Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER)

Report to
the Mississippi Legislature

Health and Safety Issues at the Oakley and Columbia Youth Training Schools

The PEER Committee reviewed complaints related to health and safety issues at the Oakley and Columbia Youth Training Schools operated by the Division of Youth Services (DYS) of the Mississippi Department of Human Services (DHS). There were nine complaints involving four broad areas in the administration of services: access to medical care, medical supervision, special medical needs, and preventing abuse of juveniles. In these areas, actual practices at the Columbia and Oakley juvenile facilities promote health and safety. However, uniformity of program operations suffers due to the absence of formal policies and procedures to govern critical components of care.

PEER found that although the training schools have qualified health professionals available (medical, dental, mental health), the facilities are not meeting health requirements and/or minimum standards in the areas of medical staff shift coverage and dental services. The facilities also lack policies and procedures governing medical authority to ensure proper medical supervision of youth detained in the facilities. Because the facilities have not formally designated their physicians as the medical authority, it is possible for a juvenile's health needs to go unaddressed. Qualified health-trained professionals address special needs of training school youth at both facilities; however, lack of coordination and supervision of treatment plans allow mainly dental and drug treatment needs to go unmet.

Other policy areas such as those prohibiting sexual abuse, harassment, or contact are generally effective in preventing sexual misconduct. However, the practices of low staffing in student residences and no pre-service orientation on treatment topics put both students and staff at risk for misconduct.

Despite these specific shortcomings, staff and administrators have taken numerous measures to ensure the health and safety of students. The training schools have a major disconnect between policies and practice. However, there are many more cases of no written policy but actual practice approaching or realizing the performance standards than there are of written policy but no practice, or of the institutions having neither policy nor practice.

May 14, 2002

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The Mississippi Legislature

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May 14, 2002

Honorable Ronnie Musgrove, Governor
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Honorable Tim Ford, Speaker of the House
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On May 14, 2002, the PEER Committee authorized release of the report entitled **Health and Safety Issues at the Oakley and Columbia Youth Training Schools.**

Senator William Canon, Chairman

This report does not recommend increased funding or additional staff.

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List of Exhibits

Health and Safety Issues at the Oakley and Columbia Youth Training Schools

Executive Summary

The PEER Committee reviewed complaints related to health and safety issues at the Oakley and Columbia Youth Training Schools operated by the Division of Youth Services (DYS) of the Mississippi Department of Human Services (DHS).

Complainants outlined nine (9) specific concerns relative to the health and safety of the youth committed to these training schools. The nine complaints involve four broad areas in the administration of services, organized as follows:

- **Access to Medical Care** - including lack of 24-hour, 7-day-a-week medical access; lack of dental services; lack of infirmary isolation; and lack of privacy for medical screenings;
- **Medical Supervision** - including lack of assignment of a medical authority and improper use of restraint chairs;
- **Special Medical Needs** - including lack of care and services provided to juveniles with special medical needs;
- **Preventing Abuse of Juveniles** - including lack of policies, procedures, and practices to prevent sexual abuse of juveniles.

Health and Safety Concerns

In the areas of medical access, medical supervision, special medical needs, and prevention of abuse, actual practices at the Columbia and Oakley juvenile facilities promote health and safety. However, uniformity of program operations suffers due to the absence of formal policies and procedures to govern critical components of care.

PEER found that the medical services area is without a formally adopted set of written policies and procedures. Therefore, the facilities are not ensuring consistency in procedures, and in meeting minimum standards.

Access to Medical Care

Although the training schools have qualified health professionals available (medical, dental, mental health), the facilities are not meeting health requirements and/or minimum standards in the areas of medical staff shift coverage and dental services.

Neither facility has on-site medical personnel during the 11 p.m. to 7 a.m. shift. However, each facility's access to hospital emergency services and on-call arrangements with doctors and nurses help compensate for responses to medical needs. Additionally, because the facilities do not provide many routine dental services, some dental problems are inadequately treated.

Regarding infirmary isolation, PEER found that each facility has space available for infirmary isolation. However, because none of the infirmary rooms that are used for isolation have negative pressure ventilation systems, contagious conditions have a chance of spreading to the general clinic environment. Regarding medical screenings, the facilities should take added measures to ensure the privacy of youth.

Medical Supervision

The facilities lack policies and procedures governing medical authority to ensure proper medical supervision of youth detained in the facilities. Because the facilities have not formally designated their physicians as the medical authority, it is possible for a juvenile's health needs to go unaddressed. PEER found, however, that medical decisions at each facility are usually made by medically qualified personnel on a timely basis, rather than by administrative staff.

A lack of training and medical oversight for restraint of youth in the violent offender's chair can yield negative outcomes for youth and staff. Both facilities have policies regarding the restraint chair in their facility manuals that are consistent with correctional standards. However, these policies are not fully followed in practice. Policies also require medical authority and supervision of youth placed in the restraint chairs.

Special Medical Needs

Qualified health-trained professionals address special needs of training school youth at both facilities. However, based on an examination of about 300 cases of current residents, treatment did not match special medical needs

identified in approximately 5% of individual treatment plans. In general, the facilities do not ignore students with special medical needs. However, lack of coordination and supervision of treatment plans allow mainly dental and drug treatment needs to go unmet. PEER found that other special medical needs such as prenatal care for pregnancies and special dietary considerations for diabetics are addressed.

Both facilities need improvements in the following areas:

- Require licensed psychologists to supervise treatment plans rather than associate psychologists;
- Conduct monthly progress meetings;
- Make counselors at Oakley part of staffings (meetings that assign youth to particular staff and dormitories); and,
- Require nurses at Columbia to be present at staffings.

Preventing Abuse of Juveniles

Policies and procedures prohibiting sexual abuse, harassment, or contact are generally effective in preventing sexual misconduct. However, the practices of low staffing in student residences and no pre-service orientation on treatment topics put both students and staff at risk for misconduct.

The facilities' use of various methods to increase security decreases the likelihood of misconduct. In fact, from FY 1998 through FY 2000, the MDHS Office of Special Investigation carried out investigations of five cases of some kinds of inappropriate sexual conduct by employees at the training schools. None of the five allegations (including two involving Juvenile Correctional Officers and juveniles) were substantiated.

Summary

Actual health care practices conform to applicable policy standards, but the written institutional policies and procedures are out of date and do not reflect the current practices. Columbia and Oakley need a major update of their Policies and Procedures Manuals in general, but particularly in the health care area in ways that are specified in the recommendations.

Recommendations

Access to Medical Care

Policies and Procedures

1. The facilities should adopt and distribute an official version of the medical manual. All of the health service areas in the final medical manual should be reflected in the overall facility Policies and Procedures Manual. The Division of Youth Services should amend the Policies and Procedures Manuals for Columbia and Oakley, particularly for health care, to reflect all health care areas. The Division of Youth Services should substantively review the draft manual in light of this report, circulate it to the health care and administrative staffs of Columbia and Oakley, and set a date for its adoption under the authority of the physicians and the facility administrators.

2. Columbia and Oakley should develop a formal system for processing juvenile complaints about health care matters for the Policies and Procedures Manuals. This complaint system can incorporate the informal system currently in use.

3. The Division of Youth Services should develop and implement (at the facility level) a program to monitor medical area needs and the delivery of health services, and a program to assess and assure quality for all health care services at both Columbia and Oakley.

24-hour, 7-day-a-week Medical Access

4. In order to meet the Morgan v. Sproat standard, the Department of Human Services and its Division of Youth Services should facilitate the timely hiring and retention of personnel to fill all positions allocated for medical personnel who staff the health care clinics at Columbia and Oakley on a priority basis. Both facilities should either change the work schedule of nurses to allow coverage during the 11 p.m. to 7 a.m. shift or hire nurses for this shift.

5. Division of Youth Services should significantly update the Columbia and Oakley Health Care Policies and Procedures Manuals to incorporate a number of accessibility practices already being used. These include nursing services, labs and x-rays, emergency health services, and in-patient hospitalization.

6. The Division of Youth Services should modify its health care policies and procedures to include use of nurse practitioners or physician assistants, as is currently the practice.

7. Each of the training schools should formally adopt a written agreement with a local hospital regarding admission of juveniles and provision of medical services that cannot be provided in the facility.

Dental Services

8. The Division of Youth Services should require the dentist for Oakley to document the results of the dental examination for each juvenile entrant on a dental chart, include it in the juvenile's medical file, and monitor files for compliance.

9. Columbia and Oakley should immediately provide a full continuum of dental services in order to meet the Morgan v. Sproat standard of care. Minimum standards require diagnosis and treatment that includes non-emergency, preventive, and maintenance dental care. The Division of Youth Services should assure that the program addresses all aspects of dental care including: initial examination; hygienic and prophylactic services; preventive education; non-emergency services (such as fillings for cavities; and emergency services. Dental services may be provided either on-campus at the dental rooms that are in various stages of being equipped and fixed to operate (this will mean some modernizing of equipment such as the dental chair's tools and acquisition of dental treatment supplies), or at dental offices off-campus, or a combination. DYS should contract with available dentists in Columbia rather than with dentists in Jackson to provide dental services.

10. In the program of dental services at Columbia and Oakley, the providers should pay particular attention to the matter of the status and treatment of wisdom teeth, especially in the older juveniles at Oakley. There are notations by the nursing staff on a number of "clinic pass" complaints of painful wisdom teeth at Oakley, and invariably all that was done was to administer temporary pain relievers to sore gums.

11. Columbia and Oakley should specifically include in the annual training of all staff having contact with juveniles the proper means of preserving and transporting avulsed (ripped or severed) teeth.

12. All entities (Division of Youth Services, Oakley, Columbia) should contract more service time with

dentists so that the dentists can perform necessary procedures such as fillings, and also have time for more thorough charting of dental conditions.

Infirmary Isolation

13. The Division of Youth Services should ensure that the new clinic that will begin construction this summer will have a true isolation room as outlined in the construction plan.

14. The Division of Youth Services should develop a policy statement on the use of the infirmary and isolation beds.

15. The Division of Youth Services should update the Columbia and Oakley Policies and Procedures Manuals to incorporate current infirmary and clinic practices.

Privacy for Screenings

16. The Division of Youth Services should specify in the Columbia and Oakley Policies and Procedures Manuals current practices regarding clinic facilities, privacy, verbal consent from patient (for rectal or pelvic examinations), and the conduct of examinations.

17. Columbia and Oakley should move as many aspects as possible of the screening process to private areas. Columbia should consider the use of a partition next to the nurse's station where screenings occur in order to keep the process out of view of those in the waiting area.

Medical Supervision

Medical Authority

1. The Division of Youth Services should include a written policy in the Health Care Policies and Procedures Manual that standards of medical care and access to that care are decided by qualified medical personnel, and not by any other institutional staff.

2. The Columbia and Oakley Policies and Procedures Manuals need an explicit statement of policy regarding the primacy of qualified health professionals making final medical judgments in all cases. The policy statement should clarify the role of the directors and duty administrators in decisions to transport juveniles to off-campus health care facilities, as they must be accompanied by security personnel and use training school vehicles in many instances.

3. At a minimum, the facility directors should formalize the role of the physician as the medical authority through policy or distribution of memoranda to staff.

4. Facility directors should meet with the physicians on a quarterly basis to review medical services and medical needs.

Restraint Chair Use

5. The facilities should establish monitoring procedures for juvenile in restraints, provide appropriate training, and require reporting of restraint use to a physician or psychologist.

6. The Division of Youth Services should clarify statements in the facilities' Policies and Procedures Manuals concerning the conditions under which various types of restraints, including the restraint chair, will be used. The Division should define procedures guiding the use of fixed restraint and how long, when, where, and how restraints are to be used.

7. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals regarding monitoring procedures for juveniles in restraints-both for health care staff and other staff. This policy statement can incorporate current practices.

8. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals regarding emergency distribution of restraint equipment. Written records should be maintained of those who routinely and non-routinely receive restraint equipment, for accountability purposes.

9. The Division of Youth Services should include a written statement in the facilities' Policy and Procedures Manuals that specifies annual training for the appropriate staff in the safe and appropriate use of physical, mechanical, and chemical restraints.

10. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals that specifies policy on direct-care staff receiving annual training on de-escalation techniques.

Special Needs

1. Columbia and Oakley staff responsible for the Individualized Treatment Program (ITP) for each juvenile should make sure there is a meaningful medical/health care component to each one, and that appropriate health care staff contribute to progress reports on meeting ITP goals.

2. The Division of Youth Services should thoroughly update the Columbia and Oakley Policies and Procedures Manuals regarding the treatment of all categories of special needs students. Areas that need to be addressed specifically include:

   - A complete policy statement about dietary practices;
   - A policy statement about nutritionally adequate diet incorporating the Food Guide Pyramid;
   - The process for using special medical and dental diets;
   - A policy statement regarding the health treatment of females;
   - A policy statement about pregnancy management;
   - Policy recognition of the greater risk of suicide and other psychological problems among incarcerated girls than among boys.

3. Licensed psychologists should meet with counselors on an intermittent basis to discuss the needs of youths, and to ensure the treatment plans are followed. Medical personnel should also be present at "staffings" to ensure that special medical needs are accurately represented on the treatment plans.

4. Programmatically, licensed psychologists and health care staff should participate in monthly progress report meetings on the juveniles prior to parole reports.

5. Columbia should bring written policy regarding suicide precautions in line with practice. Columbia should use the same written policy that Oakley uses regarding treatment for students on the suicide precaution list. The policy calls for counseling rather than using punitive or disciplinary measures.

6. Registered nurses should give medical counseling pertaining to mastering special medical conditions (perhaps group sessions in the dormitories) to affected youth. This should be coordinated with the counseling

staff to ensure connection between medical observations and treatment.

Preventing Abuse of Juveniles

1. The Department of Human Services should ensure that the budgets for both facilities support staffing all living areas with at least two counselor aides or juvenile correctional officers at all times.

2. In addition to the informal system currently in operation, the Columbia and Oakley health care policy should have a formal grievance procedure for youth to lodge complaints about abuse, including sexual abuse.

3. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals to inform juveniles and staff that those who report alleged abuse will be protected from retaliation.

4. The facilities should revise student handbooks to incorporate policies regarding appropriate staff contact with students.

5. Upon hiring, new employees should receive an additional 32 hours of pre-service orientation on topics that would promote the treatment and understanding of youth. These topics should include, but should not be limited to, stages and pathways of adolescent development, communication skills that include verbal de-escalation techniques, behavior management, basic training related to medical care, effects of drug use, and potential negative effects of isolation. The facilities should consider pairing new counselor aides and juvenile correctional officers with counselors for this orientation.

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Health and Safety Issues at the Oakley and Columbia Youth Training Schools

Introduction

Authority

The PEER Committee authorized a review of complaints related to health and safety issues at the Oakley and Columbia Youth Training Schools operated by the Division of Youth Services of the Mississippi Department of Human Services (MDHS) pursuant to the authority granted by MISS. CODE ANN. Section 5-3-57 et seq. (1972).

Scope and Purpose

PEER sought to determine whether health and safety measures practiced at the Oakley and Columbia Youth Training Schools are sufficient to assure that juveniles receive necessary medical services and are protected from harm. Complainants cite a number of concerns, including the following:

- Lack of 24-hour, 7-day-a-week medical access;
- Lack of dental services;
- Lack of infirmary isolation;
- Lack of privacy for medical screenings;
- Ignoring students with special needs;
- Allowing medical decisions to be made by administrative staff rather than doctors;
- Placing students in restraint chairs without proper medical supervision;
- Correctional guards participating in sexually inappropriate conduct with juveniles; and,
- Lack of a comprehensive manual of policies and procedures to govern the conduct of facility employees.

PEER has organized these concerns in such a way as to determine the following:

- Whether medical services are available and provided to assure that juveniles in each facility are healthy and safe;
- Whether the administrators of the facilities provide for proper medical supervision of juveniles;
- Whether the facilities meet the needs of juveniles who have special needs (for example, disabilities, diabetes);
- Whether facility procedures and practices reduce the risk of sexual abuse of juveniles by facility personnel or other juveniles.

Method

PEER conducted a file review in February 2002, of current juveniles committed to the Oakley and Columbia Training Schools through December 31, 2001. This enabled the treatment plans to be in effect for at least six weeks. The review consisted of an analysis of the individual treatment plans and medical files of each resident. PEER also reviewed procedures for obtaining hospital care of juveniles from FY 1999 through the first half of FY 2002. PEER inspected the facilities, interviewed staff, reviewed policies, procedures, and practices of each facility, and reviewed budget and appropriation information.

PEER also reviewed the 1977 health and safety requirements promulgated by the federal district court case, Morgan vs. Sproat class action lawsuit, against the Oakley facility. The judgment for the case resulted in court-ordered minimum standards for programs of the Oakley facility. These standards also apply to other facilities operated by MDHS. The Oakley and Columbia Juvenile Training Schools are not accredited by juvenile correctional standards. However, where minimum standards promulgated by Morgan vs. Sproat did not exist, PEER used standards from other sources. These include the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the Civil Rights for Institutionalized Persons Act (CRIPA).

Background

Mississippi's two state-operated juvenile training schools provide services to juvenile offenders who have been committed by the state's Youth Courts. One, the Oakley Training School (more recently referred to as the Mississippi Youth Corrections Complex) currently holds male offenders between the ages of 15 and 18 years of age. This facility is located in northeastern Raymond (southern Hinds County). The second facility, the Columbia Training School, holds female offenders from the age of ten to 18, and male offenders between the ages of ten and 14. The Columbia Training School is located in northern Columbia (Marion County).

Both campus-based facilities offer juveniles who have been committed there as a result of offenses, an opportunity to receive various rehabilitative and correctional services under the care of administrative and professional staff.

Committal To a Training School

Statutory Authority for Commitments

Under MISS. CODE ANN. Section 43-21-605, any of Mississippi's youth courts may transfer custody of a juvenile offender to the Department of Human Services for committal to one of the training schools. Commitment of youth to a correctional training institution entails provision of specialized treatment services. This treatment involves several components; namely, health care, education, counseling, vocational, recreational, nutritional, and optional religious services. The Columbia and Oakley Training Schools have also instituted a training component based on a regimented military model of discipline as an integral aspect of the training and rehabilitation experience. This report focuses on the health and safety components within the institutional programs.

Types of Dispositions

The health, safety, and rehabilitation of youth committed to the state's training schools are primary concerns in providing treatment to juvenile offenders. Commitment to the training schools is only one of many dispositional alternatives that Youth Court judges employ. Other alternatives include restitution to the victims, warnings, supervision, fines, special services, suspension of licenses, counseling, referrals to agencies or institutions, transfer of

custody to other individuals or agencies, or wilderness programs.

Type of Offenses and Number of Youth Committed

According to the 1999 annual statistical report of the Division of Youth Services, cases are classified according to three categories of disposition:

- delinquent offenses (for example, disorderly conduct/disturbing the peace, assault -all except aggravated assault, and larceny - shoplifting);
- status offenses (for example, ungovernable behavior/incorrigibility, truancy/educational neglect, and running away); and,
- "other" offenses (for example, drug offenses, aggravated assault, rape, manslaughter by negligence, and murder/negligent homicide).

Delinquent and status offenses account for approximately 97% of cases whereas "other" offenses account for less than three percent. The report notes that the most reported age of offenders was sixteen years of age.

According to the Division of Youth Service's 2000 annual report, approximately 10% (or 2,320) of the 22,806 cases disposed of during CY 2000 resulted in commitment to the Youth Training Schools. The Columbia Training School served approximately 900 youths in 2001, and Oakley served approximately 1,400. During 2001, the 200-bed Columbia facility maintained an average daily population of 195, and the 465-bed Oakley facility maintained an average daily population of 337.

Description of Intake and Routine Services Provided

Intake Services (Provided during Commitment)

Intake Screenings: General health, dental, vision, inoculations, STD/HIV, pregnancy

On their first day of residence at the training school, the juvenile is received through an intake process that includes receipt of the youth from the escorting law enforcement officer with appropriate court documents; photographing and indoctrinating the youth on the rules and customs of the facility; assessments in education, psychology, dentistry, and physical fitness.

The youth is escorted to the clinic for another part of the intake procedure, the health screening. The nurse on-duty checks and records the vital signs on a form, then records the youth's self-reported health history on the same form. The nurse makes notation of any unusual markings on the body such as cuts or tattoos, then diagrams these markings on a pictorial representation of the body. A complete blood count and urinalysis are also conducted.

Medical and Dental Examinations (Conducted by Doctors)

Within two weeks of residence, youths see a physician for a physical examination, and a dentist for a dental exam. The physician checks for many conditions such as lung clarity, presence of hernias, and/or prior medical conditions to determine regimens and activity restrictions.

Routine Services (Provided during Commitment)

Routine Care (Doctors, Nurses, Lab Work, Special Needs)

Once the youths have completed the full intake process, they receive medical attention for health concerns that arise. For example, nurses administer prescribed medications at appropriate intervals and respond to sick call requests of the youths on a daily basis. The physicians visit one day a week to respond to major health concerns. Such medical attention may require x-rays, lab work, or other tests to determine the diagnosis. Community resources are used for these tests including local hospitals and medical specialists. Physicians also prescribe special diets for diabetics and recommend activity levels for the military and recreational training areas.

Emergency Care (Hospitals)

If a physician is not available to make medical determinations, or the youth is experiencing pain that requires immediate attention, security guards and available medical personnel transport the youth to a local hospital for diagnosis and treatment.

Aspects of Care Designed to Assure Safety of Juveniles

Security Officers

Each facility employs security officers for a number of functions. Their primary duties are to guard the entrance and exit to the facility; to conduct surveillance of the campuses by driving around the facilities; and to intervene in situations where staff needs extra assistance.

Security Levels

The Columbia facility is a minimum-security facility. Each residence has open-bay dormitory rooms, with ease of entry and exit within the dormitory. The Oakley facility has three levels of security within the housing units - minimum, medium, and maximum. Minimum-security dormitories are located on the open campus. These units have open-bay rooms with a common living area. The medium-security housing units are within an enclosed, fenced structure that also contains the school and recreation area. The rooms within these units are situated around pods. Each pod has about 25 cells to which juvenile correctional officers control entrance and exit to individual cells. The maximum-security unit is located on the Oakley campus, but is shared with the Columbia facility. Security officers supervise the living quarters in this facility, and control the entrance and exit to the facility and rooms at a central location.

Security Checks

Security officers and duty administrators conduct routine checks and spot checks on all buildings during evening, night, and morning hours. Routine checks happen on regular intervals, whereas spot checks are unannounced and random.

Conclusions Concerning Health and Safety Issues

In the areas of medical access, medical supervision, special medical needs, and prevention of abuse, actual practices at the Columbia and Oakley juvenile facilities promote health and safety; however, uniformity of program operations suffers due to the absence of formal policies and procedures to govern critical components of care.

Factors that affect health and safety within the Oakley and Columbia Youth Training School environments range from adequate policies and procedures to availability of services.

Complainants outlined nine (9) specific concerns relative to the health and safety of the youth committed to these training schools. The nine complaints involve four broad areas in the administration of services, organized as follows:

- **Access to Medical Care** - including lack of 24-hour, 7-day-a-week medical access; lack of dental services; lack of infirmary isolation; and lack of privacy for medical screenings;
- **Medical Supervision** - including lack of assignment of a medical authority and improper use of restraint chairs;
- **Special Medical Needs** - including lack of care and services provided to juveniles with special medical needs;
- **Preventing Abuse of Juveniles** - including lack of policies, procedures, and practices to prevent sexual abuse of juveniles.

This report makes careful distinction between what the facilities have in policy, and what they are actually doing in practice. PEER found that policies and procedures were generally lacking throughout most areas governing the provision of services to the juvenile population, which we chose to address first in the following.

Policies and Procedures

PEER found that the medical services area is without a formally adopted set of written policies and procedures. Therefore, the facilities are not ensuring consistency in procedures and in meeting minimum standards.

There are many more cases of no written policy but actual practice approaching or realizing the performance standards than there are of written policy but no practice, or of the institutions having neither policy nor practice.

Both facilities have manuals that address all aspects of the training schools. However, the medical sections of the facilities' manuals cover only two areas - dental and sexually transmitted disease/human immunodeficiency virus (STD/HIV). It is not clear why only these two particular areas are highlighted in the facilities' manuals. The medical section mentions nothing about medical services available through nursing or physician staffs, referrals for medical treatment, or emergency services. Both facilities have departmental manuals addressing limited components of care that give further guidance to employees. While Columbia has a nurses' manual, Oakley has a draft medical services manual. This manual was circulated to medical personnel at Columbia and Oakley for input, but has not been seen by or distributed to the staff of either facility. At the time of the review, a health authority had not signed the draft medical services manual. Therefore, PEER did not consider the policies of the draft medical manual for this review.

PEER found that policies are clearly lacking in many areas in which practices actually exist. Exhibit 1 shows the areas of minimum standards for health services promulgated by the Morgan vs. Sproat decision.

Exhibit 1: Policy and Practice Compliance with Minimum Standards For Health Services

		Policy		Practice	
Source	Minimum Standard	Columbia	Oakley	Columbia	Oakley
Morgan vs. Sproat	Sufficient medical staff to allow at least one medical nurse or licensed practical nurse to be on duty at all times, 24 hours a day.	No	No	No	No
	Complete medical examinations, diagnosis, and treatment.	No	No	Yes	Yes
	Complete dental examinations, diagnosis, and treatment.	Yes	Yes	No	Partial
	Establishment of an overnight infirmary.	No	No	Partial (on call)	Partial (on call)
	Complete health screenings (hearing, vision, dental, and inoculations)	No	No	Yes	Yes
	Monitoring of residents' treatment plans by a licensed psychologist	Yes	Yes	No	No
	Monthly progress meetings on the residents' treatment plans	No	No	No	No

NOTES: No = Facility has no written policy or practice offering guidance on the minimum standard.
Partial = Facility practices some aspects of minimum standard.
Yes = Facility has a written policy or practice offering guidance on the minimum standard.

SOURCE: Final Judgment for the 1977 Morgan vs. Sproat Case

Actual practice varies by complaint area. There are many more instances where practice exists without policies, and fewer instances where policies exist without practice (see Exhibit 1). In two major areas, 24 hour medical staffing and progress meetings, there is neither policy nor practice in compliance with minimum standards.

Access to Medical Care

Although the training schools have qualified health professionals available (medical, dental, mental health), the facilities are not meeting health requirements and/or minimum standards in the areas of medical staff shift coverage and dental services.

24-hour, 7-day-a-week Medical Access

The first project objective is to determine if medical services are available (accessible) and provided at Columbia and Oakley to assure that juveniles in each facility are healthy and safe. This area, in particular, shows the necessity of obtaining both written policy and procedures information and observation of policy practice as well. Minimally, the court order requires the facilities to provide qualified medically-trained professionals (physicians, nurses, dentists, and psychiatrists or psychologists) who are available to address a variety of youths' medical needs; complete health screenings (hearing, vision, dental, and inoculations); complete medical and dental examinations, diagnosis, and treatment; sufficient medical staff to allow at least one medical nurse or licensed practical nurse to be on duty at all times, 24 hours a day; and, the establishment of an overnight infirmary.

Each training school contracts with a physician who visits the campus one day a week to perform physicals and to respond to sick call requests that are beyond the scope of nursing services. The physician, who has admitting privileges at a local hospital, also sees youths if they require medical services at the hospital. Youths also receive other necessary medical attention - outpatient and inpatient care, labs, and x-rays. Nurses have a variety of duties, including administering scheduled medications, and administering various non-prescription medications such as fever reducers, pain relievers, and anti-bacterial ointments. Nurses also maintain pharmaceuticals, monitor changes in conditions, and contact physicians for consultation or emergencies.

Neither facility has on-site medical personnel during the 11 p.m. to 7 a.m. shift. However, each facility's access to hospital emergency services and on-call arrangements with doctors and nurses help compensate for responses to medical needs.

A potential shortcoming concerns the 24-hour, 7-day-a-week access to medical care for the juveniles at both institutions. Shortfalls in medical staff (for example, Columbia currently has three of six nursing positions filled) mean that the third shift is usually covered by "on call" arrangements. The two clinics located on the Oakley campus are staffed by a total of eight nurses. Two registered nurses (RNs) and two licensed practical nurses (LPNs) staff the Unit I (medium security) clinic. Four licensed practical nurses (LPNs) currently staff the Unit II (open campus) clinic.

If juveniles use the clinics' infirmaries, nurses make arrangements to be physically present overnight as needed. Medical staff constantly juggles rotations to increase coverage as much as possible, depending on availability of staff, needs of the juveniles, and holidays. A collateral problem in the 24-hour/7-day coverage by medical staff is that none are paid overtime. When medical staff cover an overnight shift, they are given compensatory time as compensation, which, because of medical staff shortages, they are rarely able to use. Half of the nursing staff at both facilities are either at or near the limit of accrued compensatory of 240 hours imposed by the Fair Labor Standards Board. The facilities must pay these nurses for any time over this level, and find ways to allow leave in order to lower this accrued time.

Dental Services

Because the facilities do not provide many routine dental services, some dental problems are inadequately treated.

Routine dental services, such as prophylactic and other non-emergency treatment, are not available to juveniles at either Columbia or Oakley. The dental treatment available is mostly emergency tooth extraction, with little else. Minimum standards outlined by Morgan v. Sproat require complete dental care. Everything from dental screenings to dental care for all indicated problems would be part of a complete dental program. Policy statements in the area of medical access are in compliance with applicable standards.

Dental screenings and dental examinations are separate functions carried out by separate medical staff. During the intake procedure, nurses screen dental needs by interviewing the youth. Self-reports by the youth reveal that about 80% consider themselves to have dental

problems. Dentists conduct dental examinations. PEER found that the dentist for Oakley does not use a dental examination form that diagrams teeth and demonstrates which teeth need attention (Columbia's dental contract has not been enacted during FY 2002). Results of the review of juvenile files invariably showed that the youth had been examined; however, no findings were recorded on the form. Furthermore, the treatment plan invariably stated that the youth would receive "routine dental care." Currently, the dentist on contract for Oakley visits the campus once a week for half a day. PEER found rare occurrences of dental procedures performed in his private practice office. Therefore, it is evident that the dentist only addresses the most serious presenting problems. Routine care for dental pain involves the administration of Ora-gel by the nurse to the tooth or gum.

Infirmary Isolation

Each facility has space available for infirmary isolation. However, because none of the infirmary rooms that are used for isolation have independent ventilation systems, contagious conditions have a chance of spreading to the general clinic environment.

Infirmary isolation is comprised of two major factors. First, persons with conditions that necessitate medical care apart from the general population require physically separate medical supervision and bed rest. Second, true isolation reduces the chance of any contagions from entering the general population.

The clinic for the Columbia campus, built in the 1970's, contains four infirmary rooms with two beds in each room. On occasions where a juvenile has a contagious condition, and should be isolated, the facility uses one of the rooms for single occupancy isolation. Each of these rooms is also equipped with toilet areas for ease of access of the infirmed. There are two separate clinics on the Oakley campus. The clinic on the open campus (minimum security) was built in the 1940's. The infirmary is one large room capable of holding eight beds. This large room has a separate toilet room for the convenience of the infirmed. A separate room that contains one bed is available, but is currently used for storage. This room is not equipped with a separate toilet area or room. The area that is used as a clinic in the medium security unit was built in 1998. This area was designed as an intake unit, not a clinic. During construction of the medium security facility, the clinic was not constructed due to costs involved. Therefore, the rooms that are used for infirmary isolation are typical cells with toilets in the cell room. None of the rooms on either campus operate on a negative pressure ventilation system to prevent circulation of contagions. Oakley is currently planning the construction

of a modern health clinic that will have two isolation rooms with negative ventilation.

Privacy for Medical Screenings

PEER found that some aspects of the medical screening process requiring disrobing do not assure privacy because a juvenile can be viewed by others.

Minimum standards do not address the issue of privacy for medical screenings. These standards only require that medical screenings take place upon the entry of the youth to the facility. However, standards from Juvenile Justice and Delinquency Prevention require privacy during interviews, exams, and treatment in order to promote the youth's trust in the medical care process.

Medical screenings and medical examinations occur at both training schools. While nurses and other responsible staff conduct screenings during the intake process on the student's first day, physicians conduct medical exams within two weeks of the student's commitment. The physician conducts physicals in a private examining room. However, screenings usually occur next to the nurse's station. Additionally, security officers and military training instructors instruct youth on delousing and changing their everyday clothing to facility uniforms.

There are two occasions requiring disrobing, during the screening process that may compromise privacy. Screenings are conducted next to the nurse's stations at both facilities. Frequently, other students and staff are in the waiting area just outside of the screening areas. When the nurse takes note of unusual markings on the body during the intake screening, the youth will have to allow the nurse to see areas where the markings exist. Nurses document the location and form of the markings (tattoos, gang signs, bruises, cuts, etc.) on a form reflecting the front and back of the human body. The second occasion that requires disrobing is when the student showers, and makes a change of clothing to facility uniforms. The military instructor or the security officer who escorts youth to the shower area instructs and supervises students in placing a delousing lotion on their bodies to get rid of insects (such as lice) that they might bring into the environment with them. Whenever groups of youth are escorted as a group for the change into uniform, there will be a compromise in privacy. Although both of these areas that may compromise privacy are conducted under the supervision of responsible staff, consideration of privacy in the foregoing areas should be reflected in a comprehensive Policies and Procedures Manuals.

Medical Supervision

Complainants voiced two primary concerns over medical supervision for juveniles. These involve the assignment of authority to make medical decisions and supervision of juveniles when confined to a restraint chair.

Medical Authority

The facilities lack policies and procedures governing medical authority to ensure proper medical supervision of youth detained in the facilities.

The second project objective is to determine if the training school facilities exercise proper medical supervision over the juveniles housed there. Minimum standards promulgated by the court order do not directly outline standards for a medical authority. However, the standards do require that the facility have a physician either on staff or through a contractual relationship. Other sources of standards for juvenile corrections, including the American Correctional Association and the National Commission on Correctional Health Care, clearly speak to the necessity of a designated medical authority. These include coordination of health services, quarterly meetings with the facility administrator and submission of statistical reports, and final medical judgments resting with a licensed physician.

Because the facilities have not formally designated their physicians as the medical authority, it is possible for a juvenile's health needs to go un-addressed.

Both campuses have physicians on contract to DHS to provide diagnosis and treatment to students of the training schools. Although both facilities contract with a physician to provide medical care, neither written policy nor procedures formally designate the physician as the health authority. Whereas the administrator for the Columbia facility has allowed all medical decisions to be made by the facility's medical staff, the administration of the Oakley facility has participated in medical decisions. The administrator stated that the notification procedure was recently changed to calling the physician first. (The director did not provide PEER with a policy statement to that effect). The physicians direct the nursing staffs in the matter of medical treatment decisions for juveniles. Each campus has a registered nurse (RN), who supervises the licensed practical nurses (LPNs) making up the rest of the staff. However, other procedures that would ascertain the physicians as the health authority are lacking. Medical authority would be ascertained by: making the final decision for medical treatment clearly be the physicians'; having quarterly meetings between the facility directors

and the physicians; and, authorizing physicians to make decisions regarding such issues as placement of students in restraint chairs. The facilities need improvement in these areas regarding policies and practices.

Although the facilities have not formally designated physicians as the medical authority, medically qualified personnel, rather than administrative staff, tend to be responsible for making medical decisions at each facility on a timely basis.

Interviews with medical staff on both campuses elicited no complaints from them of administrative interference with medical decisions, or of administrative staff's denial of juvenile access to medical services. There is a youth-initiated process for access to the Health Clinics on both campuses; all staff honor that process. Health emergency case history chronologies in juveniles' medical files (all of those necessitating hospitalization in the last 30 months) corroborated the interviews; there were no cases of unexplained or unwarranted delays in getting youths to the proper places for emergency medical care, and no documentation of non-medical staff intrusion into or pre-emption of the medical decision-making. What is lacking is a written policy making these procedures clear. Duty administrators and facility directors were often involved in the emergencies, either by being notified by health care professionals, or in helping to coordinate the necessary personnel to respond to the emergency (e.g., assigning security personnel to drive/accompany juvenile off-campus).

Policies of each facility require documentation of services/decisions and maintenance of a medical record, thereby yielding orderly care.

According to ACA and NCCHC standards, health records for juveniles in the facilities should include files on the completed receiving screening form, diagnoses and treatments, labs and x-rays, prescribed medications, health service reports (for example, dental, mental health, and consultations), consent forms, and discharge summary of hospitalization. The standards also state that the active health record should be maintained separately from the confinement record to ensure confidentiality.

The medical files for every juvenile are thorough and complete, from the entering examinations through routine complaints (and responses to them) to hospital or other specialization (including laboratory) reports. All medications administered are recorded. Often there is some record of prior health treatment, especially if it is germane to an on-going health condition or problem, also included in the medical file. Medical personnel maintain active health records separate from confinement records.

Medical Supervision Related to Restraint Chair Use

A lack of training and medical oversight for restraint of youth in the violent offender's chair can yield negative outcomes for youth and staff.

Minimum standards only mention training staff in de-escalation techniques. However, other juvenile correctional standards, ACA in particular, require the approval of the health authority for placement of a student in a restraint chair. Both facilities have policies regarding the restraint chair in their facility manuals that are consistent with correctional standards. However, these policies are not fully followed in practice.

Policies require the medical or mental health service areas to provide training for the proper supervision of students placed in restraint chairs. Policies also require medical authority and supervision of youth placed in the restraint chairs. Neither facility contacts their physicians when staff places a youth in the chair. Oakley nurses stated they have no involvement in supervision of the restraint chair. Columbia nurses only check tightness of restraints around wrists and ankles, but they do not conduct medical checks such as blood pressure. On the other hand, nurses of both facilities check on and document the condition of students who are placed in the timeout cells.

Oakley and Columbia officials report using the restraint chair (violent offenders chair) on rare occasions. Reportedly, these occasions involve the same person who has habitual violent behaviors. This chair has at least six areas of restraint (wrists, ankles, torso, and lap), one of which involves a key lock. Training records show no evidence of training by medical or mental health professionals. Although staff did not mention any medical complications from youth placed in the restraint chair, staff reported other unexpected behaviors. Nurses mentioned that youth restrained in the chair often spit at staff. However, nurses do not conduct medical checks and physicians are not notified when students are placed in restraint chairs.

Policy and procedure for each facility embodies the state standard of 32 hours of in-service training annually. Training records indicate this standard is being met, but the substance of the training is a matter of concern. Training records indicate that the nursing staffs are often training themselves, and often going over internal procedures. Medical supervisors could do much more in developing the content of in-service training.

Special Medical Needs of Juveniles

Qualified health-trained professionals address special needs of training school youth at both facilities. However, based on an examination of about 300 cases of current residents, treatment did not match special medical needs identified in approximately 5% of individual treatment plans.

Care for Juveniles with Special Needs

The third project objective is to determine if the facilities meet the needs of juveniles with special medical conditions (e.g., disabilities, diabetes, etc.). Minimum standards put forth by Morgan vs. Sproat require that the facilities have treatment plans for each youth, and that the treatment plans are supervised by a licensed psychologist. Once physicians identify special medical needs, a plan for care and treatment is recommended by the physician, and should be accurately reflected in the treatment plan.

Special medical needs are identified in the Individual Treatment Plans or in medical files. Medical records indicate referrals to health specialists when necessary, including hospital laboratories for diagnostics and psychiatrists for mental health assistance. Female juveniles are tested for pregnancy, and pregnant girls have the full range of prenatal care, including regular ob-gyn visits, diet and dietary supplements (vitamins, etc.), and exercise restrictions to walking. Color-coded wristbands worn by juveniles identify physical restrictions for program purposes. A set of protocols guides staffs' attention to and treatment of juveniles who are suicide risks. There are two needs not being met. One is dental treatment, described above. The second, particularly on the Oakley campus, is a systematic treatment regimen for drug and alcohol abuse. Around 80% of juveniles committed to Oakley enter with some level of drug use and/or abuse. Counselors try their best, and are able to offer group sessions on drug and alcohol abuse education. But short time stays and the other elements of the program make it difficult to address the experience of drug abuse in meaningful ways.

The facilities do not ignore students with special medical needs. However, lack of coordination and supervision of treatment plans allow mainly dental and drug treatment needs to go unmet.

Minimum standards for the facilities state that residents' treatment plans are to be monitored by a licensed psychologist. Other sources for juvenile corrections available through the American Correctional Association (ACA) as well as the National Commission on Correctional Health Care (NCCHC) also clearly state that special needs of juveniles must be met. There are several standards from

these and other sources concerning special needs (physical, including pregnancy; mental, including suicide; and dietary, including diabetes).

Medical Needs

The existence of policies and procedures for accommodating juveniles with special needs varies by need. Departmental policies for mental health are the most comprehensive for treatment of these special needs. Suicide prevention and intervention procedures are outlined (treatment is often obtained by practitioners in the community), as well as drug and alcohol counseling (though treatment is not available). In practice, the physician recommends restricted activities for juveniles with conditions such as heart murmurs and asthma, and medical personnel write dietary schedules for diabetics. However, the overall facility policy manual contains only one standard for dietary content. It states, "All meals served to students and staff must be exactly the same." The facilities do not contract with a licensed dietician for consultation on meals. However, training records indicate that the food service supervisors attend sessions on special meal preparation.

Dietary Needs

Both facilities provide special diets for juveniles with diabetes or other dietary needs. The medical staff specify the appropriate diet, send a written "dietary consult" to the cafeteria staff who produce the specified diet, and monitor the diet's results (through glucose measuring, or other observations) and adjust as necessary. The medical files of current juveniles who are diabetic show prescribed diets between 1,800 and 2,200 calories per day. There are further medical notes prescribing appropriate snacks daily, and forbidding the consumption of certain foods. There is a clearly established process on both campuses to accommodate special dietary needs among the juveniles. What is missing is a written policy reflecting these practices.

Although medical examination results are translated into an individualized treatment plan, there are several occasions where the juvenile's treatment plan does not reflect their special needs.

The medical examination form used by the physician indicates special restrictions the doctor determines are necessary for special needs juveniles. PEER found that lack of monitoring results in some needs (such as activity restrictions for asthmatics, and certain physical and mental problems) not being accurately recorded in individual treatment plans. Both facilities conduct "staffing" meetings in order to ensure all information

needed for the juveniles have been received and to assign the student to a counselor and dormitory. However, "staffings" at the Oakley campus do not include the counselor. (Counselors at the Columbia campus are an integral part of the "staffings"). Medical personnel at Columbia rarely attend "staffings" due to workload and availability of nurses. However, they do send medical information on the student to the meetings. Neither facility has intermittent team meetings to discuss progress of the students. Additionally, the licensed psychologists do not provide direct supervision over the treatment plans for the students. Lack of cohesive procedures for monitoring treatment plans will allow inconsistencies between medical findings and treatment of special needs students.

Preventing Abuse of Juveniles

Policies and procedures prohibiting sexual abuse, harassment, or contact are generally effective in preventing sexual misconduct. However, the practice of low staffing in student residences and no pre-service orientation on treatment topics puts both students and staff at risk for misconduct.

No clear evidence exists of juvenile correctional officers engaging in sexual misconduct with students.

The fourth program objective is to determine whether facility procedures and practices prevent sexual abuse of juveniles by facility personnel or other juveniles. All of the structural elements of such a system are in place. DHS and DYS have codes of ethics for their employees that are incorporated into the Policies and Procedures Manuals for the training schools. Written codes of ethics prohibit employees from using their official positions to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest. Facility Policy and Procedures Manuals include a strict prohibition against any sexual contact by employees with juveniles. The manuals also address student protection from juvenile-on-juvenile violence and sexual abuse at several points including student discipline; enumeration of student minor, serious, and major violations of conduct; and the student disciplinary code.

Abuse Control Practices

The DHS Division of Program Integrity, Office of Special Investigations, is the enforcement arm responsible for investigating any case of employee-juvenile sexually inappropriate conduct. A Mississippi Child Abuse Central Registry keeps the names of known child abusers, which assists DHS (and others) from knowingly hiring a child

abuser. There is not a formal complaint system that juveniles can use to report such abuse, but interviews with staffs at both schools strongly suggest that informal complaints in such an instance would be made and be heard. In fact, from FY 1998 through FY 2000, the DHS Office of Special Investigation carried out investigations of five cases of some kind of inappropriate sexual conduct by employees at the training schools. None of the five allegations (including two involving Juvenile Correctional Officers and juveniles) were substantiated. Much of the program at the training schools for the juveniles aims at developing respect, self-discipline, and order. The Policies and Procedures Manuals and Cadet Handbooks define student discipline, minor, serious, and major violations of conduct, and the process for investigation and treatment of disciplinary violations. While incidents happen, they are identified and dealt with in appropriate ways.

Abuse Control Policies and Procedures

The court order offers no minimum standards regarding ethical behavior between what was then referred to as "cottage parents" and juveniles under their care and supervision. However, minimum standards from Morgan vs. Sproat address staffing levels for the dormitories. These standards require one caregiver to every 20 juveniles. Although this minimum is being met, all staff that PEER interviewed believe this level is dangerously low, and that at least two caregivers should be present at all times in the dormitories.

The training schools are residential facilities that employ juvenile correctional officers and counselor aides to supervise and reinforce the program goals for youths during the evening, night, and early morning. Policies and procedures must exist to minimize, if not eliminate, misconduct that has the added opportunity to occur in a residential facility. The facilities have numerous policies and procedures that reinforce appropriate interactions among staff and students, and to control misuse of position or misconduct in general. The facility policy manual clearly outlines policies against and procedures for handling sexual harassment and rape. The facilities also use other methods to increase security and decrease the likelihood of misconduct. According to the facility directors, the training schools conduct security checks throughout the night. Security officers conduct 24-hour checks throughout the campus, and duty administrators conduct both routine and spot checks from the afternoon to early morning hours on week days, and 24-hours during the weekend. PEER was not able to ascertain the effectiveness of the checks. However, procedures require that these checks be logged and documented if something unusual is found. Staff believes the "culture" of the

training schools also helps to decrease the likelihood of exploitation. Varying staff told PEER that youths would tell if a staff or student is behaving inappropriately. The dormitories have a variety of designs that could give more or less opportunity for exploitation. Some dormitories are built with an open bay design, some have individual rooms, and some have cells within pods (or suites) within the residential structure.

Direct-Care Staffing

Although these factors may determine the effectiveness of personal safety, one factor was most evident in compromising security for all. PEER found that low staffing in the residential areas increases opportunities for misconduct. Low staffing of the facilities does not permit housing pods to be staffed by a minimum of two counselor aides or juvenile correctional officers during all shifts. The facilities currently meet minimum staffing requirements of 1 staff to 20 students for student housing. However, staff uniformly believes that the dorms need a minimum of two staff per shift for security purposes.

Compensatory time accrual is a collateral issue that could result from low staffing. Next to the nursing staff, the dormitory staff has accrued the second highest amount of compensatory time on average. Neither nurses nor the dormitory staffs are exempt from payments for compensatory time over 240 hours. Because staff in exempt positions often must cover a shift or part of a shift due to low staffing, they, too, may eventually accrue enough compensatory time for payment.

Pre-Service Training

Although both facilities conduct basic pre-service training programs, the programs do not incorporate topics that could reduce the potential for abuse.

Minimum standards established by Morgan v. Sproat and other professional standards require facilities that employ direct-care staff to provide pre-service training. Furthermore, a decision based on the Civil Rights of Institutionalized Persons Act (CRIPA) requires three times as many hours of pre-service training for direct-care employees than for non-direct care employees. That is, 120 hours of pre-service training for direct-care employees, which includes a variety of treatment topics.

Standards of the Office of Juvenile Justice and Delinquency Prevention view both pre-service and in-service training as preventive measures pertaining to safety and security within direct-care facilities.

Additionally, pre-service orientation on topics that promote understanding of youth can potentially reduce risks of harm, increase safety, and improve treatment by having staff trained to care for juveniles beyond job procedures.

According to facility administrators, direct-care supervisors, the policy manuals, and training records, orientation only requires new employees to read facility policies and review topics related to job duties the first eight hours of orientation. New employees receive further training by observing experienced employees in various location assignments the next 80 hours. Standards require orientation on topics that would aid caregivers in their understanding and subsequent treatment of youth. Treatment topics should include, but not be limited to, stages and pathways of adolescent development, communication skills, behavior management, basic medical care, effects of drug use, and potential negative effects of isolation.

Interviews with counselors indicate a consensus among them that more training is needed, both pre-service and in-service. Other staff we spoke with stated that they are taking psychology and other courses on their own in order to gain an understanding of adolescents and their behavior. Both facility directors mentioned the need for more training, but cited restrictions on their ability to bring direct-care staff together at one time. A quality pre-service training program could also alleviate some in-service training concerns.

Summary

Policies and procedures adhere to standards for provision of medical services in a juvenile correctional environment. According to the Division of Youth Services director, the policies and procedures at Columbia and Oakley were developed with the Morgan v. Sproat court order standards in mind first (since the court order applied to Mississippi institutions). Other actions (e.g., construction of Unit 1 at Oakley) reflect other applicable standards (such as American Correctional Association (ACA) standards in this case). Still, the age and condition of some of the buildings (e.g., the 1948 Health Clinic for Unit 2 at Oakley -which is to be replaced with a new medical facility within the year), the understaffing in a number of service areas, the non-functioning of the dental clinics, would all preclude either facility from being accredited by ACA standards.

With respect to physical and mental health care needs, medical access (to both routine and emergency care) is by

and large there for all juveniles housed by Columbia and Oakley. Nursing staffs make every effort to provide 24/7 coverage when needed; contract physicians and contract psychiatrists are "on call" to both institutions at all times; a psychologist is on staff at the Oakley facility, and one is on contract at the Columbia facility; hospitals with emergency rooms and laboratory services are accessible to the institutions, and are used by juveniles; and medical staff refer juveniles to requisite health care specialists when necessary. The dental program, however, is clearly lacking in the provision of expected services for both facilities.

Site data collection identified other problems. One is primarily illustrated by the lack of dental services. In this case, the policy statements governing the service, and the existence of contracts with dentists, would lead to the conclusion that dental services are being satisfactorily performed. But site visits found dental clinic rooms at both Columbia and Oakley non-functional for months or years. One dentist has delivered no services to Columbia at all under his contract. The other dentist at Oakley reports his contract cut in half and provides no services beyond a cursory entrance examination and the emergency extraction of teeth. In this case, the policy statements are adequate, but the service is inadequate. In a number of other service areas (documented above), the opposite is true-written policies lag behind actual practice at both Columbia and Oakley. Actual health care practices adhere to applicable policy standards, but the written institutional health policies and procedures are insufficient and do not reflect current practices. Columbia and Oakley need a major update of their Policies and Procedures Manuals in the health care area to clearly state the facilities' current practices regarding intake screenings and examinations, nursing care, and hospitalization procedures. Modifications in these areas are further specified in the recommendations.

Recommendations

Access to Medical Care

Policies and Procedures

1. The facilities should adopt and distribute an official version of the medical manual. All of the health service areas in the final medical manual should be reflected in the overall facility Policies and Procedures Manual. The Division of Youth Services should amend the Policies and Procedures Manuals for Columbia and Oakley, particularly for health care, to reflect all health care areas. The Division of Youth Services should substantively review the draft manual in light of this report, circulate it to the health care and administrative staffs of Columbia and Oakley, and set a date for its adoption under the authority of the physicians and the facility administrators.

2. Columbia and Oakley should develop a formal system for processing juvenile complaints about health care matters for the Policies and Procedures Manuals. This complaint system can incorporate the informal system currently in use.

3. The Division of Youth Services should develop and implement (at the facility level) a program to monitor medical area needs and the delivery of health services, and a program to assess and assure quality for all health care services at both Columbia and Oakley.

24-hour, 7-day-a-week Medical Access

4. In order to meet the Morgan v. Sproat standard, the Department of Human Services and its Division of Youth Services should facilitate the timely hiring and retention of personnel to fill all positions allocated for medical personnel who staff the health care clinics at Columbia and Oakley on a priority basis. Both facilities should either change the work schedule of nurses to allow coverage during the 11 p.m. to 7 a.m. shift or hire nurses for this shift.

5. Division of Youth Services should significantly update the Columbia and Oakley Health Care Policies and Procedures Manuals to incorporate a number of accessibility practices already being used. These include nursing services, labs and x-rays, emergency health services, and in-patient hospitalization.

6. The Division of Youth Services should modify its health care policies and procedures to include use of

nurse practitioners or physician assistants, as is currently the practice.

7. Each of the training schools should formally adopt a written agreement with a local hospital regarding admission of juveniles and provision of medical services that cannot be provided in the facility.

Dental Services

8. The Division of Youth Services should require the dentist for Oakley to document the results of the dental examination for each juvenile entrant on a dental chart, include it in the juvenile's medical file, and monitor files for compliance.

9. Columbia and Oakley should immediately provide a full continuum of dental services in order to meet the Morgan v. Sproat standard of care. Minimum standards require diagnosis and treatment that includes non-emergency, preventive, and maintenance dental care. The Division of Youth Services should assure that the program addresses all aspects of dental care including: initial examination; hygienic and prophylactic services; preventive education; non-emergency services (such as fillings for cavities; and emergency services. Dental services may be provided either on-campus at the dental rooms that are in various stages of being equipped and fixed to operate (this will mean some modernizing of equipment such as the dental chair's tools and acquisition of dental treatment supplies), or at dental offices off-campus, or a combination. DYS should contract with available dentists in Columbia rather than with dentists in Jackson to provide dental services.

10. In the program of dental services at Columbia and Oakley, the providers should pay particular attention to the matter of the status and treatment of wisdom teeth, especially in the older juveniles at Oakley. There are notations by the nursing staff on a number of "clinic pass" complaints of painful wisdom teeth at Oakley, and invariably all that was done was to administer temporary pain relievers to sore gums.

11. Columbia and Oakley should specifically include in the annual training of all staff having contact with juveniles the proper means of preserving and transporting avulsed (ripped or severed) teeth.

12. All entities (Division of Youth Services, Oakley, Columbia) should contract more service time with dentists so that the dentists can perform necessary

procedures such as fillings, and also have time for more thorough charting of dental conditions.

Infirmary Isolation

13. The Division of Youth Services should ensure that the new clinic that will begin construction this summer will have a true isolation room as outlined in the construction plan.

14. The Division of Youth Services should develop a policy statement on the use of the infirmary and isolation beds.

15. The Division of Youth Services should update the Columbia and Oakley Policies and Procedures Manuals to incorporate current infirmary and clinic practices.

Privacy for Screenings

16. The Division of Youth Services should specify in the Columbia and Oakley Policies and Procedures Manuals current practices regarding clinic facilities, privacy, verbal consent from patient (for rectal or pelvic examinations), and the conduct of examinations.

17. Columbia and Oakley should move as many aspects as possible of the screening process to private areas. Columbia should consider the use of a partition next to the nurse's station where screenings occur in order to keep the process out of view of those in the waiting area.

Medical Supervision

Medical Authority

1. The Division of Youth Services should include a written policy in the Health Care Policies and Procedures Manual that standards of medical care and access to that care are decided by qualified medical personnel, and not by any other institutional staff.

2. The Columbia and Oakley Policies and Procedures Manuals need an explicit statement of policy regarding the primacy of qualified health professionals making final medical judgments in all cases. The policy statement should clarify the role of the directors and duty administrators in decisions to transport juveniles to off-campus health care facilities, as they must be accompanied by security personnel and use training school vehicles in many instances.

3. At a minimum, the facility directors should formalize the role of the physician as the medical authority through policy or distribution of memoranda to staff.

4. Facility directors should meet with the physicians on a quarterly basis to review medical services and medical needs.

Restraint Chair Use

5. The facilities should establish monitoring procedures for juvenile in restraints, provide appropriate training, and require reporting of restraint use to a physician or psychologist.

6. The Division of Youth Services should clarify statements in the facilities' Policies and Procedures Manuals concerning the conditions under which various types of restraints, including the restraint chair, will be used. The Division should define procedures guiding the use of fixed restraint and how long, when, where, and how restraints are to be used.

7. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals regarding monitoring procedures for juveniles in restraints-both for health care staff and other staff. This policy statement can incorporate current practices.

8. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals regarding emergency distribution of restraint equipment. Written records should be maintained of those who routinely and non-routinely receive restraint equipment, for accountability purposes.

9. The Division of Youth Services should include a written statement in the facilities' Policy and Procedures Manuals that specifies annual training for the appropriate staff in the safe and appropriate use of physical, mechanical, and chemical restraints.

10. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals that specifies policy on direct-care staff receiving annual training on de-escalation techniques.

Special Needs

1. Columbia and Oakley staff responsible for the Individualized Treatment Program (ITP) for each juvenile should make sure there is a meaningful medical/health care component to each one, and that appropriate health care staff contribute to progress reports on meeting ITP goals.

2. The Division of Youth Services should thoroughly update the Columbia and Oakley Policies and Procedures Manuals regarding the treatment of all categories of special needs students. Areas that need to be addressed specifically include:

   - A complete policy statement about dietary practices;
   - A policy statement about nutritionally adequate diet incorporating the Food Guide Pyramid;
   - The process for using special medical and dental diets;
   - A policy statement regarding the health treatment of females;
   - A policy statement about pregnancy management;
   - Policy recognition of the greater risk of suicide and other psychological problems among incarcerated girls than among boys.

3. Licensed psychologists should meet with counselors on an intermittent basis to discuss the needs of youths, and to ensure the treatment plans are followed. Medical personnel should also be present at "staffings" to ensure that special medical needs are accurately represented on the treatment plans.

4. Programmatically, licensed psychologists and health care staff should participate in monthly progress report meetings on the juveniles prior to parole reports.

5. Columbia should bring written policy regarding suicide precautions in line with practice. Columbia should use the same written policy that Oakley uses regarding treatment for students on the suicide precaution list. The policy calls for counseling rather than using punitive or disciplinary measures.

6. Registered nurses should give medical counseling pertaining to mastering special medical conditions (perhaps group sessions in the dormitories) to affected youth. This should be coordinated with the counseling

staff to ensure connection between medical observations and treatment.

Preventing Abuse of Juveniles

1. The Department of Human Services should ensure that the budgets for both facilities support staffing all living areas with at least two counselor aides or juvenile correctional officers at all times.

2. In addition to the informal system currently in operation, the Columbia and Oakley health care policy should have a formal grievance procedure for youth to lodge complaints about abuse, including sexual abuse.

3. The Division of Youth Services should include a written statement in the facilities' Policies and Procedures Manuals to inform juveniles and staff that those who report alleged abuse will be protected from retaliation.

4. The facilities should revise student handbooks to incorporate policies regarding appropriate staff contact with students.

5. Upon hiring, new employees should receive an additional 32 hours of pre-service orientation on topics that would promote the treatment and understanding of youth. These topics should include, but should not be limited to, stages and pathways of adolescent development, communication skills that include verbal de-escalation techniques, behavior management, basic training related to medical care, effects of drug use, and potential negative effects of isolation. The facilities should consider pairing new counselor aides and juvenile correctional officers with counselors for this orientation.

Agency Response

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
JANICE BROOME BROOKS
EXECUTIVE DIRECTOR

May 8, 2002

Dr. Max Arinder
Executive Director
Legislative PEER Committee
222 North President Street
Jackson, Mississippi 39201

RE: Health and Safety Issues at Oakley and Columbia Training Schools

Dear Dr. Arinder:

The Mississippi Department of Human Services (MDHS), Division of Youth Services (DYS), has reviewed the Executive Summary Report and other related findings as presented in the exit conference meeting held on Tuesday, April 30, 2002. This report was based on a review of Health and Safety Issues at Oakley and Columbia Training Schools.

Members of MDHS-DYS staff were permitted to review the draft report in its entirety, however, only copies of the Executive Summary were allowed to be removed from the premise. In reviewing the Agency's response, PEER should take note of the fact that the Division of Youth Services will not be able to adequately carry out many of the recommendations due to budgetary shortfalls.

Concerning the recommendations, the Department has these responses (numbers correspond to the number beside each recommendation in the Executive Summary):

ACCESS TO MEDICAL CARE

Policies and Procedures

1. Through research and consultation with other juvenile justice institutions' medical professionals, existing methodologies from Oakley and Columbia Training Schools have been incorporated and expanded in our Comprehensive Medical Policies and Procedures Manual (CMPPM) to be adopted July 1, 2002. The CMPPM will be circulated to appropriate personnel and contractors for review and sign-off. Orientation and training will be conducted with staff and concluded no later than September 1, 2002.

2. As recommended by PEER, DYS has incorporated the informal system for processing complaints into our formal system to process health care matters. This system has been included in the CMPPM.

3. Currently the review of our services is carried out and documented by the Division of Program Integrity, the DYS contractual representative/designee, and nursing staff. Further, upon receipt of additional funding, appropriate medical staff will be assigned to develop proactive quality assurance measures and provide program monitoring on an annual basis. Information on proactive monitoring will be included in the monthly Board Report submitted to the Director of Youth Services and/or designee.

24-hour, 7-day A Week Medical Access

4. DYS currently provides 24-hour health care by on-call nurses and local hospitals. However, DYS is unable to fully comply with this recommendation due to current budgetary restraints as noted in HB 1795 and our Financial Impact Statement (January 1, 2002) which was provided to both the Senate and House Juvenile Justice Committees, attached as Exhibit 1 and 2 respectfully. DYS will comply with this recommendation upon receiving adequate funding to address this concern.

5. See response #1 above.

6. DYS is unable to comply with this recommendation due to the current budget funding for only doctors, but physician assistants would be acceptable. Youth Services agrees with the potential use of physician assistants and nurse practitioners should funding become available. See the availability of funding and the restraints as stated in #4.

7. DYS will explore the possibility of obtaining written agreements as recommended.

Dental Services

8. Contractual agreement requires our dental contractors to maintain dental records. Closer supervision of existing contracts will be conducted to enforce compliance, but additional funding is necessary to comply with the recommendation.

9. Routine and other needed dental services are provided at Oakley by a contractual dentist. DYS has made several attempts to contract with local dentists for non-emergency services. Due to limited contractual funding, DYS was unable to contract with local dentists for non-emergency services. Furthermore, DYS sought to get services in other areas and has been unable to get anyone. Based on funding availability, DYS has engaged local dentists at higher rates to provide emergency dental services. This adds to our expenses and depletes our budget.

Additional funding is necessary to comply with the recommendation. See HB 1795 and our Financial Impact Statement. Non-emergency contractual services will be provided when funding is available.

10. Funding would allow a continuum of care to improve services. Temporary relief measures are provided to students pending treatment by the dentist. Dental staff is required by contract to follow-up and fully document all complaints and treatment plans for each student. Any treatment administered to a student will be provided as needed.

11. Additional funding is necessary to comply with the recommendation to increase nursing staff or contractors to conduct the training.

12. The contractual hours for the dentist were reduced by one-half the allotted hours due to budgetary reduction. This recommendation is dependent upon increased funding, which DYS does not have.

Infirmary Isolation

13. Construction of the new buildings is done through the Department of Finance & Administration, Bureau of Building, Grounds, and Real Property and is dependent upon the availability of funds. However, according to architecture plans, an isolation room has been included.

14. Current practices and procedures have been incorporated and will be adopted in the CMPPM update.

15. Current practices and procedures have been incorporated and will be adopted in the CMPPM update.

Privacy for Screenings

16. Current practices and procedures have been incorporated and expanded in the CMPPM update.

17. To ensure privacy, disrobing is in the discretion of the medical professional. DYS will take additional measures to provide screening to any medical area to ensure privacy of students during examinations.

MEDICAL SUPERVISION

Medical Authority

1. DYS currently adheres to medical decisions as prescribed by the contractual physician. However, DYS has included current practices and policies in the CMPPM update.

2. DYS currently adheres to medical decisions as prescribed by the contractual physician. DYS has included current practices and policies in the CMPPM update.

3. DYS currently adheres to medical decisions as prescribed by the contractual physician. However, DYS has incorporated in the scope of services and has now formalized the role of the contractual physician in the CMPPM.

4. DYS currently has formal and informal meetings with physicians weekly to bi-weekly. A quarterly review can be done between the doctor and facility directors.

Restraint Chair Use

5. Restraint chairs are used to protect a student from self-injury. The current Policy and Procedures Manual requires monitoring through a nurse or properly trained individual to check the child during placement in restraints. All duty administrators have been trained by the National Institute for Corrections to administer proper use of restraint chairs. Monitoring procedures are included and further defined in the CMPPM. Reporting to the physician or psychologist at all hours would require an amendment to the contract and additional funding.

6. DYS has supplemented the current practices and procedures of restraints with such additional amendments which are included in the CMPPM.

7. Current practices and procedures will be incorporated in the CMPPM as recommended. Also see #5 above.

8. Current practices and procedures will be incorporated in the CMPPM as recommended.

9. Additional training in these areas will be provided as additional funding becomes available.

10. Current practices and procedures will be placed in the Policies and Procedures Manual.

SPECIAL NEEDS

1. Medical personnel are participating in the Individual Treatment Plan (ITP) and are responsible for updating progress reports. The current ITP process will be revised to document and reflect a more extensive health care component.

2. The medical staff coordinates with our Food Production Supervisor to meet special dietary needs of youth offenders with diabetes, allergies, low sodium

tolerance, obesity, pregnancy, and other noted conditions. As a further safeguard, DYS complies with the Department of Education's School Lunch Program and the Department of Health is consulted for special dietary requirements for students. Existing practices and procedures have been incorporated into the Policies and Procedures Manual and the CMPPM to cover females, suicide, and other psychological problems.

3. The psychological staff, medical staff, and other departments do participate in the weekly staff meetings to discuss progress and other concerns regarding students.

4. The psychological staff, medical staff, and other departments do participate in the weekly staff meetings to discuss the progress of students. In addition, twenty days prior to a student's release, DYS gives notice of release to the court and staffs the case with psychological staff, medical staff, and other departments. Weekly staff meetings are held to discuss the progress of new students, those ready for parole, and problem students.

5. Current practices and procedures have been included in the policy of the CMPPM and the Policies and Procedures Manual for both training schools.

6. A child with special needs is seen by a nurse and receives special instructions and guidance on how to care for himself/herself. More frequent counseling is limited due to limited nursing staff resulting from the budget funding shortfall.

PREVENTING ABUSE OF JUVENILES

1. DYS has attempted to ensure adequate staff is provided as noted in the Financial Impact Statement (January 1, 2002) given to both the Senate and House Juvenile Justice Committees. DYS was unable to comply as demonstrated by the current budgetary restraints as noted in HB 1795.

2. Any instances of abuse are reported to any staff and then referred to the appropriate training school administrator and acted on according to state statutes and investigated by the Division of Family and Children's Services and/or the Division of Program Integrity according to departmental policy. See Exhibit 3 and 4, respectfully. DYS will develop and further define a more detailed procedure of the current informal reporting system and place such in the student manual.

3. This same information has been verbally given to students during orientation. The informal reporting system for abuse will be further defined and put in a student handbook. Staff persons are informed, through orientation, about the prohibition against abuse and retaliation for those reporting abuse.

4. Information is given verbally during orientation and periodically during the students stay at the training school. DYS will incorporate and further develop

this information into a student handbook.

5. DYS is unable to fully comply due to current budgetary restraints as noted in HB 1795 and our Financial Impact Statement (January 1, 2002) provide to both the Senate and House Juvenile Justice Committees. DYS will comply upon receiving adequate funding to address care and intervention with youth. It should be noted, however, that new employees are currently given pre-service training and indoctrination on topics pertaining to the effective care and intervention.

At this time all five allegations alleging inappropriate sexual conduct have been investigated and were not substantiated.

Thank you for the opportunity to review the draft report and respond as well as possible to it. However, once the final report is received, we respectfully reserve the right to respond to any opinions or responses that PEER receives concerning this report.

If there are questions regarding this matter, you may reach me at (601) 359-4509.

Sincerely,

Janice Broome Brooks
Executive Director

JBB:WB

Exhibits referenced in this response are not included in the printed report. The exhibits are available for review at the PEER office.

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
JANICE BROOME BROOKS
EXECUTIVE DIRECTOR

May 20, 2002

Dr. Max Arinder
Executive Director
Legislative PEER Committee
222 North President Street
Jackson, Mississippi 39201

RE: Health and Safety Issues at Oakley and Columbia Training Schools

Dear Dr. Arinder:

The Mississippi Department of Human Services (MDHS), Division of Youth Services (DYS), has reviewed the detailed revision to the "Pre-Service" section of the Executive Summary Report. As previously noted in the Agency's Response, PEER should take note of the fact that the Division of Youth Services will not be able to carry out many of the recommendations due to budgetary shortfalls.

The following addendum is submitted as a result of changes to the former "Pre-Service" section and recommendation, a copy of which is attached and incorporated herein by reference to MDHS, DYS, May 8, 2002 responses.

PREVENTING ABUSE OF JUVENILES

5. The information contained in this letter is to supplement not supplant our previous response. As noted in the MDHS previous response, DYS conducts at the time of employment pre-service training and indoctrination on topics pertaining to the effective care and intervention of supervised training as defined in the Policy and Procedures Manual and Counselor Aide Manual. The new employee has proper techniques demonstrated to them during the training period. This on the job training is instructed by experienced staff who demonstrates appropriate behavior for Counselor Aides and verbally instructs new employees on the handling of students. This training by experienced staff covers safety issues affecting student and staff, behavioral issues of being a Counselor Aide, proper handling of students in the cottage, and security matters. New staff receives at least 88 hours of training. An

additional 32 hours of training will be added upon DYS' receipt of sufficient funding to hire more staff so that training can be carried out without sacrificing the operation of the schools and the care of the students. DYS is unable to fully comply due to current budgetary restraints as noted in HB 1795 and our Financial Impact Statement (January 1, 2002) provided to both the Senate and House Juvenile Justice Committees.

If additional information is needed, please feel free to contact me at (601) 359-4509.

Sincerely,

Janice Broome Brooks
Executive Director

JBB:WB

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