

# 2023 LaSalle County Juvenile Detention Center Inspection Report

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## **Executive Summary**

The Department of Juvenile Justice conducted the annual inspection of the LaSalle County Juvenile Detention Center in Ottawa, IL on June 15, 2023, pursuant to 730 ILCS 5/3-15-2(b). While there were some strengths noted, the center was found to be non-compliant with several requirements of the 20 Ill. Adm. Code 2602 County Juvenile Detention Standards (“County Detention Standards”). The areas noted as non-compliant are listed in the table below, while specific observations are noted in the following sections of this report. Each section of the report also includes policy and practice recommendations to either gain compliance or move towards best practice. Those recommendations are combined in a second table at the end of the report.

## **Areas of Non-Compliance**

<b>Section</b>	<b>Requirement</b>
2602.170 Discipline	At no time should room confinement exceed 4 hours without administrators and/or mental health staff developing an individualized plan to address the behavior. Staff must be trained in acceptable methods of physical intervention.
2602.230 Education	Teacher student ratios are at least 1:12 for general education and 1:8 for students with Individualized Education Programs (IEPs). Qualified special education staff are assigned to youth with special education status and special education testing is available for youth in custody.
2602.50 Admissions Procedures	Bedding shall consist of sheets, flame retardant mattress, blankets appropriate to the season of the year and a pillow.
2602.90 Mental Health Services	Youth with significant mental health needs shall be assessed by a qualified mental health professional. A service plan shall be developed for each youth that includes: 1) Counseling or psychotherapy to be provided; 2) Behavioral management strategies and goals; 3) Medication; 4) Protocol for monitoring youth's progress; and 5) Needed adjustments to normal detention programs and procedures.

## **Methodology**

- Interviews Conducted
  - Director
  - Assistant Director
  - 1 Supervisor
  - 3 Juvenile Detention Officers
  - Educator
  - Wellpath Nurse
  - Wellpath Mental Health Clinician
  - 5 youth
  
- Documents Reviewed

- Policy 16.02 “Complaints”
- Policy 16.05 “Use of Force by Staff”
- Policy 16.06 “Use of Restraints”
- Policy 16.07 “Display of Restraints”
- Policy 16.09 “Isolation”
- Policy 16.11 “Motivational Learning Model”
- Policy 17.02 “Disciplinary Segregation”
- Sample Youth File
- Sample Youth Medical Files
- Sample Youth Mental Health Documentation
- Incident Logs
- Daily Programming Schedule
- Grievance Policy
- Grievance Log
- Resident Handbook

### **Overview**

The LaSalle County Juvenile Detention Center is a 16-bed facility. At the time of the audit, the facility had eight residents in custody, seven from LaSalle County, one from Marshall County. Four youth were on intake quarantine status; the remaining four youth were in general population. The facility has three living units, all of which were in operation. One living unit operates as the quarantine unit for new youth, which lasts five days upon intake. Two others act as general population units. The facility offers in-person visitation for all youth.

### **Admission Policy and Procedures**

The LaSalle County Juvenile Detention Center offers 24-hour coverage for admissions. Youth property is collected, inventoried, and laundered according to standards. Youth property documentation was observed in youth files.

In the time since the 2022 inspection visit, the facility has stopped conducting strip searches of youth. On intake, all youth receive a wand search and pat-down. Strip searches may be conducted if there is an individualized need. However, the facility reports they have not conducted any since changing policy. Youth interviews affirmed that strip searches are no longer being conducted as part of the routine intake process. Facility staff complete a medical screening form for all youth intakes. Youth who are flagged as needing more immediate follow-up are referred to nursing staff.

The updates to County Detention Standards over the past year included the addition of Prison Rape Elimination Act (PREA) requirements. The facility has started completing these assessments, using the screening form utilized at the county jail. Assessments are completed by facility administrators.

Auditors inspected multiple youth rooms, which revealed multiple areas of non-compliance. Only one youth had sheets in his room. All other youth rooms inspected were supplied with only blankets. Many

youth rooms did not have a pillow, and the pillows that were available had multiple cuts in them. One youth's water fountain barely produced any water, and while the youth did have a Styrofoam cup for water, there is no need for a youth to be in a room with a non-functional water fountain given the number of rooms available for the small population size.

The facility requires youth to remove pants and sweatshirts before going into their rooms at night, only being permitted to sleep in shorts and t-shirts. Many youth reported feeling cold at night. While there are conditions in which it may be appropriate to restrict access to such items through a mental health crisis assessment, that was not the case for any of the youth in question. Attention needs to be given to the quality of youth experience when they are in their rooms, and adequate clothing, bedding, pillows, and water needs to be available for all youth.

#### Areas of Non-Compliance and Recommendations

- 2602.50 Admissions Procedures states: "Bedding shall consist of sheets, flame retardant mattress, blankets appropriate to the season of the year and a pillow."
  - Recommendation:
    - Supply appropriate bedding to all residents including sheets, blankets, and pillows unless stipulated by a mental health crisis assessment.
    - Ensure all bedding items are in acceptable condition.
    - Permit youth to have pants and sweatshirts in their rooms unless stipulated by a mental health crisis assessment.

#### Personnel, Staffing, and Supervision

The facility has two administrators, five supervisory staff, 12 Juvenile Detention Officers (JDOs), and one teacher currently employed. There are three total JDO vacancies. At the time of the inspection, there were two administrators, one supervisor, three JDOs, and a teacher present at the facility. While the number of employees at the facility is low, it is sufficient to manage the average number of youths at the facility given the low population size. Facility administrators report difficulty getting applicants over the past year, with the last new hire starting in September of 2022. They are attempting to get a variance from the Administrative Office of Illinois Courts (AOIC) to lower job requirement standards in an effort to increase the pool of applicants. The starting salary was also just raised to \$43,406 during the most recent contract negotiations.

The facility relies on the Relias Training required by the Administrative Office of Illinois Courts for most of the annual training offered to employees. The 2022 Inspection Report found that the facility had struggled to maintain some trainings that require in-person facilitation, such as CPR and use of force. The facility utilizes "Handle with Care" as its approach to de-escalation and use of force, however they had not had a contract with a certified instructor for the last few years. The facility now has a staff member that is certified as a "Handle with Care" instructor and reports that all staff have been trained on the de-escalation portion of "Handle with Care" and approximately half have completed the physical intervention portion of the training. This is a noted improvement since the 2022 visit; however, this area remains non-compliant until all employees have been fully trained on the physical intervention portion of "Handle with Care".

### Areas of Non-Compliance and Recommendations

- Section 2602.170 Discipline states: “Staff must be trained in acceptable methods of physical intervention.”
  - Recommendations:
    - Complete Handle with Care training for all new and existing employees.

### Detention Programs, Youth Discipline, and Confinement

The facility utilizes a traditional point card and level system to manage youth behavior. Levels are determined daily and associated with later bedtimes, additional snacks, and access to things like a video game system. Staff grade youth collaboratively at the end of every shift and share points with youth to give them opportunities to ask questions.

The facility has a well-established daily schedule that is adhered to consistently. Staff and youth reports matched the schedule provided for the audit. Every youth interviewed affirmed the consistency of the daily schedule. The facility makes frequent use of the outside area. Youth shared they can go outside for recreation daily, weather permitting, and frequently go outside during school time with the teacher for lessons and reading time. The frequent use of the outdoor area is a strength for the facility.

The facility continues to address negative youth behavior through a set of sanctions called “Special Programs.” Youth are placed on one of four special programs (called Special Programs A-D). A youth is placed on Special Program A for minor infractions and is assigned interventions such as community service or cleaning assignments. More significant negative behaviors earn further special programs, which are associated with more severe consequences. Special Program D continues to utilize 24-hours of confinement as part of the sanction. The 2022 Inspection Report cited this as an area of non-compliance, an assessment that remains in 2023. According to facility documentation, there have been four cases this year in which a resident has received a Special Program C consequence and three cases in which a youth has received a Special Program D consequences. Making changes to this process to get in compliance with County Detention Standards should only require an administrative commitment to do so given the infrequency of their use. Furthermore, multiple facility policies (some dated from 2010) still permit the use of confinement for up to 24 hours. These policies need updating. This is a repeat finding from the 2022 report.

### Areas of Non-Compliance and Recommendations

- 2602.170 Discipline states: “At no time should room confinement exceed 4 hours without administrators and/or mental health staff developing an individualized plan to address the behavior.”
  - Recommendations:
    - Eliminate the use of 24-hour confinement with the Special Program consequences.
    - Eliminate the use of confinements during mealtimes and free time for youth.
    - Implement individualized behavior plans for youth who exhibit significant negative behaviors.

- Update facility policies to prohibit the use of confinement for more than four hours without development of an individualized plan.

### **Medical, Health Care, and Mental Health Services**

Medical and mental health services are offered by Wellpath via a shared contract with the LaSalle County Jail. Nurses are stationed in the adult portion of the facility and present 16 hours per day with a 24-hour on call nurse available. A physician is available once per week and on call as needed. Medication is administered by nursing staff and is monitored and prescribed by the physician.

The facility communicates that a youth needs to be seen for medical or mental health services via a paper "Medical/Mental Health Visit Request Form." The facility indicates the reason for the request and the Nurse or Mental Health Practitioner (MHP) is supposed to document the date of visit and follow-up notes.

The Wellpath mental health practitioner's time is split between the adjoining jail and the JDC. The practitioner reported that she goes to the JDC on Fridays to check-in with youth and to provide brief psychotherapy sessions (lasting approximately 15-30 minutes), as well as to conduct intake assessments for youth new to the facility. The mental health provider reported that she typically sees youth when they are in "crisis," which she described could involve youth who were expressing suicidal ideations, have attempted suicide, or exhibit signs of severe depression. She also reported seeing youth who had Attention-Deficit Hyperactivity Disorder (ADHD) and severe anxiety. These more severe clinical presentations, as described by the provider, require appropriate levels of care to address the acuity of mental health symptoms, and a brief weekly "check in" session is not adequate. Though the provider noted that she has worked in the facility on days other than Friday when youth are in crisis and need follow-up support but are rare based on her report.

The mental health provider reported that psychiatric referrals were not possible, however medical staff (employed by the same vendor) were able to show auditors how a psychiatric referral could be made. As a result, youth receive psychiatric medications in the facility only if they were prescribed by a psychiatrist prior to entering the JDC. This lack of communication caused youth whose symptoms required medication management to go without proper psychiatric treatment.

In our examination of files, we found that several youth were still yet to be seen by the clinician, despite making requests which reportedly were not received or documented. One youth who was not seen was a recently admitted youth, who arrived while the provider was on vacation. With no coverage while the provider was on vacation, staff had to manage a new youth without a proper understanding of their mental and physical needs. Further, clinical notes documenting youth contacts by the mental health provider were missing for several youth or incomplete. In one case, the MHP had completed the documentation for an initial clinical intake interview and assessment and there were notes indicating the types of symptoms the youth reported experiencing. However, the sections for the clinical diagnosis and recommended follow-up were blank, despite the fact that the youth had reported several symptoms worthy of follow-up.

In addition to the mental health provider, a non-licensed mental health professional from North Central Behavioral Services also provides therapeutic services to youth. This provider is funded through the 708

grant and serves justice-involved youth in the surrounding area, and several of his youth clients are in the JDC at any given time. For the youth under his caseload, the provider typically provides an introduction to psychotherapy and to behavioral health services and provides coaching and mentoring to the youth. He also provides coaching and mentoring to youth outside of his caseload as well, and also runs a psychoeducational group every other week for all youth.

Overall, the mental health services at LaSalle JTC are inadequate. Youth are not seen for timely admission assessments and are not seen in an appropriate frequency to match the acuity of their mental health concerns. The contract MHP is unfamiliar with the requirements of the contract and is not fulfilling the mental health requirements dictated by County Detention Standards. Coaching and mentoring by a non-licensed provider is not an appropriate supplement to the lack of essential mental health services at this facility.

#### Areas of Non-Compliance and Recommendations

- Section 2602.90 Mental Health Services states: “Youth with significant mental health needs shall be assessed by a qualified mental health professional. A service plan shall be developed for each youth that includes: 1) Counseling or psychotherapy to be provided; 2) Behavioral management strategies and goals; 3) Medication; 4) Protocol for monitoring youth's progress; and 5) Needed adjustments to normal detention programs and procedures.”
  - Recommendations:
    - Implement a consistent schedule for contracted MHPs to be on-site at the juvenile detention center sufficient enough to address the needs of youth.
    - Provide a mental health evaluation for all youth.
    - Develop and implement individualized service plans for youth assessed as needing services.

#### Youth Grievances

The facility has implemented a formal grievance process and new policy since the 2022 Inspection Report. Blank forms are now available next to a locked grievance box in the dining room area for all residents. There are not forms and boxes available in the living unit dayrooms, however. Adding them to these locations would increase youth access to a private grievance process. The facility maintains a record of youth grievances, receiving only four over the past year. Grievances are addressed by facility administrators.

#### Recommendations:

- Make grievance forms and secure grievance boxes available to youth in living unit dayrooms.

#### Education

The facility employs one full time licensed educator. The educator is a former volunteer at the facility who was hired in her educational capacity in August 2021. Youth do speak highly of the educator, saying she is very engaging and takes them outside for lessons whenever she can. However, the current educator only has a K-9 endorsement, so she is providing services to youth outside of her endorsement.

Youth at the facility are officially enrolled in the Ottawa High School. However, administrators and the on-site educator report very little collaboration with the high school. The Ottawa High School did not provide services to youth while the facility was without an educator. There are no clear services provided to youth with IEPs. Four youth at the facility had an IEP at the time of the inspection. The full-time educator is not a licensed special education teacher but reports she does her best to provide services in a manner consistent with IEPs. The facility does not participate in or lead any IEP meetings. These are all repeat findings from the 2022 Inspection Report.

#### Areas of Non-Compliance and Recommendations

- 2602.230 Education states: “Teacher student ratios are at least 1:12 for general education and 1:8 for students with Individualized Education Programs (IEPs). Qualified special education staff are assigned to youth with special education status and special education testing is available for youth in custody.”
  - Recommendations:
    - Hire a special education teacher to ensure services can be provided for youth with IEPs.
    - Identify a process to have a substitute teacher in the event of a teacher absence.
    - Hire an additional teacher with an endorsement fitting the youth population of the facility.

#### Additional Observations

Several facility policies were reviewed during the inspection. The policy manual is significantly outdated and should be completely revised. Many of the policies reviewed had revision dates from 2001. The most recent policy shared by the facility was last revised in 2010. Regular, annual reviews of policies are critical to maintaining compliance with new and revised standards and governing the day-to-day performance of employees. This is a repeat finding from the 2022 inspection.

The facility does offer youth cost-free access to weekly phone calls in compliance with policy, however the cost for youth to make additional collect phone call to families is \$.20/minute. This cost can be a significant barrier to family engagement. It is recommended that the facility work to reduce the cost of the collect call system or increase the amount of free phone calls available to youth and eliminate the use of the collect call system altogether.

#### Recommendations:

- Conduct a thorough review and revision to all facility policies.
- Reduce the cost of the collect call system or increase the amount of free phone calls available to youth and eliminate the use of the collect call system altogether.



## Recommendations

Section	Recommendations
Discipline	<ul style="list-style-type: none"> <li>• Complete Handle with Care training for all new and existing employees.</li> <li>• Eliminate the use of 24-hour confinement.</li> <li>• Eliminate the use of confinements during mealtimes and free time for youth.</li> <li>• Implement individualized behavior plans for youth who exhibit significant negative behaviors.</li> <li>• Update facility policies to prohibit the use of confinement for more than four hours without development of an individualized plan.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Hire a special education teacher to ensure services can be provided for youth with IEPs.</li> <li>• Identify a process to have a substitute teacher in the event of a teacher absence.</li> <li>• Hire an additional teacher with an endorsement fitting the youth population of the facility.</li> </ul>
Youth Grievances	<ul style="list-style-type: none"> <li>• Make grievance forms and secure grievance boxes available to youth in living unit dayrooms.</li> </ul>
Admissions Procedures	<ul style="list-style-type: none"> <li>• Supply appropriate bedding to all residents including sheets, blankets, and pillows unless stipulated by a mental health crisis assessment.</li> <li>• Ensure all bedding items are in acceptable condition.</li> <li>• Permit youth to have pants and sweatshirts in their rooms unless stipulated by a mental health crisis assessment.</li> </ul>
Mental Health Services	<ul style="list-style-type: none"> <li>• Implement a consistent schedule for contracted MHPs to be on-site at the juvenile detention center sufficient enough to address the needs of youth.</li> <li>• Provide a mental health evaluation for all youth.</li> <li>• Develop and implement individualized service plans for youth assessed as needing services.</li> </ul>
Additional Areas	<ul style="list-style-type: none"> <li>• Conduct a thorough review and revision to all facility policies.</li> <li>• Reduce the cost of the collect call system or increase the amount of free phone calls available to youth and eliminate the use of the collect call system altogether.</li> </ul>