

# 2022 Adams County Juvenile Detention Center Inspection Report

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## **Executive Summary**

The Department of Juvenile Justice conducted an annual inspection of the Adams County Juvenile Detention Center on August 30, 2022, pursuant to 730 ILCS 5/3-15-2(b). The Department observed both areas of strength and non-compliance during this review. The sections and specific requirements of the 20 Ill. Adm. Code 2602 County Juvenile Detention Standards (“County Detention Standards”) 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**

Section	Requirement
2602.170 Discipline	Room confinement may be used only as a temporary response to behavior that threatens the safety of the youth and others. Room confinement shall not be used for a fixed period of time, but only until the youth is calm enough to rejoin programming without being a risk to the safety of others. At no time should room confinement exceed 4 hours without administrators and/or mental health staff developing an individualized plan to address the behavior.
2602.30 Personnel	A shift supervisor must be scheduled and available at all times and on duty during all waking hours and immediately available if not on duty during sleeping hours.
2602.50 Admissions Procedures	Following admission, a strip search may be administered only when there is an individualized, reasonable suspicion. . . Within 72 hours after the youth’s arrival at the facility and periodically throughout a youth’s confinement, the agency shall obtain and use information about each youth’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Assessments shall be conducted using an objective screening instrument. . . Current prescription medication shall be continued without interruption unless a qualified medical professional determines in consultation with the prescribing physician, youth, and family that continuation is not indicated. . . Any medication in the possession of a youth at admission shall be labeled for identification and withheld until a medical doctor determines the disposition. This determination shall be made at the earliest possible time, but in no instance shall it exceed eight hours after admission or within the time interval specified for administration of the medication on the prescription container, whichever is less.

2602.80 Medical and Health Care	<p>A medical doctor shall be available to attend the medical needs of youth. General medical physician services shall be provided in accordance with one or more of the following procedures: on salary, in accordance with locally established personnel pay plan; a contract with local physician or clinic for full-time coverage at specific hours and for emergencies; a contract with a local physician to conduct sick call, to be on call for emergencies and to examine newly admitted youth; arrangements with a nearby hospital to provide all needed medical services; and services rendered, without cost, by another agency or department or with costs prorated. Access to psychiatric and/or psychological services shall be provided in individual cases as needed. Nonmedical detention staff may issue any form of over-the-counter medication, providing the facility physician gives prior written approval to the facility for the issue.</p>
2602.90 Mental Health Services	<p>All facilities shall employ or contract with qualified mental health professionals to address the needs of youth identified in the mental health screening, as well as needs that arise during the period of confinement. Services shall meet or exceed the community level of care.</p>

## **Methodology**

- Interviews Conducted
  - Superintendent Arnold
  - Educator
  - 2 Detention Officers
  - 4 Youth
  - Nurse
  - Mental Health Practitioner
- Documents Reviewed
  - Behavior Management Training Materials'
  - Resident Grievance Policy
  - Use of Force Training Materials
  - Sample Administrative Intervention Plan
  - Sample Employee Training Records
  - Department of Public Health Food Services Certificate
  - Dietary Menu with Caloric Count
  - Quincy Fire Department Inspection Results
  - Programming Schedules
  - Resident Orientation Handbook
  - Security Check Policy

## **Overview**

The Adams County Juvenile Detention Center is a 32-bed facility in Quincy, Illinois. The primary programming space is a multi-purpose area outside of the main control room. The facility has a three classrooms, a gymnasium and outdoor recreation space. Youth are primarily housed in three living units, referred to as Blue, Red, and Green Units respectively.

The on-site portion of the review took place on August 30, 2022. At the time of the audit, the facility had four residents (three males and one female). The facility received an additional youth intake while the on-site inspection was taking place. The facility employed a total of three Supervisors and 17 Detention Officers with three openings. The facility also employs a Superintendent, Assistant Superintendent, and two Dietary Workers.

## **Admission Policy and Procedures**

The Adams County Juvenile Detention Center offers 24-hour coverage for admissions. Youth property is collected, inventoried, and laundered according to standards. During the facility walkthrough, auditors observed the property room in which youth personal clothing was organized into bins by youth. The facility still conducts strip searches of all youth upon intake. County Detention Standards permit strip searches of youth upon admission only when there is an individualized, reasonable suspicion of weapons, contraband, or body pests.

The facility has a Youth Orientation Manual that includes a broad overview of programming and rules, youth rights, and the youth grievance process. Youth reported familiarity with the grievance process during interviews and knew the location of the grievance box and how to obtain a grievance if needed.

Prison Rape Elimination Act (PREA) requirements include an assessment to determine risk for victimization within 72 hours of each youth's admission and periodically throughout a youth's confinement. The facility has not implemented such a process. While employees have been trained on PREA, youth do not receive any orientation on the topic. None of the youth at the facility were familiar with the Prison Rape Elimination Act. The facility has not undergone an official PREA audit. While an administrative staff member has been identified as the PREA officer, there has not been much progress made on implementing PREA requirements over the past few years. It would be beneficial to hire a PREA Officer to ensure there is an internal mechanism for monitoring facility compliance with PREA standards.

## **Areas of Non-Compliance and Recommendations**

- 2602.50 Admissions Procedures states: "Following admission, a strip search may be administered only when there is an individualized, reasonable suspicion. . Within 72 hours after the youth's arrival at the facility and periodically throughout a youth's confinement, the agency shall obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Assessments shall be conducted using an objective screening instrument."
  - Recommendation:
    - Eliminate the use of strip searches as a standard process during intake.

- Implement the PREA Risk for Victimization Assessment for youth within 72 hours of admission and periodically throughout a youth's confinement.
- Hire a PREA Officer to supervise facility compliance with PREA standards.

### **Personnel, Staffing and Supervision**

Staffing consistency has been a challenge for the facility over the past year. Administrators reported difficulty filling positions, particularly during the spring and summer months in which there were several employees who resigned or were out on leave. The facility is also only budgeted for three shift supervisors which is insufficient to cover all the waking hour shifts in each week. As such, there are shifts during the week in which a supervisor is not present. In these cases, the most senior Detention Officer is effectively in charge of the shift. County Detention Standards require that a shift supervisor be scheduled and available at all times and on duty during all youth waking hours. The facility will need more budgeted supervisory staff to meet this standard, as covering seven days of youth waking hours by only three employees is not sufficient, especially when taking vacations and sick time into account.

### **Areas of Non-Compliance and Recommendations**

- 2602.30 Personnel states: "A shift supervisor must be scheduled and available at all times and on duty during all waking hours and immediately available if not on duty during sleeping hours."
  - Recommendations:
    - Budget for more supervisory staff to ensure adequate coverage is maintained.

### **Detention Programs, Youth Discipline, and Confinement**

In 2019, the facility took steps to implement a cognitive-based programming model with the assistance of external consultants. The program includes a token economy system in which youth earn points throughout the day that are converted into a three-tiered level system with graduating incentives. The facility also utilizes immediate reinforcements to recognize youth for positive behavior. Youth can use those to make purchases from the commissary system.

The facility also runs daily cognitive-behavioral focus groups with youth. These groups are facilitated by the Detention Officers and cover topics such as anger management, restorative justice, and thinking errors. Youth stated they liked focus groups and felt like they helped them learn new skills. It is commendable that facility administration self-identified a need to enhance programming at the facility and took steps to implement changes. It is also commendable that the facility is utilizing Detention Officers to deliver programming as it demonstrates commitment to moving away from a traditional correctional environment towards a rehabilitative one.

There is one area surrounding the focus groups that could be improved. Standard practice at the facility is to facilitate focus groups by living unit. On the day of the audit, the facility had only one female youth who was housed in a living unit by herself. The youth was admitted to the facility in early July and has been housed alone during that time. She has not been able to join the other youth in their focus groups, instead receiving this program individually. Youth would benefit from a better focus group experience if

youth were able to combine during the programming, especially when the total youth population is so low.

The facility utilizes a timeout system to address inappropriate behavior. Youth earn five-minute timeouts for minor behavioral infractions. These timeouts can escalate to thirty-minute timeouts if the youth does not serve the timeout appropriately. Youth also earn a consequence called a “30-30-5” for behaviors that are threatening in nature. In these circumstances, youth serve a timeout for approximately 30 minutes and complete a Rational Self-Analysis, a thinking tool that prompts youth to self-analyze their behavior by identifying antecedents and irrational thinking that contributed to their behavior.

The facility also utilizes an administrative intervention process when youth exhibit more significant behaviors. When youth are placed on Administrative Intervention they are largely separated from other youth during programming. On the day of the on-site inspection, one youth had just been released from an Administrative Intervention status. The youth began on the status on August 8, 2022 and spent a total of 22 days on Administrative Intervention. During this time, the youth was not housed in a pod with other youth. Rather, he was housed in one of two rooms in a hallway adjacent to the control room. The youth’s Administrative Intervention Plan was reviewed. The plan described the rules the youth was required to follow and details the activity participation for the youth. In this case, the plan stated the youth was required to shower, clean his room for chores, could participate in gym time if possible, and recreation would not exceed 90 minutes. This was consistent with youth and staff reports, which indicated the youth spent most of his time in his room while on the plan, with approximately 30-60 minutes of recreation time per shift. The plan itself did not have any specialized interventions for the youth, such as mental health services or individualized cognitive-behavioral assignments targeted on the youth’s problematic behaviors. In practice, the Administrative Intervention status at the facility appears to be largely a confinement-based system rather than one guided by individualized programming.

The facility has some additional struggles with confinement. Staff and youth indicated there have been frequent occurrences in which youth have been confined for shifts due to a lack of sufficient staffing. Some estimated it happens multiple times per week, particularly on weekends.

On the day of the audit, three of the four youth were observed in classrooms, participating in school. The fourth youth – who was admitted to the facility in early July – was in her room. Staff reported they have had trouble getting the youth enrolled in school, so she stays in her room during school time. There was a total of one supervisor and four detention officers on-site at the time. One Detention Officer was seated in the classroom with the youth in school. The remaining Detention Officers were all sitting in the control room during the walkthrough. Those Detention Officers remained there for the bulk of the first hour of the on-site inspection. There was no operational or behavioral reason for the youth to be confined during this timeframe, as the facility was staffed with more employees than youth at the given time. While the recommendations regarding educational services for this youth will be outlined in greater detail later in the report, the use of confinement in this manner is certainly out of compliance with County Detention Standards.

#### Areas of Non-Compliance and Recommendations

- 2602.170 Discipline states: “Room confinement may be used only as a temporary response to behavior that threatens the safety of the youth and others. Room confinement shall not be used for a fixed period of time, but only until the youth is calm enough to rejoin programming without being a risk to the safety of others. 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 confinement for youth on administrative intervention plans.
    - Update Administrative Intervention Plans to include interventions designed to directly target problematic behaviors.
    - Eliminate the use of confinement for youth who are not permitted to participate in scheduled programming.
    - Enhance the documentation of youth confinement time to include:
      - Written reports that indicate the reason for confinement.
      - The start and end times of the confinement.
      - Attempts to de-escalate the youth and return them to regular programming.

### **Medical and Health Care**

Medical services are provided on-site by nursing staff from the Adams County Health Department. The nurse is only on-site once per week to do medical assessment for youth intakes over the previous week. The Health Department does not provide any type of physician or psychiatric services, nor do they provide any direct medical guidance. The Health Department nurse will document the medication the youth is taking but does not provide any medication direction. When youth report they are taking prescription medication, facility staff contact families to request they bring the medication to the facility. Those medications, if supplied, are not reviewed by any contract medical professional before being administered to youth; rather the facility attempts to contact the prescribing doctor's office to verify the medication. If families do not bring the medication, there is not an efficient process to have those prescriptions filled. This was observed during the on-site inspection, as one youth reported he had not received his blood pressure, ADHD, or depression medication since he was admitted a week prior. Medical documentation completed by the Health Department nurse in the youth's file affirmed that he is supposed to be taking these medications. Facility staff reported his family was supposed to drop it off but had not. There was a log in the control room that indicated the family had been contacted twice about dropping off the medication. Steps should be in place to have a new prescription written and filled by the facility in these circumstances to ensure there is not disruption to a youth's course of medication.

Medication distribution is managed by facility staff. Medication is stored in a locked cabinet in the medical exam room. The facility does not have a second, locked box for controlled medication. Overnight shift staff package medication to be distributed the following day in small envelopes. These envelopes are stored in the control room for distribution throughout the day. These envelopes were observed on the countertop in the control room during the on-site inspection.

### Areas of Non-Compliance and Recommendations

- Section 2602.50 Admission Procedures states: “Current prescription medication shall be continued without interruption unless a qualified medical professional determines in consultation with the prescribing physician, youth, and family that continuation is not indicated. . . Any medication in the possession of a youth at admission shall be labeled for identification and withheld until a medical doctor determines the disposition. This determination shall be made at the earliest possible time, but in no instance shall it exceed eight hours after admission or within the time interval specified for administration of the medication on the prescription container, whichever is less.”
- 2602.80 Medical and Health Care states: “A medical doctor shall be available to attend the medical needs of youth. General medical physician services shall be provided in accordance with one or more of the following procedures: on salary, in accordance with locally established personnel pay plan; a contract with local physician or clinic for full-time coverage at specific hours and for emergencies; a contract with a local physician to conduct sick call, to be on call for emergencies and to examine newly admitted youth; arrangements with a nearby hospital to provide all needed medical services; and services rendered, without cost, by another agency or department or with costs prorated. Access to psychiatric and/or psychological services shall be provided in individual cases as needed. Nonmedical detention staff may issue any form of over-the-counter medication, providing the facility physician gives prior written approval to the facility for the issue.”
  - Recommendations:
    - Hire or contract with a medical doctor and nursing personnel to provide sufficient coverage to meet the medical needs of the youth population.
      - Have a facility medical physician provide written approval to the facility before nonmedical staff can issue over-the-counter medication.
      - Implement a process to ensure minimal disruption in youth medication upon intake.
    - Hire or contract with an entity to provide psychiatric and/or psychological services.

### Mental Health Services

The facility contracts with an independent community mental health professional (MHP). The contract is paid for by a grant through the school system. The grant usually runs annually from July-June each year, however, the grant from last year ran out of money in May of 2022. The MHP has not physically been to the facility since then but averaged two days at the facility prior. There are three ways youth will be seen by the MHP: (1) all youth receive the Mental Health Juvenile Justice – JJ Referral Screen (MHJJ – JJ Referral Screen on intake and youth may be referred to the MHP based on the results of that screening; (2) youth at the facility can request to see the MHP; and (3) via a 30-day court-ordered treatment program the facility operates. The treatment program used to be more prevalent at the facility, however, the MHP estimates only six youth have been referred to that program since April 2020. The contracted MHP is not on call for the facility and does not participate in any services related to acute crisis. Youth in crisis are referred to SASS or brought to a local emergency room if needed.



### Areas of Non-Compliance and Recommendations

- 2602.90 Mental Health Services states: “All facilities shall employ or contract with qualified mental health professionals to address the needs of youth identified in the mental health screening, as well as needs that arise during the period of confinement. Services shall meet or exceed the community level of care.”
  - Recommendations
    - Employ or contract with qualified mental health professionals to provide mental health services for all youth at the facility year-round.

### Education

The facility has one full-time teacher that is an employee of the local public school and an education liaison who manages youth enrollment. Special education services are provided by a special education coordinator at the local high school. Most youth work is done online in the Edgenuity Credit Recovery System. Youth were in school during the audit, however, there was one youth who had yet to be enrolled in school and was not attending. The youth had been detained for approximately two weeks. The educational liaison indicated they were waiting for the youth’s DCFS worker to complete the enrollment before having the youth participate in school. Even if there are delays in getting a youth registered, services should still be provided until the formal registration takes place.

### Recommendations

- Begin providing educational services to youth upon intake.

### Recommendations

Section	Recommendations
Admissions Policies and Procedures	<ul style="list-style-type: none"><li>• Eliminate the use of strip searches as a standard process during intake.</li><li>• Implement the PREA Risk for Victimization Assessment for youth within 72 hours of admission and periodically throughout a youth’s confinement.</li><li>• Hire a PREA Officer to supervise facility compliance with PREA standards.</li></ul>
Personnel	<ul style="list-style-type: none"><li>• Budget for more supervisory staff to ensure adequate coverage is maintained.</li></ul>
Discipline	<ul style="list-style-type: none"><li>• Eliminate the use of confinement for youth on administrative intervention plans.</li><li>• Update Administrative Intervention Plans to include interventions designed to directly target problematic behaviors.</li><li>• Eliminate the use of confinement for youth who are not permitted to participate in scheduled programming.</li><li>• Enhance the documentation of youth confinement time to include:<ul style="list-style-type: none"><li>○ Written reports that indicate the reason for confinement.</li><li>○ The start and end times of the confinement.</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Attempts to de-escalate the youth and return them to regular programming.</li> </ul>
Education	<ul style="list-style-type: none"> <li>● Begin providing educational services to youth upon intake.</li> </ul>
Medical and Health Care Services	<ul style="list-style-type: none"> <li>● Hire or contract with a medical doctor and nursing personnel to provide sufficient coverage to meet the medical needs of the youth population. <ul style="list-style-type: none"> <li>○ Have a facility medical physician provide written approval to the facility before nonmedical staff can issue over-the-counter medication.</li> <li>○ Implement a process to ensure minimal disruption in youth medication upon intake.</li> </ul> </li> <li>● Hire or contract with an entity to provide psychiatric and/or psychological services.</li> </ul>
Mental Health Services	<ul style="list-style-type: none"> <li>● Employ or contract with qualified mental health professionals to provide mental health services for all youth at the facility year-round.</li> </ul>