youth.

Y-A-02 Responsible Health Authority (E).

compliance partial compliance non-compliance

The responsible health authority (RHA) is the nurse practitioner, who is on site daily. Clinical judgments rest with a designated responsible physician who is on site weekly.

Y-A-03 Medical Autonomy (E).

compliance partial compliance non-compliant

Although interference with health care by correctional staff was not directly evident, stress between staff has the potential for interference to develop. It is recommended that the medical staff become more involved in the facility's operations such as training for new youth workers, education for juvenile offenders, etc. It is also advised that the acting facility administrator develop team building exercises for both custody and medical staff as noted in Y-A-01.

Y-A-04 Administrative Meetings and Reports (E).

compliance partial compliance non-compliance

The acting facility administrator, health, mental health and security staff meet weekly to discuss administrative matters. There were no minutes available for review. There are no statistics maintained on service utilization, although many of the processes to obtain these statistics are in place. There are also special management meetings to discuss medical and mental needs of the juveniles that are at this facility. These meetings are attended by the acting facility administrator, and representatives from education, mental health and medical services. These special management meetings are said to be the most productive meetings held in the facility. Staff meetings have occurred since May 2007. Agendas and sign-in sheets were available.

While the facility indicates that they have had weekly administrative meetings and monthly staff meetings, minutes to substantiate this standard were not available. There were no statistics generated by the health care services section (HCSS) on utilization of services as required by the standard.

Compliance indicators 3 and 4 need to be met; a system for managing and reporting at least monthly health service statistics needs to be established; minutes for at least administrative meetings, and documentation for monthly health staff meetings are necessary.

Y-A-05 Policies and Procedures (E).

compliance partial compliance non-compliance

The health services policy manual is site-specific. The policies are in draft form and not all policies are addressed by the manual. There has not been a formal "signing off" of the policies by the acting facility administrator, responsible physician and RHA. This is usually done by an authorization page containing the relevant signatures.

The policies submitted were a good start, but other policies to address each standard are needed. Policies and procedures can address more than one standard, but reference should be made when this is done. Many of the policies were taken from other institutions and indicate the word "prison" as opposed to "juvenile confinement facility." Some of the policies address the presence of a CQI program or special needs program which are not in effect. The policies must be site specific and congruent with the practice at the facility. Compliance Indicators # 1, 2 and 3 provide guidance here.

Y-A-06 Continuous Quality Improvement Program (E).

compliance partial compliance non-compliance

The HCSS supervisor indicated that there was an informal review of the health care charts, however, no regular, documented chart reviews were conducted by the physician or the health care staff.

It is recommended that monthly chart reviews are conducted by mental health, nursing and physician staff. Results should be discussed at multidisciplinary meetings. See Compliance Indicator #2 for specific requirements.

Y-A-07 Emergency Response Plan (E).

compliance partial compliance non-compliance

The facility itself reports conducting annual natural disaster drills. However, as defined by this standard, no mass disaster emergency drills involving health services triage of injuries have been conducted by this facility. While there have been "youth down" or emergency drills involving one juvenile, they have not been documented or critiqued.

A disaster drill that involves triage of casualties by health staff is to be conducted on an annual basis. Many facilities involve correctional and community staff in the mass disaster drills. A critiqued response to an actual disaster is acceptable with or without injuries, but a drill must involve multiple injuries for health staff to triage. Emergency responses to individual health situations, referred in the *Standards* as "man-down drills, either actual or simulated should be conducted on each shift at least annually. All drills should be critiqued. (Compliance Indicators # 3 and 4.)

Y-A-08 Communication on Special Needs Patients (E).

compliance partial compliance non-compliance

Communication between designated custody and health services staff with regard to juveniles' special health needs is communicated by a memo, which is shared with the juvenile officers, education staff, school and recreational staff.

Y-A-09 Privacy of Care (I).

compliance partial compliance non-compliance

The privacy of youth during health encounters is respected.

Y-A-10 Procedure in the Event of a Juvenile Death (I).

compliance partial compliance non-compliance

There have been no reported deaths at this facility.

Y-A-11 Grievance Mechanism for Health Complaints (I).

compliance partial compliance non-compliance

The health-related grievance program is integrated with the facility's grievance program. There were very few health-related grievances filed in the last year. The grievance policy is documented in the juvenile handbook. However, the juveniles appear to have no faith in the grievance process. In interviews, they answered, "why bother?"

The facility needs to take steps to revitalize the grievance program. Many juvenile facilities have an ombudsman who responds to grievances which may assist the credibility of the process. Others have informal "Open Hours" with the acting facility administrator and RHA providing informal opportunities for dialogue before a formal complaint becomes necessary.

The RHA or designee needs to record grievances according to the category of complaint, and use findings for CQI review on a regular basis.

Y-A-12 Notification in Emergencies (I).

compliance partial compliance non-compliance

The shift supervisor or medical provider notifies the parent of serious illness or hospitalization.

Y-A-13 Federal Sexual Assault Reporting Regulations (I).

compliance partial compliance non-compliance.

There have been several allegations of sexual assault in the past. It is reported that many of these allegations are either in investigation or charges have been filed. The individuals involved are now undergoing trial. The acting facility administrator described the facility as now compliant with the 2003 Federal Prison Rape Elimination Act.

Recommendations. The facility should continue to work with consultant Lindsay Hayes regarding blind spots at the facility and continue to educate staff on the Sexual Assault reporting

requirements. The facility reports budgeting for camera monitors.

B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

These standards address those aspects of the physical plant and facility operations that are related to maintaining a healthy environment for staff and juveniles alike. Although direct responsibility for several issues considered here belongs to the custody authorities, health staff assist in monitoring and advising when issues arise affecting health and safety.

1. General Comments

Health staff appear to work under safe and sanitary conditions.

2. Standard Specific Findings

Y-B-01 Infection Control Program (E).

compliance partial compliance non-compliance

Juveniles with communicable diseases are transferred to the local hospital when negative airflow isolation is required. Sharps and biohazardous waste is disposed of properly as part of a contract for waste management. All youth are tested for TB and STDs, with reports of positive testing forwarded to the state HCSS. Immunizations are provided as needed.

The facility reports that TB and STD testing data is collected and available, but was not shared during the TA visit.

Site-specific infection control policies need to be developed.

Y-B-02 Environmental Health and Safety (E).

compliance partial compliance non-compliance

Previously, the facility was inspected by maintenance, health care staff and the acting facility administrator or his designee. It is reported that this has not been done for a long time.

Compliance Indicators # 2, 3, 4 and 5 detail requirements for this monthly inspection.

Y-B-03 Kitchen Sanitation and Food Handlers (I).

compliance partial compliance non-compliance

Food is prepared on site by facility staff. One to two juveniles are employed in the food services operations.

During the kitchen inspection, there were several boxes on the freezer floor. Sample food trays are not maintained for 24 hours. The survey team did not observe food workers wearing hairnets or gloves when preparing food. Temperature logs were being maintained, but some days on temperature logs were not being recorded. The facility reports that the Department of Health inspects the facility's kitchen annually.

Compliance Indicators provide guidance for this standard.

Y-B-04 Ectoparasite Control (I).

compliance partial compliance non-compliance

All juveniles, except for pregnant females, are treated for ectoparasites upon admission via an over-the-counter agent.

C. PERSONNEL AND TRAINING

The focus of this section is on staff -- health staff and custody staff -- and the professionalism with which they meet their responsibilities. The goal is to have appropriately credentialed and skilled health staff of sufficient numbers and types able to meet the health needs of the juvenile population. Custody staff are provided the necessary training to be able to support health services and intervene in an emergency in the absence of health staff. Health staff are oriented to the issues of concern related to providing health care within a correctional environment.

1. General Comments

The facility reports that medical and dental services are the responsibility of the Department of Human Services/Office of Youth Services which oversees the facility. Mental health services are provided by the Department of Health's Children and Adolescent Mental Health Division (CAMHD). CAMHD also provides mental health services to incarcerated youth at the Detention Home, which is under the purview of the Family Court.

The facility reports that HYCF has the following authorized positions: one RN V, a nurse practitioner, who provides direct care and is also responsible for supervising the Health Care Services Section; two RN III positions of which one is filled at this time while the other is in recruitment; and a half-time dental assistant position which is vacant.

The physician is contracted through the University of Hawaii and dental services are contracted through the Kalihi Palama Center.

CAMHD has authorized the following positions: two psychiatrist positions shared with the Detention Home (DH), of which one is filled; two forensic speciality psychologist positions, also shared with DH, of which one is filled; five social worker/human service professional positions of which three are filled with temporary hires; and one branch chief who does not provide direct services but represents CAMHD at diagnostic and treatment meetings.

In addition, HYCF is considered a teaching site for the University of Hawaii's School of Medicine and is usually able to attract a fellow and two second year psychiatric residents to augment the work of other professionals on site.

2. Standard Specific Findings

Y-C-01 Credentialing (E).

compliance partial compliance non-compliance

Nursing staff had current licenses and other appropriate credentials on file. Licenses were not on file for the provider clinicians, e.g., physician, psychiatrist, dentist, etc. All nursing staff were current in CPR training.

Copies of licenses should be obtained and maintained in the medical unit for all health care and professional staff. This is required by Indicator #4.

Y-C-02 Clinical Performance Enhancement (I).

compliance partial compliance non-compliance

The standard requires that annual reviews are conducted on primary care providers, e.g., dentist, psychiatrist, physician, nurse practitioner. Clinical performance evaluations were not

completed. Since the university provides a number of the professional staff, assistance should be sought from them in meeting this standard. Compliance Indicators #2 and 3 provide the specifics required.

Y-C-03 Continuing Education for Qualified Health Care Professionals (E).

compliance partial compliance non-compliance

Not all of the health care staff had at least 12 hours of continuing education credits. Current training in CPR could not be verified for all health staff. Compliance Indicators # 2, 3 and 4 explain the requirement options.

Y-C-04 Training for Child Care Workers (E).

compliance partial compliance non-compliance

The training officer has been on a medical leave of absence for some time, thus the facility was unable to substantiate current training for officers. Several officers interviewed indicated that their CPR card had lapsed. Compliance Indicators # 2, 3, and 4 details the components for compliance. The facility may also wish to consider creating an interim training position so that training can continue.

Y-C-05 Medication Administration Training (E).

compliance partial compliance non-compliance

Medications are administered by the nursing staff.

Y-C-06 Juvenile Workers (E).

compliance partial compliance non-compliance

By policy, there are no juveniles who are allowed to work in the medical area.

Y-C-07 Staffing Plan (I).

compliance partial compliance non-compliance

Please refer to the addendum: Separate Staffing Analysis.

Y-C-08 Health Care Liaison (E).

compliance partial compliance non-compliance not applicable.

Y-C-09 Orientation for Health Staff (I).

compliance partial compliance non-compliance

There is an orientation book with a compilation of procedures for new nurses. The book has not been updated since 2004. There was confirmation that health staff had received the necessary orientation, however, updated training materials need to be developed and agency nurses included in the facility's suicide prevention classes.

D. HEALTH CARE SERVICES AND SUPPORT

These standards address requirements of space, materials and resources for the delivery of health care, whether they are provided within the facility or off site in the community. These are the "tools" with which the health staff provide assessment and treatment services

1. General Comments

The clinic space is extremely cramped. There are many areas in the satellite facilities that are not being utilized. The facility may wish to consider movement of the main medical unit to one

of the satellite units and converting the current medical unit to an exam office space and space for mental health interviewing, or some other alternative to provide better facilities for health services.

2. Standard Specific Findings

Y-D-01 Pharmaceutical Operations (E).

compliance partial compliance non-compliance

Pharmaceutical services are sufficient to meet the needs of the facility. Services are contracted with a local pharmacy. Medications are delivered in blister packs. Narcotics counts were correct and are recorded daily. Antidotes for poison control were available. Poison control numbers are posted. The facility is less than 10 minutes from the local hospital. EPI pens and liquid glucose are the only emergency medications maintained. A consulting pharmacist does not come on site at least semiannually to inspect the facility's medication operations. Expired medications were found during the survey.

Medications were not stored properly. Internal medications were not stored in different areas from external medications. There were medications belonging to youth who had left the facility and the medications had not been sent home or destroyed. Medications were found in file drawers, cabinets etc.

Significant corrective action is required. Many of the Compliance Indicators are not being met. The initiation of a pharmacist's on-site inspection now and at least twice a year afterwards should help the facility bring the pharmacy operations into compliance

Y-D-02 Medication Services (E).

compliance partial compliance non-compliance

Y-D-03 Clinic Space, Equipment, and Supplies (I).

compliance partial compliance non-compliance

The main clinic area includes one exam room, a medication room, medical records area and an office. The space is extremely cramped. On-site diagnostic testing materials include supplies for urine dip stick, accuchecks, peak flow meters and pregnancy testing. Dental services are provided onsite in a one chair dental operatory. Mental health services have separate offices in another part of the compound. There are interview rooms in the main housing area where confidential mental health interviews can occur.

While the facility counts sharps daily, the count for needles was incorrect on the day of the audit. Corrective action is required to be sure methods of accountability for sharps are accurate

Y-D-04 Diagnostic Services (I).

compliance partial compliance non-compliance

Diagnostic services are provided by Castle Radiology and a DHS lab which draws the blood specimens

Y-D-05 Hospital and Specialty Care Arrangements (I).

compliance partial compliance non-compliance

There is no written agreement *per se* available for medical or mental health services provided by community institutions. The facility does have contracts for community providers in the areas

of substance abuse and sex offender treatment. The facility reports that medical and mental health services provided by community institutions are done on a fee-for-service basis.

The standard intends that arrangements are in place with off-site providers to provide hospital and speciality care when necessary. Compliance Indicator #2 lists various types of "written agreements" that can be used to outline the terms of care to be provided, and the Definition section defines "written agreements." It is highly recommended that if the community medical or mental health provider has agreed to treat on a fee for service basis, that agreement be documented. This commits the provider to consistency in accepting the juveniles despite any inconvenience related to security issues or other aspects of providing care to the youth.

E. JUVENILE CARE AND TREATMENT

These standards form the core of a health program and include requirements for those health services to be provided to all juveniles at the institution. Here are outlined the assessment and treatment processes, and procedures for obtaining health services. Access to relevant pre-incarceration health histories, care that is provided during incarceration, and arrangement for continuing care upon discharge or transfer are all addressed.

1. General Comments

None

2. Standard Specific Findings

Y-E-01 Information on Health Services (E).

compliance partial compliance non-compliance

Upon intake, juveniles receive a handbook (available in English) that contains information on the availability of health care services and the facility's health grievance procedures. A language line is used for youth who do not speak English or Spanish.

Y-E-02 Receiving Screening (E).

compliance partial compliance non-compliance not applicable.

The facility receives admissions directly from the detention center. Receiving screening is completed by juvenile officers immediately upon the youth's arrival. All aspects of the standard are addressed during the receiving screening. Nurses then review the intake screening within 24 to 72 hours of the youth's arrival, or sooner as clinically indicated.

Y-E-02 Performance Measures are optional, and not addressed in this report. The facility may wish to use them as a guide for CQI activities.

Y-E-03 Receiving Screening for Transfers (E).

compliance partial compliance non-compliance not applicable

If youth are transferred within the system's juvenile confinement/placement facilities, a transfer summary is completed which indicates current medications, TB status, and necessary follow-up, etc. Part of the transfer process also includes a face-to-face interview with the youth by the nurse of the receiving facility. Transfer forms are placed in sealed envelopes during transport.

Y-E-04 Health Assessment (E).

compliance partial compliance non-compliance

Health assessments are completed by the nurse practitioner or physician within three days of

the youth's admission to the facility. Immunizations are updated as necessary.

Y-E-04 Performance Measures are optional, and not addressed in this report. The facility may wish to use them as a guide for CQI activities.

Y-E-05 Mental Health Screening and Evaluation (E).

compliance partial compliance non-compliance

The MAYSI 2 (mental health screening tool) and Psychiatric Risk Assessment at this facility are completed by the mental health staff.

Y-E-06 Oral Care (E).

compliance partial compliance non-compliance

Dental examinations are completed by a dentist within 60 days of admission or sooner if clinically indicated. Dental services are provided onsite.

Spore counts were not being documented on a weekly basis. Instruments were not being counted on a weekly basis. They were counted in April, when they were purchased, and one other time, when new stock was added. Instructions in oral hygiene were not available.

Corrective action for the dental service department include documented provision of education in oral hygiene within 14 days of admission and completion of spore counts and instrument counts.

Y-E-07 Nonemergency Health Care Requests and Services (E)

compliance partial compliance non-compliance

Sick call requests are triaged daily by the nursing staff. Sick call may be obtained through a sign up list, a verbal request or as a "walk in." Sick call is provided in a timely manner and youth are generally seen within a few hours of the youth's request and by a provider on the same day or the next day of the request. Mental health providers see youth on a daily basis. Although the facility did not have dental services for over two years, there is now a short waiting list for dental services. The RN and dentist are conscientious regarding maintaining the schedule. There are pamphlets on dental care issues such as endodontic treatment and gum disease in the dental operator; however, there were no instructions in oral hygiene provided at intake.

On the sick call sign up sheet, the youth list their name and their medical complaint. This needs to be corrected. If this "sign-up" process of writing on a sheet posted where others can see it is continued, the youth may only sign his or her name.

Y-E-08 Emergency Services (E).

compliance partial compliance non-compliance

Officers and youth all indicated during interviews that an emergency response occurs in less than four minutes. AED equipment is available and staff are trained in its use as part of the CPR training. Emergency supplies are checked and documented on a daily basis. It is recommended that the health care staff track student injuries.

Y-E-08 Performance Measures are optional, and not addressed in this report. The facility may wish to use them as a guide for CQI activities.

Y-E-09 Segregated Juveniles (E).

compliance partial compliance non-compliance not applicable.

"Time out" is very short term. The facility's "security program" is used for youth who need to regroup and maintain a sense of control. By policy, youth may not be held in the program for longer than 24 hours. In practice, youth are released within eight hours. Even if a youth is in the security program, he or she is still provided with an hour of exercise daily and a shower. Segregated youth are checked daily by nursing and mental health staff. Notes are documented in the medical record. Upon placement, youth are seen by the nurses to ascertain any contraindications.

Y-E-09 Performance Measures are optional, and not addressed in this report. The facility may wish to use them as a guide for CQI activities.

Y-E-10 Patient Escort (I).

compliance partial compliance non-compliance

There are many cancelled appointments due to a variety of reasons. Corrective action is required so that the reasons for cancellations are identified and corrective action taken if a trend becomes apparent. Medical and custody staff should work closer together in scheduling off-site appointments to avoid cancellations.

Y-E-11 Nursing Assessment Protocols (I).

compliance partial compliance non-compliance not applicable.

The nursing protocols are not site-specific for the juvenile population. Nursing protocols were obtained from the state Women's Prison in May 2007. They are not site-specific to the needs of the juvenile population and have not been approved by the physician. Only over-the-counter medications are used. (Compliance Indicators # 2 and 3.)

Y-E-12 Continuity of Care During Incarceration (E).

compliance partial compliance non-compliance

Health record reviews during the survey confirm that continuity of care is usually provided. All health and mental health conditions identified at intake are consistently followed up by health care providers. If an officer has questions during the intake process, he or she immediately calls the nurse on duty or the nurse on call. Diagnostic and treatment results are provided in a timely manner. Medications are provided as ordered.

Y-E-13 Discharge Planning (I).

compliance partial compliance non-compliance not applicable.

A two week supply of medication is provided to the youth upon discharge. A discharge plan is written for youth who have ongoing medical or mental health problems. Copies of the youth's physical and immunization record are also sent home with the youth. The consultants commented that the discharge process is excellent.

F. HEALTH PROMOTION AND DISEASE PREVENTION

This section focuses on a twofold approach to health education: opportunities for all juveniles to learn about and engage in a healthy life style, and specific health teaching for patients regarding their particular health conditions

1. General Comments

None

2. Standard Specific Findings

Y-F-01 Health Education and Promotion (I).

compliance partial compliance non-compliance

The youth are educated on matters of hygiene, STD, contraception, exercise and nutrition. One-on-one education is provided during sick call visits. The facility has a number of displays in the medical unit on alcoholism, drug use, etc. It is recommended that the nursing staff take an active role in health education through the school. Staff there have many lesson plans and displays available to them.

Y-F-02 Nutrition and Medical Diets (I).

compliance partial compliance non-compliance

At the time of the survey, one medical diet was being prepared for a patient with specific dietary needs. Special diets are commonly for those youth with allergies or lactose intolerance. The youth's name is placed on the outside of the food tray.

The diets have not been reviewed by a dietician. The last date of any kind of review was 2003. An approved diet manual that food service staff can use as guidance in preparing special diets was not available. Compliance Indicator # 4 provides guidance here.

Y-F-03 Exercise (I).

compliance partial compliance non-compliance

Indoor and outdoor recreation is available. Youth have access to a fully-equipped gym during inclement weather and generally have more opportunities to exercise than is required by the standard.

Y-F-04 Personal Hygiene (I).

compliance partial compliance non-compliance

Youth shower on a daily basis and clothing is exchanged daily. The facility reports that laundry is performed onsite by youth under the supervision of the YCOs. Haircuts are provided on a monthly basis.

Y-F-05 Use of Tobacco (I).

compliance partial compliance non-compliance

This is a nonsmoking facility. Staff may smoke outside of the facility.

G. SPECIAL NEEDS AND SERVICES

The standards included in this section address specific health needs of those with chronic illness or health conditions requiring multidisciplinary interventions. Age, gender, and illness-related considerations are highlighted, and guidance provided to the health staff in organizing necessary treatment. A special concern with care provided to these patients is that it be in keeping with current community standards.

1. General Comments

None

2. Standard Specific Findings

Y-G-01 Special Needs Treatment Plans (E).

compliance partial compliance non-compliance

Special treatment plans are utilized by mental health services, but not by medical services. A template can be developed for the various diseases, or a general format, both of which can be individualized and may be helpful in developing the plans.

Y-G-01 Performance Measures are optional, and not addressed in this report. The facility may wish to use them as a guide for CQI activities.

Y-G-02 Management of Chronic Disease (I).

compliance partial compliance non-compliance

While there are few chronic care patients at this facility, there is no indication that those with asthma or seizures are regularly followed. A chronic care program needs to be established so that these youth are seen by the nurse practitioner or the physician every three months.

The facility does not have clinical guidelines available to assist them with chronic medical and mental health issues. Resources for such guidelines include those developed by the American Psychiatric Association, American Pediatric Association, or NCCHC

Y-G-03 Infirmery Care (E).

compliance partial compliance non-compliance not applicable.

Y-G-04 Mental Health Services (E).

compliance partial compliance non-compliance

Mental health services are provided by a mental health clinician and a psychiatrist. Crisis intervention, medication monitoring, group therapy and individual counseling are all available on site

Y-G-05 Suicide Prevention Program (E).

compliance partial compliance non-compliance

The facility has a suicide prevention program that addresses each of the 12 aspects of planning as described by the standard. Suicide watches are classified by the level required, ranging from one-on-one to every four minutes. The facility reports that youth at intake who are potentially suicidal are either placed in the holding cell or placed on one-to-one supervision in a living unit until a psychiatric evaluation can be conducted.

If the youth cannot be maintained at the facility, they are transferred to the inpatient unit at the community hospital. If a youth is on suicide watch and is discharged, the court is notified of the youth's suicide ideation. There have been no suicides in the last year.

Not all of the rooms are suicide-proof. There are many blind spots in the facility. Agency nurse have not had training in suicide prevention. The facility reports that training in suicide prevention has been very limited for all staff and does not meet the requirements established by Consultant Lindsay Hayes.

The nursing staff, including agency staff, need to be involved in annual suicide training and prevention as many of these providers are working alone (e.g. without other medical staff) on the evening shifts. The facility continues to work with Consultant Hayes on these issues.

Y-G-05 Performance Measures are optional, and not addressed in this report. The facility may

wish to use them as a guide for CQI activities.

Y-G-06 Intoxication and Withdrawal (E).

compliance partial compliance non-compliance

It is recommended that a system of monitoring with flow sheets be developed for youth that have indicated a history of severe alcohol or drug abuse.

Y-G-07 Care of the Pregnant Juvenile (E).

compliance partial compliance non-compliance not applicable.

Pregnant juveniles have the same choices that they would have if they were in the free world and services are available to provide for their needs. Youth are seen by their own physician, at the Teen Clinic, or at the local hospital. The weekly case management meetings involve representatives from education, mental health, medical and supervisory staff.

Y-G-08 Juveniles With Alcohol and Other Drug Problems (I).

compliance partial compliance non-compliance

Substance abuse counseling is available at the facility. Youth are not accepted into the facility if they are thought to be withdrawing from alcohol or drugs, but are referred to a local hospital for clearance. The facility reports that parole violators may be withdrawing from alcohol or drugs when picked up by the police and returned to the facility. At that time, an assessment is made to determine if the youth should be transferred to a hospital or can be cared for at the facility.

Y-G-09 Procedure In The Event Of Sexual Assault (I).

compliance partial compliance non-compliance

There have been allegations of sexual assault within the last three years. Court proceedings are now in progress.

Y-G-10 Family Planning Services (I).

compliance partial compliance non-compliance.

The facility provides comprehensive family planning services in accordance with state statutes, by referral to the nurse practitioner or social worker.

Y-G-11 Orthoses, Prostheses, and Other Aids to Impairment (I).

compliance partial compliance non-compliance

The facility provides glasses, crutches, wheel chairs, and hearing devices as clinically indicated.

Y-G-12 Management of Terminal Illness (I).

compliance partial compliance non-compliance

Although it would be rare for a terminally ill juvenile to be held at the facility, procedures are in place to make appropriate accommodations. Youth would be released or transferred to an acute care facility.

H. HEALTH RECORDS

The complexities of good documentation of health services in the medical record are addressed in this section. The legal requirements for health record contents is included in this section, as well as the special considerations necessary due to the ages and status of the patients within a correctional juvenile setting. There must be adequate means for sharing critical health information on an ongoing basis among the various providers where medical and mental health records are kept separately.

1. General Comments

When a juvenile is transferred to another detention facility, appropriate procedures apply to the transfer of pertinent medical information. Parental authorization is obtained when the transfer is outside the current correctional system. Health records are retained until the youth reaches the age of 25. Records may be reactivated upon the youth's admission to the juvenile facility.

There is a disagreement with sharing of relevant parts of the medical record with the acting facility administrator. A letter from the Attorney General's Office has developed an opinion on this issue; however, the nurse practitioner does not feel that she wants to comply.

2. Standard Specific Findings

Y-H-01 Health Record Format and Contents (E).

compliance partial compliance non-compliance

Inmate medical and mental health records are not integrated and are maintained in hard copy format. Health records are available for each scheduled clinical encounter.

Problem lists are incomplete and generally not utilized. Times of encounters are frequently not evident in the chart review. The facility faxes relevant mental health information back and forth. Dental records are separate from medical records. Problem lists need to be implemented, encounter times documented and health staff have consistent access to medical, dental and mental health treatment documentation. A unified health record is recommended. When the mental health and dental care are recorded in separate records, sufficient critical health information is to be shared among the records so as to permit continuity of care. (Compliance Indicators: 2b and 4.)

Consideration should be given to maintaining an integrated dental, mental health and medical record and to utilizing the SOAP format (problem-oriented record).

Y-H-02 Confidentiality of Health Records and Information (E).

compliance partial compliance non-compliance

The Attorney General has written an opinion regarding confidentiality of information in the medical record. In the opinion, it is recommended that the ward's medical and mental health information may be shared as needed among youth personnel at HYCF, FCLB and DOE who require the information to treat, rehabilitate and manage the youth appropriately and to administer to the facility safely, securely, and in good order. It is recommended that the health care staff follow this directive as it is in keeping with the intent of the *Standards* (See also Y-A-08 Communication on Special Needs Patients).

Y-H-03 Access To Custody Information (I).

compliance partial compliance non-compliance

Y-H-04 Availability and Use of Health Records (I).

compliance partial compliance non-compliance

Y-H-05 Transfer of Health Records (I).

compliance partial compliance non-compliance

Y-H-06 Retention of Health Records (I).

compliance partial compliance non-compliance not applicable.

I. MEDICAL-LEGAL ISSUES

These are among the most complex issues facing correctional health care providers. While the rights of the juvenile as a patient are generally the same as rights of a juvenile-patient in the free world, the correctional setting often adds additional considerations to be included in the decision-making process about patient care. Rights of the patient and the duty to protect the patient and others may present conflicting priorities; however, ethical guidelines, professional practice standards, and NCCHC standards are the determining factors regarding these interventions and issues.

1. General Comments

None

2. Standard Specific Findings

Y-I-01 Use of Mechanical Restraint (E).

compliance partial compliance non-compliance

A policy on the use of therapeutic restraints was available. In practice, the facility implements physical holds only to control behavior that is out of control using specific protocols. The facility does not utilize restraints except for routine transportation.

Y-I-01 Performance Measures are optional, and not addressed in this report. The facility may wish to use them as a guide for CQI activities.

Y-I-02 Emergency Psychotropic Medication (E).

compliance partial compliance non-compliance

Forced psychotropic medication is not utilized. In practice, youth requiring such intervention would be transferred to a psychiatric facility.

Y-I-03 Forensic Information (I).

compliance partial compliance non-compliance

Y-I-04 Informed Consent (I).

compliance partial compliance non-compliance

Informed consent is obtained when practical from the parents, the acting facility administrator or the Department of Human Services. If a youth is on psychotropic medication, an informed consent is obtained from the youth and acting facility administrator. The facility also notes that parental consent while sought when practical, is not required as the state is the legal guardian of committed youth. Health care staff at the facility are not involved in the collection of forensic evidence for medical or mental health reasons.

Consents, however, should be obtained prior to dental extractions. It is also recommended that although not sufficient by itself, consents are requested from the youth themselves as part of the health teaching and therapeutic alliance between patient and health provider.

Y-I-05 Right to Refuse Treatment (I).

compliance partial compliance non-compliance

Refusals may be signed by a youth and were evident during the chart review.

Y-I-06 Medical and Other Research (I).

compliance partial compliance non-compliance

It is reported that no research is conducted at this facility.

TAB

8



TECHNICAL ASSISTANCE REPORT

**ADDENDUM:
STAFFING ANALYSIS**

**by Jacqueline Moore, PhD, RN, CCHP-A
August 2007**

National Commission on Correctional Health Care
1145 W. Diversey Pkwy.
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Executive Summary

Staff is the primary resource of all correctional health care systems. The decisions made regarding their recruitment, selection, training and development have enormous impact in the success of the delivery system's goals. Failure to devote sufficient time, effort, and dollars to staffing issues reduces the quality of care and increases the probability of litigation.

There are no national guidelines upon which a staffing model can be made to fit all correctional institutions. Unlike the organizational and security components of a correctional system, there are no juvenile health care staffing models that can be adopted to fit all institutions. All of the sets of national correctional health care standards have shied away from specifying exact staffing ratios. Many factors need to be considered in deciding staffing ratios. Among them are the characteristics of the institutions, characteristics of the population, the services delivered on-site, the number of infirmary beds, etc.

As the former Executive Director of the National Commission on Correctional Health Care, there was no request received more often than that for a model for staffing patterns. The temptation to create them was weighted against the very real dangers of doing so. It must be recognized that whatever staffing models might be developed for a particular facility is applicable only to facilities that share all of the assumptions on which such staffing is based. The staffing patterns developed must be viewed as a guide. Ultimately, work force patterns, the creativity and ability of the on-site staff will always be the most important factor in establishing workload parameters.

Accordingly, the following assumptions must be considered carefully in any application of a staffing analysis:

1. Level of Care- the level of that any health care system delivers drives the staffing need more than any other single factor. The staffing recommendation for this study focuses solely on the provision of primary level care e.g. ambulatory care services including chronic care clinics which have historically been done at the institutional and unit level.
2. For purposes of this review only medical, mental and dental services are considered. New specialty services on-site are excluded.
3. The Standards of NCCHC for Juvenile Facilities are adhered to.
4. The population served is assumed to be the normal population of juvenile detainees.
5. The analysis assumes the continuation of the current methods of obtaining pharmaceutical services and off-site consults.

6. Use of the current sick call process, which assumes documentation of the sick call requests, triaging of the request, and referral to the appropriate provider, is expected to continue.
7. The staffing includes new functions related to quality improvement, chronic care clinics, maintenance of statistics, and enhanced record keeping.
8. The analysis assumes that stand-alone services such as physical therapy, respiratory therapy, nutritionists, are supported by personnel outside the scope of this analysis.
9. No increase in the level of automation is assumed e.g. electronic medical record.

In reviewing the current staffing levels, it was found that the Hawaii Youth Correctional Facility (HYCC) unitized a blend of both facility nurses as well as agency nurses. The salaries for many nursing positions in the Hawaii Youth Correctional Facility are above area hospitals; and the benefits are generally superior with respect to health insurance, holidays, sick leave and retirement. In the hiring process, vacant positions are required to be posted for certain time frames, and disciplinary actions follow cumbersome procedures. While the presence of these rules have created a more favorable work schedule for the nurses, they have contributed to staffing problems, hiring and retention decisions within the HYCC.

Both the health care and economic literature are replete with studies and stories regarding the current shortage of nurses. Economic issues, competition of area hospitals, and attitudinal issues characterize the current nursing shortage.

However, there are also a variety of non-economic factors that also have explained the reoccurring shortage of nursing manpower. Factors associated with job dissatisfaction, lack of autonomy, conflicts in power and control, few opportunities for growth, promotion or professional stimulation, inflexible schedules, as well as economic factors associated with supply and demand have all been plausible reasons for the shortage of nurses.¹

There is also a conflict between the attitudes of security and health care personnel. Correctional officers have concentrated on control and containment of inmates. Their orientation is to a dangerous youth not a sick one. In contrast nurses tend to minimize the dangerous aspects of their patients in an effort to treat each patient as an individual.²

Other factors such as the Nurse Practice Act have also impacted staffing patterns by defining what level of staff may perform each function. Historically, the HYCC has relied on an all RN staff because LPNs were unable to perform nursing assessments. They have recently converted an LPN position to an RN position. The current trend in many correctional institutions is to utilize LPNs and nursing assistants to perform many of the non-assessment functions that exist in correctional health care e.g medication administration, taking off orders, assisting with vital signs during MD call, scheduling appointments etc.

Salary has emerged as the most significant factor in the recruitment of nurses. The new nursing workforce is no longer oriented to the altruistic values of the past when the opportunity to serve others was the highest concern for nursing and compensation secondary.

There are several recommendations made throughout the report which include:

1. Have the ARNP assume responsibility for 7 day History and Physicals
2. Initiate chronic care clinics.
3. Develop clinical guidelines for chronic care and infectious disease.
4. Consider the use of alternate care providers such as certified medical assistants for specific staffing responsibilities.
5. Establish an affiliate relationship with area nursing schools to assist in recruitment.
6. Advertise on the Internet and at professional conferences and cities out of the Island of Hawaii.

Purpose of the Study

The purpose of the study was to evaluate the staffing patterns in the Hawaii Youth Correctional Facility in regard to adequacy and to make recommendations regarding the staffing patterns and organization and delivery of the health services so that they can be performed in a more cost-effective manner.

A review of the Hawaii Youth Correctional Facility was initiated through visits to of various jail facilities during the week June 19, 2007. Tours were conducted at all three housing units at the Hawaii Youth Correctional Facility. Interviews were conducted with the nursing staff, physician staff, psychiatrist, mental health and dental staff. Various discussions were held with key department personnel responsible for the coordination of the health care system. Documents were reviewed which included staffing schedules, sick call logs, vacancy rates, post descriptions and budgetary information for temporary agencies.

The purpose of the review was to gain an understanding of the medical delivery system within the detention center, acuity level of the youth, staffing levels, on-site capability to provide services associated with the provision of services. The following report summarizes this review.

Overview of the Hawaii Youth Correctional Facility

The Hawaii Youth Correctional Facility is comprised of three distinct housing units.. During the past two years the population of the center has not changed substantially. The center admits approximately 120 youth per year and houses an average daily population of approximately 68. The population is 85 % male and 14 % female. The average length of stay is reported as six to nine months for youth committed for their majority and three months for those committed on a short-term basis.

Primary medical services are provided on-site at each of the housing units. On-site health care is delivered by nursing staff that are employees of the Hawaii Youth Correctional Facility or who are contracted in a sub-contractual arrangement from a temporary agency.

Local community hospitals within the community provide medical and mental health services. There are no specialty clinics offered on-site at the facility.

There is no infirmary located at this facility. Youth that are suicidal are placed in a cell in the holding area or maintained on the appropriate level of supervision in their room.

A contract laboratory that also provides phlebotomy services provides lab services. The lab picks up laboratory specimens at each facility Monday through Friday as the need arises. Routine radiological services are provided either on-site or by local hospitals or clinics. On-site radiology services are provided by a mobile service.

Administration and Organization

The nurses report to a Registered Professional Nurse V who is responsible for not only providing on-site care but also for coordinating care with specialties, mental health, medical and dental services. The Nurse in this position is a family nurse practitioner. While the corroborating physician provides clinical supervision to the Family Nurse Practitioner, it is recognized that according to the Hawaii Nurse Practice Act, the Family Nurse Practitioner is able to function with considerable autonomy.

Also on the day shift is a RN III. While her clinical position description indicates that her position is 80% clinical, she generally spends her days providing administrative functions such as discharge planning, scheduling various clinics, making off-site appointments. In addition to the Nurse III there are also RNs from a temporary agency for each shift adding 4.2 nurses to the staffing model and one medical assistant. There is one RN vacancy in the current budget which was a conversion of the LPN position.

The RN 3 & 5 are involved in committee work and facility meetings. They attend a management meeting weekly with all department heads, and a mental health special management meeting is also conducted on a weekly basis. Other meetings which require nursing presence are meetings that concern the MOA, diagnostic meetings and development of new policies. Nursing staff meetings have occurred since May 2007. The RN 5 indicates that she is responsible for filing all insurance claims as well as reviewing all billing and purchase orders.

In reviewing the administrative structure, there appears dual and overlapping responsibilities of both the RN 3 and the RN 5. It is not necessary for both RNs to attend the same meeting. Both RNs are involved in administrative responsibilities and neither of the RNs provide very much clinical care. Medication pass and sick call is generally triaged and provided by the agency staff.

In reviewing the utilization statistics for the facility, it is unfortunate that the health care staff were not available to provide statistical forms which might reflect the number of youth seen at sick call by nursing or physician staff. The lack of data on utilization of services reflected at the institution hinders the ability to predict exact staffing levels. It was not feasible to conduct a time and motion study on the time spent for each activity because of the time frame for the project. Additionally the confinement facility has not instituted chronic care programs or performed Continuous Quality Improvement Activities; thus it is difficult to ascertain a level of patient acuity at the various housing units. There were no statistics available regarding the number of hospital admissions, average length of stay or specialty consults, thus one is at a loss even to propose on-site specialty services. A review of the sick call log was performed for one month from May 16, 2007 to June 15, 2007. Only the number of sick call processed and housing units were available. There was no attempt made to determine the acuity of the care provided. There were from a low of 11 sick call requests to a high of 42 sick call requests processed on any given day. Students that were interviewed indicated that they were seen within three to four hours of their complaint. While the report is not meant as a disincentive for the nursing staff to provide sick call, very few youth in the community have access to

sick call twice a day. It is recommended that sick call is conducted on a daily basis once a day except for emergencies.

Services Provided

The nurses triage sick call twice per day. They handle on-site emergencies, provide medications to each housing unit and provide immunizations. The nurse practitioner or the physician conduct health assessments which are generally performed within three days of arrival. The receiving screening is performed by the officers at intake. The facility has developed a very excellent discharge plan. An immunization list and a physical exam are sent home with the student when they are released.

Dental services are now provided in a timely manner. The dentist brings two assistants with him and provides service two days per week. Dental services have been backlogged but that was only because the facility had not had a dental provider for several months. The physician provides six hours of service each week. He performs sick call and health assessments. Currently there are no chronic care clinics being conducted. While it is recognized that youth on short stay units may not be there long enough to be seen in chronic care, there are some youth that have longer lengths of stay. It is also recommended that the physician take an active role in chart review on a weekly basis. The goal should be that 5% of the facilities charts are reviewed each month. The physician is not on-call. In a new agreement, it is recommended that the physician's hours be extended from 6 hours per week to 8 hours per week and that he is on call 24 hours 7 days per week.

Emergency Services are very timely. There are emergency supplies as well as an AED available. The nurse practitioner is on-call every night and insists that the nurse contact her before making any decision. She can average 42 calls in a week. In the experience of the auditor, I was only contacted approximately 8 times in four years when I managed a juvenile population of 500 youth with an average length of stay of 19 days. It is essential that qualified staff are hired and then provided the tools that they need to manage the care in the facility. At a later point in this report, I will address the advantage of clinical protocols and guidelines.

Segregation rounds are performed on a daily basis.

While the Facility has hired intermittent or temporary nurses, they have not alleviated the vacancies caused by vacation, sick time, holidays, call-ins etc. It is recommended that the Facility establish a staffing plan and hire its own nurses as opposed to paying high hourly rates for agency nurses. Agency nurses are currently being paid \$53.83 per hour and \$77.34 on holidays and overtime. Nurses in community hospital settings are averaging \$30 per hour.

Current Nursing Staff Patterns

Current Nursing Staffing at the Hawaii Youth Commitment Center is as follows:

Position	Provider	FTE
RN 5	RN/NP	1.0
RN3	RN	1.0
RN (day, evening, night)	RN (agency)	4.2
Medical Assistant	MA	1.0

Proposed Staffing

In consideration of the number of admissions, length of stay and characteristics of the youth population the following staffing pattern is recommended. The staffing pattern was developed based upon multiple years of experience of the evaluator and current needs expressed by nurses interviewed. The most noticeable increase in staff was clerical staff in the position of a certified medical assistant. All of the clinical staff expressed difficulty in maintaining their medical records. To have RN or ARNP staff file paperwork is a misuse of the professional's time. A Certified medical assistant is proposed for the day shift to schedule appointments for on-site and off-site providers, maintain medical records, maintain provider and utilization statistics and assist the physician or nurse practitioner with vital signs during health assessments or sick call.

Recommendations for a staffing pattern would be have one RN on each shift 24 hours per day. The day shift position would be the ARNP. The ARNP should be responsible for Health Assessments and representation of the medical department at meetings.

One the evening and night shift there should be 1.4 RNs on each shift. Duties should include sick call and medication pass. The morning medication pass should be changed to the night shift RN so that s/he can pass medication before h/she leaves their shift. Only the noon medication pass will be left for the ARNP and it is very light.

Position	Shift	FTE
ARNP	Days	1.0
Medical Technician	Days	1.0
RN	Weekend days	0.4
RN III	evenings	1.0
RN	Weekend evenings	0.4
RN	nights	1.0
RN	Weekend nights	0.4

The current staffing is 3.0 RNs 4.2 agency RNs and 1 Medical technician for a total of 8.2 FTE positions. The new staffing pattern calls for 5.2 FTEs which is a reduction of 3.0 FTE positions but an addition of 2.2 positions over the current budget. Most juvenile facilities request 24 hour nursing coverage because officers are not trained in recognizing the side effects of the newer psychotropic medications and it is preferable to have a nurse

in the facility as opposed to telephone consultation. The physician's hours are increased from 0.15 to 0.2 FTE.

Further recommendations to improve the efficiency of the clinic and providers are as follow.

Monitor Service Utilization

Information should be recorded for all youth medical service encounters that take place outside of the Confinement Facility, e.g. hospitalization, physician specialty care or other health services. These encounters should be characterized by means of uniform diagnosis and procedure codes, as well as a code defining types of encounters.

We also recommend that the facility utilize an encounter form for all on-site sick call visits. If the facility were to develop specific encounter forms like the ones provided in the appendix, they can be assured of standardized care and prompts that will encourage the nurses to ask specific questions related to disease entities. The encounter forms can be maintained in the medical units where sick call is provided.

Develop Treatment Protocols and Practice Guidelines

We recommend that the Center establish treatment protocols for nursing staff and practice guidelines for physicians and nurse practitioners.

One way to standardize clinical care is by using treatment protocols that define, for specific clinical conditions, "who does what when". In an effort to contain costs without compromising the quality of care, thousands of individual health care organizations are developing treatment protocols, commonly called clinical practice guidelines, for a broad array of medical conditions, including such high-volume, high-cost clinical areas as cardiovascular disease and mental illness. These guidelines are being developed by individual hospitals and managed care organizations, as well as the federal government, national medical specialty societies, and local coalitions of providers, payers and employers. In correctional systems, practice guidelines have been implemented in State systems in New York, Missouri, and Texas.

Guidelines standardize care. Guidelines are and will be increasingly seen as a means:

- to reduce variations in care by guiding the decisions of health care practitioners, thereby reducing uncertainty of what to prescribe, reducing substandard practice, and improving outcome; and
- To constrain costs by guiding purchasing and payment policy, by promoting care that is cost-effective, by creating efficiencies, and by avoiding malpractice costs.

Making treatment protocols or guidelines an integral part of the health care delivery system would entail the following steps.

- Identify the high-cost, high-volume diagnoses or major diagnostic categories in the system, by analyzing sick call and other data. Differentiate use and cost to identify, in particular, those diagnoses where there is great variation in the use of health care services (i.e., drugs or other products, or tests, or therapeutic procedures).
- Focus on identifying protocols that already exist for these diagnoses. This could be done by contacting national physician specialty societies or managed care organizations.
- Create a panel of providers to review the existing protocols such as NCCHC guidelines for adolescent care and modify them, if necessary, for adoption by the Correctional Facility.

Although guidelines have been used for more than fifty years by some medical specialties, there has been a dramatic increase in their acceptance and use by physicians, providers, payers and the government in the last six years. The federal agency for Health Care Policy and Research (AHCPR) has sponsored and disseminated guidelines on nearly twenty conditions including depression, acute pain, unstable angina and sickle cell disease. The American Medical Association (AMA) lists more than 1,600 national guidelines in its 2004 directory and in cooperation with more than 70 physician groups actively promotes their development and use. The National Commission on Correctional Health Care has developed guidelines specific to adolescent care. The American Psychiatric Association (APA) has developed a depression and guideline for youth with attention deficit disorders.

It is recommended that practice guideline and nursing protocols be developed for inmates with chronic care and infectious disease conditions.

Dental Staffing

As indicated earlier, dental services were behind due to the vacancy of the providers. The productivity of the dentist is currently hampered by the limitation on space. There is only one dental chair at the HYCF, which means that there is down time as the dentist waits for xylocaine and other anesthetics to take effect. The dental service does try to operate efficiently as it has two full time dental assistants to assist the dentist. In this manner, one of the assistants can be responsible for paperwork, scheduling, sterilization etc. while the other is assisting the dentist. Services should not concentrate on oral exams but also upon treatment.

Mental Health Staff

The current mental health staffing patterns includes:

2 PT child psychiatrists (Only one filled the other covered with child fellow or psychiatric residents)
2 Forensic Psychologists (1 vacant)
5 Human services Professionals (SW IV)
3 Administrative Staff
1 Secretary
2 Clerks

I am not able to make comments relating to the mental health staffing as there are various references to screenings, suicide watches and substance withdrawal made in the Memorandum of Agreement. Since there is a mental health professional that is working with the facility, I will defer the mental health staffing to Mr. Hayes.

However there are a few changes that I would like to see implemented. At the current time medical and mental health records are maintained separately. While there is good communication between the disciplines there is a lot of faxing of reports, assessments, orders etc between the two disciplines. It is recommended that mental health records are incorporated into a single medical record and that the current mental health clerks are transferred to the medical department to maintain the combined record. If a combined record were utilized it would save duplication of records, duplication of staff, and the possibility that faxed material may not always reach its intended designation.

I would also like to recommend that mental health staff perform a suicide screening and brief mental health assessment within 24 hours of the youths arrival. Hours of service should be expanded until at least 8 PM so that youth that are in education or recreation activities have the ability to receive mental health counseling.

References

- ¹ Jacqueline Moore "Exploration of Factors affecting the Nursing Shortage in Correctional Health Care" Unpublished Dissertation 1990, University of Maryland at Baltimore.
- ² K.C. Gulotta "Factors affecting Nursing Practice in a Correctional Environment". Journal of Prison and Jail Health. 1987, 6 (1), 3-22.

TAB

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Average Daily Population
August 1, 2007 – January 31, 2008

Housing Unit	August	September	October	November	December	January
<i>SCF</i>	38	41	45	52	49	53
<i>O&A (Girls)</i>	9	10	13	16	16	12
<i>Hookipa Makai (Short Term Boys)</i>	10	14	15	18	15	16
Total	57	65	73	86	80	81

TAB

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LINDA LINGLE
GOVERNOR



MARTHA T. TORNEY
EXECUTIVE DIRECTOR

Phone: (808) 587-5700
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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
OFFICE OF YOUTH SERVICES
820 Milliani Street, Suite 817
Honolulu, Hawaii 96813

December 28, 2007

Ms. Marion M. Higa, State Auditor
Office of the Auditor
465 S. King Street, Room 500
Honolulu, Hawaii 96813-2917

Dear Ms. Higa:

I am responding to your letter of December 7, 2007, requesting the status of implementation actions taken based on the recommendations of the *Management Audit of the Hawaii Youth Correctional Facility* (Report 06-03). Attached are the disks you provided for the Hawaii Youth Correctional Facility Administrator and me with our responses, along with a hard copy.

I apologize for the late response, but your request arrived at a most inopportune time. The entire week of December 10, 2007, was spent with the federal monitor during his site visit. The next week, three days were dedicated to planning for direct care staff training. In addition, we were concurrently preparing our budget testimony.

If you or your staff have any questions, please do not hesitate to contact me by calling 587-5710. Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Martha T. Torney".

Martha T. Torney
Executive Director

Enclosures

RECOMMENDATIONS

1. The executive director of the Office of Youth Services must:
 - a. Clarify the office and facility's overall missions and ensure that staff understand their roles in carrying out the missions;
 - b. Clearly state the goals for each component of its continuum of services, particularly the Hawai'i Youth Correctional Facility, so that they all align with the overall mission;

AFFECTED AGENCY

The mission of the Hawaii Youth Correctional Facility (HYCF) has been clarified through Act 33/SLH 2007. At the request of the Office of Youth Services, the Hawaii State Legislature amended Section 352-2.1, Hawaii Revised Statutes, to remove references to "incarceration" and "punishment," and replace them with "custody" and "rehabilitation."

Changing an institutional culture that has developed over decades will take considerably more time than amending a statute, but we continue to be dedicated to ensuring HYCF becomes a program based on principles of rehabilitation rather than control and punishment.

The Office of Youth Services has a well articulated document that clearly defines the goals of each component of the continuum of services, and they do align with the overall mission. This document is shared with public and private agencies, the Hawaii State Legislature, and distributed to the public as opportunities become available (such as Neighborhood Board meetings, local conferences on youth, and community meetings).

The goals of the Hawaii Youth Correctional Facility are still be defined through a planning process for staff training. We completed a "storyboard" the second week of December 2007 and will continue to refine our mission, goals, and objectives in the coming months.

RECOMMENDATIONS

- c. Establish measures of success for each component of the office's continuum, such as reducing recidivism at the Hawai'i Youth Correctional Facility; and

- d. Scrutinize the need for consultant services and ensure that training provided by and plans created with consultants are implemented, monitored, and enforced at the program level.

AFFECTED AGENCY

The Office of Youth Services requires all its contracted service providers to meet performance measures designed to determine the success of a particular program. In most cases, these performance measures are met or exceeded. If not, OYS staff provides technical assistance to the service provider to improve program outcomes.

We still have a tremendous amount of work in front of us to transform the Hawaii Youth Correctional Facility to a place that focuses on rehabilitation, but are working diligently towards that goal. Meeting the requirements of the Memorandum of Agreement (MOA) between the US Department of Justice and the State of Hawaii has put us on the right track.

To achieve compliance with the provisions of the MOA, we will continue to rely on consultant services in specific areas where the Office of Youth Services does not possess the expertise.

Some consultants are nationally recognized for their expertise in the field of juvenile corrections. Through the federal monitor, the National Commission of Correction Health Care completed an assessment of the HYCF Health Care Services Section, in which we were rated very high, and a staffing analysis to assist in developing an appropriate staffing plan for the facility to have 24/7 nursing coverage. In addition, we have secured the services of the National Juvenile Detention Association (NJDA) to help plan, develop, and implement a training program for direct care staff. NJDA has provided the same service to the Hawaii juvenile detention facility and has assisted jurisdictions in 48 other states in addressing their training needs.

We do, though, at every opportunity seek local expertise to provide consultant services. The University of Hawaii guided us through the creation of a new strategic plan for the Program Development Office, Ted Sakai and Associates are assisting with improving our HYCF social workers' morale and identifying training needs, and Leland Chang facilitates the Interdisciplinary Team made up of representatives from each of the three state agencies that provide services to HYCF youth—OYS, Department of Education/Olomana School, and Department of Health/Child and Adolescent Mental Health Division.

All the efforts above are actively being implemented.

Report Title: **Management Audit of the Hawai'i Youth Correctional Facility**
Report No.: 06-03

RECOMMENDATIONS

1. The administrator of the Hawai'i Youth Correctional Facility must maintain and systematically ensure that:

AFFECTED AGENCY

RECOMMENDATIONS

- a. Critical positions are filled with permanent staff;

AFFECTED AGENCY

The Hawaii Youth Correctional Facility (HYCF) is currently working with the Personnel Office Recruitment Section (PERS/RES) of the Department of Human Services (DHS) to fill the critical positions at our facility. Youth Correction Officers and Supervisors, Corrections Recreation Specialists and Correction Supervisors are all on continuous recruitment. It has been an on-going challenge to fill our critical positions with qualified permanent personnel. This is the number one priority of the facility.

With the recent change in the hiring process, the facility may be able to interview more qualified individuals since applicants no longer have to pass a qualifying test administered by the Department of Human Resources and Development (DHRD). This should increase the applicant pool for these critical positions. Applicants must still meet the Minimum Qualifications (MQ's) as deemed by DHRD. The facility will then use the interview process to fill our vacancies.

Those applicants successful in the interview process now move into the suitability portions of the process as appointees. The facility has faced challenges with the appointees who have successfully passed the interview and have moved on to the background and physical suitability process. To expedite this process the facility has contracted with the Attorney Generals office to give our extensive background checks priority. We also pay for the medical physicals of our appointees so that this does not delay their start date.

A recent recruitment for four (4) Youth Corrections Officer openings started with twenty-four (24) tested and qualified applicants from DHRD. All were sent letters for interviews by the DHS PER/RES and ten (10) called for an interview. Of the 10 interviewed six (6) received the minimum score to be considered for appointment. One (1) applicant accepted, three (3) declined and the list expired with the other two (2) other qualified and interviewed applicants. Historically we will lose 50% to 60% of our appointees in suitability.

With the change in the hiring process and the anticipated larger pool of applicants, we hope this will allow us to fill our critical positions in a

06-03-b-dec

RECOMMENDATIONS

- b. Job performance evaluations are conducted annually;

- c. Initial and follow-up training sessions are provided for staff; and

AFFECTED AGENCY

We are currently scheduling performance evaluation training for all our supervisors. The timely completion of the performance evaluation of all our staff and management will be given a high priority. Since the omission of the DHRD qualifying test, the reliance on the facility interview process and performance evaluations will be essential to the selection and retention of quality personnel for the facility. Management will emphasize the importance of the performance evaluation process.

The HYCF is in the process of establishing a much needed training section. The absence of such a critical component within our facility was criticized by the Department of Justice (DOJ) during an investigation done in October 2004. The need to provide initial, follow-up and on-going training is a primary need of the facility, only the filling of our critical positions takes priority. Appropriate and relevant training will allow the facility to ensure the Protection from Harm of our youths as dictated by the DOJ investigations and findings.

The new training section will allow the facility to offer all our staff training that is flexible and relevant This should also help with the retention of staff, since a well train staff operates efficiently and safely. A safe environment for our staff and youth will allow the facility to meet its mandated goals. The HYCF is in the process of establishing a much needed training section. The absence of such a critical component within our facility was criticized by the Department of Justice (DOJ) during an investigation done in October 2004. The need to provide initial, follow-up and on-going training is a primary need of the facility, only the filling of our critical positions takes priority. Appropriate and relevant training will allow the facility to ensure the Protection from Harm of our youths as dictated by the DOJ investigations and findings.

RECOMMENDATIONS

- d. The quality assurance program is maintained and program effectiveness is measured. The facility should also develop a management information system to ensure that data on the wards and service providers are collected and evaluated on a quarterly basis.

AFFECTED AGENCY

With the assistance of the Federal Technical Advisor from the Department of Justice Bureau of Prisons Juvenile Justice, the facility has instituted a Quality Assurance Team (QAT) comprised of the major stakeholders (Administration/Security/Youth Services/Department of Education and Health). This group meets at least three (3) times per month to review the current DOJ Memorandum of Agreement (MOA) and the fifty-three (53) provisions contained within this document. It is the goal of this group to bring the facility into substantial compliance of all provisions relating to the DOJ MOA and for the life of the facility. In addition to this QAT, HYCF is also a Performance Base Standard (PBS) site. This program serves as an additional Q & A mechanism for the facility. Information regarding the facility is gathered twice a year and compared to other facilities nationwide.

TAB

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Youth Services Continuum of Care for At-Risk Youth, FY 2008

A range of programs and services that provide the "right resources for the right kid at the right time", promoting healthy development of youth and ensuring the safety of the community

	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending				
	Delinquency Prevention Response			Juvenile Justice Response				
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare	
<p>Positive Youth Development</p> <p><i>Services and activities provided to create opportunities for youth to develop competencies that foster resiliency and enable them to achieve a successful transition to young adulthood. Such services for at-risk youth and their families will contribute to the increase of protective factors and to deterrence of the onset or increase of nonconstructive delinquent and dangerous behaviors of youth.</i></p> <p><i>Specific services include: sports/health/fitness, academic tutoring, career/vocational, teen pregnancy prevention, and, drug/violence prevention.</i></p>	<div style="border: 1px solid black; padding: 5px;"> <p>Target Population: Youth ages 7-21 years old at risk for delinquency and initiation or penetration into the juvenile justice system.</p> <p>This population includes street youth, unsheltered (homeless) youth, truant and or out-of-school youth, youth in foster care and group homes, pregnant and parenting teens, gay, lesbian, bisexual, and transgender (GLBT) youth; physically, emotionally, and/or mentally challenged youth; and at-risk youth who have been arrested, have had contact with the police, or are experiencing social, emotional, psychological, educational, moral, physical or similar disabilities or problems; and/or youth of Marshallese, Micronesian, Samoan, Hawaiian, Filipino and African-American ancestry who may be over-represented within the juvenile justice system.</p> </div> <p>Service Activities</p> <ul style="list-style-type: none"> • Build on and enhance community resources to provide positive learning and development opportunities for youth. • Be responsive to needs and desires of the community when designing services and programs for youth. • Make contact with at-risk youth within a defined region/community and connect them to appropriate resources, services, and activities, justice system or non justice, both public and private. <p>Deliver prevention services and positive alternative activities to develop educational, vocational, social responsibility, and health, competencies of youth. Activity areas include educational development and academic tutoring; community service and service learning; youth leadership; performing and visual arts and humanities; mentoring; Intergenerational programs; vocational/apprenticeship; and Sports, Fitness and Health.</p>			<p>Geographic Areas:</p> <p>East Hawaii</p> <ul style="list-style-type: none"> • Goodwill Industries of Hawaii, Inc • The Salvation Army • Boys and Girls Club of the Big Island <p>West Hawaii</p> <ul style="list-style-type: none"> • Family Support Services • YWCA • Boys & Girls Club of the Big Island <p>Kauai</p> <ul style="list-style-type: none"> • Circles of Light • Kauai Team Challenge • Boys & Girls Club <p>Maui</p> <ul style="list-style-type: none"> • Paia Youth Council • Hui Malama Learning Center • Alu Like • Molokai Community Service Council • Maui Youth & Family Services <p>Oahu (statewide)</p> <ul style="list-style-type: none"> • Coalition for a Drug Free Hawaii 	<p>Central</p> <ul style="list-style-type: none"> • Goodwill Industries • YMCA of Honolulu-Kalihi • Kids Hurt Too <p>Honolulu</p> <ul style="list-style-type: none"> • Hale Kipa • Parents and Children Together • Coalition for a Drug Free Hawaii • Kokua Kalihi Valley • Susannah Wesley Community Center <p>Leeward</p> <ul style="list-style-type: none"> • Boys & Girls Club (Nanakuli, Ewa Beach, & Waianae) • Communities In School • City & County of Honolulu • Goodwill Industries <p>Windward</p> <ul style="list-style-type: none"> • Boys & Girls Club • USTA • Key Project 			

<p>Youth Gang Prevention and Intervention</p> <p><i>Youth gang prevention and intervention services including the development and implementation of community response teams and gang mediation services.</i></p>	<p>Target Population: Youth ages 11 – 18 who are engaging in emerging or more serious gang behavior and who are overrepresented in the juvenile justice system especially from the following ethnicities: Samoan, Hawaiian, Filipino, and African-American.</p> <p>Gang involved youth (as defined by HPD’s gang definition: A group of three or more persons who have a common identifying sign, symbol, or name and whose members individually or collectively engage in or have engaged in a pattern of criminal activity creating an atmosphere of fear and intimidation within a community).</p> <p>Gang-associated youth (as defined by HPD: When there are strong indications that an individual has a close relationship with a gang but does not fit the criteria for gang membership).</p>					
<p>Truancy Prevention and In-School Suspension</p> <p><i>Services to enhance school engagement and performance to ensure educational success for at-risk youth and their families.</i></p>		<p>Target Population: Youth ages 7-18 years old that are at risk for truancy and chronic absences and are youth of Marshallese, Micronesian, Samoan, Hawaiian Filipino, and African-American ancestry who may be over-represented within the juvenile justice system</p>				
		<p>Service Activities:</p> <ul style="list-style-type: none"> • Provide services and activities that promote attendance, attachment, and achievement to ensure educational success. • Be responsive to needs and desires of the community when designing services and programs for youth. • Make contact with at-risk youth within a defined region/community and connect them to appropriate resources, services, and activities, justice system or non justice, both public and private. • Provide services, activities, and programs that promote educational development, character and leadership 				
		<p>Geographic Areas: West Hawaii-</p> <ul style="list-style-type: none"> • Family Support Services <p>Honolulu</p> <ul style="list-style-type: none"> • Sussanah Wesley Community Center <p>Leeward</p> <ul style="list-style-type: none"> • City & County of Honolulu 				

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	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending			
	Delinquency Prevention Response			Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare
<p align="center">Attendant Care</p> <p><i>Alternative services and placements for status offenders and nonviolent juvenile law violators so they are not held inappropriately or in secure custody;</i></p>		<div style="border: 1px solid black; padding: 5px;"> <p>Target Population: Youth, ages 10-17, who are or at risk for being arrested for status offenses/non-violent law violations and placed, or at risk of being in secure detention while in police custody.</p> </div> <p>Service Activities:</p> <ul style="list-style-type: none"> • Supervision, and possible placement, of youth who are taken into custody by police. • Conduct intake and assessment. • Collaborate with other agencies in the juvenile system <p>Geographic Areas:</p> <p>East Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>West Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>Kauai</p> <ul style="list-style-type: none"> • Hale Opio <p>Maui</p> <ul style="list-style-type: none"> • Maui Youth and Family Services <p>Oahu</p> <ul style="list-style-type: none"> • Hale Kipa 					

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	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending			
	Delinquency Prevention Response			Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare
<p>Community-Based Outreach and Advocacy</p> <p><i>Early intervention case advocacy services for youth who have come or risk coming into contact with the law to minimize penetration into the juvenile justice system</i></p>			<p>Target Population: Youth who are at risk for engaging in unhealthy, risky behaviors, includes street youth, unsheltered (homeless) youth, out-of-school youth, youth in foster care and group homes, pregnant and parenting teens, gay, lesbian, bisexual, and transgender (GLBT) youth; and at-risk youth who have been arrested, have had contact with the police, or are experiencing social, emotional, psychological, educational, moral, physical or similar disabilities or problems; and/or youth of Micronesian, Samoan, Hawaiian, Filipino and African-American ancestry who may be over-represented within the juvenile justice system.</p> <p>Service Activities:</p> <ul style="list-style-type: none"> • Outreach – identify and engage with youth/family to develop trusting relationship • Intake and assessment • Assist in creation of Youth/family driven Service Plan • Assist and support youth/family in accessing services. • Mediation • Advocacy in the best interest of youth/family • Assist to navigate the systems of care involving youth/family. • Circle of support approach(involving significant persons in life of youth/family) to strengthen support system • Follow-up to assure services are fully secured. 				
			<p>Geographic Areas</p> <p>East Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>West Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>Kauai</p> <ul style="list-style-type: none"> • Hale Kipa 	<p>Maui</p> <ul style="list-style-type: none"> • Maui Youth and Family Services • Alu Like (Molokai) <p>Oahu</p> <ul style="list-style-type: none"> • Hale Kipa 			

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	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending			
	Delinquency Prevention Response			Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare
<p>Educational/Vocational Support Services</p> <p><i>A comprehensive array of services and activities that address the educational and positive developmental needs of high risk youth to assist in reintegrating them back into an appropriate and least restrictive educational/vocational program.</i></p>			<p>Target Population: HYCF – parolees/furlough Family Court Probationers Status Offenders Youth who are truant, suspended, or expelled from school Youth under the jurisdiction of DHS</p> <p>Service Activities:</p> <ul style="list-style-type: none"> • Educational Support Services or Alternative School component • Individualized and transitional plan development leading to regular school • Independent Living and Social Skills Training • Recreational/Leisure time/Sports/ Creative Arts • Drug Awareness Education • Service Learning • Positive Adult Role Models • Career Education/Development Services • Parent/Family Strengthening Services • Individual/Group Counseling <p>Gender Specific Programs</p> <p>Geographic Areas:</p> <p>East Hawaii</p> <ul style="list-style-type: none"> • Lanakila Learning Center <p>West Hawaii</p> <ul style="list-style-type: none"> • Family Support Services <p>Maui</p> <ul style="list-style-type: none"> • Hui Malama Learning Center 				

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	Problem Behavior		Non-Criminal Misbehavior		Delinquency		Serious, Violent or Chronic Offending	
	Delinquency Prevention Response				Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare	
<p>Services for Homeless Youth</p> <p><i>Assist youth experiencing homelessness to meet their basic needs, and to help youth to move from crisis situations to stability, safety and healthy functioning.</i></p>		<p>Target Population: Youth 7 thru their 22nd birthday, who are experiencing homelessness, ie., lacking a safe, fixed, regular, and adequate residence. The target population includes runaways, those who live with intact families who are experiencing homelessness, and those who are estranged from their families. Youth may be on the streets, living temporarily in homeless family shelters, automobiles, public buildings, beaches, etc.</p>						
		<p>Service Activities:</p> <ul style="list-style-type: none"> • Outreach Services • Assist youth in accessing emergency or transitional housing • Transitional services • Case advocacy services <p>Provide for a drop-in center</p>						
		<p>Geographic Areas:</p> <p>West Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>Windward</p> <ul style="list-style-type: none"> • Hale Kipa 						

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	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending			
	Delinquency Prevention Response			Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare
<p>Emergency Shelters</p> <p><i>Security Level: Not Mandated Direct Staff to Youth Ratio: Not Mandated Model: Group Home or Foster Home</i></p> <p><i>A 24-hour, short-term (average length of stay is 30 days), community-based residential program offering short-term, emergency residential program utilizing a group home or foster home model that provides services for youths in crisis.</i></p>		<p>Target Population: Recently arrested status offenders, non-violent law violators, or intoxicated youth, or troubled, abused, or neglected youth, ages 10 – 17, requiring short-term shelter and related services that will reduce a present crisis and return the youth to a stable, safe home environment.</p> <p>Services are provided on a space available basis in the following priority order of referrals: 1st—Hookala, 2nd—FC, 3rd—DHS, 4th—OYS Provider, 5th—Self or Family</p>					
		<p>Service Activities:</p> <ul style="list-style-type: none"> • Screening for Program Appropriateness • Risk/Needs Assessment & Reduction • Assets Assessment & Development • Case Management • Relapse Prevention • Referral to Appropriate Resources • Participation in Meetings • Follow-Up Services • Social Skills Building • Crisis Reduction • Family Strengthening (Enhanced Communication, Relationship) 	<p>Geographic Areas</p> <p>Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>Kauai</p> <ul style="list-style-type: none"> • Hale Opio <p>Maui</p> <ul style="list-style-type: none"> • Maui Youth & Family Services <p>Oahu</p> <ul style="list-style-type: none"> • Hale Kipa 				

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	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending			
	Delinquency Prevention Response			Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare
<p>Independent Living</p> <p><i>Security Level: Not Mandated Direct Staff to Youth Ratio: Not Mandated Model: Group Home or Foster Home</i></p> <p><i>A 24-hour, long-term (average length of stay is 270 days), community-based residential program utilizing a group home or a foster home model that provides intensive training for independent living.</i></p>			<p>Target Population: Troubled, abused, or neglected youth, or youth in the juvenile justice system, ages 17 thru their 22nd birthday, who presently lack the attitudes, skills, and resources for independent living.</p> <p>Services are provided on a space available basis in the following priority order of referrals: 1st—HYCF, 2nd—FC, 3rd—DHS, 4th—OYS Provider, 5th—Self or Family.</p>		<p>Geographic Areas:</p> <p>East Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>West Hawaii</p> <ul style="list-style-type: none"> • The Salvation Army <p>Kauai</p> <ul style="list-style-type: none"> • Hale Opio <p>Maui</p> <ul style="list-style-type: none"> • Maui Farms <p>Oahu</p> <ul style="list-style-type: none"> • Catholic Charities • Hale Kipa 		
			<p>Service Activities:</p> <ul style="list-style-type: none"> • Screening for Program Appropriateness • Risk/Needs Assessment & Reduction • Assets Assessment & Development • Case Management • Relapse Prevention • Referral to Appropriate Resources • Participation in Meetings • Follow-Up Services • Social Skills Building • Cognitive Behavioral Training • Social, Independent Living Skills Development • Positive Peer Relationship Development • Leisure Time Management • Education/Vocation Exploration • Vocational Training (Job Skills) • Family Strengthening (Enhanced Communication, Relationship) 				

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	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending			
	Delinquency Prevention Response			Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare
<p>Level I Residential Program</p> <p><i>Security Level: 1 (But Not Staff Secure)</i> <i>Direct Staff to Youth Ratio: Not Mandated</i> <i>Model: Group Home or Foster Home</i></p> <p><i>A 24-hour, long-term (average length of stay is 180 days), community-based, residential program utilizing a group home or foster home model that provides minimum, non-intensive services</i></p>			<p>Target Population: Troubled, abused, or neglected youth, or youth in the juvenile justice system, ages 10 thru their 18th birthday, who have been identified as moderate risk in one or more areas of need through a validated, objective risk and needs assessment tool, and who can benefit from minimum, Level I Residential Services.</p> <p>Services are provided on a space available basis in the following priority order of referrals: 1st--HYCF, 2nd--FC, 3rd--DHS, 4th--OYS Provider, 5th--Self or Family.</p>				
			<p>Service Activities</p> <ul style="list-style-type: none"> • Screening for Program Appropriateness • Risk/Needs Assessment & Reduction • Assets Assessment & Development • Case Management • Relapse Prevention • Referral to Appropriate Resources • Participation in Meetings • Follow-Up Services • Social Skills Building • Positive Peer Relationship Development • Education/Vocation Exploration • Family Strengthening (Enhanced Communication, Relationship) 				
			<p>Geographic Areas</p> <p>East Hawaii</p> <ul style="list-style-type: none"> • Hale Kipa • The Salvation Army <p>West Hawaii</p> <ul style="list-style-type: none"> • Hale Kipa <p>Oahu</p> <ul style="list-style-type: none"> • Catholic Charities • Hale Kipa 				

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	Problem Behavior	Non-Criminal Misbehavior	Delinquency	Serious, Violent or Chronic Offending			
	Delinquency Prevention Response			Juvenile Justice Response			
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare
<p align="center">Level II Residential Services</p> <p><i>Security Level: II (Staff Secure) Direct Staff to Youth Ratio: TBD Model: Group Home or Foster Home</i></p> <p><i>A 24-hour, long-term (average length of stay is 270 days), community-based residential program utilizing a group home or foster home model that provides maximal, intensive for troubled, high risk youth.</i></p>			<p>Target Population: Troubled, abused, or neglected youth, or youth in the juvenile justice system, ages 10 thru their 19th birthday, who:</p> <ul style="list-style-type: none"> • Have been identified as high risk in one or more areas of need through a validated, objective risk and needs assessment tool, • Are generally unable to function in a pro-social manner without constant supervision and support, • Can benefit from maximum, Level II Residential Services. <p>Services are provided on a space available basis in the following priority order of referrals: 1st—HYCF, 2nd—FC, 3rd—DHS.</p>			<p>Geographic Areas East/West Hawaii</p> <ul style="list-style-type: none"> • Catholic Charities <p>Kauai</p> <ul style="list-style-type: none"> • Hale Opio <p>Maui</p> <ul style="list-style-type: none"> • Maui Youth & Family Services <p>Oahu</p> <ul style="list-style-type: none"> • Community Assistance Center • Hale Kipa 	
			<p>Service Activities:</p> <ul style="list-style-type: none"> • Screening for Program Appropriateness • Risk/Needs Assessment & Reduction, • Assets Assessment & Development • Case Management • Relapse Prevention • Referral to Appropriate Resources • Participation in Meetings • Follow-Up Services • Cognitive Behavioral Training • Social, Independent Living Skills Development • Positive Peer Relationship Development • Leisure Time Management • Education/Vocation Exploration • Family Strengthening (Enhanced Communication, Relationship) 				

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Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare	
Diversion/In-Facility and Aftercare Services In-facility and aftercare services to prepare youth incarcerated at HYCF for release to the community and diversion from re-incarceration.						In-Facility Services <div style="border: 1px solid black; padding: 5px;"> Target Population: Youth incarcerated at the Hawaii Youth Correctional Facility </div>	Aftercare Services <div style="border: 1px solid black; padding: 5px;"> Target Population: 1) Youth released from HYCF on probation under the jurisdiction of the Court; 2) Youth committed to HYCF until minority placed on furlough or parole under the jurisdiction of the HYCF or agency responsible for the care and custody of the incarcerated youth </div>	
						<ul style="list-style-type: none"> • Risk/Needs assessment • Recommend interventions to reduce risk of future recidivism • Vocational/employment activities • Cognitive behavioral skill-building activities • Family support and reintegration services • Transition case planning and coordination 	<ul style="list-style-type: none"> • Continuity of services from facility to community • Implementation of transitional plan • Case management • Intensive supervision, as appropriate • Ability to respond to crisis 24/7 • Intervention services based on individual needs • Family support services 	

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	Delinquency Prevention Response			Juvenile Justice Response				
Service Area	Prevention for All Youth	Early Intervention for Youth at Risk	Immediate Intervention	Intermediate Sanctions	Community Residential Programs	Institutional Confinement	Aftercare	
<p>In-Facility Substance Abuse Services</p> <p><i>Substance Abuse Services to reduce those risk factors that contribute to the youths' probability of continuing the use of illegal drugs, assist youth to maintain relationships with positive individuals and resources in the community, and provide supportive aftercare services for a smooth and seamless transition into the community</i></p>						<p>Target Population: Incarcerated youth at HYCF</p> <p>Service Activities:</p> <ul style="list-style-type: none"> • Substance and drug abuse screening • Substance and drug assessment to determine type of service • Outpatient In-Facility Program • Services to incarcerated youth after school hours, evenings and on weekends • Cognitive Restructuring • Relapse Prevention Plan • Coordinate smooth transition into the community • Participate in meetings with representatives of the HYCF, Family Court, Departments of Education, and Health and other pertinent agencies. • Follow-up phone, personal, and/or collateral contacts with youth 		