

# **New Mexico Association of Counties**

Advancing Counties through Service, Education, Advocacy and Leadership



## **Joint Meeting of Courts, Corrections and Justice Committee and Legislative Health & Human Services Committee**

### **New Mexico County Jails Custodial Segregation**

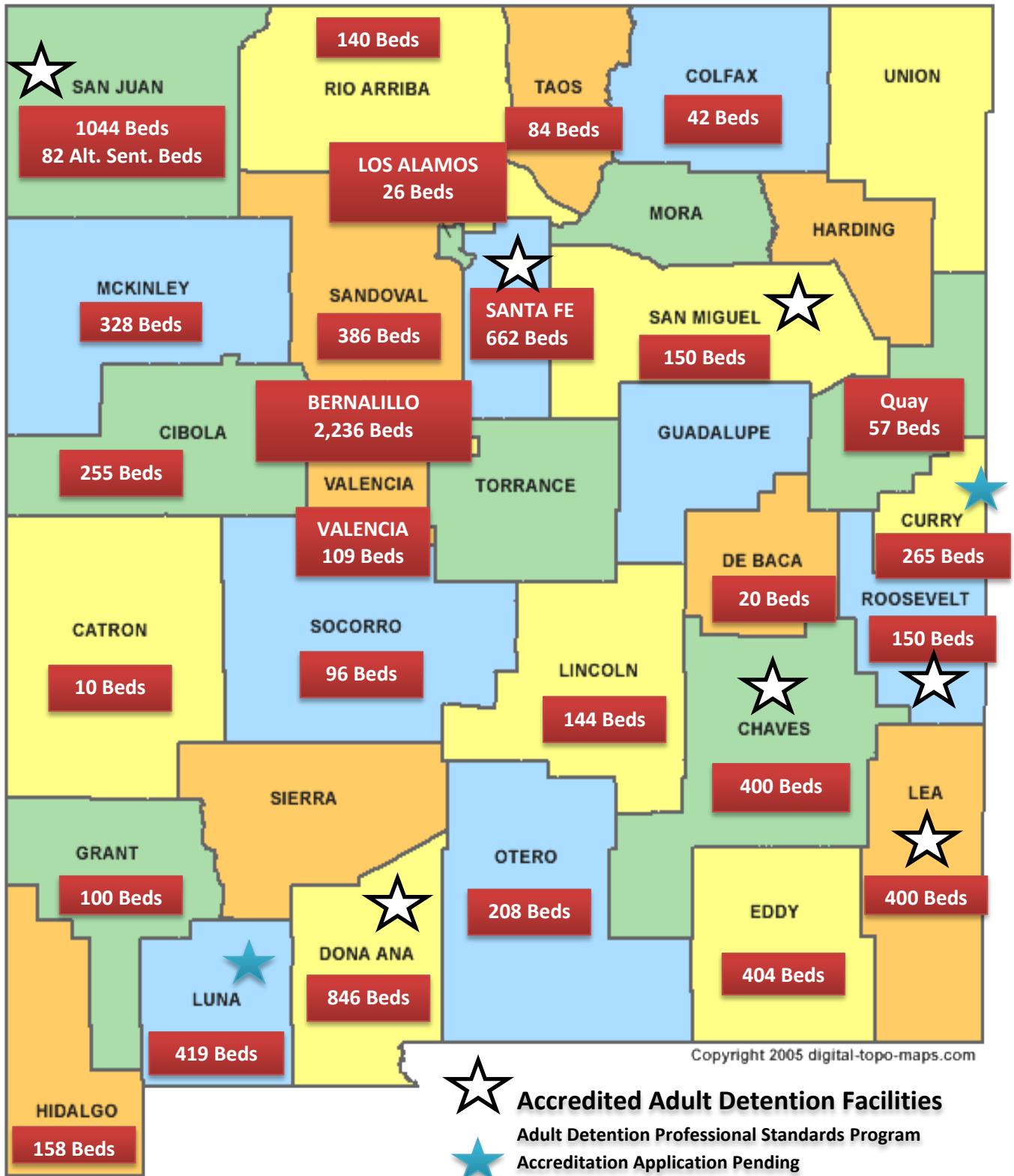
**Presented by Grace Philips, General Counsel**

**October 27, 2016**

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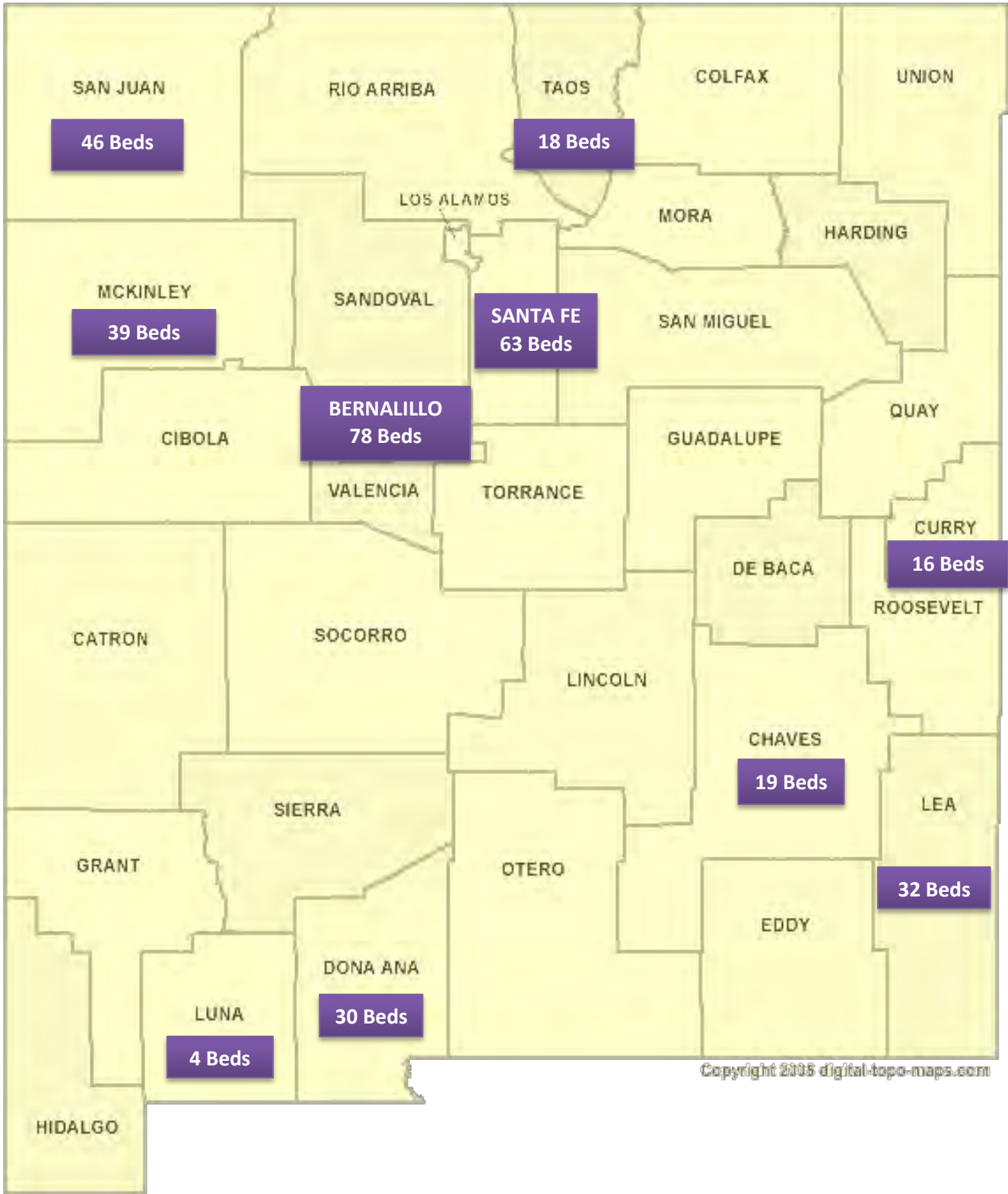


# NM Adult Detention Facilities Design Capacity





# NM Juvenile Facilities Design Capacity



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# NM County Detention Data<sup>1</sup>

## Length of Stay is Increasing

- From 2003 to 2010 median length of stay increased 31% for inmates who spent their entire stay in an unsentenced status (from 112 days in 2003 to 147 days in 2010)
- 80 days median length of stay for misdemeanor arrestees
- 70 days median length of stay unsentenced for probation violators
- 114 days median length of stay unsentenced for those booked on warrants

## Reasons for Incarceration

- 62% New Charge (20.1% DWI, 16.2% Property)
- 36% “Failure to Comply” (18.1% Probation Violation<sup>2</sup>, 17.1% Warrants, 0.8% Parole)

## Jails are De Facto Mental Health Hospitals

Number in NM County Jails on prescribed psychotropic medication:

Estimate 35% (more than 2,557) on any given day

Total number of psychiatric beds in hospitals statewide:

491 in eleven cities

NM Behavioral Health Institute average populations:

80 individuals in the adult psychiatric unit (121 licensed and 96 operational)

40 in the forensic unit (116 licensed 64 operational)

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<sup>1</sup> Data taken from the following New Mexico Sentencing Commission Reports: *New Mexico Prison Population Forecast: FY 2015-2024*, June 2014; *Length of Stay in Detention Facilities: A Profile of Seven New Mexico Counties*, August 2012; *Effect of Mental Health Diagnoses on Length of Stay in Two New Mexico Detention Facilities*, April 2013; and *Effect of Competency and Diagnostic Evaluation on Length of Stay in a Sample of New Mexico Detention Facilities*, April 2013.

<sup>2</sup> Annual cost to counties to hold probation violators supervised by NM Corrections Department Adult Probation Parole Division: \$35.8 million.

### Characteristics of Inmates with Serious Mental Illness

- 89% Pretrial
- 33% charged with Misdemeanor
- 25% charged with non-violent Felony
- 42% charged with violent Felony
- 62% competency raised

### Mental Health Diagnosis Effects Length of Stay

- Receiving mental health services increases length of stay by 36 days
- Psychotic diagnosis increased length of stay by 121 days

### Competency Effects Length of Stay

- 1.8% (91 individuals) had a mental health competency proceeding
- 27.4% found incompetent to stand trial
- Going through competency process increased length of stay by 278%
- 332 days (11 months) median length of stay for those found competent
- 537 days (18 months) median length of stay for those found incompetent

### Bail System Effects Length of Stay

- 39% of county jail population is bondable but has not posted bond
  - 35% of Bernalillo bondable population has bond amount of less than \$500
  - 11% of Bernalillo bondable population has bond amount of less than \$100

### Counties No Longer Hold More Inmates than NMCD

*June 30, 2016 Population Comparison*

6,414 NMCD Confined Male Inmates    759 High NMCD Confined Female Inmates

5,209 County Male Population

1,175 County Female Population



# House Joint Memorial 17 (2011)

## Task Force Recommendations

### **System Improvements**

Develop flexible funding streams and payment mechanisms to compensate providers for the critical services described.

### **Regional Crisis Triage Centers**

Fund regional crisis triage sites to conduct mental health evaluations and provide up to 23 hours of diversion.

### **Respite Services**

Develop and fund respite care locations throughout the state to serve as a non-clinical alternative to reduce need for hospitalization or incarceration.

### **Training**

Establish peer training programs and training for family members, natural supports, teachers, students and first responders.

### **Call Centers**

Establish a centralized, statewide call center with a single telephone number that is connected to local authorities and behavioral health agencies throughout the state.

### **Warm Lines**

Expand warm line services stateside that are client-run or client-staffed to provide telephone-based peer support.

### **Community Crisis System Planning**

Develop broad community coalitions in all communities or counties of the state to enhance and integrate local capacity to respond to mental health crises.

### **Peer Services**

Use peer services whenever possible to provide and enhance services.

### **Criminal Laws**

Review criminal statutes to determine whether there are sensible changes that can be made which would reduce costly and often unnecessary, lengthy, and ineffective incarceration of individuals with mental illness.

## **Senate Joint Memorial 4 (2015)**

### **Task Force Recommendations**

- **Identify the relevant inmate population and assess their risks and needs.**
- **Inventory available community resources and gaps in needed resources.**
- **Provide for release from detention supported by wrap around services.**
- **Provide for release from detention with services that include housing.**
- **Create secure clinical facilities to serve “gap” population (as defined)**
- **Educate stakeholders regarding benefits of supportive treatment for individuals living with serious mental illness and available tools for release.**

## **House Joint Memorial 17 Task Force**

### **2011 Guiding Principles**

- **Peer and peer driven services are critical to any effective and humane statewide mental health system.**
- **Services should employ the least restrictive environment and maximize client choice.**
- **A crisis system must serve both individuals with mental illness who have insight into their condition and those who do not.**
- **Mental health services must be trauma informed, gender specific, age appropriate, culturally sensitive, language appropriate, and accessible to anyone regardless of literacy level.**
- **These recommendations are for services that would be available to all persons with serious mental illness, their families, and their natural supports regardless of age, socio-economic or insured status.**



# **New Mexico Government Accreditation Program**

## **Adult Detention Professional Standards**

**April 7, 2010**

Revised on January 16, 2013

New Mexico Association of Counties  
444 Galisteo Street  
Santa Fe, NM 87501  
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# **Adult Detention Professional Standards Council**

**October 2016**

Manuel Romero, NMAC – Chair  
Grace Phillips, NMAC General Counsel  
Clay Corn, Chaves County Detention Administrator – Vice Chair  
Joe Chavez, Valencia County Detention Administrator  
Mark Caldwell, Santa Fe County Detention Administrator  
Matt Elwell, Luna County Detention Director  
Bruce Swingle, Sierra County Manager

Ex-Officio Members

Steve Kopelman, NMAC Executive Director  
Bill Fulginiti, NMML Executive Director

# Introduction

When the New Mexico Adult Detention Professional Standards Council finalized then approved these standards on April 7, 2010 it marked a significant accomplishment on the path to professionalizing adult detention operations in New Mexico.

The New Mexico Association of Counties Detention Affiliate has long recognized the importance of professional standards. While New Mexico juvenile detention facilities are required to operate pursuant to mandatory standards, attempts to legislate mandatory adult detention standards had repeatedly failed in the New Mexico state legislature. In 2009 the affiliate decided to develop New Mexico standards for use in a voluntary accreditation program supported by the New Mexico Association of Counties and New Mexico Municipal League. These New Mexico Adult Detention Professional Standards are the product of many hours of work by the following county detention professionals:

Carolyn Barela, Otero County  
Virginia Blansett, Otero County  
David Casanova, Roosevelt County  
Curtis Cherry, Sierra County  
Jann Gartman, Lea County  
Frank Maestas, Bernalillo County  
Jim Moffett, Grant County  
Mary Najar, Los Alamos County  
Mike Sisneros, Bernalillo County  
David Stark, San Juan County  
Sandra Stewart, Chaves County  
Jonathan Thomas, Bernalillo County  
Ron Torres, Bernalillo County

This standards drafting committee represented small medium and large New Mexico detention facilities. The committee reviewed ACA standards, NCCHC standards, and draft PREA standards as well as state standards from around the country. The purpose of this review was to incorporate the best language and principles that had already been developed. The committee also drafted special standards required by state law and amended language from other standards to make it state specific. The resulting standards are ambitious, attainable, and necessary. All county detention facilities are encouraged to comply with these standards and seek accreditation. The New Mexico Association of Counties staff is available to assist counties in this endeavor.

## Contents

ADMINISTRATION .....	1
ADM-01 Mission .....	1
ADM-02 Legal Issues .....	1
ADM-03 Code of Ethics .....	1
ADM-04 Policies and Procedures.....	1
ADM-05 Policy Compliance Review .....	2
ADM-06 Personnel Policies .....	2
ADM-07 Compensation.....	2
ADM-08 Control.....	2
ADM-09 Staffing/Security.....	3
ADM-10 Staffing/Medical.....	3
ADM-11 Background Checks.....	3
ADM-12 Pre-employment Physical Examinations.....	3
ADM-13 Training and Staff Development .....	4
ADM-14 Training Coordinator.....	4
ADM-15 Clerical Staff Training.....	4
ADM-16 Professional/Support Employee Training.....	5
ADM-17 Detention Officer Training .....	5
ADM-18 Supervisor Training .....	6
ADM-19 Specialized Emergency Unit Training.....	7
ADM-20 Firearms Training.....	7
ADM-21 Chemical Agents Training.....	7
ADM-22 Inmate Funds .....	7
ADM-23 Health-related Emergency Response.....	7
ADM-24 Inmate Death .....	8
ADM-25 Inmate Population Records .....	8
ADM-26 Special Management Inmates.....	8
ADM-27 Food Service Management.....	8
ADM-28 Meal Schedules .....	9
ADM-29 Food Service Facilities .....	9

ADM-30 Health Protection.....	9
ADM-31 Inspection of Food Service Areas .....	9
ADM-32 Food Storage .....	10
ADM-33 Dietary Allowances .....	10
ADM-34 Therapeutic Diets .....	10
ADM-35 Religious Diets .....	10
ADM-36 Food Service Training.....	10
ADM-37 Community Relations.....	11
<b>PHYSICAL PLANT .....</b>	<b>11</b>
PP-01 Facility.....	11
PP-02 Staff Facilities .....	11
PP-03 Facility Design .....	11
PP-04 Cell/Room Furnishings .....	12
PP-05 Dayrooms .....	12
PP-06 Environmental Conditions.....	12
PP-07 Classification and Separation .....	12
PP-08 Food Service Area.....	12
PP-09 Inmate Showers.....	13
<b>SAFETY/SANITATION .....</b>	<b>13</b>
SS-01Emergency Plan .....	13
SS-02 Inmate Transport .....	13
SS-03 Fire Safety .....	14
SS-04 Sanitation.....	14
SS-05 Hazardous Materials.....	15
SS-06 Vermin and Pest Control.....	15
SS-07 Housekeeping.....	15
SS-08 Injury Prevention.....	15
SS-09 Evacuation Plan.....	16
SS-10 Inmate Evacuation.....	16
SS-11 Fire Safety .....	16
SS-12 Emergency Power and Communication.....	16
SS-13 Personal Hygiene .....	17
SS-14 Employee Health.....	17

SS-15 First Aid .....	17
<b>SECURITY AND CONTROL .....</b>	<b>17</b>
SC-01 Control Center .....	17
SC-02 Officer Posts .....	18
SC-03 Post Orders.....	18
SC-04 Facility Perimeter.....	18
SC-05 Same Gender Supervision.....	18
SC-06 Inmate Authority.....	18
SC-07 Facility Logs and Reports .....	19
SC-08 Supervisory Checks .....	19
SC-09 Inmate Movement.....	19
SC-10 Inmate Counts.....	19
SC-11 Use of Physical Force .....	19
SC-12 Use of Restraints.....	20
SC-13 Restraint of Pregnant Inmates.....	20
SC-14 Use of Four/Five Point Restraints.....	20
SC-15 Weapons .....	20
SC-16 Storage of Lethal Devices.....	21
SC-17 Distribution of Security Equipment.....	21
SC-18 Use of Firearms.....	21
SC-19 Use of Force Reports .....	21
SC-20 Key Control .....	22
SC-21 Control of Tools and Culinary Equipment .....	22
SC-22 Searches .....	22
SC-23 Arrestee Strip Search .....	22
SC-23.1 Patdown Searches .....	22
SC-24 Inmate Strip Search.....	23
SC-25 Body Cavity Search .....	23
SC-26 Disposition of Evidence.....	23
SC-27 Reception .....	23
SC-28 Admission Process.....	24
SC-29 Access to Telephones at Intake.....	24
SC-30 Inventory of Inmates Property .....	24



SC-31 Foreign Nationals.....	24
SC-32 Inmate Records .....	25
SC-33 Inmate Custody Records.....	25
SC-34 Release of Inmate Information .....	26
SC-35 Inmate Release Procedures .....	26
SC-36 Housing of New Intakes .....	26
SC-37 Intake Classification .....	26
SC-38 Orientation .....	27
SC-39 Access to Care .....	27
SC-40 Classification and Separation.....	28
SC-41 Housing of Special Management Inmates .....	28
SC-42 Special Management Inmates .....	29
SC-43 Assessment of Segregated Inmates.....	29
SC-44 Transfers to Protective Custody.....	29
SC-45 Disciplinary Detention.....	29
SC-46 Administrative Review .....	29
SC-47 Maximum Sanctions .....	30
SC-48 Segregation Units.....	30
SC-49 Personal Observation of Special Management Inmates.....	30
SC-50 Selection of Special Management Staff.....	30
SC-51 Special Management Logs.....	30
SC-52 Special Management Provisions.....	31
SC-53 Special Management Hygiene .....	31
SC-54 Deprived Items.....	31
SC-55 Alternative Meals.....	31
SC-56 Special Management Inmates .....	31
SC-57 Disciplinary Telephone Usage.....	32
SC-58 Sexual Abuse Prevention.....	32
SC-59 Sexual Abuse Screening .....	33
SC-60 Investigation of Sexual Abuse Allegations.....	33
SC-61 Identification of Sexual Predators.....	33
SC-62 Identification of At Risk Inmates.....	33
SC-63 Sexual Contact Prohibited .....	33

SC-64 Victims of Sexual Assault.....	34
SC-65 Reporting Sexual Abuse .....	34
SC-66 Sexual Abuse Records .....	34
SC-67 Protection from Abuse .....	34
SC-68 Disabled Inmates .....	35
SC-69 Rules and Discipline .....	35
SC-70 Disciplinary Procedures.....	35
SC-71 Inmate Discipline.....	35
SC-72 Inmate Criminal Conduct .....	36
SC-73 Disciplinary Reports .....	36
SC-74 Pre-Hearing Detention .....	36
SC-75 Statement of Charges .....	36
SC-76 Appearance at Hearing .....	37
SC-77 Disciplinary Hearing Timeline .....	37
SC-78 Postponement of Hearing.....	37
SC-79 Hearing Conduct.....	37
SC-80 Opportunity to Present.....	37
SC-81 Disciplinary Hearing Assistance.....	38
SC-82 Basis for Decision.....	38
SC-83 Disciplinary Appeal.....	38
SC-84 Preservation of Evidence .....	38
<b>MEDICAL/MENTAL HEALTH.....</b>	<b>39</b>
MM-01 Health Authority .....	39
MM-02 Personnel Qualifications.....	39
MM-03 Health Trained Custody Personnel .....	40
[MM-04 OPEN] .....	40
MM-05 Confidentiality .....	40
MM-06 Privacy .....	41
MM-07 Health Records .....	41
MM-08 Transfers .....	41
MM-09 Inactive Records .....	41
MM-09-A Inmate Release of Medical Records .....	42
MM-10 Quarterly Meetings .....	42

MM-11 Statistical Reports .....	42
MM-12 Indigence .....	42
MM-13 Control and Inventory of Medical Equipment.....	42
MM-14 Access to Care .....	43
MM-15 Clinical Services.....	43
MM-16 Continuity of Care .....	43
MM-17 Referrals .....	43
MM-18 Treatment Plan.....	44
MM-19 Emergency Medical Services .....	44
MM-20 Infirmiry Care .....	44
MM-21 Pregnancy Management .....	45
MM-22 Disease and Infection Exposure Control Program.....	45
MM-23 Universal Precautions .....	45
MM-24 Hepatitis A, B & C .....	46
MM-25 MRSA.....	46
MM-26 HIV .....	46
MM-27 Biohazardous Waste .....	47
MM-28 Chronic Care.....	47
MM-29 Dental Care.....	47
MM-30 Medical Intake Screen .....	47
MM-31 14 Day Health Appraisal .....	48
MM-32 Health Appraisal Data Collection.....	49
MM-33 Mental Health Intake Screen .....	49
MM-34 14 Day Mental Health Appraisal .....	50
MM-35 Mental Health Referrals.....	50
MM-36 Suicide Prevention and Intervention.....	51
MM-37 Security Garments .....	51
MM-38 Prostheses and Orthodontic Devices .....	51
MM-39 Detoxification .....	52
MM-40 Pharmaceuticals.....	52
MM-41 Timely Provision of Medications .....	52
COMMENTARY: Only qualified clinicians may modify prescribed medication.....	53

MM-42 Nonprescription Medication .....	53
MM-43 Medical Autonomy .....	53
MM-44 Notification of Death or Serious Illness .....	53
MM-45 Informed Consent .....	53
MM-46 Involuntary Administration .....	54
MM-47 Use of Restraints.....	54
<b>INMATE PROGRAM.....</b>	<b>55</b>
IP-01 Programs and Services .....	55
IP-02 Postage for Indigent Inmates.....	55
IP-03 Non-Confidential Personal Mail .....	55
IP-04 Confidential or Privileged Mail .....	55
IP-05 Telephone Access .....	56
IP-06 Exercise and Recreation.....	56
IP-07 Religious Programs .....	56
IP-08 Commissary .....	56
IP-09 Library Services .....	56
IP-10 Inmate Access to Courts .....	56
IP-11 Inmate Access to Counsel.....	57
IP-12 Inmate Access to Legal Materials .....	57
IP-13 Indigence.....	57
IP-14 Grievance Procedure.....	57
IP-15 Discrimination Prohibited.....	57
IP-16 Disabled Inmates.....	58
<b>GLOSSARY .....</b>	<b>59</b>

## **Detention Standards to Emphasize :**

### SC-41 Housing of Special Management Inmates

Written policy & procedure for housing addresses the following:

- high risk inmates
- inmates with severe medical disabilities
- inmates suffering from serious mental illness
- sexual predators
- inmates likely to be exploited or victimized by others
- inmates who have other special needs for single-occupancy housing.

Inmates who cannot be accommodated will be transferred to another facility whenever possible.

*Process Indicators:* Written policy & procedure. Observation. Interviews (staff, inmates.) Housing and classification records/logs.

### SC-42 Special Management Inmates

Written policy & procedure authorizes the facility administrator or designee to order immediate segregation when it is necessary to protect the inmate or others. The action is reviewed within 72 hours by the appropriate authority.

*Process Indicators:* Written policy & procedure. Documentation of review. Facility records. Inmate records.

### SC-43 Assessment of Segregated Inmates

Written policy & procedure requires that when an inmate is transferred to segregation, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority.

COMMENTARY: Inmates with a known or suspected mental illness should be given a mental health assessment and their condition periodically reviewed to determine whether segregation is affecting their mental health status and continues to be appropriate.

*Process Indicators:* Written policy & procedure. Health records. Segregation logs. Duty assignment roster for health care providers. Observation. Interviews.

### SC-46 Administrative Review

Written policy & procedure requires that the status of inmates in administrative segregation and protective custody is reviewed every seven days for the first two months and at least every 30 days thereafter. There is a review process used to release an inmate from administrative segregation or protective custody.

*Process Indicators:* Written policy & procedure. Documentation of reviews and outcomes.

### SC-47 Maximum Sanctions

Written policy & procedure provides the sanctioning schedule for rule violations. The maximum sanction for rule violations is no more than 60 days for all violations arising out of one incident. Continuous confinement for more than 30 days requires the review and approval of the facility administrator.

*Process Indicators:* Written policy & procedure and sanctioning schedule. Documentation that sanctioning schedule has been communicated to inmates. Inmate interviews. Documentation of facility administrator review and approval.

### SC-48 Segregation Units

Segregation housing units provide living conditions that approximate those of the general inmate population. All exceptions are clearly documented. Segregation cells/rooms permit the inmates assigned to them to converse with and be observed by staff members.

COMMENTARY: Exceptions can be made to accommodate physical plant issues for existing structures.

*Process Indicators:* Observation. Inmate interviews.

### SC-49 Personal Observation of Special Management Inmates

Written policy & procedure requires that all special management inmates are physically observed by an officer at least every 30 minutes on an irregular schedule. Inmates who are violent or demonstrate unusual or bizarre behavior or psychiatric disorders must be assessed by appropriate medical/mental health personnel who will determine the supervision that is needed.

### SC-51 Special Management Logs

Staff operating special management units maintain a permanent log that contains at a minimum the following information for each inmate admitted to segregation: name, number, housing location, date admitted, type of infraction or reason for admission, tentative release date, and special medical or psychiatric problems or needs. Officials who inspect the units or counsel the inmate on behavior will use the log to record all visits.

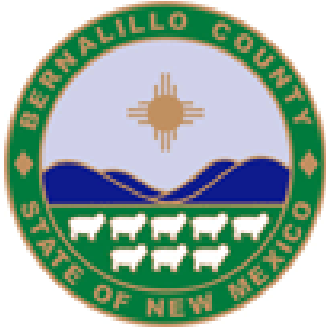
### SC-53 Special Management Hygiene

Written policy & procedure requires that inmates in special management units have the opportunity to shave at least two times per week and shower at least three times per week. Inmates in special management units receive laundry, hair cuts or trims and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing.

*Process Indicators:* Written policy & procedure. Segregation log. Documentation of exceptions.

## **Special Management Sample Policy Components**

1. For protective custody, disciplinary sanctions, or other special administrative housing needs when no reasonable alternative housing options exist.
2. Provides for living conditions that approximate those of general population with access to programs, privileges, education and work opportunities, to the extent possible.
3. Provides for maximum out-of-cell time and opportunities for congregate activities and face-to-face interactions with staff commensurate with the security risk of the inmate.
4. At least one hour (1 hour) of outdoor exercise per day (not counting time outside their cell for personal hygiene, visits, telephone calls etc.)
5. Medical/mental health assessment on assignment to special management housing with inmates determined to have mental health problems or illnesses receiving a more in depth mental health appraisal that includes a determination whether the inmate's mental health condition is being negatively affected by the placement in Special Management Housing.
6. Face to face contact with clinicians (instead of through the door) unless the inmate is violent or dangerous.
7. Regular visits by a range of detention staff including the detention administrator, clinicians and mid management as well as line staff.
8. Institution of Special Management Housing Review Committees that include both custody staff and clinicians and that meet regularly to review the status of individuals in special management.



# CONDITIONS OF CONFINEMENT

## Bernalillo County Youth Services: ROOM CONFINEMENT

### Introduction

Bernalillo County Youth Services Center (YSC) is an Annie E. Casey Foundation model site for Juvenile Justice Reform in Bernalillo County, New Mexico. As such, both administration and staff seek to improve Conditions of Confinement (one of the eight core Juvenile Detention Alternative Initiative or JDAI strategies) through a systematic approach of constant quality improvement.

Room Confinement (also termed as isolation, segregation, and solitary confinement) is defined in the JDAI Detention Facility Assessment Standards as **the involuntary restriction of a youth in a cell, room or other area** that may only be used as a temporary response to behavior that threatens immediate harm to the youth or others. It may never be used as a punishment or disciplinary sanction. Several states have banned solitary confinement or isolation as punitive response. Other states are relying on their legislature to place limits and requirements on the use of isolation. There are also states that have had to change their isolation practices as a result of court proceedings and financial settlements.

Like many facilities across the nation the Youth Services Center has significantly reduced its reliance on disciplinary room confinement. Most of the detained youth have significant trauma histories and expert recommendations give detention centers more effective alternative behavior management techniques. The Youth Services Center application of direct supervision and de-escalation techniques have contributed to a 42% decrease in the number of room confinement reports and a 69% decrease in the average number of hours of room confinement.

### Purpose of Study

As an Annie E. Casey JDAI model site, the YSC wanted to use research and data to examine room confinement practices. A study was undertaken at the start of fiscal year 15 to examine the use of disciplinary room confinement.

The Youth Services Center has two types of room confinement: administrative and operational. Administrative room confinement includes: medical, protective, administrative and administrative release. Operational room confinement is limited to disciplinary reasons and is the focus of this report

### Summary of Findings

- ◆ The number of room confinement reports decreased 42% from FY 13 to FY 16.
- ◆ The average number of hours in room confinements decreased 69% from 58 hours (FY 13) to 18 hours (FY16)
- ◆ There were significant decrease (83%) in the number

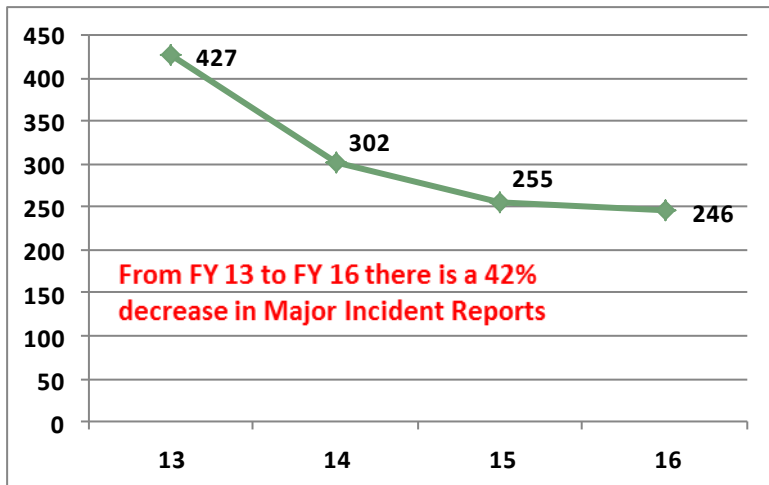


## Results

From FY 13—FY 16 major incident reports resulting in room confinement were completed on 1,230 youth. Of this number, ten youth had room confinements in double digits. Once youth had as many as 15 incident reports across fiscal years.

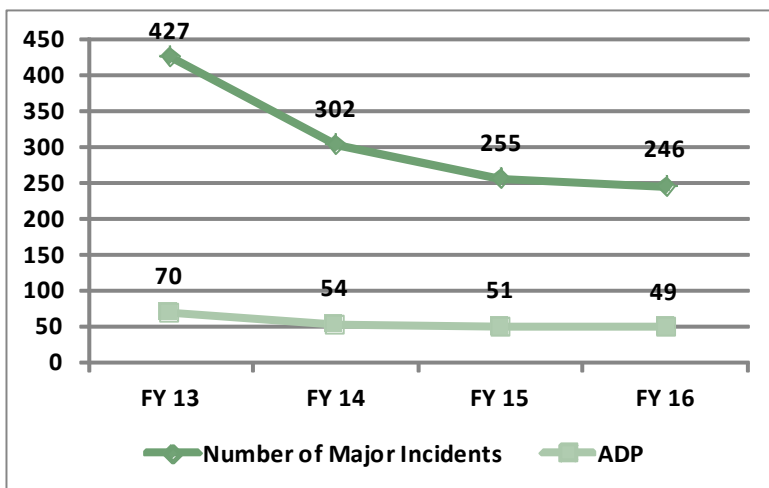
Chart 1 provides information on the number of major incident reports by fiscal year. From FY 13 to FY 16, there is a 42% reduction.

**Chart 1: Number of Room Confinement Reports by Fiscal Year (July — June )**



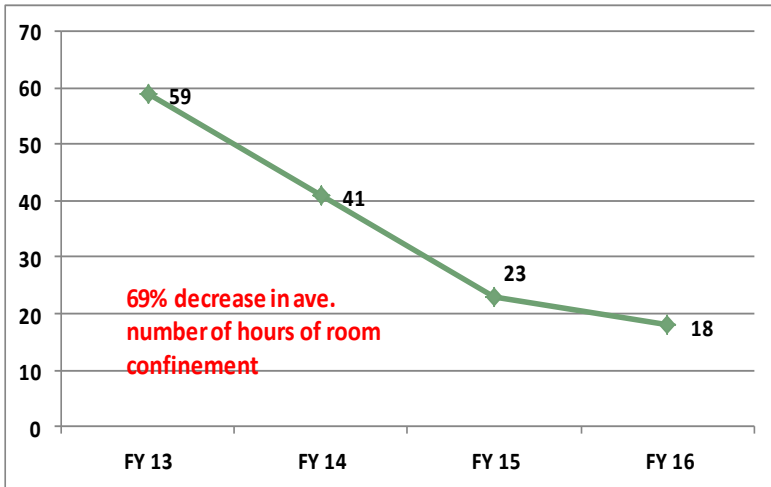
- ◆ The number of Room Confinement Reports was reduced 42% from FY13 to FY16.

**Chart 2: Number of Room Confinement Reports by Average Daily Population (July — June)**



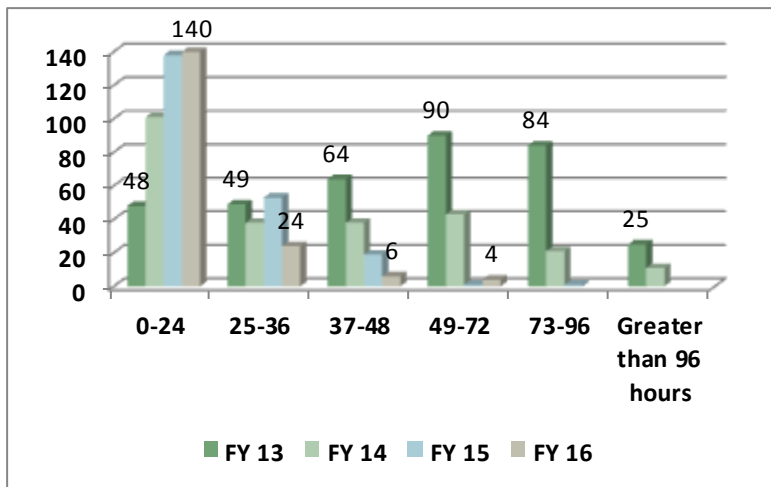
- ◆ YSC's Average Daily Population has minimal effect on the Number of Room Confinement Reports.

**Chart 3: Average Number of Hours of Room Confinements by Fiscal Year (July — June)**



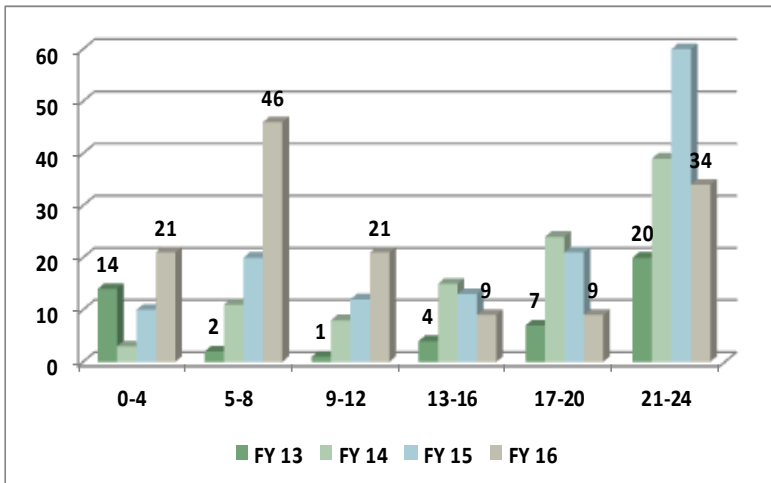
- ◆ There is 69% decrease in the average amount of time a youth spends in room confinements from FY 13 to FY 16.

**Chart 4: Number of Major Incident Reports by Number of Hours and Fiscal Year (July — June )**



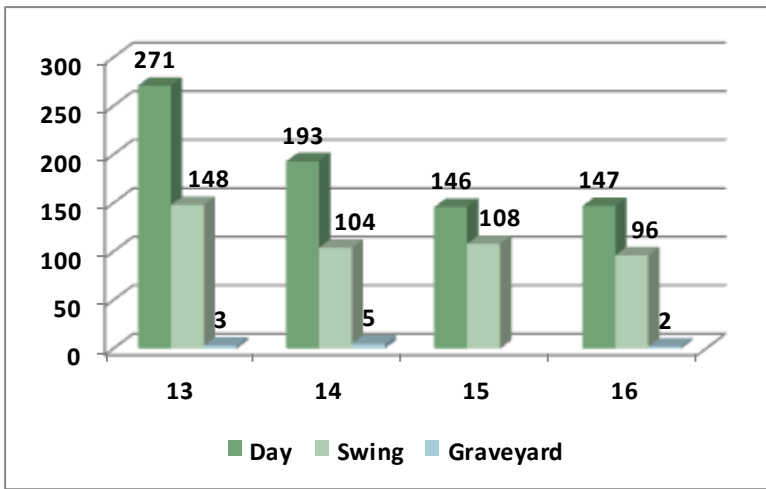
- ◆ 0 — 24 hours is the highest category of room confinement, followed by 49-72 hours. This may be the result of a change in rule violations.
- ◆ Categories greater than 48 hours were more prevalent in FY 13 and FY 14.

**Chart 5: Number of Room Confinement Reports for Those Youth Confined 24 Hours or Less and Fiscal Year (July — June )**



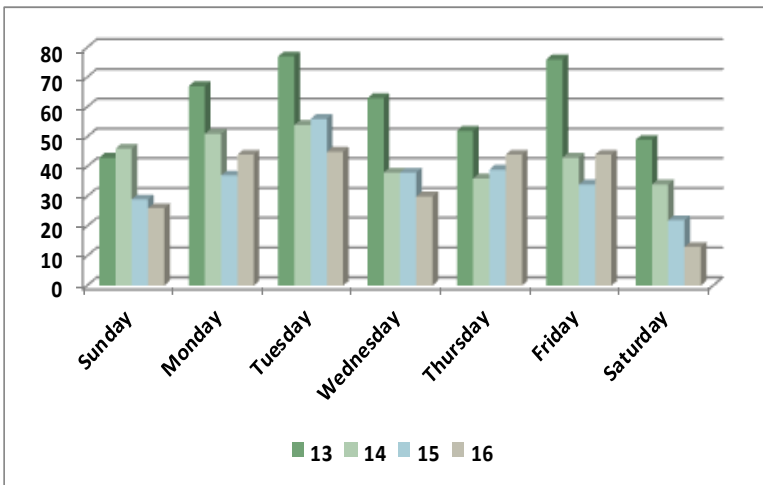
- ◆ In FY 13 and FY 14, very few youth received room confinements for 24 hours or less.
- ◆ In FY 16, a majority of room confinements were in the range of 5-8 hours.

**Chart 6: No. of Room Confinement Reports by Shift and FY**



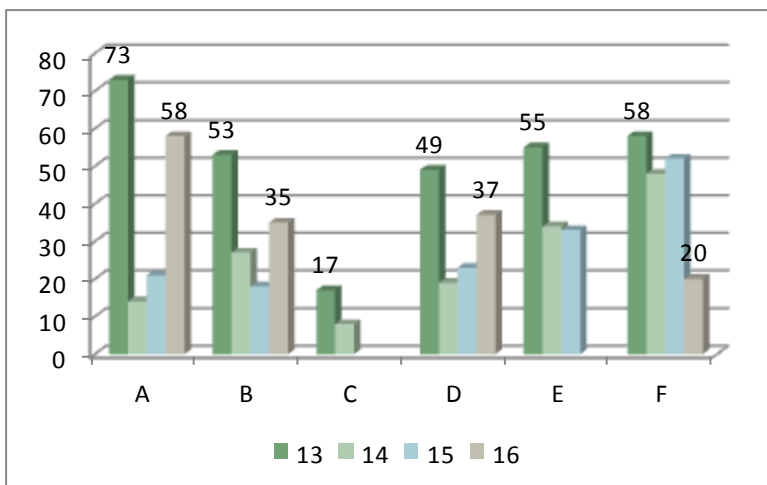
Across fiscal years a majority of the Room Confinement Reports occurred during the day shift (6:00 am — 2:00 pm) followed by the swing shift (2:00pm — 10:00 pm).

**Chart 7: Number of Room Confinement Reports by Day of Week and Fiscal Year (July — June)**



A majority of the Major Incident Reports are more likely to occur on a Tuesday and least likely to occur on Saturday.

**Chart 8: Number of Room Confinement Reports by Living Unit and Fiscal Year ( July — June)**



- ◆ Chart 8 provides information on the number of major incidents by unit. It should be noted that when an incident occurs outside the unit, the information is not included in this chart.
- ◆ Across fiscal years:
  - The girls unit saw a decrease of 83% in the number of major incident reports written.
  - The boys units saw a 47% decrease in the number of reports written.

## Reasons for the Reduction of Room Confinement:

Youth Services Center has adopted a mission statement and philosophy that reflects rehabilitative goals:

- We have developed policies and procedures for use and monitoring of room confinement;
- We identify data to manage monitor and be accountable for use of room confinement;
- We have developed alternative behavior management options and responses; and,
- We have trained and develop staff in our agency mission, values, standards, goals, policies and procedures.

We have established a policy that prohibits room confinement for disciplinary reasons, and when used is to have supervisory approval, resident monitoring and be used for safety and security of residents only.

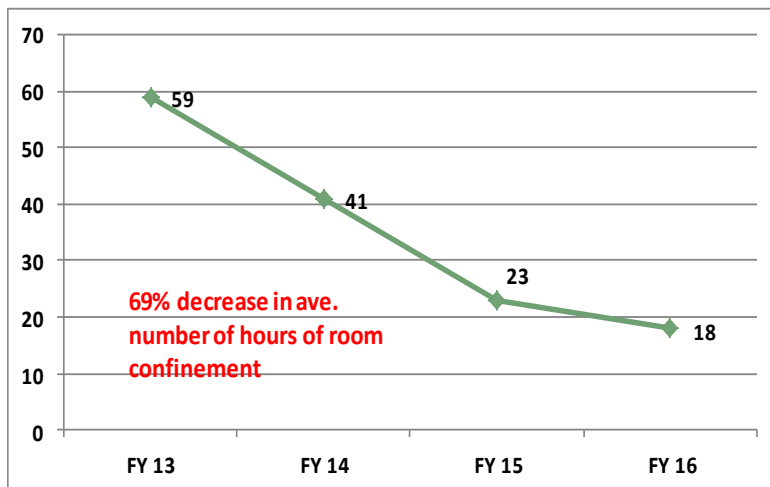


Table 1 shows the YSC rule violations for FY 16. The rule violations include all rule violations resulting in room confinement.

**Table 1: Number and Type of Rule Violations by Fiscal Year (July — June)**

	FY 16
Battery on Staff	6
Battery on Juvenile	88
Attempted Battery on Juvenile	15
Attempted Battery on Staff	13
Attempted Escape(s)	1
Conspiracy to Commit Major Rule Violations	17
Contraband	20
Destruction of Property	17
Disrespect Towards Staff	
Disrupting Facility/Unit Operations	16
Failure to Obey the Lawful Orders of Staff	
False Allegations of Serious Nature	
Gang Enhancement	15
Other	23
Sexual Assault/Sexual Contact	
Stealing	1
Tattooing and/or Tattooing Others	
Threatening Violence	59
Inciting a Disturbance	1
PREA Violation	2
APS Infraction	1
Battery on Juvenile/Staff	1
Unknown	
NA	
<b>Grand Total</b>	<b>296</b>

## Recommendations

The YSC Room Confinement Study for the FY 16 annual report encountered many concerns which should be addressed prior to future studies on the topic.

**Modification of the Major Incident Report Form:** It was difficult to determine in FY 13 when staff or youth were injured since there were two categories on the form that were consolidated, *Physical Assault and/or Battery on Staff/Juvenile* and *Attempted Assault/Battery on Staff/Juvenile*. In addition, it was unclear from the narratives if staff were injured. Although the categories stayed the same from FY 14 thru FY 16, narratives were better written and easier to identify injuries.

**Quality Assurance:** The study was made more difficult due to the amount of missing or inconsistent information for FY 13 as compared to subsequent years. There were discrepancies between the Information Report Log and the Major Incident Report; the number of hours in room confinement may include suspended hours or it may not (Information Report Log); room confinement sanctions varied from unit to unit; a form would indicate "Informational" while the other would indicate a Major Incident; and lastly, the Major Incident Report would be missing Pre-Detention Start Time which made it difficult to calculate total Room Confinement time. **Use of correct forms continues to be a problem.** The new forms have been in existence for over a year. Supervisors should be diligent the new forms are used. All old forms should be removed from the system and the living units or since forms are de facto policy, the Hearing Officer's response should be dismissal of the incident.

**Ensuring Hearing Officer Neutrality and Objectivity:** If a Hearing Officer is line staff, they should not hear any case for whom they have written a Major Incident Report, witness statements or from staff who are friends.

**Training:** Just as a youth's due process is at play with the Courts, it should be at play at the Advise of Rights Hearing. This hearing should not be taken lightly. Train or retrain all staff on the purpose of the Advise of Rights Hearing, how to write a Major Incident Report and how to complete Advisement of Rights and Waiver of Appearance Form. The quality of the reports varied. It might be helpful for the person who provided the training to review the reports and identify which staff need refresher courses. In addition, sample Advisement of Rights and Waiver of Appearance Forms should be provided that shows how the forms should be completed: time served and emphasis on missing Pre-Detention Hearing Time (needed for calculation of total time in room confinement).

**Time Served:** As an alternative to room confinement, staff in FY 15 started using time served and continued in FY 16. However, depending on staff, youth may or may not have lost additional privileges such as good time and "days." There needs to be consistency.

**Monitoring the use of "Unit Lockdowns."** Although this was not the focus of the current study, in reviewing the incident reports, it was noted that a unit was on lockdown with no indication as to the reason or length of the lockdown. It appeared as if some units were in more unit lockdowns than others.

**Use of Restraints:** Future studies should look at the use of restraints for those youth in which a major incident report is written. It would be interesting to know if reform efforts have increased or decreased.

## F. Conclusions

The transition to reducing room confinement has been a difficult endeavor for the YSC. There was staff resistance from staff and mid-level managers. There was a concern that reducing or eliminating the practice could bring risk to other juveniles, staff and the security of the facility. Despite these concerns, the YSC recognized that change needed to occur. This change is occurring and needs to be recognized.

**Changing the Culture** — For a long time, staff relied on room confinement as a response to for those youth who broke the rules or failed to "obey the lawful order of staff." For these youth, no one was ensuring that youth were being treated equally in how and why the sanction was dispensed.

**Modifying Reasons and Reducing Time:** During the study, the YSC began reducing the length of time and reasons a youth may be confined to his or her cell. The reduction of times were phased in over a period of one year. Staff should be credited with identifying new and creative ways to reduce confinement.

**Creation of a Sanction Grid.** In FY 14, a sanctions grid was created. The sanctions grid identified new sanctions (time served, community service) and the number of hours a youth should be given based on the rule violation. During the year, the grid was modified to further reduce time in room confinement.

**Additional Oversight by Administrators:** Line staff are required to justify to supervisors why a youth is placed into room confinement and only for the safety and security of the resident, other residents and staff.

... the YSC  
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to be recognized.

## **Special Management Program (Shadow)**

**Resident Name:** Jane Doe

**DOB:**

**Classifications:** V1E0S3SD

**Background Information:** Ms. Doe was booked in the Bernalillo County Youth Services Center on 03/08/0000 for the charge of Aggravated Battery upon a Health Care Worker (Deadly Weapon)-Solicitation and Aggravated Battery upon a Health Care Worker (Deadly Weapon)-Solicitation. Previous charges include the following: 03/06/0000-Battery on a Peace Officer; Escape from the Custody of a Peace Officer. 08/26/2009-Battery upon a Health Care Worker X 3. Ms. Doe was discharged from Dessert Hills Treatment Center, arrested and placed in the custody of the BCYSC. Ms. Doe has a long history of physical and sexual abuse. She has displayed violent behavior towards Mental Health staff and Security staff at all facilities and or placement. Ms. Doe has been restrained numerous occasions due to her displaying violent behavior towards others and self-harming. Ms. Doe is a severe mental health case.

**Reason for Special Management Program:**

Ms. Doe verbalized to Dr. Linda Smith suicidal ideations to include self-harming on 03/09/0000. She also stated that she will try to bite, cut and kill herself if she were to remain on Housing unit F. Ms. Doe has demonstrated consistent and unpredictable behavior previously while in detention at BCYSC placing her and others in an unsafe situation. As of 03/11/0000 Ms. Doe has verbalized new ideations of not Self-harming. Ms. Doe has stated that she wants to “do well” and earn her levels to become an honor and superhonor. Ms. Doe has made a verbal agreement with Mental Health to not harm herself and she will maintain good behavior on the Housing Unit F. Ms. Doe was released from BCYSC on 03/16/2011 on a Special Management Program (SMP). Ms. Doe was on a SMP for violent and suicidal behavior.

**Security Precautions:** Resident is currently on a high violent classification of Violent 1 (V1). Resident has attempted to assault staff at BCYSC multiple times. Resident has assaulted staff at BCYSC on 2 occasions. Resident is very violent and verbally abusive. Resident will be housed on Housing Unit F with 1 security staff on 1 resident status (Shadow). During graveyard hours 1 on 1 (shadow) will not be needed. Resident will remain on Housing Unit F under the protocol of the Special Management Program until it is determined otherwise. Mandatory 15 minute Room Observation Checks are to be conducted when secured in her respective room. Resident observation will ensure that physical checks are conducted. Chronological's in the SMP log book needs to be maintained every rotation and every shift. Write your name, date and time of post and all daily activities of the Resident. The Special Management Program will be reviewed on a weekly basis starting on **03/11/0000**.

**Twenty Four Hour Reviews:** N/A

**Meals:** All meals/snacks will be served in accordance with Housing Unit F Residents. Resident is currently on a SD classification.

**Mental Health:** For phone calls, Mental Health issues and case management information please contact a Mental Health Clinician (Dr. Linda Smith is the main provider). All legal/probation calls will be made with Little Sun Heard, Victoria Dimas, Cookie Norris, or Jason Salazar.

**Religious:** Religious services will be available upon request by resident. Resident will be allowed to participate in Religious services during normal Housing Unit programing.



**Education:** Please refer to Megan Miller from Albuquerque Public Schools for educational needs.

## **Phase 1-03/08/0000**

1. Resident will be housed in cell #9 on Housing Unit F.
2. Resident will be a 1 Security Staff on 1 Resident status (Shadow).
3. Resident will be able to receive mail during normal Housing Unit Leisure Recreation allotment.
4. Resident will be able to make calls to her lawyer and Probation Officer with Mental Health/Security Staff once a week. She may receive calls from her lawyer and Probation Officer at any time on the Housing Unit.
5. Resident will be allowed phone conversation privileges with family members as long as behavior warrants it. Mental Health will conduct this process.
6. Resident will be allowed visitation privileges on Tuesday's from 11:00-11:30 as long as behavior warrants it (Security staff will oversee Visitation).
7. Resident will be allowed Leisure Recreation daily with normal Housing Unit F programing.
8. Resident will be allowed Physical Recreation daily with normal Housing Unit F programing in the Gymnasium (Make sure Gymnasium if searched and secured prior).
9. Resident is on a Suicide 3 (S3) and Self-destructive (SD) classification. She is allowed her normal bedding.
10. Attorney may visit with resident in visitation with security staff present (Shadow). Staff will remain close by in visitation to maintain visible checks.
11. While on Phase 1 Resident has the ability to earn good days within BCYSC incentive program.
12. Based on resident's improvement of behavior, she will be re-evaluated on a weekly basis during the MDT meeting for progression to the next phase.

## **Phase 2**

\*To be determined

## **Phase 3**

\*To be determined

By signing below, I agree to all of the above specified. This Special Management Program will be evaluated on every 72 hours in order to benefit the needs of the Resident and the Security of the Facility.

If there is to be any rule violations at any phase, Mr. Montoya will remain on current Phase and/or placed on previous phase. Modifications to this Document must be discussed and approved by a Program Manager, ADA, ADA and/or Director.

Resident Signature \_\_\_\_\_ Date: \_\_\_\_\_

Educational Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mental Health Signature \_\_\_\_\_ Date: \_\_\_\_\_

Nursing Signature \_\_\_\_\_ Date: \_\_\_\_\_

YPO II/III Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director/Asst. Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Special Management Program for T. Doe-Phase 3 (2 Officer)

**Resident Name:** John Doe

**DOB:**

**Classifications:** V1 (2 Officers on 1 Resident Status when out of Cell and/or Cell door is opened)

**Background Information:** Mr. Doe was booked in the Bernalillo County Youth Services Center on 01/24/0000 for the charge of Failure to Appear and a Bernalillo County Warrant. Mr. Doe received a new charge of Battery on a Peace Officer (Struck a Youth Program Officer on a Housing Unit). Mr. Doe was taken to Children's Psychiatric Hospital on 01/28/0000 on an emergency transport. Mr. Doe received another new charge of Battery on a Health Care Worker on 01/29./0000. Mr. Doe was arrested by UNMPD and brought back to BCYSC on the new charge. Mr. Doe was in the Booking Process when he hit a UNM Police Officer. Mr. Doe was placed in a physical intervention by Intake Officers and UNMPD. Mr. Doe has been refusing to conduct hygiene and refused to eat any meals in the past. Mr. Doe's behavior is unpredictable and is a serious security threat to BCYSC personnel. Mr. Doe has drug addiction issues and it is thought by Medical and Mental Health professionals that he has been inhaling Spice and/or harmful inhalants. Currently he has been compliant with his medication consumption and eating his meals. Showers and hygiene are still an issue.

**Reason for Special Management Program:** Mr. Doe has been violent and is a threat to the Safety and Security of all BSYCS personnel. He battered a Mental Health professional at CPH, a UNMPD at booking and 4 Youth Program Officers.

**Security Precautions:** Resident is currently on a high violent classification of Violent behavior (V1). Resident is very violent and is unpredictable. Resident will be housed at Intake Cell #1. Resident will remain at Intake Cell #1 under the protocol of the Special Management Program until it is determined otherwise. Mandatory 5 minute Room Observation Checks are to be conducted by Intake Officers when he is secured in his cell via Video Surveillance. Resident observation face to face is to be conducted every hour. Chronological entries in the SMP log book needs to be maintained every rotation and every shift. Write your name, date and time of post and all daily activities of the Resident. 2 Officers must be with resident when Intake Cell # 1 door is open, when he leaves his cell, goes to Housing Unit E for Leisure Recreation and during Physical Recreation. MR. Doe has been taking his Medication and is more communicative. Refer to the Daily Schedule for further direction. The Special Management Program will be reviewed every 72 hours starting on **02/19/0000**.

**Twenty Four Hour Reviews:** To be maintained by Intake Officers.

**Meals:** All meals and snacks will be in Intake Cell # 1.

**Medical:** All normal Medical Services will be provided.

**Mental Health:** *To be filled out by Mental Health*

**Religious:** Religious services will be available upon request by resident.

**Education:** Please refer to Megan Miller from Albuquerque Public Schools for educational needs.

**Phase 1:** 02/18/0000

1. Resident will be housed in Intake Cell # 1.

2. When Cell door is opened there must be 2 Security Officers present at all times. **No exceptions.**
3. Officers will give a verbal directive to Mr. Doe to kneel on the floor facing his bedding bunk. He will place his hands on his mattress. The Officers will enter the Cell and apply the Handcuffs and Belly Restraint Belt. Right and left arms will be secured. Resident will be assisted by Security Officers to the destination. If non-compliant with the directives then the Cell door is to not be opened.
4. Resident will be able to receive mail during his Leisure Recreation.
5. Resident will be able to make calls to his lawyer and/or Probation Officer with Mental Health and 2 Security Officers once a week.
6. Resident will be allowed visitation privileges on Tuesday's from 6:30pm-7:00pm. The visit will occur at Intake. This will be determined as long as behavior warrants it (2 Officers will be within 3-5 feet of Mr. Doe during visit). Mr. Doe will have his right arm secured with a Handcuff to the Belly Restraint Belt.
7. Resident will be allowed 1 hour of Leisure Recreation daily with 2 Security Officers present. If Mr. Doe is compliant with Officer directives, not displaying Threatening behavior to others or the Threatening the Functionality of the Facility, he will be able to go to Housing Unit E for up to 1 hour a day. Mr. Doe's left arm can be released from the handcuffs. Secure the right arm to Belly Restraint Belt. If Mr. Doe is questioning Officer directives, not following the Officer directives and is posing a threat to others of the function of the Facility, he is to be immediately escorted back to Intake. Application of SCM Physical Techniques will be utilized if needed (For Example, Arm Extension, Upper Torso Hold and/or Hook and Transport). 1-2 Verbal directives to be given only.
8. Resident will be allowed up to 1 Hour of Physical Recreation daily in the Gymnasium with 2 Security Officers providing Direct Supervision (Make sure Gymnasium if searched and secured prior).
9. Attorney may visit with resident in Intake Cell # 1 with 2 Security Officers present. Officers will remain outside Cell to maintain Direct Supervision.
10. Make every attempt to have Mr. Doe conduct Showers and Hygiene.
11. Based on resident's improvement of behavior or decline, the SMP will be reviewed on a 72 hour basis to enhance to the next Phase or make the appropriate adjustments.

By signing below, I agree to all of the above specified. This Special Management Program will be evaluated on every 72 hours in order to benefit the needs of the Resident and the Security of the Facility. If there is to be any rule violations at any phase, Mr. Montoya will remain on current Phase and/or placed on previous phase. Modifications to this Document must be discussed and approved by a Program Manager, ADA, ADA and/or Director.

Resident Signature \_\_\_\_\_ Date: \_\_\_\_\_

Educational Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mental Health Signature \_\_\_\_\_ Date: \_\_\_\_\_

Nursing Signature \_\_\_\_\_ Date: \_\_\_\_\_

YCSC Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director/Asst. Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

# **Special Management Program- John Doe Shadow (Updated** **09/13/0000**

**Resident Name:** John Doe **DOB:** **Classifications:** V1E1S2SDFD

**Background Information:** Resident currently is in detention on charges of Murder (1<sup>st</sup> degree), Unlawful Taking of a Motor Vehicle, Tampering with Evidence

**Reason for SMP:** Resident has displayed inappropriate behavior (ex: foul language, disrespectful towards staff, violent threats and outbursts) while in BCYSC custody and has continued to disrupt facility operations.

## **Rule Violations and Date:**

- May 30, 0000: Given 1 minor for possession of Contraband
- June 1, 0000: Given 3 nights EBT for constant redirection
- June 1, 0000: Warned about not following directions
- June 2, 0000: Taken to Intake for being disrespectful towards Officers and refusing to go to cell.-Restrained.
- June 5, 0000: Warned about verbal altercation with another resident
- June 5, 0000: Loss of days for horseplay
- June 6, 0000: Mediated about altercation with another resident
- June 6, 0000: Warned about constant redirection
- June 7, 0000: Slow response to staff directives. Still having altercations with other residents
- June 7, 0000: Verbally aggressive towards staff. Restrained. Placed on SMP 1on1 at Intake
- June 12, 0000: Possession of Contraband
- June 17, 0000: Disruptive behavior during Graveyard shift (knocking on window and door)
- June 18, 0000: Destruction of Property in resident bathroom. Tagged the word "DOE" on mirror.
- June 19, 0000: Non-compliant while taking meds. Attempted to hide medication in his pants. Restrained.
- June 19, 0000: Displayed disruptive behavior (banging on door and window and yelling at others)
- June 20, 0000: Contraband discovered in resident's room. Continues to bang on windows and doors.
- June 21, 0000: Transferred to Echo due to disruptive behavior. PREA incident at Intake and reported.
- June 23, 0000: Transferred back to Delta.
- June 23, 0000: Displayed disruptive behavior and verbal abuse towards staff.
- June 24, 0000: Disruptive during graveyard shift. Restrained.
- June 27, 0000: Disruptive and disrespectful behavior during graveyard shift.
- June 29, 0000: Major contraband found on the person of M. John Doe (spork fashioned to a shank)
- July 1<sup>st</sup>, 0000: Resident masturbating under blanket
- July 3<sup>rd</sup>, 0000: Attempting to hide contraband. Restrained.
- July 5<sup>th</sup>, 0000: Attempting to hide medications.
- July 5<sup>th</sup>, 0000: Resident refused to secure in cell on the graveyard shift. Restrained.
- July 5<sup>th</sup>, 0000: Resident moved to Intake and housed.
- July 7<sup>th</sup>, 0000: PM J. Salazar attempted to integrate M. John Doe into Unit D observation cell. A family friend named JOHN DOE moved into his cell to act as a mentor.
- July 0000<sup>th</sup>, 0000: Resident refused medications and came out of his cell without permission. Restrained.
- July 0000<sup>th</sup>, 0000: Resident creating a Housing Unit Disruption. Restrained.
- July 0000<sup>th</sup>, 0000: Moved to Intake to be housed.
- July 0000<sup>th</sup>, 0000: Made a comment to a female resident for the second time at Intake. PREA report.
- July 0000<sup>th</sup>, 0000: Resident tied his shirt around neck. Clothing removed. M/H notified.
- July 17<sup>th</sup>, 0000: Resident tried to escape the custody of an Officer while out to use the restroom. Restrained.
- July 19<sup>th</sup>, 0000: Resident attempted to escape the custody of an Officer while out for the restroom. Restrained.
- July 19<sup>th</sup>, 0000: Resident attempted to escape the custody of an Officer and open the secured door to visitation Master Control. Also tried to enter the medical/Intake kitchen area. Restrained.

- July 2<sup>st</sup>, 0000: Resident refused to secure in his cell and tried to hide his medications. Also, he was seen as hiding the medications and then opened them in attempts to snort them. Restrained.
- July 22<sup>nd</sup>, 0000: Resident exposed his penis to the Officer on duty.
- July 23<sup>rd</sup>, 0000: Resident took his shower shoes to his cell and tried to hide one of them in his sweats. Resident attempted to throw a punch at Supervisor Ron Scobee. Attempted to throw a book at Supervisor Ron Scobee. Restrained.
- July 23<sup>rd</sup>, 0000: Resident postured in a threatening manner to an Officer in a threatening manner so he was placed in a Physical Technique and secured in his cell. Restrained.
- July 24<sup>th</sup>, 0000: Resident refused to secure in his cell, avoided a physical technique application and grabbed a writing utensil from the officer station. Restrained.
- July 24<sup>th</sup>, 0000: Resident refused to secure in his cell after multiple directives to do so after his leisure recreation activity was completed. A short while later he wrapped a shift around his neck loosely. A Physical Technique applied and his clothing was removed. He attempted to spit on Officers during the restraint. After all Officers left and the physical technique completed he tore his underwear and wrapped the elastic around his neck. A physical technique was applied again and his underwear removed. A safety gown was issued. See staff alert. Restrained twice.
- July 31<sup>st</sup>, 0000: Resident grabbed a glove off the medication cart during medication pass. Glove was retrieved by security officer.
- July 31<sup>st</sup>, 0000: Resident put fecal matter on a shower towel and smeared the fecal matter on the door handle leading to the Officer station from the Resident bathroom.
- Aug 6<sup>th</sup> – Kicked plastic cabinets at staff.-Restrained
- Aug 6<sup>th</sup> – Threw food on camera blocking view-Restrained
- Aug 7<sup>th</sup> – Refused to swallow meds was restrained until they dissolved-Restrained
- Aug 8<sup>th</sup> - Placed in a SCM hold due to threats to throw feces on staff. Attempted to throw soap on staff-Restrained
- Aug 17<sup>th</sup> - restrained for disrupting facility operations
- Aug 22<sup>nd</sup> - Restrained for refusing to give staff contraband (resident had peeled paint and made a ball and had it stored in his underwear)
- Aug 24<sup>th</sup>-Had PREA incident on Housing Unit A. Made a masturbating gesture towards a female Officer. Sent back to Intake to be housed.
- Aug 25<sup>th</sup>-Kicking and punching his cell door. Threatening to choke himself on a cough drop.-Restrained
- Aug 27<sup>th</sup>-He removed a screw from the vent in the bathroom. Officers retrieved the screw.
- Aug 28<sup>th</sup>-Hide the Finger Food utensil in his buttock. Officers had him remove it.
- Sept 7<sup>th</sup>-Refused to secure in his cell after given open recreation.-Restrained

**Security Precautions:** Resident has been in detention since May 26<sup>th</sup>, 0000 and has been given consequences numerous times in this time span. He has been spoken to on several occasions about this continued behavior. Progressive Discipline has also been attempted with resident and he continues to struggle maintaining positive behavior. At this time a SMP is needed to help resident see the importance of changing his behavior and following simple directives. Resident will be housed at Intake cell #4 (With Security Screen) under the protocol of the Special Management Program until it is determined otherwise. When resident is out of his cell there will be 1 Officer at arm's length at all times providing Direct Supervision. If the resident leaves Intake (Recreation/Visitation/Mental Health Programing, he will have 1 Officer/BCYSC Personnel trained in SCM escorting him to include Mental Health providing close supervision. The Officer will be no more than arm's distance at all times unless he is visiting with his Lawyer. Mandatory 5 minute Room Observation Checks are to be conducted when in his cell at Intake. Resident observation will ensure that physical checks are conducted. Chronological in the SMP log book needs to be maintained every rotation and every shift. Write your name, date and time of post and all daily activities of the Resident. **Resident is to not display any self-harming behaviors and is to follow all directives given by Officers. If resident displays any of these actions and/or is non-compliant with Officer Direction SCM application is to be applied immediately. Mr. John Doe will be allowed a Safety Blanket and Mattress in his cell. All clothing to include his underwear is allowed in**

**his cell with him. Please watch him closely for Self-harming and Suicidal behaviors. Mr. John Doe tries to hide or take anything that he can put his hands on. He is to not touch anything that has not been approved by a Security Officer. Do not negotiate with him. Give strict simple directives and if he refuses to follow apply an Arm Extension and redirect when needed.** The Special Management Program will be reviewed every 24-72 hours.

**Twenty Four Hour Reviews:** To be maintained on a daily basis by 2-10 shift/Intake Officer (s).

**Meals:** All meals and snacks will be served to Mr. John Doe in his cell.

**Mental Health:** John Doe is struggling with depression and confusion after the recent death of his brother by suicide, a killing which he reportedly witnessed. He is also fearful about what could happen to him regarding his alleged crime, and afraid he may go to jail for seven years, or possibly even longer. He has been refusing his morning medication which makes his abilities to focus and behave appropriately even more difficult. Exercise and continued family visits, as well as the routine support and consistency with staff and programming, will likely help him cope with his challenges.

**Skills to develop (to address problem behaviors):** John Doe will benefit from learning to routinely take his medications as prescribed. He will also benefit from learning to talk about his fears and his problems, so that they “get outside of him” and so he can get some advice and feedback from others. Cannot follow direction and tries to get his attention in a negative manner.

**Medical:** He is to sit on the concrete bunk with his hands on his thighs. RN will administer the medication. Any misuse and/or interference in the application of medication, SCM is to be applied immediately. Retrieve the medication if possible.

**Religious:** Religious services will be available upon request by resident. Please follow current SMP phase protocols.

**Education:** APS will put together packets and will complete work on Unit A or Unit E.

**Compliance:** Mr. John Doe should be encouraged to take all his medications daily. He can refuse his medications at any time. Please document this and inform Mental Health. He will receive his medications in his cell with 2 officers assisting the RN dispensing the medications. He will sit on his bunk with his hands on his knees. When in the restroom an officer must be in the doorway. Remove anything at the Intake desk that M. John Doe can grab. Any noncompliance from resident, he will be placed in an SCM Physical Technique immediately and taken to cell. Dependent on his attitude and behavior through the week, to include whether he is following officer directives or not, he will be able to receive a social visit from mother/grandparents on Thursday nights 6:15-7:00pm. Please contact PM Jason E. Salazar for visitation questions. **He will receive his Open Recreation on Housing Unit E only or in the Outside Recreation Yard with 2 Officers present. He will not have his Open Recreation in Intake. Before entering John Doe’s cell instruct him to sit on the bunk and wait for staff instructions. If resident does not follow staff instructions and refuse to sit on his bunk do not open the door until he is ready to comply.**

**Housing:** Mr. John Doe will be housed at Intake cell #4. The main door will be kept open with the Security Screen locked. If an Intake or outside professional enters the Intake area the main door needs to be secured. If Mr. John Doe is attempting to climb the Security Screen he will be removed from the cell #4 and placed in cell #3 until further notice. Please be advised for the following directive from ADO M. Ferstl:

- Officers are to constantly evaluate and if the resident becomes disruptive they are to temporarily remove the Resident from Cell # 4 and return him to Cell # 3. When the Resident is no longer disruptive he can be returned to cell # 4. All policies and procedures are to be followed regarding the use of Cell # 4. See attached Protocol and Procedure.

### **Phase 1- (08/11/0000-08/13/0000)**

- 1.) Resident will be housed at Intake cell #5 and is to NOT have ANY contact with other residents. He will have the Intake Officer (s) provide Direct Supervision at all times when Mr. John Doe is in his cell.
- 2.) While out of his cell, 2 Officers must be present, with both Officers within arms distance at all times.
- 3.) Resident will be able to make calls to his lawyer and Probation Officer with Mental Health/ once a week at Intake.
- 4.) Probation Officer may visit Mr. John Doe in his cell at Intake and the belly chain and handcuffs will be applied.
- 5.) **Resident will be allowed phone privileges with family members as long as behavior warrants it.** Mental Health will conduct this process (Contact Tom Hall).
- 6.) Resident will be allowed visitation privileges on **Thursday from 6:10-7:00pm**. Mr. John Doe's behavior will be evaluated on a daily basis to ensure that it is safe and appropriate for him to visit his family. Contact Program Manager Jason E. Salazar for visitation approval.
- 7.) Resident will be allowed 1hr of Leisure Recreation **daily by himself at intake ONLY**. During this time he is allowed to watch TV ONLY. NOT to be given any pens, pencils, markers, crayons, tape, etc. Can also read outside his cell. He will be handcuffed with belly chain when conducting Leisure Recreation. 1 arm can be unsecured.
- 8.) Resident will be allowed 1hr Physical Recreation daily by himself at intake ONLY. He will be escorted in handcuffs and belly chain. When secured in the gymnasium the restraints can be removed.
- 9.) Resident is only allowed to come out of room for water or restroom once an hour unless an emergency arises.
- 10.) When taking a shower Mr. John Doe can be placed in a two-person escort to the shower room. Once in the shower room, watch Mr. John Doe and collect his dirty clothes and secure the door. Maintain visual through the window to ensure that Mr. John Doe is conducting himself correctly.
- 11.) He will only have 1 mattress, 1 Safety Blanket and his clothing in his cell. Please read the directions given in the Medical section of this document. It is to be followed exactly as written.
- 12.) Attorney may visit with resident at Visitation with no belly chain and Handcuffs in the visitation area depending on the Primaries decision to do so. Two Officers are to escort and maintain close supervision while in visitation.
- 13.) Read all directions how to enter the cell, how to apply the restraints and conditions when Mr. John Doe is out of his cell.

### **Phase 2- (08/19/0000-08/22/0000)**

- 1.) Resident will be housed at Intake cell #3. He will have the Intake Officer (s) or designee provides Direct Supervision at all times when Mr. John Doe is in his cell.
- 2.) While out of his cell, 2 Officers must be present, with both Officers within arms distance at all times.
- 3.) Resident will be able to make calls to his lawyer and Probation Officer with Mental Health/ once a week at Intake.
- 4.) Probation Officer may visit resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.
- 5.) **Resident will be allowed phone privileges with family members as long as behavior warrants it.** Mental Health will conduct this process (Contact Tom Hall).
- 6.) Resident will be allowed visitation privileges on **Thursday from 6:10-7:00pm**. Mr. John Doe's behavior will be evaluated on a daily basis to ensure that it is safe and appropriate for him to visit his family. Contact Program Manager Jason E. Salazar for visitation approval.



- 7.) Resident will be allowed 1hr of Leisure Recreation **daily at intake or Unit E with resident mentor if behavior and attitude warrant.** During this time he is allowed to watch TV, read, do school work, write or draw. NOT to be given any pens or pencils at this time. Markers and crayons are the only writing materials he can use at this time. Accountability for these materials is critical before Mr. John Doe enters his cell.
- 8.) Resident will be allowed 1hr Physical Recreation daily by himself.
- 9.) Resident is only allowed to come out of room for water or restroom once an hour unless an emergency arises.
- 10.) Attorney may visit with resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.

### **Phase 3- (08/23/0000-08/26/0000)**

- 1.) Resident will be housed on Unit A. He will have the YSC Officer (s) or designee provides Direct Supervision at all times when Mr. John Doe is in his cell.
- 2.) **When leaving his cell a 3<sup>rd</sup> Officer will be present on the unit. This 3<sup>rd</sup> officer will be within arms distance at all times and act as a staff shadow. Officer is responsible for providing coaching/directing of resident. If resident is acting out or no compliant resident is to be placed in SCM technique extended arm and escorted to his room**
- 3.) When leaving the Unit, 2 Officers must be present, with both Officers within arms distance at all times.
- 4.) Resident will be able to make calls to his lawyer and Probation Officer with Mental Health/ once a week at Intake.
- 5.) Probation Officer may visit resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.
- 6.) **Resident will be allowed phone privileges with family members as long as behavior warrants it.** Mental Health will conduct this process (Contact Tom Hall).
- 7.) Resident will be allowed visitation privileges on **Thursday from 6:10-7:00pm.** Mr. John Doe's behavior will be evaluated on a daily basis to ensure that it is safe and appropriate for him to visit his family. Contact Program Manager Jason E. Salazar for visitation approval.
- 8.) Resident will be allowed 1hr of Leisure Recreation **daily on Unit A or Unit E with resident mentor if behavior and attitude warrant.** During this time, he is allowed to watch TV, read, do school work, write or draw. NOT to be given any pens or pencils at this time. Markers and crayons are the only writing materials he can use at this time. Accountability for these materials is critical before Mr. John Doe enters his cell.
- 9.) Resident will be allowed 1hr Physical Recreation daily by himself.
- 10.) Resident will be allowed 1 hr. of programming with the Unit on each shift. During this time a 3<sup>rd</sup> staff will be assigned to the unit and will be at arms distance of at all times providing resident support.
- 11.) Resident is only allowed to come out of room for water or restroom once an hour unless an emergency arises.

### **Phase 2- (08/24/0000-08/26/0000)**

- 1.) Resident will be housed at Intake cell #3. He will have the Intake Officer (s) or designee provides Direct Supervision at all times when Mr. John Doe is out of his cell.
- 2.) While out of his cell, 2 Officers must be present, with both Officers within arm's reach at all times.
- 3.) Resident will be able to make calls to his lawyer and Probation Officer with Mental Health/ once a week at Intake.
- 4.) Probation Officer may visit resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.
- 5.) **Resident will be allowed phone privileges with family members as long as behavior warrants it.** Mental Health will conduct this process (Contact Tom Hall).

- 6.) Resident will be allowed visitation privileges on **Thursday from 6:10-7:00pm**. Mr. John Doe's behavior will be evaluated on a daily basis to ensure that it is safe and appropriate for him to visit his family. Contact Program Manager Jason E. Salazar for visitation approval.
- 7.) Resident will be allowed 1hr of Leisure Recreation **on Unit E**. During this time he is allowed to watch TV, read, do school work, write or draw. NOT to be given any pens or pencils at this time. Markers and crayons are the only writing materials he can use at this time. Accountability for these materials is critical before Mr. John Doe enters his cell.
- 8.) Resident will be allowed 1hr Physical Recreation daily by himself in gymnasium and/or outside Recreation Yard.
- 9.) Resident is only allowed to come out of room for restroom once an hour unless an emergency arises.
- 10.) Resident has a water bottle that will remain outside of his cell. Officers are to give him the water bottle to drink from then he has to return it to the Officer when finished. The water bottle will remain outside the cell. He is to not drink water from the water fountain. **NO EXCEPTIONS**.
- 11.) 2 Officers are to monitor Hygiene/Showers at all times. Resident must remove clothes and give them to Officers. Resident attempts to wear multiple layers of clothes. Give a minimal amount of lotion. Do not give him the container.
- 12.) Limit his movement at Intake.
- 13.) Attorney may visit with resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.

### **Phase 3- (08/31/0000-09/03/0000)**

- 1.) Resident will be housed at Intake cell #3. He will have the Intake Officer (s) or designee provides Direct Supervision at all times when Mr. John Doe is out of his cell.
- 2.) While out of his cell, 2 Officers must be present, with both Officers within arm's reach at all times.
- 3.) Resident will be able to make calls to his lawyer and Probation Officer with Mental Health/ once a week at Intake.
- 4.) Probation Officer may visit resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation and stay within 3-5 feet.
- 5.) **Resident will be allowed phone privileges with family members as long as behavior warrants it.** Mental Health will conduct this process (Contact Tom Hall).
- 6.) Resident will be allowed visitation privileges on **Thursday from 6:10-7:00pm**. Mr. John Doe's behavior will be evaluated on a daily basis to ensure that it is safe and appropriate for him to visit his family. Contact Program Manager Jason E. Salazar for visitation approval.
- 7.) Resident will be allowed 1hr of Leisure Recreation **on Unit E**. During this time he is allowed to watch TV, read, do school work, write or draw. NOT to be given any pens or pencils at this time. Markers and crayons are the only writing materials he can use at this time. Accountability for these materials is critical before Mr. John Doe enters his cell.
- 8.) Resident will be allowed 1hr Physical Recreation daily by himself in gymnasium and/or outside Recreation Yard.
- 9.) Resident is only allowed to come out of room for restroom once an hour unless an emergency arises.
- 10.) Resident has a water bottle that will remain outside of his cell. Officers are to give him the water bottle to drink from then he has to return it to the Officer when finished. The water bottle will remain outside the cell. He is to not drink water from the water fountain. **NO EXCEPTIONS**.
- 11.) 2 Officers are to monitor Hygiene/Showers at all times. Resident must remove clothes and give them to Officers. Resident attempts to wear multiple layers of clothes. Give a minimal amount of lotion. Do not give him the container.

- 12.) Limit his movement at Intake. Do not let him communicate with new Intakes or residents being housed at Intake. The cover on his cell window will remain there for privacy for youth being stripped search and/or showering in the Intake cell hallway.
- 13.) Attorney may visit with resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.

#### **Phase 4- (09/07/0000-09/10/0000)**

- 1.) Resident will be housed at Intake cell #3. He will have the Intake Officer (s) or designee (s) provides Direct Supervision at all times when Mr. John Doe is out of his cell.
- 2.) While out of his cell, 2 Officers must be present, with both Officers within arm's reach at all times.
- 3.) Resident will be able to make calls to his lawyer and Probation Officer with Mental Health/ once a week at Intake.
- 4.) Probation Officer may visit resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation and stay within 3-5 feet.
- 5.) **Resident will be allowed phone privileges with family members as long as behavior warrants it.** Mental Health will conduct this process (Contact Tom Hall).
- 6.) Resident will be allowed visitation privileges on **Thursday from 6:10-7:00pm.** Mr. John Doe's behavior will be evaluated on a daily basis to ensure that it is safe and appropriate for him to visit his family. Contact Program Manager Jason E. Salazar for visitation approval.
- 7.) Resident will be allowed 1hr of Leisure Recreation **on Unit E only with 2 Officers present.** During this time he is allowed to watch TV, read, do school work, write or draw. NOT to be given any pens or pencils at this time. Markers and crayons are the only writing materials he can use at this time. Accountability for these materials is critical before Mr. John Doe enters his cell. **HE IS TO NOT TO LISTEN TO MUSIC FROM THE OFFICER COMPUTER AT ANY TIME (NO EXCEPTIONS).**
- 8.) Resident will be allowed 1hr Physical Recreation daily by himself in gymnasium and/or outside Recreation Yard.
- 9.) Resident is only allowed to come out of room for restroom once an hour unless an emergency arises.
- 10.) Resident has a water bottle that will remain outside of his cell. Officers are to give him the water bottle to drink from then he has to return it to the Officer when finished. The water bottle will remain outside the cell. He is to not drink water from the water fountain. **NO EXCEPTIONS.**
- 11.) 2 Officers are to monitor Hygiene/Showers at all times. Resident must remove clothes and give them to Officers. Resident attempts to wear multiple layers of clothes. Give a minimal amount of lotion. Do not give him the container.
- 12.) Limit his movement at Intake. Do not let him communicate with new Intakes or residents being housed at Intake. The cover on his cell window will remain there for privacy for youth being stripped search and/or showering in the Intake cell hallway.
- 13.) Attorney may visit with resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.

#### **Phase 5- (09/13/0000-09/0000/0000)**

- 1.) Resident will be housed at Intake cell #4 (Security Screen cell-See Housing Protocol concerning cell #4). He will have the Intake Officer (s) or designee (s) provides Direct Supervision at all times when Mr. John Doe is out of his cell.
- 2.) While out of his cell, 1 Officer must be present, with the Officer within arm's reach at all times.
- 3.) Resident can be escorted by any SCM trained BCYSC personnel (Mental Health) and taken to a Case Managers office with no Security Officer required.
- 4.) Resident will be able to make calls to his lawyer and Probation Officer with Mental Health/ once a week at Intake.

- 5.) Probation Officer may visit resident at Visitation. 1 Officer is to escort and maintain close supervision while in visitation and stay within 3-5 feet.
- 6.) **Resident will be allowed phone privileges with family members as long as behavior warrants it.** Mental Health will conduct this process (Contact Tom Hall).
- 7.) Resident will be allowed visitation privileges on **Thursday from 6:10-7:00pm.** Mr. John Doe's behavior will be evaluated on a daily basis to ensure that it is safe and appropriate for him to visit his family. Contact Program Manager Jason E. Salazar for visitation approval.
- 8.) Resident will be allowed 1hr of Leisure Recreation **on Unit E only with 1 Officer present.** During this time he is allowed to watch TV, read, do school work, write or draw. NOT to be given any pens or pencils at this time. Markers and crayons are the only writing materials he can use at this time. Accountability for these materials is critical before Mr. John Doe enters his cell. **HE IS TO NOT TO LISTEN TO MUSIC FROM THE OFFICER COMPUTER AT ANY TIME (NO EXCEPTIONS).**
- 9.) Resident will be allowed 1hr Physical Recreation daily by himself in gymnasium and/or outside Recreation Yard.
- 10.) Resident is only allowed to come out of room for restroom once an hour unless an emergency arises.
- 11.) Resident has a water bottle that will remain outside of his cell. Officers are to give him the water bottle to drink from then he has to return it to the Officer when finished. The water bottle will remain outside the cell. He is to not drink water from the water fountain. **NO EXCEPTIONS.**
- 12.) 1 Officer is to monitor Hygiene/Showers at all times. Resident must remove clothes and give them to Officers. Resident attempts to wear multiple layers of clothes. Give a minimal amount of lotion. Do not give him the container.
- 13.) Limit his movement at Intake. Do not let him communicate with new Intakes or residents being housed at Intake. The cover on his cell window will remain there for privacy for youth being stripped search and/or showering in the Intake cell hallway.
- 14.) Attorney may visit with resident at Visitation. Two Officers are to escort and maintain close supervision while in visitation.

By signing below, I agree to all of the above specified. This Special Management Program will be evaluated on every 24-72 hours in order to benefit the needs of the Resident and the Security of the Facility. If there is to be any rule violations at any phase, Mr. John Doe will remain on current Phase and/or placed on previous phase. Modifications to this Document must be discussed and approved by a Program Manager, ADA, ADA and/or Director.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Educational Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mental Health Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YPO II/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

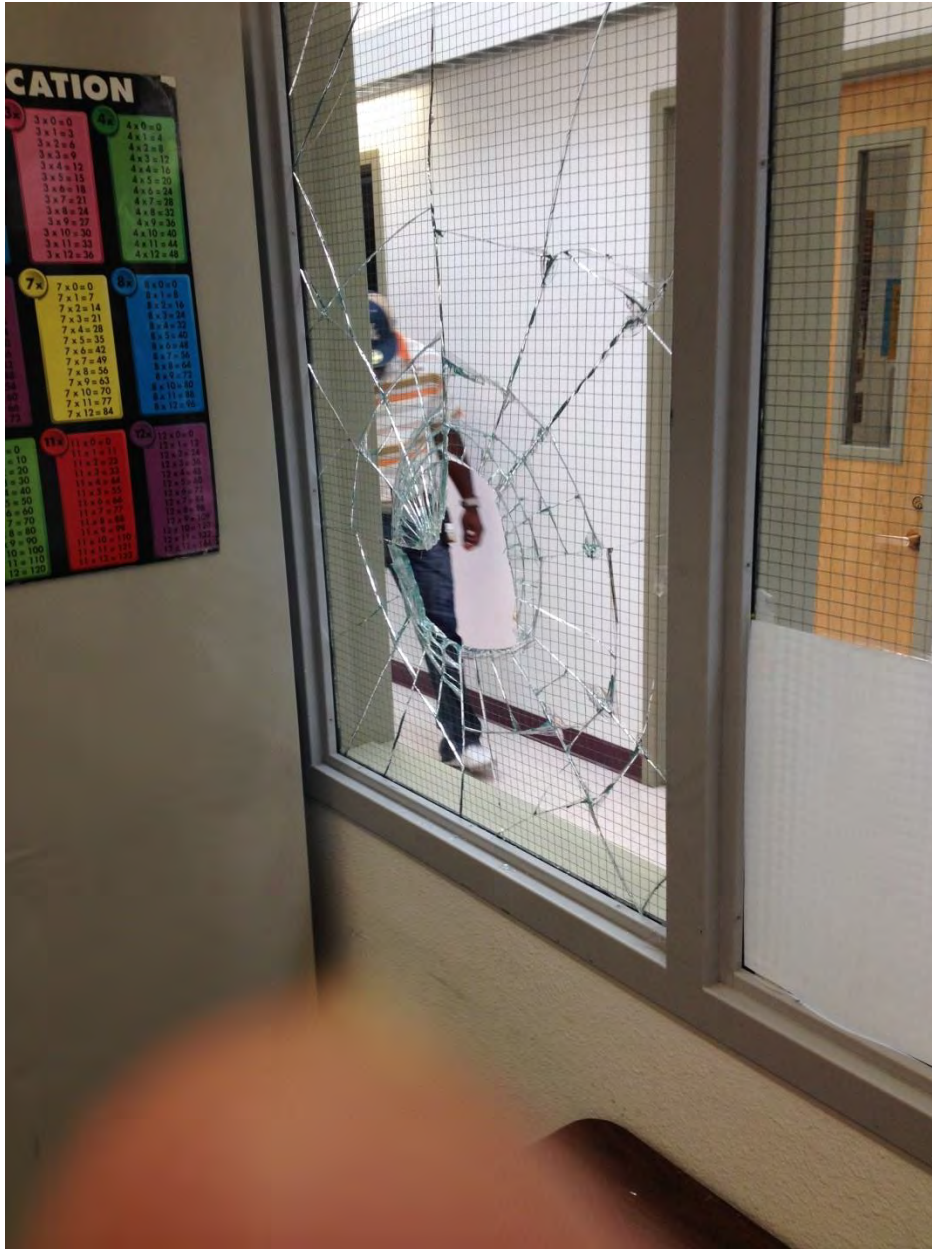
Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Asst. Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_









A resident got frustrated and without warning punched a security glass break meshed window in the hallway of our education area of the Youth Services Center (APS).



