

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO**

**THE UNITED STATES OF AMERICA**

Plaintiff,

v.

CIVIL ACTION NO. 94-2080 CC

**COMMONWEALTH OF PUERTO RICO**

Defendants,

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**INFORMATIVE MOTION TO FILE THE MONITOR'S QUARTERLY REPORT**

TO THE HONORABLE COURT:

Today, the Monitor submits the Monitor's Second Quarter Report for 2017. The report covers the months of April, May and June 2017. This report consists of an introductory statement by the Monitor, along with the compliance ratings tables and special reports by the Monitor's consultants.

**WHEREFORE**, the Monitor respectfully requests that this Honorable Court grant this motion and accept the attached report.

**Respectfully Submitted,**

*s/ F. Warren Benton*

**F. Warren Benton**

Monitor, United States v. Commonwealth of Puerto Rico  
Calle Mayaguez # 212,  
Esquina Nueva,  
San Juan, PR 00917

**Certificate of Service**

I HEREBY CERTIFY that this 31st day of August 2017, I electronically filed the forgoing with the Clerk of the Court using the CM/ECF system, which will simultaneously serve notice of such filing to counsel of record to their registered electronic mail addresses.

Respectfully Submitted,

s/ F. Warren Benton

F. Warren Benton

Monitor

Office of the Monitor, U.S. v. Commonwealth of Puerto Rico

USACPR Monitoring Inc.

Calle Mayaguez # 212, Esquina Nueva, San Juan, PR 00917

Voice: 212 237-8089

Fax: 914 306-3628

Email: nbenton@jjay.cuny.edu

## Monitor's Quarterly Report Second Quarter 2017

United States v. Commonwealth of Puerto Rico, Civil No. 94-2080 (CCC)

The following is the Monitor’s First Quarter Report for 2017. The report is in two parts – a narrative overview, along with a set of tables classifying the status of compliance with each provision. The report covers the months of April, May and June 2017.

The narrative supplements the tables, describing recent events and accomplishments, reviews the results of some of the on-site monitoring tours, and examining particular compliance problems and pending issues. The narrative section does not comment on every category of provisions in every quarterly report.

- Document Attachment A: Consultant Report on Staffing Compliance
- Document Attachment B: Consultant Report on Classification
- Document Attachment C: Report on Incidents and Understaffing
- Document Attachment D: Transitional Measures and Protective Custody Reviews
- Document Attachment E: Abuse Referrals Tracking Statistics
- Document Attachment F: Case Assessment Table to Paragraph 78
- Document Attachment G: Consultant Report on Mental Health
- Document Attachment H: Consultant Report on Education and Training
- Document Attachment I: Chronology of Site Visits

Attachment One: Table of Compliance Ratings

On June 20<sup>th</sup>, the parties and the Monitor, including the Secretary of DCR, the P.R. DOJ’s Director of Federal Litigation, and the Monitor’s mental health consultant, met to confer about mental health services and address the service delivery and compliance reporting problems that had developed in the wake of the change-over to the new contractor, Professional Consulting Psychoeducational Services (PCPCS). The US explained that, while mental health services and communications with the monitor’ had been improving last summer and fall, that there had been a marked deterioration in compliance. Both parties agreed that there was need for improvement and during the meeting a set of measures were committed to by the Commonwealth:

The following is a summary of the commitments made and the status of implementation of the commitments.

Commitment	Status as of the End of the Quarter
The contractor will remain in place, but communications and services will improve.	Communications have improved. However services remain critically deficient. Examples of cases based the medical records have been shared with counsel and are included in Attachment G the report of the Mental Health Monitor.
The following officials will serve as contacts for communication about mental health services: <ul style="list-style-type: none"> <li>• Eric Y. Rolón Suárez, Secretary of Department of Corrections and Rehabilitation (to be copied on all requests for information)</li> </ul>	Communications have been shared with these officials.

<ul style="list-style-type: none"> <li>• Ulrich Jiménez López, Assistant to the Secretary of Administration and Management, Juvenile Institutions Director</li> <li>• Raúl Cepeda, DCR Health Coordinator (primary contact for information, document requests and day to day matters regarding Mental Health Services)</li> <li>• José Colon, DCR Legal Division Director:</li> <li>• Attorney Irving Otero Narvaez</li> <li>• DCR Counsel: Guillermo Somoza</li> <li>• Arlene Pérez Borrero, contract counsel for DCR</li> <li>• Professional Consulting Psychoeducational Services (PCPS) Liaison, José Flores</li> <li>• DOJ-PR Counsel for the case, Joel Torres Ortiz</li> </ul>	
<p>The draft contract for PCPS, effective July 1, will be circulated to the Monitor and consultant, and the USA, for review. If signed prior to Dr. Martinez having a final opportunity for input, the Secretary obligated the Commonwealth to modifying the contract to conform to the settlement agreement's/consent order's requirements.</p>	<p>On June 26 the PCPS draft contract was sent and reviewed by Dr. Martinez. Settlement agreement language was inserted.</p>
<p>The contract will include language that obligates the contractor to comply with the Settlement Agreement and Consent Decree in this case.</p>	<p>The contract has language requiring compliance with the mental health provisions of the Consent Decree and Settlement Agreement.</p>
<p>The contract will define the hours and rates of the mental health care providers and will be sufficient to ensure compliance with the mental health paragraphs of the Settlement Agreement and Consent Decree.</p>	<p>Contracts have been shared but we do not think that the hours are sufficient.</p>
<p>The current and new mental health providers will be trained to generally accepted professional standards. The curriculum for the training program generally exists, and will be shared with the Monitor and consultant, and the USA, for review. Policies and procedures that are the basis for the training will also be shared for review.</p>	<p>We have not received the training curricula for the new mental health staff. We have not been provided the policies and procedures that are the basis for the training.</p>
<p>The Commonwealth will provide, to the Monitor and consultant and the USA, an Action Plan with short-term, medium-term and long-term measures and steps to improve services and communications. The Action Plan does not change any of the provisions of the Settlement Agreement or Consent Decree. The Action Plan will be provided for review by Friday June 30<sup>th</sup>.</p>	<p>We have not received the action plan.</p>
<p>The Action Plan will include short term, mid-term, and long range goals, specifically:</p>	<p>We have not received the action plan.</p>

<ol style="list-style-type: none"> <li>1. Provisions for prompt assessment and care of youth presenting suicide and/or self-mutilation risks, including hospitalization of youth presenting serious suicide and/or self-mutilation risks.</li> <li>2. Provisions for improvement of services at PUERTAS to bring it within accepted professional standards</li> <li>3. Provisions to assure continuity of services when subcontractors resign or are unavailable</li> <li>4. Provisions to assure prompt payment for subcontractor services</li> <li>5. Provisions for NIJ oversight and assessment contract compliance by the contractor and the subcontractors.</li> <li>6. Provisions to provide youth with special education plans and needs relating to mental health and substance abuse.</li> <li>7. Provisions to stop the use of isolation as a means of housing youth requiring alternative housing (“Transitional Measures”)</li> <li>8. Provisions to assure appropriate mental health services for youth in protective custody and any other form of isolation, when carried out in conformity with Settlement Agreement paragraphs 80 and 79, respectively. .</li> <li>9. Provisions to address the service deficiencies identified in the USDOJ letters dated March 28, 2017 and June 2, 2017.</li> </ol>	
<p>The Commonwealth will report on the status of the transitional measures pilot program or any other alternative to isolation.</p>	<p>We have not received any update on the transitional measures pilot program. However the number of youth in transitional measures has declined which is a good development.</p>
<p>Payment for services rendered by subcontractors will be reviewed immediately to assure timely compensation.</p>	<p>Our impression is that some of the subcontractors have not yet been paid.</p>
<p>The Monitor and consultant and USA will be informed immediately, on an ongoing basis, when subcontractors resign and are replaced. Information will include the steps taken to assure continuity of care.</p>	<p>The information we had received was not timely or accurate.</p>
<p>The Commonwealth will confer (pursuant to Section 100 of the Settlement Agreement) with the Monitor and Consultants about any plans for closing of currently operational facilities, and reconfiguration of how the remaining facilities are used to achieve and maintain compliance with provisions in this case.</p>	<p>These consultations have been initiated. The monitor has designated consultants Curtiss Pulitzer and Robert Dugan to provide advice.</p>

<p>The Commonwealth will provide Dr. Martinez with copies of contracts between PCPS and all individual mental health providers (subcontracts) by COB 6/21.</p>	<p>This did not happen by 6/21 but the contracts were subsequently provided.</p>
<p>Arlene Perez will contact PCPS later today (6/20) regarding the personnel issues raised by Dr. Martinez, specifically, the failure of PCPS to pay the mental health providers, and get back to her by COB.</p>	<p>As of Monday, July 17, the contractors were not paid for their work in April, May or June. One mental health provider who decided to continue and sign a contract in July of 2017 may have been paid for the month of April.</p>

Respectfully Submitted,



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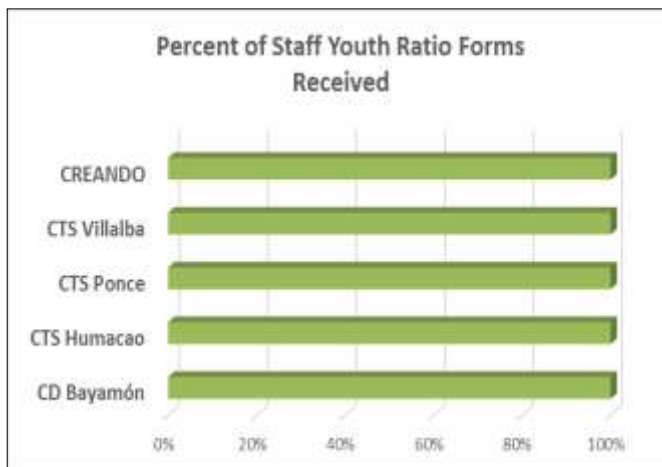
F. Warren Benton, Ph.D.  
Monitor

## Document Attachment A: Consultant Robert Dugan Reports on Staffing

### **Background:**

S.A. 48 Staff Youth Ratio monitoring compliance is analyzed on a quarterly basis using DCR facility generated weekly staff youth ratio forms. These forms are submitted to the Monitor’s Consultant throughout the reporting quarter. DCR facilities daily shift by shift staffing and youth population for each operational housing module is reported, as well as any 1:1 supervision events, and the volume of staff that are required to work a double shift. The report provides information from Staff Youth Ratio forms that were provided to the Monitor’s Consultant for the period of April 2, 2017 through July 1, 2017. As of the Wednesday, July 12, 2017, the following forms were submitted:

Facilities	Volume of Weeks of Staff Youth Ratio Forms Requested	Volume of Staff Youth Ratio Forms Received
<a href="#">CD Bayamón</a>	13	13
CTS Ponce	13	13
<a href="#">CTS Humacao</a>	13	13
<a href="#">CTS Villalba</a>	13	13
CREANDO	9	9
<b>Totals</b>	<b>61</b>	<b>61</b>



DCR submitted a total of 61 facility staff youth ratio forms for the five facilities requiring staff youth ratios, allowing for 100% of the staff youth ratio forms being available for analysis. DCR has consistently provided all requested Staff Youth Ratio forms used for monitoring and reporting. The table displaying the dates that staff youth ratio forms were received is on the last page of this report.

### **DCR Staff Youth Ratio Performance:**

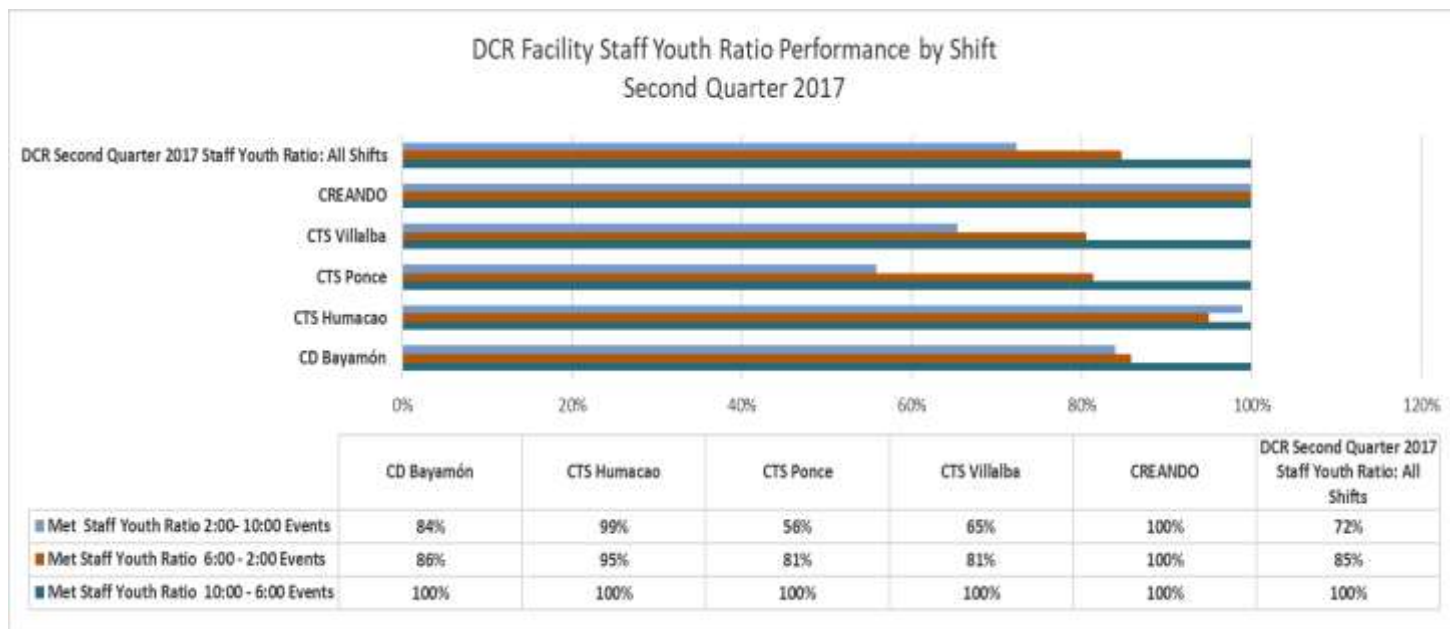
During the 2017 Second Quarter reporting period (April 2 through July 1, 2017), DCR documented a total of 6299 shift / unit events that required staff to youth supervision. This is a decrease of 501 staff youth supervision events from the First Quarter of 2017 (6800 events). Of the 6299 shift / unit events, 5398 of the events (86%) were supervised with the required staff youth ratios, a 6% decrease from the 92% of events supervised with the required staff youth ratios from the First Quarter of 2017.

Of the 5398 staffing events meeting the required staff youth ratio, 2097 (39%) of the staffing events occurred



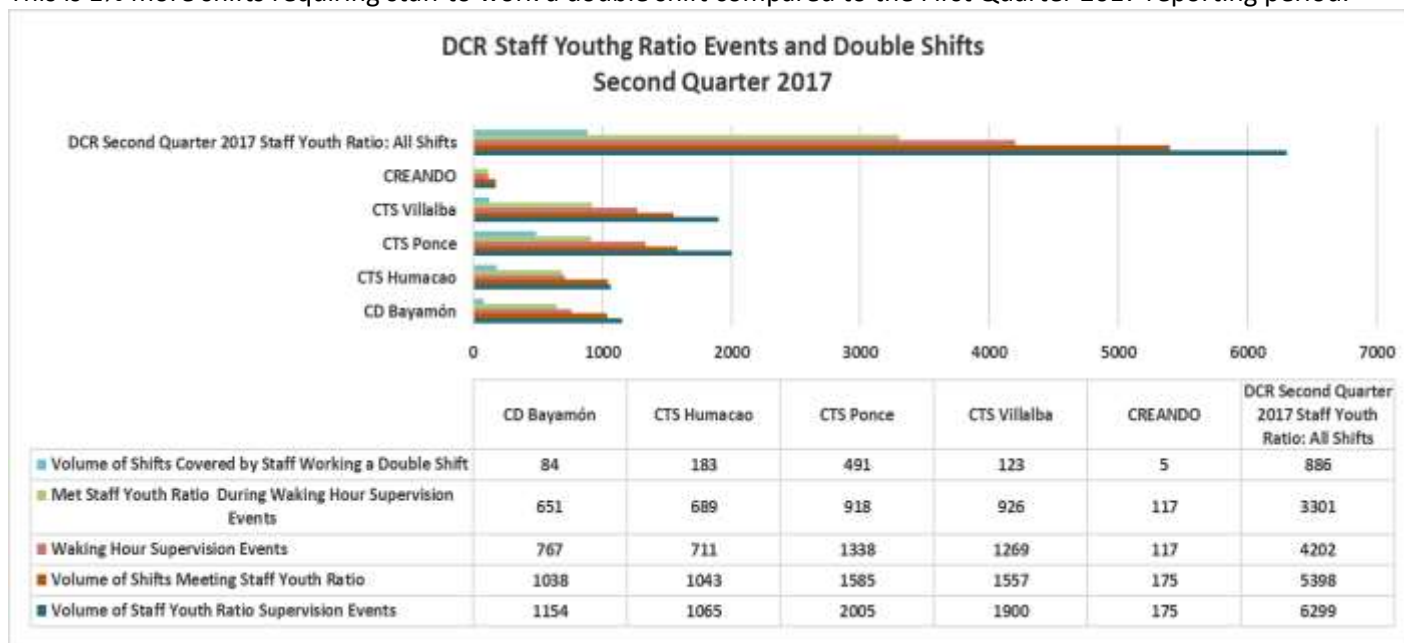
on the 10:00 PM – 6:00 AM shift.

The chart and table below represents staff youth ratio performance by shift for the period April 2 through July 1, 2017.



**Staffing Requiring Double Shifts:**

For the 2017 Second Quarter, 886 (14%) of the 6299 staff youth ratio events were covered by staff working a double shift. This is 1% more shifts requiring staff to work a double shift compared to the First Quarter 2017 reporting period.



The tables below provides data relating to staff youth ratio events during waking hours for the Second Quarter of 2017. Second Quarter waking hour staff youth ratio of 79% is 9% lower than the prior quarter (88%).

During the Second Quarter, CREANDO and CTS Humacao reported meeting the staff youth ratio in 100% and 97% of the waking hour staffing events. These rates are the highest amongst the five facilities operational during the quarter.

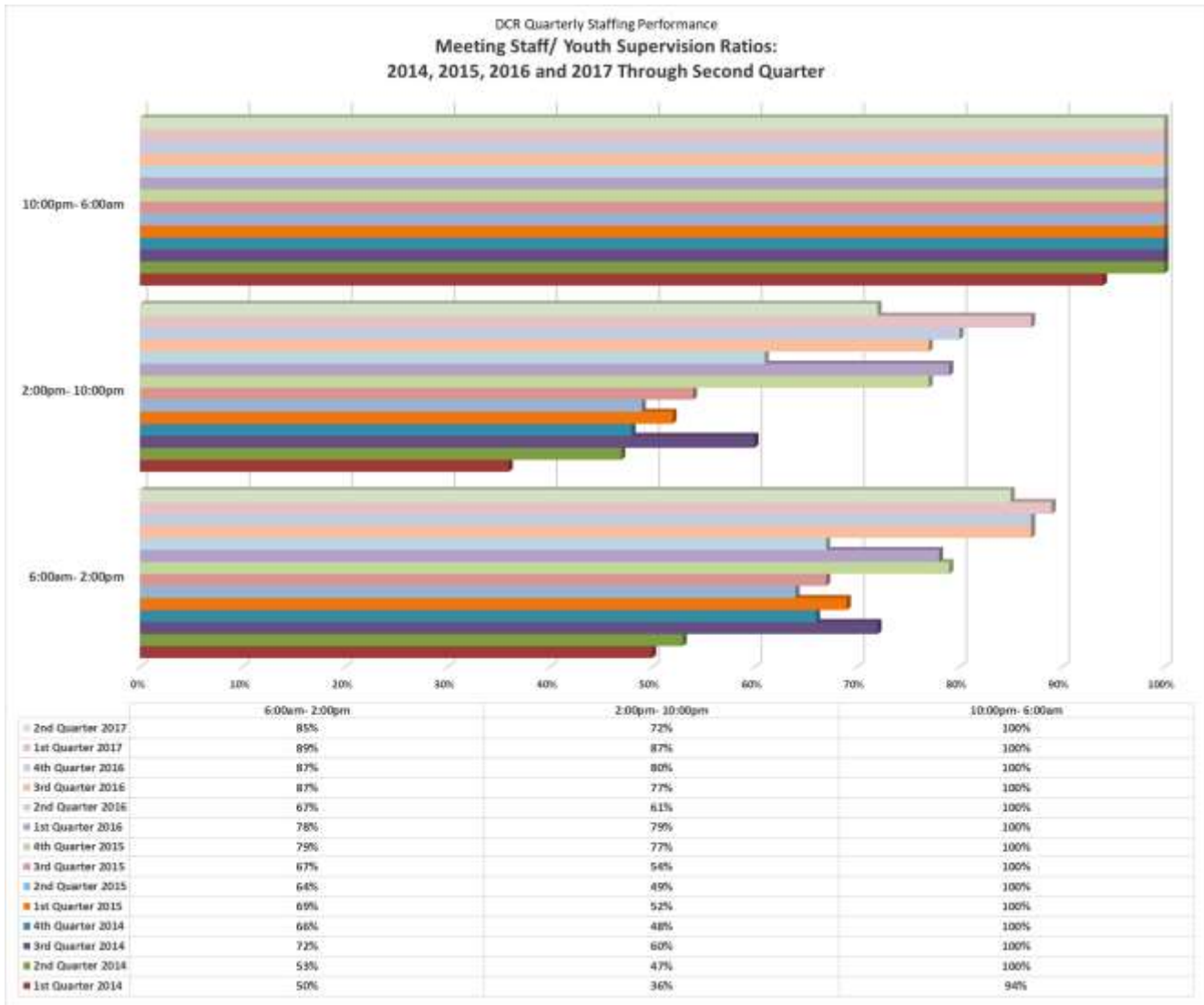


During the Second Quarter, CTS Ponce continues to have the lowest volume of events meeting the staff youth ratio requirements during waking hours (69%), a 13% decrease from the First Quarter (82%). CTS Ponce had the highest volume of waking hour shift events requiring double shifts (491/ 37%). During the second quarter, Ponce staffing is challenged by staffing roster vacancies, a long term protective custody event, and maintaining a high staffing ratio in PUERTAS.

PUERTAS, housed in one of the housing modules within CTS Ponce, met the staff youth ratio for all shifts throughout the 2017 Second Quarter reporting period.

<b>DCR Second Quarter 2017 Staff Youth Ratio During Waking Hours Shifts (6:00 - 2:00 and 2:00 -10:00)</b>	<b>Waking Hour Supervision Events</b>	<b>Met Staff Youth Ratio During Waking Hour Supervision Events</b>	<b>Percentage of Events Meeting Staff Youth Ratio During Waking Hours</b>	<b>Volume of Shifts Covered by Staff Working a Double Shift During Waking Hours</b>	<b>Percentage of Waking Hours Shifts Requiring Double Shifts</b>
CD Bayamón	767	651	85%	84	11%
CTS Humacao	711	689	97%	183	26%
<u>CTS Ponce</u>	1338	918	69%	491	37%
CTS Villalba	1269	926	73%	123	10%
CREANDO	117	117	100%	5	4%
DCR First Quarter Staff Youth Ratio: Waking Hours	4202	3301	79%	886	21%

The following chart represents the DCR agency Staff Youth Ratio averages by shift for the last fourteen quarters through July 1, 2017:



The DCR 2017 Second Quarter performance in meeting Staff Youth Ratios during waking hours is as follows:

- 6:00 am – 2:00 pm shift: 85% of events, a 4% decrease from the First Quarter of 2017 (89%)
- 2:00 pm – 10:00 pm shift: 72% of events, a 15% decrease from the First Quarter of 2017 (87%)
- 10:00 pm – 6:00 am shift: 100% of events, a 0% increase from the First Quarter of 2017 (100%)

Of the 4202 waking hour supervision events (6:00 – 2:00 and 2:00 – 10:00 shifts) 3301 of the events (79%) met the shift staff youth ratio requirements. The DCR 2017 Second Quarter Staff Youth Ratios compliance performance reflects a 9% decrease in staff youth ratio compliance from the first quarter reporting period. The first quarter staff youth ratio was the highest aggregate percentage of staff youth ratio compliance in the thirty quarters that have been documented in Staff Youth Ratio Quarterly Reports.

**Policy and Documentation Request to DCR:**

To support staff youth ratio compliance analysis, the Monitor’s Office has requested the following of DCR: For DCR, as well as the Monitor’s Office, to effectively assess staff youth ratio compliance the DCR Staffing policy must identify that retrievable staff youth ratio documentation be maintained at each facility. The documentation should consist minimally of the following:

- Daily youth population list, identify which youth are in which modules, designation of any youth on Protective Custody, Transitional Measures, Therapeutic Observation of Constant Watch. Additionally, daily trips and youth assigned to those trips should also be maintained in the daily population list.

- The facility staff roster, displaying which staff have been assigned to which modules. It is critical that the form allows for clear documentation of officers assigned to each module as well as mini control. This form should be uniform between all four facilities.
- To review staff and youth population materials in an efficient manner, it has been requested that staffing binders be put in place at each facility that allows for a review of daily staffing practices, which will allow for both DCR and Monitor's Office analysis of policy and procedural compliance.

Staff youth ratio compliance analysis consists of a review of the Master Roster. The Master Roster is an agency generated staffing roster identifying posts, fixed posts, fix posts identified by need, movable posts and relief personnel. Supervisor IV's are required to develop a facility shift daily roster from the Master Roster, adjusting as required for housing module youth populations, approved leave status, call offs, training, trips and special needs. The Master Roster designates one fixed post for each housing modules and additional fix posts identified by need, predicated on the housing module youth population and youth on special status (protective custody, transitional measure, constant supervision, etc.) within the housing module. Mini-control logs are used to provide supplemental documentation of staff housing module assignments and movement.

As of the Staffing Consultant site visits of June 20, 21, and 22, 2017, DCR had not been able to implement the facility uniform staffing documentation requests. Absence of agency wide uniform staffing source documentation significantly limits the volume of validation sampling of facility daily youth population housing assignments, master roster, daily roster and mini-control logs that can be reviewed in the time available during a site visit. For purposes of the staffing quarterly report, weekly facility staff performance information is aggregated, analyzed and reported on form the facility staff youth ratio forms that are provided to the Monitor's Office.

DCR has been working on development of agency staffing policy to procedurally require staffing assignment and documentation to prioritize operational compliance with the required staff youth ratios. Reviews and recommendations of the draft version of the staffing policy, master roster and facility daily rosters were provided to DCR by the Monitor's Consultant on June 22, 2017. Although it was anticipated that the revised staffing policy would be approved and distributed in the second quarter of 2017, DCR has yet to provide an update on the status of the staffing policy recommendations as of the production of the second quarter staffing report. As of the second quarter site visit, DCR continues a practice with facility Supervisors III and Supervisor IV that the daily facility roster should be completed for each shift with a priority of staffing 'from the inside (the modules) to the outside'.

Additionally, DCR was asked as to whether they would provide documentation as required by S. A. 48 January 2009 Stipulation Paragraph 5. As of the time of production of the second quarter staffing report there has been no response on the status of this report.

**DCR Agency 1:1 Supervision Events:**

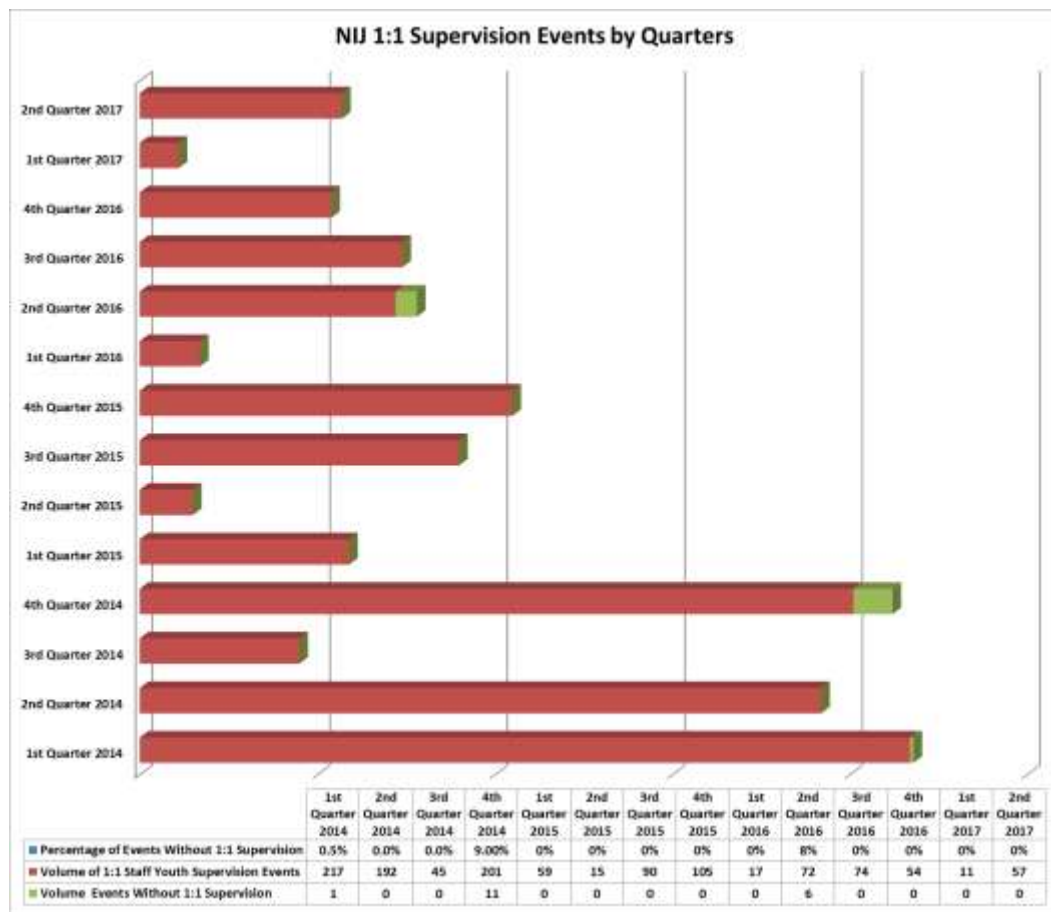
DCR reported successfully staffing all 1:1 supervision events for the 2017 Second Quarter, continuing to resolve 1:1 staffing shortages identified in the 2016 Second Quarter report.

The 2017 Second Quarter reporting period reflects the volume of 1:1 supervision events reported as 57 events:

- 217 events 1<sup>st</sup> Quarter 2014
- 192 events 2<sup>nd</sup> Quarter 2014
- 45 events 3<sup>rd</sup> Quarter 2014
- 201 events 4<sup>th</sup> Quarter 2014
- 59 events 1<sup>st</sup> Quarter 2015
- 15 events 2<sup>nd</sup> Quarter 2015
- 90 events 3<sup>rd</sup> Quarter 2015
- 105 events 4<sup>th</sup> Quarter 2015
- 17 events 1<sup>st</sup> Quarter 2016
- 72 events 2<sup>nd</sup> Quarter 2016
- 74 events 3<sup>rd</sup> Quarter 2016
- 54 events 4<sup>th</sup> Quarter 2016
- 11 events 1<sup>st</sup> Quarter 2017
- 57 events 2<sup>nd</sup> Quarter 2017

Correspondingly, the 2017 Second Quarter volume of these events without required 1:1 supervision was reported as 0 events:

- 1 events 1<sup>st</sup> Quarter 2014
- 0 events 2<sup>nd</sup> Quarter 2014
- 0 events 3<sup>rd</sup> Quarter 2014
- 4 events 4<sup>th</sup> Quarter 2014
- 0 events 1<sup>st</sup> Quarter 2015
- 0 events 2<sup>nd</sup> Quarter 2015
- 0 events 3<sup>rd</sup> Quarter 2015
- 0 events 4<sup>th</sup> Quarter 2015
- 0 events 1<sup>st</sup> Quarter 2016
- 6 events 2<sup>nd</sup> Quarter 2016
- 0 events 3<sup>rd</sup> Quarter 2016
- 0 events 4<sup>th</sup> Quarter 2016
- 0 events 1<sup>st</sup> Quarter 2017
- 0 events 2<sup>nd</sup> Quarter 2017

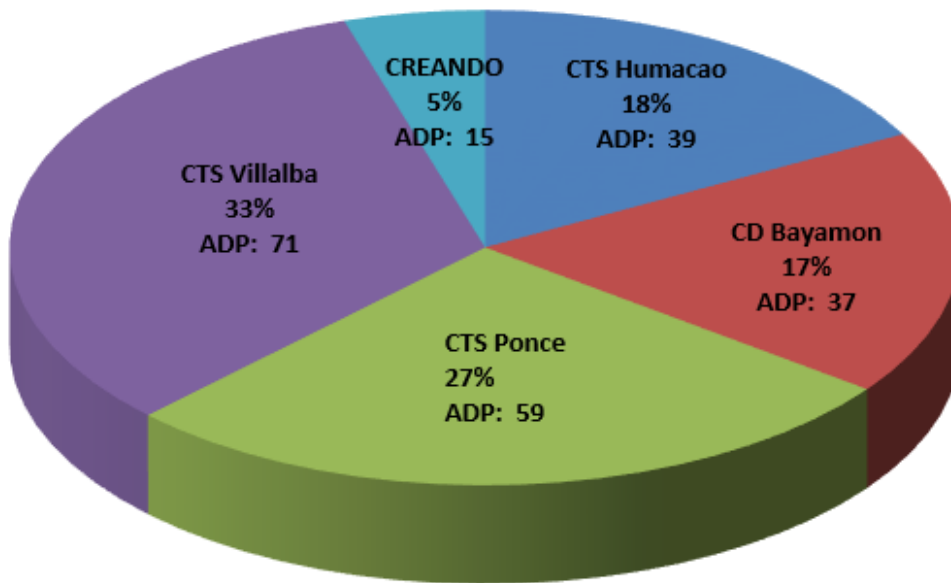


**DCR Average Daily Population**

Analysis of Staff Youth Ratio forms displays staffing information compared to facility average daily population (ADP). Facility average daily population was computed from the weekly Staff Youth Ratio forms by averaging the 6:00-2:00 shift facility population on the first Monday of each of the weeks in the reporting period.

The table below displays each facility’s average daily population for the reporting period (April 2 through July 1, 2017 as well as the proportionate facility youth population that each facility contributes to the agency average daily population.

**Distribution of DCR Facility Population  
Average Daily Population  
April 2 - July 1, 2017**



The table of average daily populations can be found on the last page of this report.

### CD Bayamón Staff Youth Ratio Analysis:

April 2 through July 1, 2017

CD Bayamon operates as a detention center.

The CD Bayamon detention youth population is expected to meet the following Staff Youth ratios:

- A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM
- A Staff Youth Ratio of 1:16 during 10:00 PM-6:00 AM

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

- Volume of Staff Youth Ratio Events: 1154
- Volume of Staffing Events with Staff Working a Double Shift: 84 (7%)

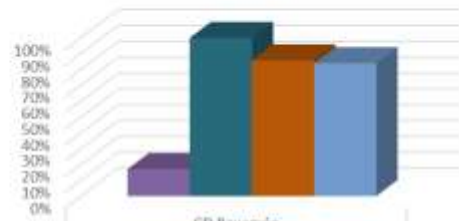
The Second Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00 pm – 6:00 am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 86%, an 2% decrease since the First Quarter reporting
- 2:00 pm – 10:00 pm: 84%, an 5% decrease since the First Quarter reporting
- CD Bayamón represents 17% of the DCR institutional population.
- A facility site visit was conducted on 6/22/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

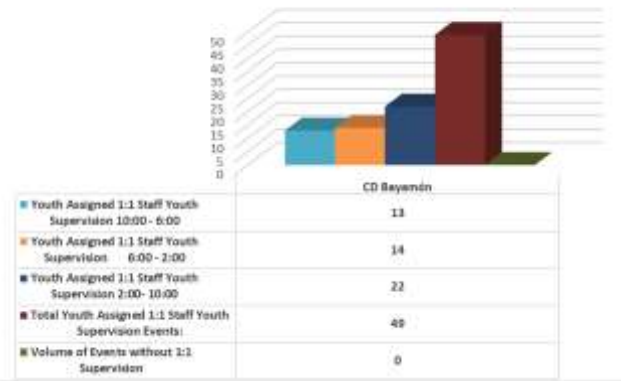
**Volume of Weeks Analyzed: 13**

**Volume of Days Analyzed: 91**

**Percentage of Staffing Events Meeting Staff Youth Ratio**



CD Bayamón	
■ Percentage of DCR Agency Population	17%
■ Met Staff Youth Ratio 10:00 - 6:00 Events	100%
■ Met Staff Youth Ratio 6:00 - 2:00 Events	86%
■ Met Staff Youth Ratio 2:00 - 10:00 Events	84%

<p><b>49 youth supervision 1:1 events for the Second Quarter of 2017</b></p>	<div style="text-align: center;"> <p><b>Supervision Events: 1:1</b></p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">CD Bayemin</th> </tr> </thead> <tbody> <tr> <td>Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00</td> <td>13</td> </tr> <tr> <td>Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00</td> <td>14</td> </tr> <tr> <td>Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00</td> <td>22</td> </tr> <tr> <td>Total Youth Assigned 1:1 Staff Youth Supervision Events</td> <td>49</td> </tr> <tr> <td>Volume of Events without 1:1 Supervision</td> <td>0</td> </tr> </tbody> </table> </div>	CD Bayemin		Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	13	Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	14	Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00	22	Total Youth Assigned 1:1 Staff Youth Supervision Events	49	Volume of Events without 1:1 Supervision	0
CD Bayemin													
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Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	14												
Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00	22												
Total Youth Assigned 1:1 Staff Youth Supervision Events	49												
Volume of Events without 1:1 Supervision	0												
<p><b>Volume of 1:1 events without required staffing during reporting period:</b> <span style="float: right;"><b>0</b></span></p>													

**CTS Humacao Staff Youth Ratio Analysis:**  
April 2 through July 1, 2017

**Treatment Level 5 Facility:**

- A Staff Youth Ratio of 1:8 during 6:00 AM-2:00 PM and 2:00 PM -10:00 PM and
- A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM

**Percent of Forms Available:** 100%

**Volume of Weeks Analyzed:** 13 of 13 requested

- **Volume of Staff Youth Ratio Events:** 1065
- **Volume of Staffing Events with Staff Working a Double Shift:** 183 (17%)

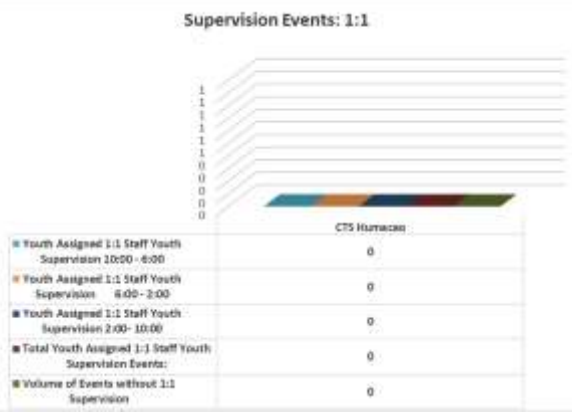
**The Second Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:**

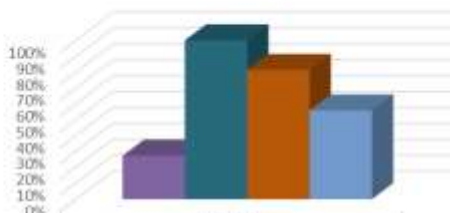
- **10:00pm- 6:00 am:** maintained 100% required staff youth ratio
- **6:00 am – 2:00 pm:** 95%, an 1% increase since the First Quarter reporting
- **2:00 pm – 10:00 pm:** 99%, maintaining the same performance of the First Quarter reporting
- **CTS Humacao represents 18% of the DCR institutional population.**
- **A facility site visit was conducted on 6/21/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.**

**Volume of Weeks Analyzed: 13**

**Volume of Days Analyzed: 91**



<p><b>0 youth supervision events for the Second Quarter of 2017</b></p>	 <p><b>Supervision Events: 1:1</b></p> <table border="1"> <tr> <td>■ Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00</td> <td>0</td> </tr> <tr> <td>■ Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00</td> <td>0</td> </tr> <tr> <td>■ Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00</td> <td>0</td> </tr> <tr> <td>■ Total Youth Assigned 1:1 Staff Youth Supervision Events:</td> <td>0</td> </tr> <tr> <td>■ Volume of Events without 1:1 Supervision</td> <td>0</td> </tr> </table>	■ Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	0	■ Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	0	■ Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00	0	■ Total Youth Assigned 1:1 Staff Youth Supervision Events:	0	■ Volume of Events without 1:1 Supervision	0
■ Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	0										
■ Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	0										
■ Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00	0										
■ Total Youth Assigned 1:1 Staff Youth Supervision Events:	0										
■ Volume of Events without 1:1 Supervision	0										
<p><b>Volume of 1:1 events without required staffing during reporting period: 0</b></p>											

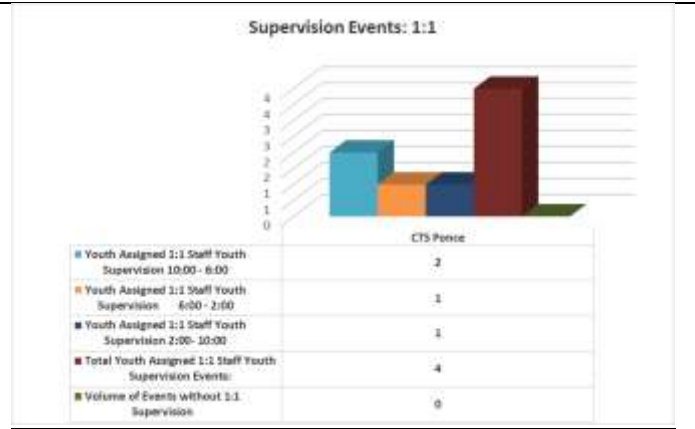
<p align="center"><b>CTS Ponce Staff Youth Ratio Analysis:</b> April 2 through July 1, 2017</p>									
<p><b>Treatment Level 2 and 3 Facility:</b> CTS Ponce staff youth ratio is being analyzed as follows:</p>	<p><b>Volume of Weeks Analyzed: 13</b> <b>Volume of Days Analyzed: 91</b></p>								
<ul style="list-style-type: none"> <li>• A Staff Youth Ratio of 1:8 during 6:00 AM -2:00 PM and 2:00 PM -10:00 PM</li> <li>• A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM</li> </ul>									
<p>Percent of Forms Available: 100% Volume of Weeks Analyzed: 13 of 13 requested</p>									
<ul style="list-style-type: none"> <li>➤ Volume of Staff Youth Ratio Events: 2005</li> <li>➤ Volume of Staffing Events with Staff Working a Double Shift: 491 (24%)</li> </ul>									
<p>The Second Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:</p>	 <p><b>Percentage of Staffing Events Meeting Staff Youth Ratio</b></p> <table border="1"> <tr> <td>■ Percentage of DCR Agency Population</td> <td>27%</td> </tr> <tr> <td>■ Met Staff Youth Ratio 10:00 - 6:00 Events</td> <td>100%</td> </tr> <tr> <td>■ Met Staff Youth Ratio 6:00 - 2:00 Events</td> <td>81%</td> </tr> <tr> <td>■ Met Staff Youth Ratio 2:00 - 10:00 Events</td> <td>56%</td> </tr> </table>	■ Percentage of DCR Agency Population	27%	■ Met Staff Youth Ratio 10:00 - 6:00 Events	100%	■ Met Staff Youth Ratio 6:00 - 2:00 Events	81%	■ Met Staff Youth Ratio 2:00 - 10:00 Events	56%
■ Percentage of DCR Agency Population	27%								
■ Met Staff Youth Ratio 10:00 - 6:00 Events	100%								
■ Met Staff Youth Ratio 6:00 - 2:00 Events	81%								
■ Met Staff Youth Ratio 2:00 - 10:00 Events	56%								
<ul style="list-style-type: none"> <li>• 10:00 pm- 6:00 am: 100%, maintained 100% required staff youth ratio</li> <li>• 6:00 am – 2:00 pm: 81%, a 7% decrease since First Quarter reporting</li> <li>• 2:00 pm – 10:00 pm: 56%, a 19% decrease since the First Quarter reporting</li> <li>• CTS Ponce represents 27% of the DCR institutional population.</li> <li>• The PUERTAS module met the staff youth ratio 100% of the Second Quarter shifts.</li> <li>• A facility site visit was conducted on</li> </ul>									



6/20/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

4 youth 1:1 supervision events for the Second Quarter of 2017

Volume of 1:1 events without required staffing during reporting period: 0



**CTS Villalba Staff Youth Ratio Analysis:**  
April 2 through July 1, 2017

**Treatment Level 4 Facility:** As of June 14, 2016 Villalba also maintains a detention population that had previously been at CTS Humacao.

- A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM
- A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM

**Percent of Forms Available:** 100%

**Volume of Weeks Analyzed:** 13 of 13 requested

- **Volume of Staff Youth Ratio Events:** 1900
- **Volume of Staffing Events with Staff Working a Double Shift:** 123 (6%)

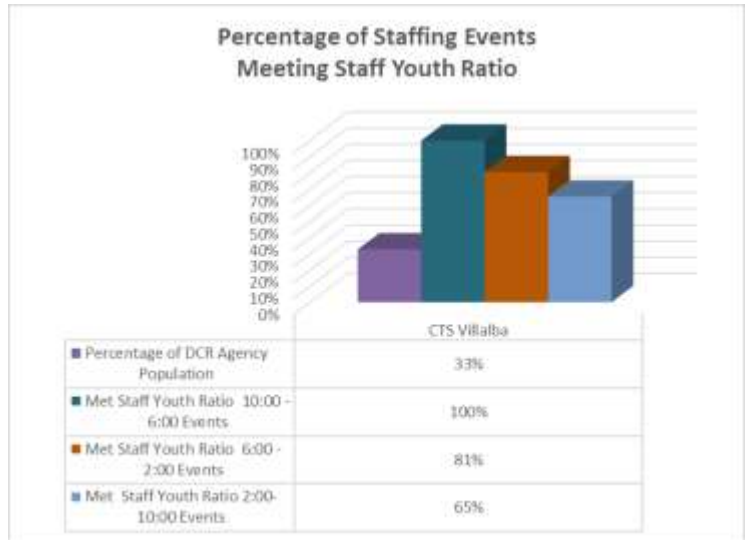
**The Second Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:**

- **10:00pm- 6:00am:** maintained 100% required staff youth ratio
- **6:00 am – 2:00 pm:** 81%, a 7% decrease since First Quarter reporting
- **2:00 pm – 10:00 pm:** 65 %, an 23% decrease the First Quarter reporting
- **CTS Villalba represents 33% of the DCR institutional population.**

A facility site visit was conducted on 6/21/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

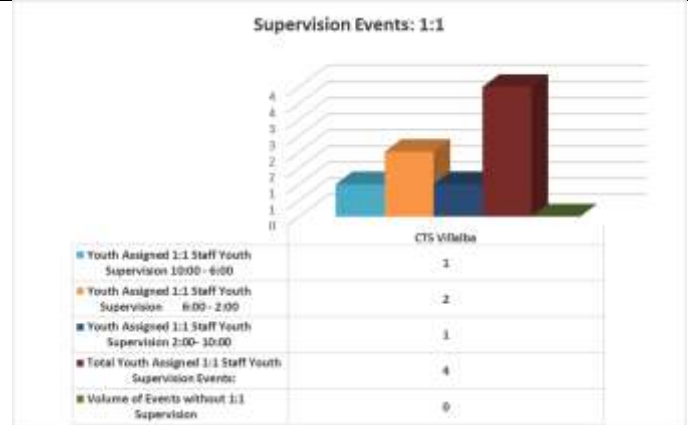
**Volume of Weeks Analyzed: 13**

**Volume of Days Analyzed: 91**



**4 youth 1:1 supervision events for the Second Quarter of 2017**

**Volume of 1:1 events without required staffing during reporting period: 0**



### CREANDO Staff Youth Ratio Analysis:

April 2 through May 30, 2017

CREANDO operates as a multi-level treatment facility:

- A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM
- A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 9 of 9 requested

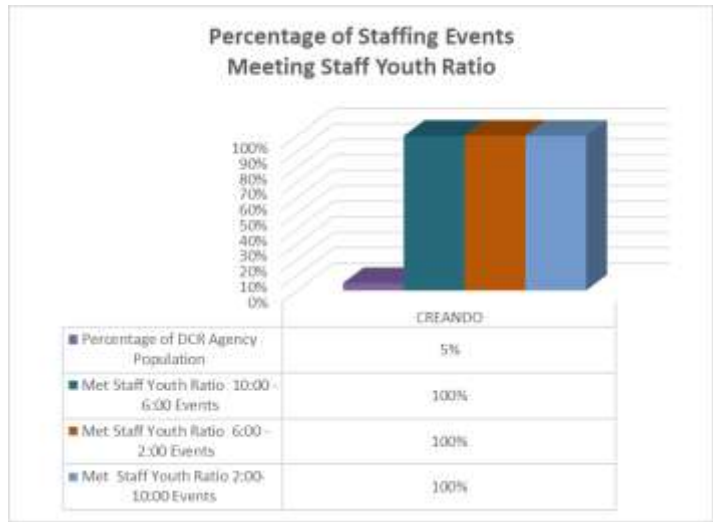
- Volume of Staff Youth Ratio Events: 175
- Volume of Staffing Events with Staff Working a Double Shift: 5 (3%)

CREANDO was in operation for nine weeks of the Second Quarter reporting period, with program graduation on May 30, 2017.

- 10:00pm- 6:00am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: maintained 100% required staff youth ratio
- 2:00 pm – 10:00 pm: maintained 100% required staff youth ratio
- CREANDO represents 5% of the DCR institutional population.
- There was no site visit to CREANDO during the Second Quarter.

Volume of Weeks Analyzed: 9

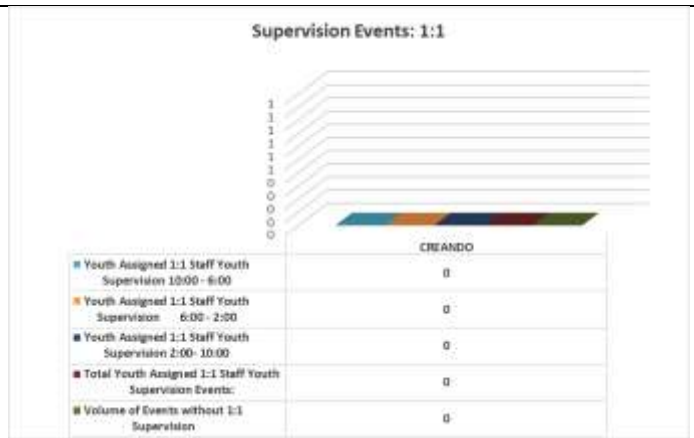
Volume of Days Analyzed: 59



CREANDO reported zero youth on 1:1 supervision for Second Quarter of 2017.

0 youth 1:1 supervision events for the Second Quarter of 2017

Volume of 1:1 events without required staffing during reporting period: 0



**Table of Date of Receipt of Facility Staff Youth Ratio Form:**

<u>Date</u>	<u>CD Bayamon</u>	<u>CTS Humacao</u>	<u>CTS Ponce</u>	<u>CTS Villalba</u>	<u>Program CREANDO</u>
April 2 -8, 2017	5/25/2017	4/22/2017	4/22/2017	4/22/2017	4/22/2017
April 9 - 15, 2017	5/20/2017	5/22/2017	4/22/2017	6/13/2017	4/22/2017
April 16 - 22, 2017	5/20/2017	5/20/2017	5/20/2017	6/13/2017	5/20/2017
April 23 -29, 2017	5/20/2017	5/20/2017	5/25/2017	5/20/2017	5/20/2017
April 30 - May 6, 2017	5/20/2017	5/25/2017	5/25/2017	5/20/2017	5/25/2017
May 7 - 13, 2017	5/25/2017	5/25/2017	6/14/2017	6/13/2017	5/25/2017
May 14 - 20, 2017	5/25/2017	6/13/2017	6/14/2017	6/14/2017	5/25/2017
May 21 - 27, 2017	6/13/2017	6/13/2017	6/14/2017	6/14/2017	6/13/2017
May 28 - June 3, 2017	6/13/2017	6/13/2017	6/14/2017	6/14/2017	6/13/2017
June 4 - 10, 2017	6/14/2017	6/14/2017	7/11/2017	6/14/2017	NA
June 11 - 17, 2017	6/29/2017	6/29/2017	7/11/2017	6/29/2017	NA
June 18 -24, 2017	6/29/2017	6/29/2017	7/11/2017	6/29/2017	NA
June 25 - July 1, 2017	7/11/2017	7/11/2017	7/11/2017	7/11/2017	NA
	13	13	13	13	9
<b>Volume of Forms Submitted</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

\*\*CREANDO closed as of 5/30/2017.

**Table of Facility Average Daily Population Based on Monday AM Weekly Counts:**

<u>Dates of Reporting Period</u>	<u>CD Bayamon</u>	<u>CTS Humacao</u>	<u>CTS Ponce</u>	<u>CTS Villalba</u>	<u>Program CREANDO</u>	<u>Totals</u>
April 2 -8, 2017	45	46	64	73	15	243
April 9 - 15, 2017	46	46	63	71	15	241
April 16 - 22, 2017	38	45	60	80	15	238
April 23 -29, 2017	43	40	61	70	15	229
April 30 - May 6, 2017	41	39	61	68	15	224
May 7 - 13, 2017	31	38	59	71	15	214
May 14 - 20, 2017	33	36	58	70	15	212
May 21 - 27, 2017	32	37	59	69	15	212
May 28 - June 3, 2017	44	37	59	65	15	220
June 4 - 10, 2017	37	39	57	70	NA	203
June 11 - 17, 2017	30	37	56	72	NA	195
June 18 -24, 2017	34	35	57	70	NA	196
June 25 - July 1, 2017	27	34	56	71	NA	188
<b>Totals</b>	<b>481</b>	<b>509</b>	<b>770</b>	<b>920</b>	<b>135</b>	<b>2815</b>
<b>Percentage of AIJ Agency Population</b>	<b>17%</b>	<b>18%</b>	<b>27%</b>	<b>33%</b>	<b>5%</b>	<b>100%</b>
<b>Average Daily Population for Quarter</b>	<b>37</b>	<b>39</b>	<b>59</b>	<b>71</b>	<b>15</b>	<b>217</b>

## Document Attachment B: Consultant Robert Dugan Reports on Classification

### **S.A. 52: DCR Classification 2017 Second Quarter Report:**

Prepared by Bob Dugan: Office of the Monitor: July 2017

**S.A. 52.** states the following: At both the detention phase and following commitment, Defendants shall establish objective methods to ensure that juveniles are classified and placed in the least restrictive placement possible, consistent with public safety. Defendants shall validate objective methods within one year of their initial use and once a year thereafter and revise, if necessary, according to the findings of the validation process.

### **Background:**

DCR has demonstrated significant commitment to progressing toward compliance on S.A. 52 over the last several years. DCR contracted with the Center for Research, Evaluation and Human Development, Inc. (CINED: Dr. Jorge Benítez Nazario and Professor Cynthia Rodríguez-Parés) for the validation of the *Instruments for Youth in Custody (ICI)* and the *Instrument Risk Index (ICR)*. The validation study resulted in a revision of both the detention and custody classification instruments, addressing contemporary research and classification criteria. In addition to the validation study, the contract also required that CINED provide a period for pilot testing, development of a operational manual and initial training of staff.

### **Training and Staff Development:**

On April 9, 2015, forty DCR staff participated in a three hour training session on the Orientation of the Classification Instruments. Supplemental training sessions have also been provided on both the ICC and ICD. Training session sign in sheets and presentation slides have been provided to the Monitor's Consultant. As of the time of this report the Monitor's Consultant has not attended training. A review of the training slides appears to be a comprehensive coverage of the required content to implement the classification instrument. The Monitor's Consultant did not have the opportunity to participate in the training, but will attempt to attend if another training session is offered.

As of the time of this report the Monitor's Consultant has not had an opportunity to review the application of the electronic record classification instrument by the DCR staff responsible for administration of classification.

### **DCR Classification Policy:**

On October 20, 2016, an Administrative Order DCR-2016-10, the "Designation of the Facilities of the Regional Office of Institutions Youth (ORIJ) by Treatment Levels" was signed by Secretary Einar Ramos López. The Administrative Order addressed the ICD and ICC processes, definitions, scoring and the various treatment levels assigned to various facilities.

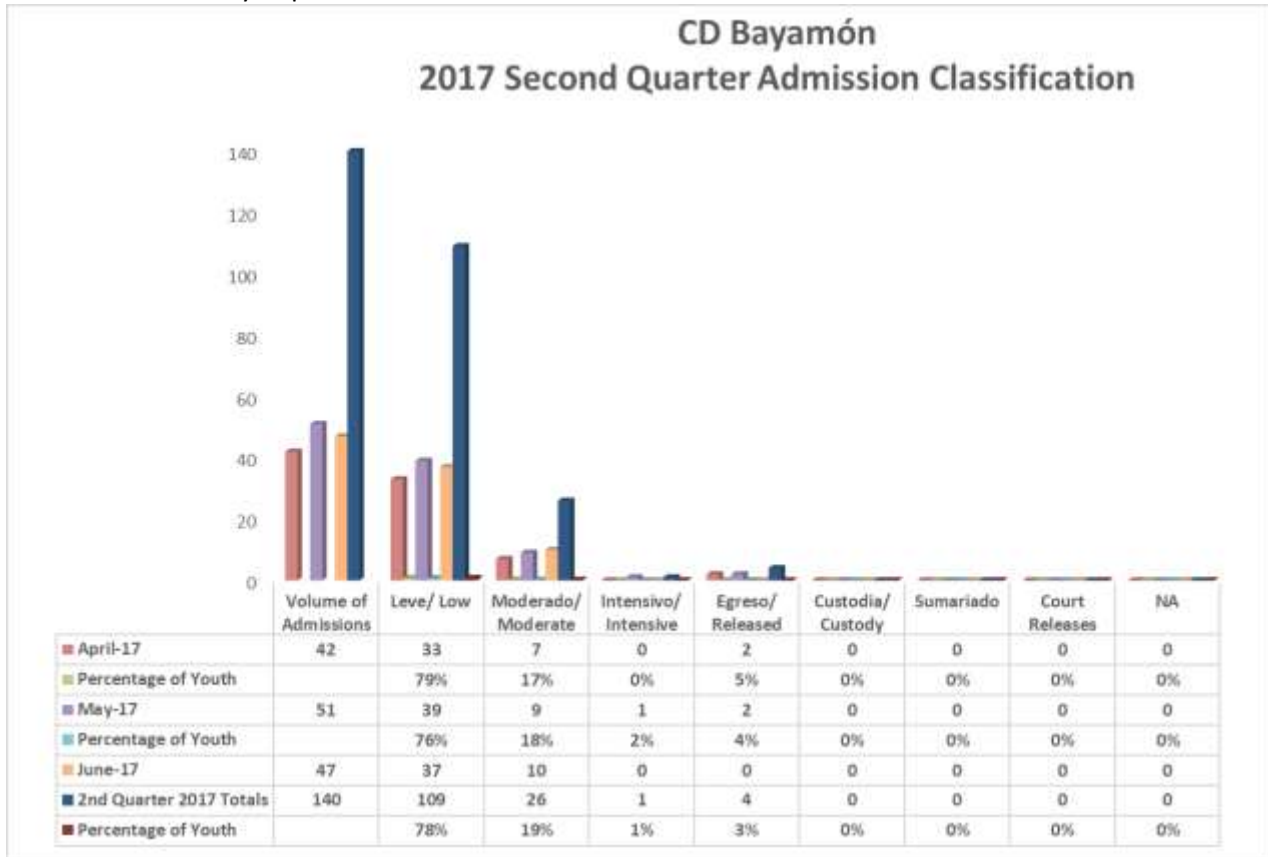
The Administrative Order designates the following facilities will provide services to the corresponding levels of treatment as assessed by the detention classification or committed classification assessment instruments, behavioral and safety characteristics, demographic characteristics consisting of age, race, national origin, sex, religious affiliation, criminogenic need factors. *Criminogenic needs factors* are related to dynamic risk factors that and refer to characteristics of the youth that, when changed, are associated with changes in risk of reoffending (Vincent, Guy, and Grisso 2012).

- CD Bayamon: Detention populations classified as low, moderate or intensive
- CTS Humacao: Treatment Level 5, highest level of security.
- CTS Villalba: Treatment Level 4, moderate level of security and detention populations
- CTS Ponce: Treatment Level 3 and 2, lowest level of security.

The Administrative Order appears to have covered critical operational processes of ongoing implementation of the classification process and youth facility assignment.

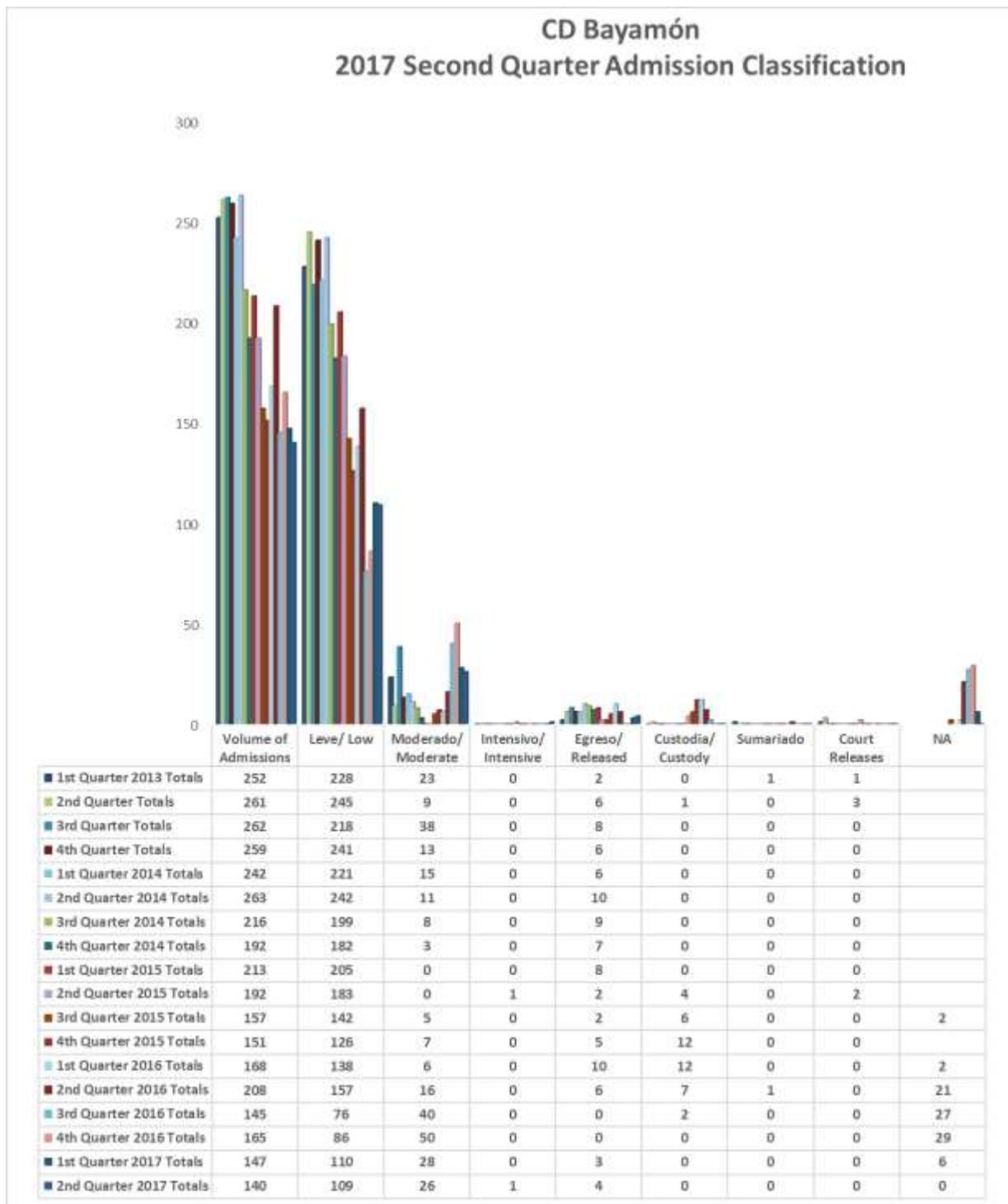
**Second Quarter: April 1- June 30, 2017: CD Bayamón Admission Classification:**

The 2017 Second Quarter is the twentieth quarter that DCR has produced CD Bayamón Admission Classification data to be included in the Quarterly Report.



For the second quarter, there were 140 admissions of which 78% (109) were classified as low; 19% (26) were classified as moderate; 1% (1) was classified as intensive 3% (4) Released (prior to classification).

Detention classification documentation indicates youth have been consistently classified and assigned to a housing module that corresponds to the assessed detention classification level. A review of facility and housing module assignments at the time of second quarter site visits (June 20-22, 2017) reflects that youth are consistently assigned to the facility and housing module that matches their levels of treatment classification.



**Second Quarter: April 1- June 30, 2017: Committed Classification:**

DCR has provided committed classification documentation for since January 2014. A mutual decision on the part of the DCR Classification Functional Team and the Monitor's Consultant was not to analyze this data for the Quarterly Reports in recognition of the absence of a validated committed classification instrument. With the implementation of the Instrumento de Clasificación en Custodia (ICC), committed classification has been reported on as of the 2016 Fourth Quarter.

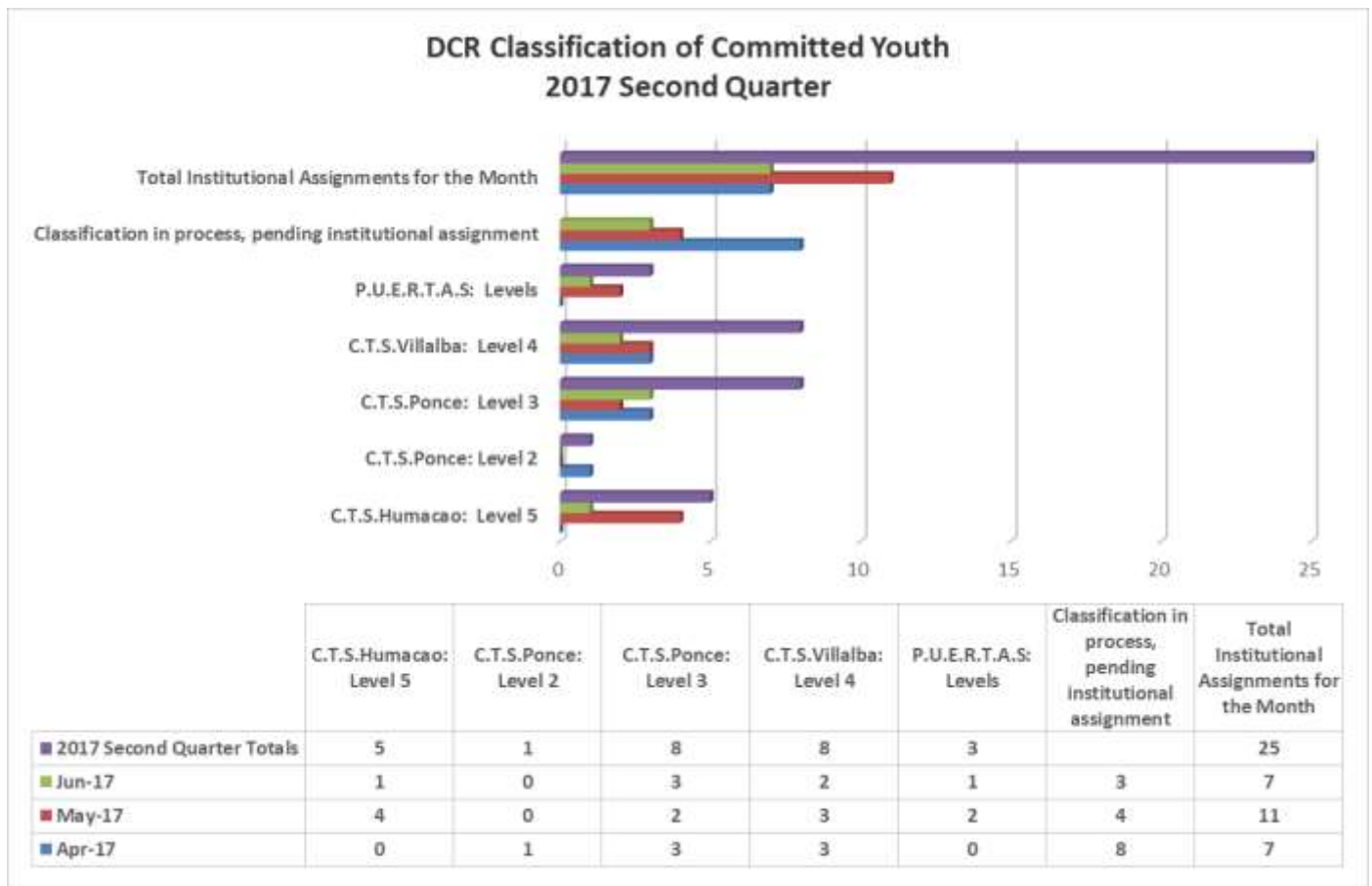


Each month, DCR provides to the Monitor’s Consultant a classification workbook that provides data for analysis of the monthly committed classification process. The workbook provides data under the following columns:

PROCESO DE CLASIFICACIÓN DE JÓVENES CON CUSTODIA ENTREGADA										
Nombre del Menor	# Exp. DEC	Fecha Entrega de Custodia	Fecha Ingreso al Módulo de Evaluación	Fecha Discusión Caso	Nivel de Tx. Adjudicado de acuerdo a Puntuación en Escala	Institución Asignada	Fecha Autorización Traslado	Fecha Admisión Institución Asignada	Observaciones	*Dias transcurridos

DCR has produced a monthly facility population and levels of treatment verification report for each month of the second quarter of 2017. The report identifies each facility, youth name, assigned housing module and youth classification level of treatment. The submitted reports document consistency and compliance with youth facility assignment as described in the Classification Administrative Order.

The youth’s institutional assignment is reviewed to assess if it corresponds to the level of treatment score. For the second quarter of 2017, all the reviewed institutional assignments are consistent with the level of treatment scores and level assignments as reported in the monthly classification reports. Youth classification levels and institutional housing assignments are reviewed for consistency during site visits. During site visits on June 20 through 22, youth housing assignments were uniformly consistent with assessed classification levels of treatment.



Youth who are committed to the custody of DCR are placed in the Residential Evaluation Module (MER) for evaluation, classification and ultimately placement in the facility with the corresponding treatment level as determined by the Division of Evaluation and Classification Team. For the second quarter, the average duration of placement in the MER is fifteen days. Several of the longer duration events in the MER were the result of delay in delivery from the Courts of proper documentation.

Sixteen of the twenty-five classification assignments (64%) for the second quarter of 2017 were placed at CTS Ponce.

## Document Attachment C: Incident and Understaffing report

For the quarter there was one incident to report where there was understaffing at the time and location of the incident.

May 3	CD/CTS Bayamón boys	17- 025	Afternoon	Allegedly, the youth (HRP) was kicked 3 times in his back by the youth officer (AC) while he was on the floor. Apparently, this youth and others were ordered to stay on the floor after an incident between the juveniles (BRR) and (SR). Infirmary notes say there were no hematomas or red/back areas but the youth had pain in his back.	9 juveniles 2 officers (1 officer with a therapeutic supervision)
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The staffing requirement was not met because there should have been 3 officers, as one was assigned to therapeutic supervision of one youth.

## Document Attachment D: Transitional Measures and Protective Custody Reviews

Second quarter site visits occurred on June 20, 21 and 23, 2017. The following cases were assessed against all of the criteria of S.A. 79 and S.A. 80.

All second quarter Protective Custody and Transitional Measure events occurring or active at the time of facility site visits were reviewed. The table below displays the date of case study reviews, facility, identification of either Protective Custody or Transitional Measure, youth initials, starting and ending date of status and duration of status.

Date of Review	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	6/202017	06/21/17	06/21/17	06/22/17
Facility:	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Villalba	CTS Humacao	CD Bayamon
Name of Youth:	JVMS	JCSO	JCSO	JRE	JSO	JACC	KCS	EJRR	KER	MAMA	SSS
Isolation Status:	Protective Custody	Protective Custody	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures
Starting Date of Status:	12/30/16	03/31/17	04/06/17	03/15/17	03/15/17	05/22/17	06/01/17	06/12/17	05/17/17	05/12/17	05/04/17
Ending Date of Status:	05/09/17	04/06/17	05/09/17	04/05/17	04/11/17	Active at time of review	Active at time of review	06/19/17	05/25/17	Active at time of review	05/08/17
Total Days of Status:	131	7	34	22	27	30*	20*	8	9	41*	5

### S.A. 80 Protective Custody Record Assessment:

The two Ponce protective custody events were assessed as to the criteria of S. A. 80 with the following results.

<b>Date of Review</b>	06/20/17	06/20/17
<b>Facility:</b>	CTS Ponce	CTS Ponce
<b>Name of Youth:</b>	<b>JVMS</b>	<b>JCSO</b>
<b>Isolation Status:</b>	<b>Protective Custody</b>	<b>Protective Custody</b>
<b>Starting Date of Status:</b>	12/30/16	03/31/17
<b>Ending Date of Status:</b>	05/09/17	04/06/17
<b>Total Days of Status:</b>	<b>131</b>	<b>7</b>
<b>Are the following revoked or limited?</b>		
<b>safety</b>	No	No
<b>crowding</b>	No	No
<b>health</b>	No	No
<b>hygiene</b>	No	No
<b>food</b>	No	No
<b>education</b>	Yes/ Limited	Yes/ Limited
<b>recreation</b>	Yes/ Limited	Yes/ Limited
<b>access to courts</b>	No	No

Youth on Protective Custody status conditions of safety, crowding, health, hygiene, food and access to the courts were neither limited nor revoked from that which was received by other facility youth. These findings are based on interviews with youth and staff, observations, log reviews and file reviews.

As reported in previous quarterly reports, education for youth in Protective Custody status was limited, consisting of twenty minutes per subject. For JVMS there were a number of days with no documented educational programming. A review of protective custody records reflected that recreation for the two youth on this status was limited compared to that of the facility general population, particularly on weekends.

The two Ponce youth who were on protective custody status were housed on a module with one officer or housed on the PUERTAS module. In light of the time that youth were confined to their room, both protective custody youth were also assessed for whether the elements of S.A.79 were met.

**S.A. 79 Protection and Isolation Record Assessment:** All eleven youth on protective custody and or transitional measure status were assessed for the S.A. 79 protection and isolation criteria.

Date of Review	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	6/202017	06/21/17	06/21/17	06/22/17			
Facility:	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Villalba	CTS Humacao	CD Bayamon			
Name of Youth:	JVMS	JCSO	JCSO	JRE	JSO	JACC	KCS	EJRR	KER	MAMA	SSS			
Isolation Status:	Protective Custody	Protective Custody	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures			
Starting Date of Status:	12/30/16	03/31/17	04/06/17	03/15/17	03/15/17	05/22/17	06/01/17	06/12/17	05/17/17	05/12/17	05/04/17			
Ending Date of Status:	05/09/17	04/06/17	05/09/17	04/05/17	04/11/17	Active at time of review	Active at time of review	06/19/17	05/25/17	Active at time of review	05/08/17			
Total Days of Status:	131	7	34	22	27	30	20	8	9	41	5			
												No	Yes	NA
Was youth placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others?	Yes	No	No	Yes	No	No	No	No	Yes	No	No	8	3	0
Were other less restrictive methods of restraint tried and failed?	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	5	6	0
Was the isolation cells suicide resistant ?	No	No	No	No	No	No	No	No	No	No	NA	10	0	1
Did the facility director or acting facility director approve the placement ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was youth afforded living conditions approximating those available to the general juvenile population ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was youth visually checked by staff at least every fifteen (15) minutes and the exact time of the check must be recorded each time ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was juvenile seen by a masters level social worker within three (3) hours of being placed in isolation?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	4	7	0
Was juvenile seen by a psychologist within eight (8) hours of being placed in isolation?	No	Yes	No	No	No	Yes	No	No	No	No	No	9	2	0
Was juvenile seen by a psychologist every twenty-four (24) hours thereafter to assess the further need of isolation?	No	No	No	No	No	No	No	No	No	No	No	11	0	0
Was youth seen by his/her case manager as soon as possible ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was youth seen by his/her case manager at least once every twenty-four (24) hours thereafter?	No	No	No	No	No	No	No	No	No	No	No	11	0	0
Was the juvenile released from isolation as soon as the juvenile no longer poses a serious and immediate danger to himself or others ?	Yes	Yes	No	Yes	Yes	NA	NA	Yes	No	NA	No	3	5	3
Is there a log (or other documentation) kept which contains:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
daily entries on each juvenile in isolation,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the date and time of placement in isolation,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
who authorized the isolation,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the name of the person(s) visiting the juvenile,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
staff,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the juvenile's behavior at the time of the check,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the person authorizing the release from isolation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the time and date of the release	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0

A review of the S.A. 79 protection and isolation compliance table reflects that the cases reviewed consistently met all log documentation criteria; youth were consistently seen by case managers as soon as possible; consistent random minimum fifteen-minute checks; living conditions approximating those available to the general juvenile population; and the facility director or acting facility director approved the placement.

Record review of protection and isolation criteria was not met for the following elements in all or the majority of the cases reviewed:

- The youth placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others.
- The youth was not seen by a psychologist within eight (8) hours of being placed in isolation.
- The youth was not seen by a psychologist every twenty-four (24) hours thereafter to assess the further need of isolation.
- The youth was not seen by his/her case manager at least once every twenty-four (24) hours thereafter.
- There are not necessarily designated cells assigned for confinement purposes for TM or PC. As such, we looked at all cells and, while they are by and large fairly suicide resistant, we did note the following:
  - Bayamon- All cells seem acceptable in terms of bunks, vents and stools and hinges, although the metal desks could be a problem the way they are fastened to the wall. The size of the desk may allow for a sheet to serve as a ligature if wrapped around the desk surface.
  - Humacao- All cells seem acceptable in terms of bunks, vents, stools, desks and hinges.
  - Villalba- All cells seem acceptable in terms of bunks, stools, desks and hinges, although the vents holes in the lower floor ceilings vents are a problem as they are too wide. Appropriate vents are being installed and the replacements have been completed in 5 modules (A1, A2, B1, B2, C1) so far. There is a need for security caulking in some rooms as the new vents are not flush with the ceiling (vents in other three are a significant problem).
  - Ponce- All cells seem acceptable in terms of bunks, stools, desks and hinges, although the vents on the lower floor ceilings are a problem as a ligature could be threaded through the vent openings and no changes have yet been made.

## Document Attachment E: Abuse Referrals Tracking Report

The following tables summarize statistics about case management for the past four quarters. The primary source of the information is the case tracking records maintained by NIJ along with other records such as the underlying individual case reports and records.

This table has been revised to along the measures that are presented with the updated procedures for the management of these cases. There are empty cells for earlier quarters that are to be updated by NIJ. The table is subject to further revision for the upcoming quarter based on the experience of the parties and the Monitor's Office.

The first table summarizes general information about incidents events. An incident event may generate many incident reports, but this table counts a multiple-report incident as a single event.

<b>A. General Measures</b>	<b>16-3th</b>	<b>16-4th</b>	<b>17-1st</b>	<b>17-2nd</b>
A.1 Average Monday 1st Shift count of youth	271	259	256	210
A.2 Number of incident events	67	53	65	49
A.3 Number of youth-to-youth incident events	34	23	34	10
A.4 Incident events involving use of force by staff	18	23	16	10
A.5 Incident events with suicide act, ideation, or gesture	9	9	7	12
A.6 Incident events w/ self-mutil. act, ideation, or gesture	11	3	8	16



The next table summarizes suicide and self-mutilation incidents known to mental health staff. Many of these do not warrant abuse allegations.

<b>B. Mental Health Record Information</b>	<b>16-3th</b>	<b>16-4th</b>	<b>17-1st</b>	<b>17-2nd</b>
B.1 Suicidal incidents, ideation or gestures	9	9	6	12
B.2 Number of individual youth referenced	8	9	4	10
B.3 Cases involving ideation only	8	6	4	11
B.4 Cases involving suicide gesture	1	3	2	1
B.5 Cases involving suicide intention	0	0	0	0
B.6 Cases w/ ambulatory treatment	9	9	6	12
B.7 Cases with hospitalization	0	0	0	0
B.8 Cases leading to death	0	0	0	0
B.9 Suicide Cases with 284 report filed	0	0	0	0
B.10 Self-mutilations incidents, ideation or gestures	11	3	8	4
B.11 Number of individual youth referenced	9	3	8	3
B.12 Cases requiring sutures	0	0	0	0
B.13 Cases requiring hospitalization	0	0	0	0
B.14 Cases leading to death	0	0	0	0
B.15 Self-Mutilation Cases with a 284 report filed	0	0	0	0

The above cases come from mental health records. NIJ has implemented a screening procedure and instrument that diverts the investigation of some incidents from the Paragraph 78 process to a recently developed mental health process. Of the 49 (A.2) incident events in most recent quarter, 12 (B.1 plus B.10) involved suicide and self-mutilation incidents.

None of the above incidents resulted in a Paragraph 78a abuse referral. All cases were to be referred to the mental health process. During the quarter, a change in mental health staffing was proposed and apparently implemented it is not clear whether the new personnel are fully informed as to how to complete the referral reviews.

The next table summarizes abuse referrals and the initial responses to such referrals.

<b>C. 284 Incidents</b>	<b>16-3th</b>	<b>16-4th</b>	<b>17-1st</b>	<b>17-2nd</b>
C.1 284 Incident Events	30	21	21	11
C.2 Level One Incident Events	3	2	5	1
C.3 Level Two Incident Events	27	19	16	10
C.4 Referrals to OISC	27	19	16	11
C.5 Youth-to-Youth Incidents	11	5	6	0
C.6 Youth-to-Youth Injuries	3	2	3	0
C.7 Youth-to-Youth with External Care	1	2	2	0
C.8 Youth-to-Youth Sexual	0	1	0	0
C.9 Youth-to-Youth Sexual w/ Injury	0	0	0	0
C.10 Staff-to-Youth Incidents	19	16	15	11
C.11 Staff-to-Youth Injuries	7	3	9	2
C.12 Staff-to-Youth with External Care	0	1	0	0
C.13 Staff-to-Youth Sexual	3	1	1	2
C.14 Staff-to-Youth Sexual with Injury	0	0	0	0
C.15 284 Incident Events with administrative actions	30	21	21	11
C.16 284 Incident Events with report by end of shift	30	21	20	10
C.17 Level 1 Investigations complete within 20 days	3	2	5	1
C.18 SOU (Special Operations) interventions	2	1	1	0
C.19 SOU events with 284 reports	2	1	1	0
C.20 284 with Item 5 completed	30	21	20	10
C.21 284 with Staffing Compliance	19	17	16	9
C.22 Percent 284 cases with staffing compliance	63%	81%	80%	81%

Level One incidents are investigated locally at the institution. Level Two incidents are investigated by OISC.

Of the 10 housing unit events with item 5 checked in the report (C.20), 81% (C.22) took place when there was compliance with staffing provisions.

<b>D. Initial Case Management Measures</b>	<b>16-3th</b>	<b>16-4th</b>	<b>17-1st</b>	<b>17-2nd</b>
D.1 284 percent with admin actions	100%	100%	100%	100%
D.2 284 per cent completed by end of shift	100%	100%	95%	91%
D.3 284 Level 1 Investigation Complete Within 20 days	100%	100%	100%	100%

The following table concerns referrals and investigations of cases to and by OISC, which is the new title for the investigation unit previously referred to as “SAISC.”

<b>E. OISC</b>	<b>16-3th</b>	<b>16-4th</b>	<b>17-1st</b>	<b>17-2nd</b>
E.1 Cases Referred from this quarter	27	19	16	11
E.2 Received by OISC Within 24 hours	26	19	15	10
E.3 Completed by OISC Within 30 workdays	26	18	16	10
E.4 Complete during the next quarter, but within 30 days	0	0	0	0
E.5 Cases Not Completed by OISC Within 30 days.	1	1	0	1
E.6 Percent of OISC cases completed within 30 days	95%	95%	100%	91%
E.7 Completed Cases Returned for Further investigation	2	1	0	0
E.8 Percent of cases returned for further investigation	8%	6%	0%	0%
E.9 Further Investigation Completed	0	2	0	0
E.10 Cases this quarter incomplete, including further investigation	3	2	0	1
E.11 Percent of cases from this quarter not yet completed	11%	11%	0%	9%

The quality of investigations is assessed in the Case Assessment Table that follows in the next Appendix section.

The following table summarizes the decisions and actions taken in cases that do not involve criminal charges.

<b>F. Administrative Determinations for 284 Cases</b>	<b>16-3th</b>	<b>16-4th</b>	<b>17-1st</b>	<b>17-2nd</b>
F.1 Cases with youth discipline referrals	16	14	10	2
F.2 Cases with youth discipline actions	13	11	7	2
F.3 Cases with youth no discipline actions	3	3	3	0
F.4 Cases Staff/youth with determinations	22	5	20	5
F.5 Cases recommending personnel actions	5	0	8	11

Because the some cases are still in process, administrative determinations and actions may be taken in the future. The table will be updated for each quarter in future Quarterly Reports.

Of the 11 cases (C.1) with referrals as 284-cases, 2 (F.2) were referred for disciplinary actions and 2 (F.3) were the subject to discipline actions for youth involved.

<b>G. Prosecutorial Determinations for 284 Cases</b>	<b>16-3th</b>	<b>16-4th</b>	<b>17-1st</b>	<b>17-2nd</b>
G.1 Cases received by PRDOJ	0	2	0	0
G.2 Cases with decision not to prosecute	0	3	0	4
G.3 Cases with referral for prosecution	0	1	0	0
G.4 Cases pending determinations	7	5	5	1

## Document Attachment F: Case Assessment Table April-June 2016

The Monitor's Office has developed an instrument to assess how abuse allegation cases are investigated and managed. This instrument is designed to assess whether a sample of cases meet the quality and timeliness criteria in the Settlement Agreement. It consists of six parts which are to be completed by different participating agencies in the investigation process.

The contents of the table were updated based on discussions following the May 2014 Monitor's Conference. The table is subject to further revision based on the experience of the parties and the Monitor's Office. It may also be adapted based on development of the road map for the Paragraph 78 provisions.

The six parts are:

- A. Initial Reporting and Investigation (completed by the facility where the incident is alleged to have taken place.
- B. Police and Prosecutorial Investigation (to be completed by the Puerto Rico Department of Justice in consultation and coordination with the Puerto Rico Police and the prosecutors within the Department of Justice.)
- C. Facility Investigation (to be completed by UEMNI)
- D. SAISC Investigation (to be completed by SAISC)
- E. Case Tracking and Outcomes (to be completed by the Puerto Rico Department of Justice.)
- F. Monitor's Office Assessment

For each item in the instrument, an answer of "Y" or "NA" (not applicable) is intended to mean that there was compliance or an absence of non-compliance with the requirements of the Settlement Agreement. An answer of "N" indicates that a substantive or timeliness criterion was not met.

As the instrument is fully implemented, sampling will be determined by the Monitor's Office and may vary from quarter to quarter as to the types of cases selected. The general approach is that at the end of each quarter, the Monitor's Office will provide a list of 25-50 cases for which the instrument is to be completed and transmitted to the Monitor's Office within one week of receipt of the list of cases. These cases will involve incidents that took place during the quarter previous to the most recent quarter. For example, for March-April-May, the cases will be selected from January-February-March. This will provide sufficient time for investigations to be completed and final determinations to be made.

**Note:** In each table, the numbers refer to number of "Y" cases that were rated as compliant with respect to the topic. Thus "20 of 21" means that 20 of the 21 cases were rated as complying with the provision requirement.

The first table relates to initial incident reporting.

<b>Case Assessment Instrument – Section A – Initial Reporting</b>		
<b>Assessment Criterion</b>	<b>Status Y/N/NA</b>	<b>Comment</b>
A.1 Was the incident reported to the appropriate supervisor or designated person by the end of the shift during which the reporter became aware of the incident?	Y-20	The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 20 cases were evaluated to complete Section A.
A.2 Were appropriate administrative actions taken to protect the victim(s)?	Y-20	The percentage for this report is 100%. The percentage in the last report was 100%.
A.3 If injury was suspected, was the victim promptly evaluated for injury by health care personnel?	Y-19, N-1	The percentage for this report is 95%. The percentage in the last report was 95%.
A.4 If there was physical evidence, was the evidence documented and preserved?	Y-10, *N-1, N/A-9	The percentage for this report is 91%. The percentage in the last report was 100%. *Case 17-009.
A.5: Was the incident correctly classified?	Y-20	The percentage for this report is 100%. The percentage in the last report was 86%.
A.6 Was the 284 report forwarded to the Police Department, the Department of Family Services, and the Department of Corrections Administration within 24 hours?	Y-19, *N-1	The percentage for this report is 95%. The percentage in the last report was 100%. *Case 17-005.
A.7 If it was classified as a level 2 incident, was OISC notified within 24 hours?	Y-15, *N/A-5	The percentage for this report is 100%. The percentage in the last report was 100%. * Level I cases.
A.8 Were youths suspected as perpetrators separated from the victim(s)?	Y-9, *N-1, N/A-10	The percentage for this report is 90%. The percentage in the last report was 89%. *The case in noncompliance is 17-015.
A.9 Did the 284 accurately list all youth and staff witnesses?	Y-16, N/A-4	The percentage for this report is 80%. The percentage in the last report was 91%.
A.10 Did all staff witnesses complete an incident report before the end of shift?	Y-19, N-1	The percentage for this report is 95%. The percentage in the last report was 100%. The Y responses include Level I cases.
A.11 If there was timeliness non-compliance, was related to shortage of investigative or supervisory staffing?	N-6, N/A-14	The percentage for this report is 100%. The percentage in the last report was 100%.
A.12 At the location of the incident at the time of the incident, was staffing compliant with Settlement Agreement requirements?	Y-19, *N-1	The percentage in this report is 95%. The percentage in the last report was 91%. *Case 17-006.

<b>Case Assessment Instrument – Section B – Police and Prosecutorial Investigation</b>		
<b>Assessment Criterion</b>	<b>Status Y/N/NA</b>	<b>Comment</b>
B.1 Was the 284 report received by the PRDP within 24 hours of the time recorded as the point of knowledge of the incident?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 19 cases were evaluated to complete Section B.
B.2 Did PRPD investigators determine that physical evidence, if any was appropriately preserved?	N-10, *N-1, N/A-8	The percentage in the last report was 100%. NIJ-DCR facilities' staff is trained to preserve evidence if necessary but some cases do not require preserving evidence. *In this reporting period case 17-009 was found in noncompliance.
B.3 If prosecutors communicated an intent to proceed criminally, and if NIJ was informed to delay any compelled interview of the subject until the criminal investigation was completed, did NIJ comply with the instruction?	N/A-19	In this reporting period no cases were found.
B.4 Were PRPD expectations met for timeliness in completing the investigation?	Y-10, Blank-9	The information provided by the facilities was Y- (yes) in 53% of the cases. In this reporting period the Office of the Court Monitor did not have enough information to verify the data.
B.5 Was completion of the PRPD investigation documented?	Y-15, *N/A-5	The PRPD conducts initial investigations in all Level II cases. The numbers answering this question were provided by NIJ-DCR, the Office of the Court Monitor did not have enough information to verify them. *Level I cases.

<b>Case Assessment Instrument – Section C – Facility Level I Investigation</b>		
<b>Assessment Criterion</b>	<b>Status Y/N/NA</b>	<b>Comment</b>
C.1 If there were potential injuries, did the investigation include photographs of visible injuries?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 5 Level I cases were received and evaluated.
C.2 Was there a personal interview of the victim(s) with a record of the questions and answers?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
C.3 Was there a personal interview of the alleged perpetrator(s) with a record of the questions and answers?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
C.4 Was physical evidence, if any, preserved and documented?	N/A-5	No comment.
C.5. If the incident was classified as Level I, was the investigation completed within 20 calendar days?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
C.6 Was the completion of the investigation documented in the tracking database?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%. NIJ-DCR already has an electronic database.
C.7 If there was timeliness non-compliance, was related to shortage of staffing?	N/A-5	Because there were no such non-compliances there is no appropriate rating percentage.



<b>Case Assessment Instrument – Section D – OISC Investigation</b>		
<b>NOTE: Completed only for Level II cases.</b>		
<b>Assessment Criterion</b>	<b>Status Y/N/NA</b>	<b>Comment</b>
D.1 If the case was a Level II case, was the referral received by OISC within 24 hours?	Y-14, *N-1	The percentage for this report is 93 %. The percentage in the last report was 100%. *Case 17-011.
D.2 Did OISC complete (and transmit to AIJ and the PRDOJ) an investigation within 30 calendar days of the receipt of the initial referral by OISC?	Y-15	The percentage for this report is 100%. The percentage in the last report was 85%.
D.3 Did the investigation meet OISC's standards for investigation quality?	Y-15	The percentage for this report is 100%. The percentage in the last report was 100%. OISC has been using an investigation format developed by the Monitor's Office to uniform their investigations. This format was updated in October 2016.
D.4 Did the investigation provide a description of the alleged incident, including all involved persons and witnesses and their role?	Y-15	The percentage for this report is 100%. The percentage in the last report was 100%.
D.5 Did the investigation provide a description and assessment of all relevant evidence?	Y-15	The percentage for this report is 100%. The percentage in the last report was 100%.
D.6 Did the investigation provide proposed findings of fact?	Y-15	The percentage for this report is 100%. The percentage in the last report was 100%.
D.7 If there was timeliness non-compliance, was it related to shortage of OISC staffing?	N-15	The percentage for this report is 100%. The percentage in the last report was 100%.
D.8 DELETED		

<b>Case Assessment Instrument – Section E – Case Tracking and Outcomes</b>		
<b>Note:</b> This section is to be completed by the official responsible for the Tracking Records required by Paragraph 78.h. The underlying facts may come from other offices and agencies, and the questions concern what is known and documented in the tracking records.		
<b>Assessment Criterion</b>	<b>Status Y/N/NA</b>	<b>Comment</b>
E.1 At the time of the assessment of this case with this instrument, was the tracking database complete for this case?	Y-20	The percentage for this report is 100%. The percentage in the last report was 100%. NIJ-DCR already has an electronic data base for Level II cases but a manual system to document Level I cases.
E.2 Was the initial investigation (284) received at NIJ within 24 hours?	Y-14, *N-1	The percentage for this report is 95 %. The percentage in the last report was 100%. *Case 17-005.
E.3 Was the Level 1 facility investigation completed within 20 days?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
E.4 If the incident was serious (involving allegations of: abuse; neglect; excessive use of force; death; mistreatment; staff-on-juvenile assaults; injury requiring treatment by a licensed medical practitioner; sexual misconduct; exploitation of a juvenile's property; and commission of a felony by a staff person or juvenile) do the tracking records document that OISC was notified and the case referred within 24 hours?	Y-15	The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 15 Level II cases were received for evaluation.
E.5 DELETED		
E.6 Did NIJ reached an administrative determination concerning the case which is documented in the tracking records?	Y-15	The percentage for this report is 100%. The percentage in the last report was 100%. Administrative determinations are taken through the process at facility level and at DCR central offices if applicable. The data base system only documents Level II cases however all incidents are investigated and documented.
E.7 If the case was a Level 2 case, do the tracking records document review by PRDOJ prosecutors leading to a prosecutorial determination as to whether to prosecute or not?	N-15	Prosecutors use to base their determination on the investigations conducted by the PRPD not on OISC or NIJ investigations. However, DCR investigations are always available and in some cases also considered by the prosecutors.
E.8 If there was timeliness non-compliance, was it related to shortage of staffing?	N-15	The percentage for this report is 100%. The percentage in the last report was 100%.

<b>Case Assessment Instrument – Section F – Monitor’s Office Assessment</b>		
<b>Assessment Criterion</b>	<b>Status Y/N/NA</b>	<b>Comment</b>
F.1 Does the Monitor’s Office confirms the timeliness facts as asserted in Page A?	Y-20	The percentage in this report is 100%. The percentage in the last report was 100%. In this reporting period 20 cases in section A were received and evaluated.
F.2 Does the Monitor’s Office confirms the timeliness facts as asserted in Page B?	Y-19	The percentage in this report is 100%. The percentage in the last report was 100%.
F.3 Does the Monitor’s Office confirms the timeliness facts as asserted in Page C?	Y-5	The percentage in this report is 100%. The percentage in the last report was 100%. Every incident is investigated but Level I cases are investigated at facility level. In this reporting period 5 Level I cases were evaluated.
F.4 Does the Monitor’s Office confirms the timeliness facts as asserted in Page D?	Y-15	The percentage in this reporting period is 100%. The percentage in the last report was 100%. In this period 15 Level II cases were evaluated.
F.5 Does the Monitor’s Office confirms the timeliness facts as asserted in Page E?	Y-15	The percentage in this report is 100% and confirms timeless facts in section E. The percentage in the last report was 100%.
F.6 Does the Monitor's Office confirms the investigation quality as asserted in page B?	–	The Monitor Office cannot evaluate the quality of PRPD investigations without additional information.
F.7 Does the Monitor's Office confirms the investigation quality as asserted in page C?	–	The Monitor Office cannot evaluate the quality of facilities’ investigations without additional information.
F.8 Does the Monitor's Office confirmed the investigation quality as asserted in page D?	–	The Monitor Office cannot evaluate the quality of OISC investigations without additional information. Monitor office has received a couple of investigations completed following new guidelines suggested by consultant David Bogard.

## Document Attachment G: Consultant Report on Mental Health

**Office of the Monitor**  
**Mental Health Quarterly Report**  
**Second Quarter 2017**  
**Miriam Martinez, PhD**  
**Mental Health Consultant**

*Note: references to specific cases are identified by letters. The Monitor will provide the record numbers to either party on request.*

The Mental Health Monitor continues to find DCR to be out of compliance with the stipulations of the agreement with respect to mental health service delivery. Please refer to the Mental Health Monitor report, First Quarter 2017 which included information regarding an April site visit.

The lack of adequate staffing has resulted in several unsafe situations and to subpar mental health treatment of minors in custody. One psychiatrist only available in one of 4 sites for a mere 15 hours a week is not sufficient to meet the needs of this vulnerable population. Psychiatrists need time to at a minimum:

- adequately psychiatrically assess youth
- review medications the youth may be on
- confer with medical and mental health providers
- attend multidisciplinary planning meetings
- order and read lab results
- intervene in crisis (suicide attempts, self-mutilation)
- timely documentation
- attend court or reply to judges requests as needed

Site visits were performed by the Mental Health Monitor in February and April of 2017. During these site visits the Mental Health Monitor reviewed records and interviewed youth. The majority of the youth in PUERTAS have histories of serious suicide attempts, suicide gestures, histories of cutting behavior, and other psychiatric symptoms (i.e. psychosis) that places them at extreme risk. My assessment of youth in Villalba, Bayamon, Ponce and Humacao indicate that the majority have serious histories of substance abuse and that many have suffered extreme neglect, physical and sexual abuse as well as other traumas. This group of youth need dedicated, experienced psychologists and psychiatrists that can evaluate and treat them consistently. The youth require that their psychotropic medications be continuously monitored and that related lab work be ordered and reviewed for the proper medical follow-up to be delivered in a seamless, time sensitive and clinically sound manner. An emergency back-up plan as presented to the Mental Health Monitor using off site psychiatrists does not meet the serious needs of the youth and in no way satisfies the provisions of this case.

Case examples of a failure to comply with C.O. 36 and S. A. 63 including the lack of continuous psychiatric and psychological services are:

PUERTAS youth #A who has a history of attempted suicide, has needed multiple crisis interventions and has been placed on suicide watch. As per my clinical interview of him, #A stated that he hears voices, primarily when alone. These voices tell him to pick his face, to hang others, kill others and to kill himself, to poison himself. He volunteered that in the past he swallowed all of his mother's pills in a suicide attempt. Command auditory hallucinations are extremely concerning as he is at risk and needs to be consistently evaluated by a psychiatrist. On 3/31/17 minor #A was placed on constant watch due to depression over death of grandfather and over "dynamics in the module."

On 4/4/17 the treating psychologist mentions absence of psychiatrist to consult with to bring him down from constant watch to preventative watch. Note mentions discussion of verbalization by minor to do harm to another youth.

4/8/17 Psychiatrist note documented in the record [8 days have passed since he should have been seen given his psychiatric history of suicide attempts]

4/10/17 psychologist discontinues constant watch after consultation with psychiatrist.

4/20/17 back on continuous watch. Unclear why.

4/24/17 psychologist notes that there isn't a psychiatrist to consult with & keeps minor on preventative watch.

4/25/17 & 4/26/17 psychologist repeats that he is keeping minor on preventative watch as he does not have a psychiatrist to consult with.

5/2/17 psychologist repeats that there is not a psychiatrist to consult with and adds that there are no medications to administer. Preventative watch is continued.

5/3/17, 5/4/17 psychologist repeats that he is keeping minor on preventative watch in the absence of having a psychiatrist to consult with.

5/9/17 psychologist consulted with psychiatrist and discontinued preventative watch.

5/31 minor refuses psychiatric visit. This note is written by the psychiatrist who states he consults with the psychologist and reviews the record.

6/2/17 He is placed again on constant watch. Notes from psychologist indicate that minor is having auditory hallucinations, is a danger to others, is having nightmares of dead people, complaining of uncontrollable anger and anxiety. He should have been seen by a psychiatrist immediately and instead the psychiatrist evaluates him 3 days later on 6/5/17.

Examples of other youth having gaps in psychiatric services were found during review of electronic records on 5/21/17 and 5/26/17: For example,

PUERTAS youth #B, #C, #D and youth # E were last seen by psychiatrist on 4/8/17.

PUERTAS youth # F had his last Psychiatry visit on 3/17/17

PUERTAS youth #G was on continuous watch on 5/18/17. He was on transitional measures and not seen by a psychiatrist until 5/31/17.

Another example is that on 5/26/17 it was noted by the Mental Health Monitor that PUERTAS youth #H has a history of self-mutilation and was in protective custody was last seen by a psychiatrist on 4/30/17.

In PUERTAS youth #H who has a history of 6 suicide attempts, PUERTAS youth #I has had 3 psychiatric hospitalizations and a history of self mutilation, and PUERTAS youth # G had a suicide attempt by tying cord around neck on July 2, 2017. PUERTAS youth

require continuous psychiatric care and the lack of psychiatric care as of 4/15/17 has been consistently documented in emails to and phone conferences with DCR.

In addition to the above, electronic records of the youth below were reviewed 7/22/17:

#J, has a history serious poly substance abuse, suicidality and self-mutilation was last seen by a psychiatrist on 4/8/17 (over a 3 month gap in psychiatric care). On 4/8/17 two medications were discontinued (Zyprexa and Wellbutrin). Accepted professional standards are that the minor would have continuous psychiatric and psychological services to assess for the effects of discontinuing these medications - especially given a history of suicidality and serious poly substance use. On 4/24/17 the minor self-mutilated. He also became irritable resulting in disciplinary matters. His mental health note of 7/18/17 indicated that he was reporting feeling lonely and anxious.

#K, has a history of suicidality and has been seen for emergency psychiatric evaluations several times including for self-mutilation. He was last seen by a psychiatrist on 4/8/17 with medications of Abilify, Trazodone and Vistaril (over a 3 month gap in psychiatric care). On 4/8/17 the Psychiatrist discontinued Trazodone and Ability and added Seroquel 200 mg for 30 days with a note to re-evaluate in one week.

#L has a history of psychosis including command auditory hallucinations telling him to hurt himself and in fact had recently thrown himself in front of a moving vehicle injuring himself. He was last seen by a psychiatrist on 6/5/2017 (over a 5 week gap in psychiatric care). He was interviewed by the MH Monitor, Dr. Martinez in April of 2017 in the Admissions area where he resided due to his injuries. During that visit, he reported psychotic symptoms and stated that he felt the medications he was taking were not helping him. He carries a diagnosis of Bipolar with a recent episode of depression, psychotic symptoms, and substance dependence. On his last visit on with the psychiatrist 6/5/17, the medications prescribed were Depakote 500 mg 2X per day, Seroquel 400 mg. 2X per day and Benedryl 100 mg at bedtime. He subsequently has had 5 interventions classified as Preventative Supervision or Preventative Vigilance with either a social worker or a psychologist and three more regular clinical visits but up no further visit from a psychiatrist as of the record review of 7/22/17.

#M has a history of multiple suicide attempts, self-mutilation, psychosis and has a history of threatening to kill staff for which he was then placed in isolation (1/31/17). He was placed on continuous watch on 1/31/17 and then moved to preventative watch on 2/4/17. Minor was evaluated by psychiatrist on 2/4/17 and next on 3/9/17 (over a month gap). The Mental Health Monitor has interviewed this young man and has brought the youth to the attention of clinical leadership on multiple occasions, advocating for a psychiatric hospitalization. As of 7/22/17 when these records were reviewed the youth was last seen by a psychiatrist on 4/8/2017 (over a 3 month gap) when during this visit he was prescribed Zoloft 75 Mg in pm, Seroquel 100 in a.m. and 400 in pm. He was placed in transitional measures for most of June which this MH Monitor has cautioned NIJ about using isolation as a way to manage difficult behaviors between youth as it could lead to decompensation, psychosis, depression and suicidality.

Potential consequences of the lack of psychiatric coverage are decompensation, depression and intents to harm self or others. Discontinuing medications without proper monitoring is simply unacceptable and inadequate care. Each of these minors needs to be monitored closely (at a minimum 1X / month) by a psychiatrist. At the time of the review in July of 2017, there was not an assigned psychiatrist except for one of four sites, for 15 hours / week.

The Mental Health Monitor communicated with a number of the mental health staff that did not renew contracts for July 1, 2017, and learned that nonpayment for all of the months worked under PCPS (April, May and June of 2017) was a major factor in approximately 8 (the majority) of mental health personnel not renewing contracts. Under PCPS we have lost valued Child and Adolescent Psychiatrists and Psychologists with years of experience serving this population and NIJ is not following Policies and Procedures, such as stipulated in Provision S.A. 50, C.O. 29, C.O. 36, S.A. 63, and S.A. 72 as a result of having lost staffing.

The Mental Health Monitor has communicated with DCR that an emergency back-up plan using off site Psychiatrists is not meeting the serious psychiatric needs of the youth and in no way satisfies the provisions of this case. The Mental Health Monitor has reviewed the most recent staffing pattern prepared by PCPS and informed DCR that it does not meet standard of care expected for the population of youth in the facilities. A suggested staffing pattern and program for PUERTAS (first provided in November of 2016) was provided to NIJ on July 6, 2017. To date there is no indication that these recommendations have been implemented.

Miriam Martinez, PhD



## Document Attachment H: Consultant Report on Education and Training Victor Herbert

**Education Issues:** Each year, a series of site visits focus on the school year progress and conclusion in each of the DCR juvenile institutions.

1. CTS Villalba: There was a delay in teacher assignments at the beginning of the school year affecting all the institutions. Villalba was the last to resolve the problem offering a modified, half-day schedule for the first half of the semester. By the second half of the semester, a decision was made to transfer teachers from a different license area to fill the two vacancies. Each was licensed as a DOE elementary teacher with subject area awareness. The schedule then was restored to the full six hour day. The school director stated that students receive more hours than required for promotion or graduation and that the modified schedule would not impede individual student progress. Staff expressed concern about the pending changes in the delivery of mental and physical health and was uncertain about plan implementation. The lead special education teacher reported that they were conducting COMPUS and other special education meetings as always. Nevertheless, she did not know how the prescribed related services written into all annual mandated IEP revision would actually be delivered. While not all special education students require the services of a psychologist or psychiatrist, many do. The level of service is spelled out in the annually revised IEP. Since the contract with the private enterprise was still not finalized the school staff decided to move forward with a wait and see attitude. Similar questions were raised in other sites. Later in the day, while observing the behavior modification session, I noted a team of people from the PPCS firm touring the facility.  
There was one student assigned to TM and none in PC. As indicated earlier, the growing number of students with their 4<sup>th</sup> year completed did not participate in community or educational activity except that some did attend the vocational shops on a part-time basis.  
There was some additional concern about the closing of community schools and the projected number of teachers who will not have assignments. DCR academic teachers do not have contracts beyond the school year and hope to be rehired in August. Whether that will occur or the displaced DOE teachers will be assigned to the institutions is not clear.
2. CTS Ponce: Although affected by the delay in teacher assignments, Ponce was able to offer the full day from the outset of the school year. Staff reported that it was a successful year with few educational issues.  
The IEP revisions were complete except for one currently under review. They noted that the parent participation in the COMPUS was higher than in other facilities but that a representative was named if parents did not attend.  
The number of 4<sup>th</sup> year completion student was also high but Ponce was able to establish partnerships with the community that allowed students to engage in service and internship activity.  
There were no students in either TM or PC. The school director reported that there would be another June “campamento” for the CTS sites with a theme build on the



topic of emotions. She did not believe there would be credible hours available as there were in the previous year's program. Only CTS sites will participate. There was some concern similar to Villalba about the implications of physical and mental health changes but they too were functions as if the change would not disrupt services. The addition of a shop this year enabled the site to provide vocational education for all students.

3. CTS Humacao: The school does not have a director but the teacher in charge has had 22 years' experience in education with most of that time served in the DCR/NIJ facilities. This was her first year as the lead administrator and expressed pride in that she believed it to be a very successful year. The teacher nomination delay did not impede the implementation of a full day schedule and they too were able to provide teachers to cover for specific vacancies.

There was one student in TM and he was receiving instruction according to the DCR 20 minute plan as in other sites. The compliance committee was evaluating his situation and expected that he would not continue into the next school year.

Vocational education was available to all students including special education youth mainstreamed.

There were no programs available for 4<sup>th</sup> year completed students except for vocational shop time which staff offered twice a week over and beyond their normal schedule. The acting director suggested that this was typical of the cooperative spirit of the institution. She also noted that as a level 5 site, it was more difficult to assign these graduates to the community.

The transfer of the detention students to Bayamon and Villalba may also have contributed to the efficient delivery of the education curriculum.

4. CD/CTS Bayamon: The institution reported few problems from the teacher nomination delay and indicated that the nature of instruction in the two CD groups is traditionally flexible. The CTS young women experienced the full day program including vocational cosmetology from the beginning of the school year.

There were a number of special activities underway including a sports tournament during the site visit. Staff scheduled the events so that the CD male students would not be integrated with the others. This did not seem to be an issue for the young women. Some of the male students also participated in the vocational cosmetology shop but not simultaneously with the young women. This also included detention students who previously only were offered ethics rather than a traditional vocational program.

Bayamon will not be included in the summer campamento although there are plans for alternate activities within the facility. Events similar to the day's sports tournament and other programs will be provided. As noted, scheduling is a bit more complicated because of the two CD groups and the one CTS.

The special education teacher indicated that they too were not sure what the mental health changes implied but that they were proceeding as usual. As in the other sites, they were able to identify an elementary level teacher with English skills to provide instruction since a certified teacher of English was not available.

**Functional Team Meeting:** Postponed until August, 2017. Notes below indicate pending actions about SA 50 training compliance. Since these steps reflect ongoing activity toward compliance by year's end, I repeat the information as provided in the previous quarter.

1. Purpose: Discussion with NIJ administration about the possibility of modeling a compliance memorandum along the lines of the one completed for CO 34.
2. Procedures: The group determined that a memorandum would contain the following ingredients:
  - a. Statement of the stipulation.
  - b. Inclusion of Commonwealth policy in regard to training.
  - c. History of the issue.
  - d. Time frame: July 2016-December 2017
  - e. Spreadsheet report identifying participants in training sessions.
  - f. Attendance sheets during the designated time.
  - g. Curriculum for the training specified in the stipulation.
  - h. Instructor Qualifications
3. Discussion Summary: The IDECAHR director, Aida Burgos, led the group through a feasibility analysis for each of the items. She noted that most were available and would present little difficulty for inclusion in the compliance memorandum. She indicated that the curriculum package would be quite large and would investigate the best way to gather it as an attachment. The one item that presented serious difficulty was the spreadsheet as the information was not as accessible in the same way as in the case of CO 34 where it amounted to a single system-wide training as opposed to the multiple trainings required in SA 50. After an extended conversation about the best way to gather the data, it was decided that the best course of action for the moment was to ask Aida to come back at a future meeting with some proposals. She agreed and the group will gather shortly to finish the compliance plan.

**Training Sessions Observed:** DCR has agreed to provide quarterly and eventually semester training calendars so that consultants and other parties may observe area training relevant to their areas during site visits. The calendars for this quarter are attached.

Behavior modification training was offered twice during the week in Villalba and later at Ponce. The instructor Giovanni Alomar Sastre followed the usual pattern allowing a power point curriculum to lead the class through lecture, discussion and Q&A. The students in each instance were direct contact security officials and exhibited awareness of the program and offered suggestions for improvement. One stated that he did not believe security officials were consulted as much as he would prefer stating it was they who best knew student behavior. This led to a brief discussion with a consensus achieved about their roles and that of other staff in behavior modification. The instructor was knowledgeable, exhibited a sense of humor and took note of the class comfort level. Apparently a transformer explosion on the previous day led to a power failure so the conference area was without air conditioning. Mercifully, he ended the session early. The session in Ponce was identical with more time available. There was also a "train the trainer" session scheduled at DCR central but it conflicted with the Villalba visit.

**General Information:**

1. Graduation and Promotion: As in the previous school year, all institutions will gather on June 9 for promotional ceremonies. This used to be a local practice but was quite successful as a system event. Unfortunately, there was a last minute glitch that required a date change when the selected venue cancelled. As mentioned above, the number of 4<sup>th</sup> year completed students continues to increase in each facility and presents issues about continuing education or other significant activities.
2. Mental and Physical Health Changes: In each institution as noted, concerns were expressed about the next school year and the implications of what appear to be reduced personnel availability and reduced hours. One institution director stated that medical staffs once available on site now are “on call.” He worried about the emergency and the need to call for an ambulance when an on-site diagnosis might distinguish between a “stomach ache” and something more serious.
3. Adult Education: In each institution, a discussion ensued with institution and education staff about the adult education program. While few suggested it was the equivalent of the secondary program available in the community, all emphatically stated that an imposition of that curriculum would lead to student frustration and failure. The benefits of the accelerated course measured by hours accumulated rather than months and semesters were enthusiastically endorsed by all. Some believe that allowing the DCR students to follow the adult education program is both legal and consistent with the practice in the community even though the compulsory education law requires mandatory attendance up to 18 years and 21 years for special education youth. Some described an alternate program for students in the community 16 years of ages who have “dropped out” of the secondary schools as similar to the adult education offered in the institutions. Although others acknowledged that not all the DCR youth were at least 16 and actually school “drop outs”, they maintained that it was to their advantage to work toward the 4<sup>th</sup> year completion rather than the community secondary diploma. At some point, it may be necessary to do a side by side comparison of the community secondary school curriculum and the adult education curriculum as delivered in the DCR facilities.

## Document Attachment I: Site Visit Chronology

The Monitor's Office has conducted site visits to several facilities in order to assess conditions and operations, and to inform the process of developing monitoring protocols and in developing recommendations for improvements where needed. In addition, Deputy Monitor Javier Burgos continues to make site visits to follow up the joint monitoring process and to assess conditions that may formally or informally come to their attention. The following is a list of the site visits conducted with participation by officials of the Monitor's Office.

Apr. 3, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CTS Ponce.
Apr. 3, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CTS Villalba.
Apr. 4, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CTS Humacao.
Apr. 4, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
Apr. 6, 2017:	Deputy Monitor Javier Burgos visited CTS Ponce (PUERTAS).
Apr. 10, 2017:	Consultant Michael Gatling and Deputy Monitor Javier Burgos visited CTS Humacao.
Apr. 10, 2017:	Consultant Michael Gatling and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
Apr. 19, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Ponce.
Apr. 19, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Villalba.
Apr. 20, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
Apr. 20, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Humacao.
May 18, 2017:	Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
May 22, 2017:	Deputy Monitor Javier Burgos visited CREANDO (Salinas).
May 23, 2107:	Consultant Víctor Herbert visited CTS Villalba.
May 23, 2107:	Consultant Víctor Herbert visited CTS Ponce.

May 24, 2017: Consultant Víctor Herbert visited CTS Humacao.

May 25, 2017: Consultant Víctor Herbert visited CD/CTS Bayamón.

May 25, 2017: Deputy Monitor Javier Burgos visited CTS Humacao.

May 30, 2017: Deputy Monitor Javier Burgos visited CTS Ponce.

June 8, 2017: Deputy Monitor Javier Burgos visited CTS Villalba.

June 20, 2017: Consultants David Bogard, Robert Dugan and Deputy Monitor Javier Burgos visited CTS Ponce.

June 21, 2017: Consultants Robert Dugan, David Bogard and Deputy Monitor Javier Burgos visited CTS Villalba.

June 21, 2017: Consultants David Bogard, Robert Dugan and Deputy Monitor Javier Burgos visited CTS Humacao.

June 22, 2017: Consultants Robert Dugan, David Bogard and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.

**THE UNITED STATES OF AMERICA**

Plaintiff,

v.

CIVIL ACTION NO. 94-2080 CC

**COMMONWEALTH OF PUERTO RICO**

Defendants,

Monitor's Compliance Ratings  
Second Quarter 2017

Provision	P	S	R	T	D	G	Comment
<b>Compliance Category and Rating Definitions</b>							
<b>Compliance Category P</b>	This category concerns <u>Policy Compliance</u> as required by Settlement Agreement paragraph 45. "Y" means that there are sufficient written policies and procedures in place so that, if they were implemented, compliance would be achieved. A "Y" also means that there are no policies and procedures in place that are inconsistent with the provision.						
<b>Compliance Category S</b>	This category concerns <u>Staffing Compliance</u> as required by Settlement Agreement paragraph 48. "Y" means that there are sufficient authorized and filled positions so that compliance could be achieved. Temporary vacancies are acceptable, provided that functional coverage is provided while the position is vacant, and the process of replacing the employee proceeds promptly.						
<b>Compliance Category R</b>	This category concerns <u>Resource Compliance</u> as required by Consent Order paragraph 44. "Y" means that there are sufficient funds, equipment and supplies and space that compliance can be achieved.						
<b>Compliance Category T</b>	This category concerns <u>Training Compliance</u> as required by Settlement Agreement paragraph 45. "Y" means that the necessary training has been provided, and that the training informs the employees as to how to implement the provision involved.						
<b>Compliance Category D</b>	This category concerns <u>Documentation Compliance</u> as required by Settlement Agreement paragraph 101. "Y" means that there is procedures and forms in place and in use to document whether compliance is being achieved or not. A "Y" can be assigned when the documentation accurately shows non-compliance.						
<b>Compliance Category G</b>	This category concerns <u>General Compliance</u> - the overall achievement of compliance with the provision involved.						
<b>Compliance Rating Definitions</b>	"Y" means that compliance is achieved. "N" means that compliance is not yet achieved. "#" means that the Monitor has not determined whether compliance has been achieved or not. "I" means that the category is inapplicable to the provision involved.						

Provision	P	S	R	T	D	G	Comment
<b>Facility Provisions</b>							
<del>C.O. 41: Within ninety (90) days of the filing of this Consent Order, Defendants shall repair all defective plumbing in the facilities in this case. The defective plumbing shall be repaired first at Mayaguez, Ponce Industrial, Ponce Detention and Humacao.</del>	Y	Y	Y	I	Y	Y	This provision was terminated by the Court on March 30, 2017.
<del>S.A. 29. Each new facility shall be built in accordance with: (1) the American Correctional Association's (hereinafter "ACA") standards in effect at the time of the construction; (2) the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 and 47 U.S.C. §§ 225 and 611, and the regulations thereunder; and (3) all Commonwealth fire codes and regulations.</del>	Y	I	I	I	Y	Y	This provision was terminated by the Court on March 30, 2017.
S.A.31. Existing facilities expected to be occupied by juveniles beyond Fiscal Year 1996-1997 shall conform to applicable federal, state and/or local building codes.	Y	N	N	N	N	N	<p>There are still life and fire safety code and ADA violations that have not been remedied. DCR has not allocated sufficient resources to support compliance with this provision nor is there documentation at this juncture to support a pathway to compliance. The Monitor's office and the functional team have, however, discussed a potential Roadmap for compliance with this provision, including utilizing the checklists developed for SA 29 as a foundation for further evaluation. We also met in March with a new team of engineers who are consultants to DCR who are to develop a strategy that may pave the way for a roadmap for eventual compliance with this provision. The monitor was informed that DCR has reviewed existing drawings and the documentation developed for SA 29 as well as toured one of the existing facilities. They have also presented the Monitor's Office with a preliminary listing of codes for compliance analysis. This list was preliminarily reviewed by the Monitor's office and was pending a follow-up discussion with the engineers.</p> <p>The monitor's office has since been informed that the contract with the engineers ended on June 30<sup>th</sup> and that a new consulting group will need to be hired. If a different firm is re-hired, it will set the process back for making progress on this provision.</p>



Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 34.</b> In order to properly equip and swiftly evacuate the facilities in the event of a fire or other emergency, in each facility, Defendants shall provide sufficient staff with appropriate keys to unlock exit doors in all buildings occupied by juveniles. The keys shall be color coded and notched or otherwise readily identifiable. Defendants shall also store a backup set of emergency keys at a place accessible at all times to staff on duty on all shifts.</p>	N	#	#	#	#	N	<p>The DCR Fire Safety Officer has revised the procedures for emergency key control based on the review by the monitor's office.</p> <p>Presently, Humacao is still testing if current staffing is sufficient to manually unlock housing room doors in compliance with current life safety codes. The Monitor's Consultant is continuing to review the weekly documentation and evacuation simulation data, which indicates that housing units can be safely evacuated in less than two minutes per the life safety code. In addition, DCR is developing new documentation that shows sufficient staff with proper communication capabilities are always working in the Mini Housing Control stations on all shifts to remotely unlock all exit doors in each facility.</p> <p>DCR has completed the initial process to properly color code and notch emergency keys and store them in accessible secure locations for staff access on all shifts.</p> <p>The Monitor's Consultants submitted a report in the third quarter of 2016 based on the tours completed earlier in 2016. Since the time of the tours that generated the report, DCR has been very responsive in correcting most of the issues noted in the report. The Monitor's Consultant has spot checked some of the corrections on subsequent site visits and has seen improvements. DCR submitted a document that described all these corrections as well as a few final updates of the emergency key procedures that the Monitor's office has reviewed and found acceptable. Accordingly, in April 2017, the Monitor's Consultant conducted a compliance tour to determine full compliance and the tour revealed that compliance has been achieved with only a few minor corrections required. Documentation for those modifications will be presented to the monitor's office for verification and once all the other documents required for compliance with this provision, such as the specific policies and evidence of staff training are submitted to the Monitor's Consultant, a Compliance Memorandum will be drafted.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 35.</b> Defendants agree that designated exit doors in all facilities will be maintained in operable condition and shall be readily unlocked in case of an emergency.</p>	N	#	#	#	Y	N	<p>DCR has vastly improved its ability to maintain operable exit doors from living units that can be readily unlocked in emergency situations.</p> <p>DCR is now documenting on a weekly basis its monitoring and inspections made by the fire safety officers at each facility documenting that all exit doors are maintained in operable condition and can be readily unlocked. The process for documentation has been agreed to with the Monitor and Functional team and documentation began in August 2014. The Monitor's office has observed this documentation being utilized at all the facilities and in practice and is satisfied with the progress of compliance. The monitor is also waiting for additional training curriculum documentation. A draft Roadmap for this provision was completed in consultation with the Functional Team and was presented to USA for comments. The Monitor's Office received those comments and also shared them with the functional team members. In the most recent quarterly site visits to the four facilities, there were no issues observed in spot checking emergency exit doors in the housing units. In addition, the Monitors' Office reviewed the most recent quarterly inspection reports and found them to be complete and demonstrated compliance with this stipulation.</p> <p>In addition to all the weekly reports, DCR is currently developing summary spreadsheets of all the exit door tests showing the data in summary form for the last twelve months.</p> <p>Once all the other documents required for compliance with this provision, such as specific policies and training of staff, which is presently proceeding, are submitted to the Monitor's Consultant, a Compliance Memorandum will be drafted.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 37.</b> AIJ policy shall ensure safety for juveniles and staff by requiring compliance with fire safety code requirements. Specific emergency plans shall be developed and copies made available to staff members. There shall be ongoing training programs and emergency procedures shall be reviewed and updated annually.</p>	Y	N	Y	#	#	N	<p>DCR is planning to submit an update to its new lesson plans for training compliance. The training using the new curriculum has begun. The Monitor and Functional Team have agreed to focus primarily on the training curriculum and number of staff trained in 2016 and 2017 as these time-frames are more pertinent to determine compliance with this provision.</p> <p>DCR has supplied documentation that emergency procedures are reviewed and updated annually. Documentation has also been provided showing that copies of the emergency plans are available to staff at all facilities.</p> <p>A Final Roadmap for this provision has been agreed to by DCR and USA. The Monitor's consultants continue to work with the parties to assemble the necessary compliance documentation expectations for the Roadmap. The Monitor's Office is waiting for the updated training documentation to become part of a compliance memorandum to be submitted later in 2017</p>

Provision	P	S	R	T	D	G	Comment
<b>Policies and Procedures</b>							
<p>S.A. 45. Within one year of the approval of this agreement by the Court, Defendants agree to provide an agency policy and procedure manual governing all operational aspects of the institutions. Within eighteen months of the approval of this agreement by the Court, Defendants shall further insure that the facilities are strictly operated within these policies and procedures and that all staff have been trained accordingly.</p>	Y	I	I	#	#	N	<p>The Monitor agrees that the agency maintains a policy and procedure manual as required by this provision, although whether it governs all aspects of running the facilities as required has not yet been confirmed. Moreover, in the rest of this table, policies and procedures are rated as a compliance problem for many of the provisions in this case. See the compliance rating in Column T, which identifies when a training deficiency is a factor in compliance. While having developed and routinely updated a manual is a factor in compliance, the provision also clearly requires that the facilities be strictly operated within these policies and this implementation requirement's scope and accuracy have not yet been established.</p>

Provision	P	S	R	T	D	G	Comment
<b>Staffing</b>							
<p><b>S.A. 48.</b> Defendants shall ensure that the facilities have sufficient direct care staff to implement all terms of this agreement. Direct care staff supervise and participate in recreational, leisure and treatment activities with the juveniles. Compliance can be demonstrated in either of two ways.</p> <p><u>48.a Method one:</u> Defendants may provide documentation of consistent supervision by not less than one (1) direct care worker to eight (8) juveniles during day and evening shifts and not less than one (1) direct care worker to sixteen(16) juveniles during normal sleeping hours.</p> <p><u>48.b Method Two:</u> Defendants may develop, and submit to the court for approval, an alternate staffing roster for any facility in this case. The roster shall be based on a study that shall specify fixed posts and the assignment necessary to implement the terms of this agreement, taking into consideration the physical configuration and function of spaces, the classification and risk profiles of youths involved, the incident patterns in the settings involved, the routine availability in the settings of other categories of staff, and the overall number of direct care positions necessary to consistently achieve the coverage proposed. Once a plan is approved for a facility, defendants shall document the employment of the necessary overall numbers of direct care staff, and the ongoing deployment of such staff in accordance with the plan.”</p>	N	N	N	N	Y	N	<p>The Commonwealth has the choice to demonstrate compliance according to method 48.a or 48.b. They have informed the Monitor that they do not intend to select method 48.b and that their legal position is that this language should be struck from the Settlement Agreement as superfluous. The Monitor agrees.</p> <p>For the Second Quarter of 2017, all of the facilities submitted the staffing youth ratio reports requested.</p> <p>6:00 am- 2:00 pm shift: 85% of events, a 4% decrease since First Quarter reporting period  2:00 pm- 10:00 pm shift: 72% of events, a 15% decrease since First Quarter reporting period  10:00 pm- 6:00 am shift: 100% of events, a 0% increase since First Quarter reporting period</p> <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>While compliance with the terms of this provision is not likely for some time, Monitor’s consultants are working with the parties to identify necessary compliance documentation expectations for compliance.</p>
<p><b>January 2009 Stipulation Paragraph 1:</b> All necessary steps shall be taken immediately to ensure the reasonable safety of youth by providing adequate supervision of youth in all facilities operated by, or on behalf of, the Defendants.</p>	Y	N	N	N	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p>

<p><b>January 2009 Stipulation Paragraph 2:</b> All necessary steps shall be taken to provide sufficient direct care staff to implement the Consent Decree and adequately supervise youth, pursuant to Paragraph 48.</p>	N	N	N	N	N	N	<p>The requirement that 50 YSOs be hired each month was terminated by the Court on September 13, 2011 (Docket 991)</p> <p>No new YSOs were hired during the Second Quarter of 2017.</p>
<p><b>January 2009 Stipulation Paragraph 3:</b> Defendants will include as direct care staff all social workers assigned to its institutions, once such staff receive forty (40) hours of pre-service training, <del>pursuant to Paragraph 49 of the Consent Decree</del>. The same shall also receive annual training as direct care staff, pursuant to Paragraph 50 of the Consent Decree.</p>	#	#	#	#	#	#	<p>The Commonwealth has decided not to employ this provision to enhance coverage. However, the provision remains as a future option. Unless and until the Commonwealth determines that they want to apply this provision, the Monitor's Office will not Monitor the provision. The choice to not implement this provision is not non-compliance. The <del>struck</del> part of the provision references a provision that has been terminated.</p>
<p><b>January 2009 Stipulation Paragraph 4:</b> All persons hired to comply with Paragraph 48 shall be sufficiently trained, <del>pursuant to Paragraph 49 of the Consent Decree</del>, before being deployed. Defendants shall deploy all duly trained direct care staff, <del>pursuant to Paragraph 49</del>, to juvenile facilities in a timely manner.</p>	#	#	#	#	#	#	<p>The phrases in this provision that refer to Paragraph 49 are struck because that provision has been terminated.</p>
<p><b>January 2009 Stipulation Paragraph 5:</b> On the fifth day of every thirty-day period commensurate with the Order approving this Stipulation, Defendants shall submit a report to the Monitor and the United States providing the following: a. the number of current direct care staff, by position classification, at each facility; b. the number of qualified direct care staff hired during the previous period; c. the number of hired direct care staff in the previous period who were hired <del>and have received pre-service training, pursuant to Paragraph 49</del>; and d. the juvenile facilities where the direct care staff who were hired in the previous quarter <del>and have received pre-service training, pursuant to Paragraph 49</del>, have been deployed or assigned.</p>	N	N	N	N	N	N	<p>The <del>struck</del> part of the provision references a provision that has been terminated.</p> <p>The report was not provided during the Second Quarter of 2017, nor has it been provided by the Commonwealth since the initiation of the stipulation</p>

Provision	P	S	R	T	D	G	Comment
<b>Training</b>							
<p><b>S.A. 50.</b> Defendants shall ensure that current and new facility direct care staff are sufficiently well-trained to implement the terms of this agreement. Each direct care staff, whether current or new, shall receive at least forty (40) hours of training per year by qualified personnel to include, but not be limited to, the following areas: CPR (cardiopulmonary resuscitation); recognition of and interaction with suicidal and/or self-mutilating juveniles; recognition of the symptoms of drug withdrawal; administering medicine; recognizing the side-effects of medications commonly administered at the facility; HIV related issues; use-of-force regulations; strategies to manage juveniles' inappropriate conduct; counseling techniques and communication skills; use of positive reinforcement and praise; and fire prevention and emergency procedures, including the fire evacuation plan, the use of keys, and the use of fire extinguishers.</p>	Y	N	N	N	N	N	<p><u>Compliance tables documenting training within the agency as required in this stipulation have not been submitted to the Monitor since 2011, despite repeated requests.</u></p> <p>There is no additional information to add as the second quarter FT meeting was postponed to August 2017. No interim-reports have been submitted to indicate progress toward the goals established in the first quarter of 2017.</p> <p>During the 1<sup>st</sup> quarter 2017 DCR FT meeting the IDECAHR director and FT members agreed to model a compliance plan for this stipulation. The timeline will extend from July 2016 to the end of December 2017 and will achieve a 90% or higher compliance threshold for all components of the training offered to active direct contact security staff. IDECAHR stated that they have already achieved 100% compliance for CPR and are on track to do so with other training categories. During site visits for this quarter, the monitor's consultant observe sessions in suicide prevention (the 3 hour curriculum), use of force regulations and the use of keys and fire evacuation procedures. A site visit report was submitted to all parties in March 2017. This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. A review of the training sessions during the quarter revealed that PREA training is being offered within the institutions.</p>
<b>Classification</b>							

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 52.</b> At both the detention phase and following commitment, Defendants shall establish objective methods to ensure that juveniles are classified and placed in the least restrictive placement possible, consistent with public safety. Defendants shall validate objective methods within one year of their initial use and once a year thereafter and revise, if necessary, according to the findings of the validation process.</p>	Y	Y	#	Y	N	N	<p>DCR, with the support of consultants, has conducted a validation study of the classification process for detention and committed and detention youth.</p> <p>DCR has conducted a classification validation study on committed and detention youth. The validation study was assessed for agency impact, piloted and was implemented in June 2016. An Administrative Order describing implementation of the Instruments of Classification in Custody and Instruments of Classification in Detention has been trained and operationalized</p> <p>Documentation has been provided for the classification of youth for detention, as well as for committed youth, for the months of the Second Quarter 2017.</p> <p>For the Second Quarter, there were 140 detention admissions, of which 78% (109) were classified as low; 19% (26) were classified as moderate; 1% (1) was classified as severe, and 3% (4) as Released prior to classification.</p> <p>For the Second Quarter, there were 25 committed youth institutional assignments based on the Instruments of Classification in Custody:  CTS Humacao (Treatment Level 5: 5 youth);  CTS Villalba (Treatment Level 4: 8 youth);  CTS Ponce (Treatment Level 2: 1 youth);  CTS Ponce (Treatment Level 3: 8 youth);  CTS Ponce, PUERTAS; 3 youth).</p> <p>Monitor's consultants are continuing to work with the parties to identify necessary compliance documentation expectations.</p>



Provision	P	S	R	T	D	G	Comment
<b>Mental Health and Substance Abuse Treatment</b>							
<p><b>S.A. 59.</b> Defendants, specifically the Department of Health (ASSMCA), shall provide an individualized treatment and rehabilitation plan, including services provided by AIJ psychiatrists, psychologists, and social workers, for each juvenile with a substance abuse problem.</p>	#	N	N	#	#	N	<p>As reported last quarter, effective March 31<sup>st</sup> 2017 all contracted mental health providers (Psychiatrists, Psychologists and Substance Abuse Counselors) were terminated and mental health services were contracted out to a for profit company, PCPS. Significant gaps in mental health services exists.</p> <p>NIJ was not meeting generally accepted standards, as required by Consent Order paragraph 59, because of insufficient mental health (psychiatry and psychologist) hours. Mental health treatment, rehabilitation plan, including services provided by AIJ psychiatrists, psychologists and social workers for each juvenile with a substance abuse problem was not being provided by generally acceptable standards.</p>
<p><b>C.O. 29:</b> Defendants shall maintain an adequate 48 bed residential mental health treatment program which provides services in accordance with accepted professional standards, for juveniles confined in the facilities in this case in need of such services as determined by a qualified child and adolescent psychiatrist as part of a qualified interdisciplinary mental health team.</p>	#	N	N	N	N	N	<p>As mentioned previously it is the understanding of the Monitor's Mental Health Consultant that the 48 bed residential mental health treatment program provision was originally developed, and then reaffirmed by joint stipulation of the parties in 2007, when the overall DCR youth census was substantially higher. The Monitor's Mental Health Consultant recommends a review of this provision for possible revision (i.e. decrease from the 48 bed requirement) given the significant decrease in census (less than 200).</p>
<p><del><b>C.O. 34.</b> Within 160 days of the filing of this Consent Decree, Defendants shall train all staff whose responsibilities include supervision of the juveniles regarding the effective recognition of suicidal and/or self-mutilating behaviors.</del></p>	<del>Y</del> -	<del>Y</del>	<del>Y</del>	<del>Y</del>	<del>Y</del>	<del>Y</del>	<p>This provision was terminated by the Court on March 30, 2017.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>C.O. 36.</b> Within 120 days of the filing of this consent Order, Defendant Juvenile Institutions Administration shall provide continuous psychiatric and psychology service to juveniles in need of such services in the facilities in this case either by employing or contracting with sufficient numbers of adequately trained psychologists or psychiatrists, or by contracting with private entities for provision of such services. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum, a thorough psychiatric evaluation. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum diagnostic tests before prescription of behavior-modifying medications.</p>	N	N	N	N	#	#	<p>As per previous quarterly report, there are insufficient hours to allow for mental health staff to attend multidisciplinary case conferences, treatment reviews, committees where decisions are made (i.e. regarding entrance to PUERTAS) and important school meetings where special education services are discussed.</p>
<p><b>S.A. 63.</b> For each juvenile who expresses suicidal or self-mutilating ideation or intent while incarcerated, staff shall immediately inform a member of the health care staff. Health care staff shall immediately complete a mental health screening to include suicide or self-mutilation ideation for the juvenile. For each juvenile for whom the screening indicates active suicidal or self-mutilating intent, a psychiatrist shall immediately examine the juvenile. The juvenile, if ever isolated, shall be under constant watch. Defendants shall develop written policies and procedures to reduce the risk of suicidal behavior by providing screening for all juveniles at all points of entry or re-entry to AIJ's facilities and/or programs and by providing mechanisms for the assessment, monitoring, intervention and referral of juveniles who have been identified as representing a potential risk of severe harm to themselves. Treatment will be provided consistent with accepted professional standards.</p>	#	N	N	#	#	#	<p>As per previous quarterly report, there are insufficient hours to allow for mental health staff to attend multidisciplinary case conferences, treatment reviews, committees where decisions are made (i.e. regarding entrance to PUERTAS) and important school meetings where special education services are discussed. Psychiatrists are not immediately available to examine juveniles who have self-mutilated and/or expressed suicidal ideation.</p> <p>See above and Monitor's Mental Health Consultant's report.</p>
<p><b>S.A. 72.</b> All juveniles receiving emergency psychotropic medication shall be seen at least once during each of the next three shifts by a nurse and within twenty-four (24) hours by a physician to reassess their mental status and medication side effects. Nurses and doctors shall document their findings regarding adverse side effects in the juvenile's medical record. If the juvenile's condition is deteriorating, a psychiatrist shall be immediately notified.</p>	#	N	N	#	N	N	<p>See above regarding decrease in psychiatric hours.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 73.</b> Defendants, specifically AIJ, shall design a program that promotes behavior modification by emphasizing positive reinforcement techniques. Defendants, specifically AIJ, shall provide all juveniles with an individualized treatment plan identifying each juvenile's problems, including medical needs, and establishing individual therapeutic goals for the juvenile and providing for group and/or individual counseling addressing the problems identified. Defendants, specifically AIJ, shall implement all individualized treatment plans.</p>	Y	Y	Y	Y	#	N	<p>The overall rating is not being determined to be in full compliance as a determination needs to be made regarding youth in detention vs. custody and the interpretation of this into the existing policies and procedures. Policies, staffing numbers and resources are adequate to comply with this provision.</p>

Provision	P	S	R	T	D	G	Comment
<b>Discipline</b>							
<p><del>S.A. 74. Defendants shall specify the rules of the facilities with a complete list of possible punishments for violations of such rules in the handbook described in ¶ 47 above. Written notice of any rule violation, a hearing before a facility staff person not involved in the investigation of the violation, and an appeal to the facility director shall be provided to a juvenile prior to any punishment being imposed, except that Defendants may administratively segregate a juvenile in emergency or life threatening situations. In the event of an emergency, when circumstances make it inappropriate to hold a hearing prior to segregation, a hearing shall take place within forty eight (48) hours from the time of segregation.</del></p>	<del>Y</del>	<del>Y</del>	I	<del>Y</del>	<del>Y</del>	<del>Y</del>	<p>This provision was terminated by the Court on December 10, 2014 after the parties filed a joint motion to terminate this provision on July 11, 2014.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 77.</b> In no event is physical force justifiable as punishment on any juvenile. The use of physical force by staff, including the use of restraints, shall be limited to instances of justifiable self-defense, protection of self and others, to maintain or regain control of an area of the facility, including the justifiable protection of significant property from damage; and prevention of escapes; and then only when other less severe alternatives are insufficient. A written report is prepared following all uses of force and is submitted to administrative staff for review. When force, including restraint, is used to protect a youth from self, this must be immediately referred to the medical area for medical and mental health evaluation and any necessary treatment.</p>	N	N	I	#	N	N	<p>The overall volume of use of force incidents dropped significantly compared to the 1st Quarter 2017: 8 use of force incidents involving 11 youth this quarter compared with 19 incidents involving 31 youth in Q-1. Incidents occurred as follows: Bayamon (1); Humacao (1); Villalba (1); Ponce (5). All 5 incidents at Ponce involved youth in the two Puertas modules. OC was used only 4 times system wide.</p> <p>During site visits in June 2017, the Monitor’s consultant reviewed the incident report packages (including Cernimiento review forms and all incident reports) and each of four quarter-to-date incident videos at Ponce. Review of reports and videos at Ponce revealed incidents in which staff acted admirably, in one case exhibiting extraordinary patience with a very troubled youth and in another using their own bodies to shield/protect youth from assault by others. Many uses of force arise as officers intervene to break up group fights or assaults, typically occurring due to “leader” disputes. Administrators routinely initiate the Cernimiento review process and make referrals for administrative investigations.</p> <p>There were three referrals for OISC investigations pertaining to uses of force this quarter, according to an analysis of 284 referrals by the Deputy Monitor.</p> <p>The Deputy Monitor attended a use of force training session conducted on June 8 for 9 officers at Villalba. He found the training to be excellent, well delivered by qualified trainer, and the content closely tailored to both this provision as well as DCR policy. Appropriate materials were provided to trainees and pre and post-tests were administered to assess understanding of that which was taught.</p> <p>English translations of revised policies and procedures, current training materials and additional evidence of training completion are the first steps toward DCR demonstrating compliance with this provision.</p>

Provision	P	S	R	T	D	G	Comment
<b>Abuse and Maltreatment Investigation and Management</b>							
<p><b>S.A. 78.a</b> Defendants shall take prompt administrative action in response to allegations of abuse and mistreatment, including steps to protect and treat the victim, steps to preserve evidence and initiate investigation, steps to isolate, separate, and sanction youth and/or staff involved in misconduct or criminal conduct. Defendants' policies, procedures, and practices shall clearly define all incidents that must be reported, to include, at a minimum, allegations of: abuse, mistreatment, neglect, and excessive use of force, inappropriate use of restraints, sexual misconduct, and assaults. Defendants shall provide for confidential means of reporting suspected abuse and mistreatment, without fear of retaliation for making such report.</p>	Y	N	N	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. Policies have been updated to comply with this provision.</p> <p>Evidence was preserved in 91% of applicable cases sampled. (Case Assessment A.4) Suspected youth were separated from their victim(s) in 90% of the cases assessed. (Case Assessment A.8) Additional information about compliance can be found in the case assessment tables in the main report.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 78.c</b> Within 24 hours of knowledge of a potential abuse incident, the report shall be transmitted to the Commonwealth Police for investigation, the Department of Family Services for statistical reporting, the Department of Corrections, and the AIJ administration. For serious incidents involving allegations of: abuse; neglect; excessive use of force; death; mistreatment; staff-on-juvenile assaults; injury requiring treatment by a licensed medical practitioner; sexual misconduct; exploitation of a juvenile's property; and commission of a felony by a staff person or juvenile, the AIJ administration shall also notify SAISC within 24 hours of knowledge of the potential incident, and 1 hour for any juvenile death, and SAISC shall conduct an administrative investigation.</p>	Y	Y	Y	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>The timeliness of initial reporting to PRPD by AIJ, based on AIJ records assessed in the case assessment process (Case Assessment B.1) , is 100%</p> <p>The Commonwealth Police do not fully respond to the Monitor's information requests for case analysis information. There are reports provided for about half of the cases, and much information is missing.</p> <p>Cases were promptly referred to OISC in 93% of sampled cases based on OISC records. (Case Assessment D.1)</p> <p>The conduct and completion of the investigations is assessed in P78.e below.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A.78.d</b> Within 24 hours, AIJ shall prepare and forward a copy of each incident report together with the AIJ preliminary investigation to the Police Department, the Department of Family Services, the Department of Corrections, and the AIJ Administration. Every 30 calendar days, AIJ, SAISC and the Commonwealth Police shall report to the Defendant Department of Justice and AIJ the status of each investigation including final determinations and associated administrative and criminal actions. Defendants shall implement appropriate policies, procedures, and practices to ensure that incidents are promptly, thoroughly, and objectively investigated. AIJ, SAISC, and Defendant Department of Justice shall consult throughout an investigation. If Defendant Department of Justice indicates an intent to proceed criminally, any compelled interview of the subject staff shall be delayed until Defendant Department of Justice concludes the criminal investigation, but all other aspects of the investigation shall proceed. Defendant Department of Justice shall review and investigate allegations of serious incidents following a preliminary investigation by the Puerto Rico Police Department.</p>	N	#	#	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>Indicators of compliance with the provision include measures within the Abuse Referrals Tracking Report and the Case Assessment Table, both in appendices in the main report. These indicators are showing consistent improvement.</p> <p>The Monitor’s Office has not recently reviewed compliance with the interview compulsion provision.</p>
<p><b>S.A. 78.e</b> Administrative investigations of serious incidents shall be conducted by SAISC and completed within 30 days of SAISC’s receipt of the referral. Administrative investigation of incidents classified as less serious may be conducted internally by appropriate facility staff and shall be completed within 20 days of witnessing or discovering an incident.</p>	Y	#	#	#	N	N	<p>For the most recent quarter, 91% of OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5 and E.6)</p> <p>100% of Level One case investigations were completed within 20 days at the facilities. (Abuse Tracking Statistics D.3)</p>



Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 78.f</b> Defendants shall implement investigation standards in conformance with applicable law, including, at a minimum: photographing visible injuries; preserving and analyzing evidence; conducting separate, face-to-face, private interviews of the alleged victim, perpetrator, and all possible witnesses, with a record of the questions and answers. Whenever there is reason to believe that a juvenile may have been subjected to physical sexual abuse, the juvenile shall be examined promptly by outside health care personnel with special training and experience in conducting such assessments.</p>	N	N	Y	N	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>There is an internal process to review investigation quality. No formally-adopted standards have been submitted to the Monitor’s Office. Training may be insufficient if the policies are not in place which would be the topic of the training.</p> <p>DCR has recently adopted a very structured investigation report template for use of force cases addressing standards set forth in this provision and in others. It is considering revising and adapting the template for non-use of force investigations. The Monitor supports this concept.</p>
<p><b>S.A. 78.g</b> Every administrative investigation shall result in a written report explicitly providing: a description of the alleged incident, including all involved persons and witnesses and their role; a description and assessment of all relevant evidence; and proposed findings. Defendants shall ensure that there are sufficient numbers of demonstrably competent staff to timely complete competent and thorough administrative investigations. Responsibilities of investigators shall be clearly designated.</p>	N	N	Y	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>For the most recent quarter, all OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5)</p> <p>There is an internal process to review investigation quality and the Monitor and Deputy Monitor are reviewing the instrument that was developed and is used. No formally-adopted standards have been submitted to the Monitor’s Office. Training may be insufficient if the policies are not in place which would be the topic of the training.</p> <p>OISC cases have been identified that do not contain “proposed findings.”</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 78.h</b> AIJ shall conduct case management, for tracking which includes identification of findings and outcomes and dates of stages of case processing, and for oversight of further administrative actions including analysis to identify and implement corrective actions designed to avoid recurrence of incidents. At the conclusion of an administrative investigation, SAISC shall provide copies of the investigation report to AIJ and Defendant Department of Justice. AIJ's quality assurance personnel shall analyze the report and, as appropriate, identify corrective action to address operational, systemic, or other problems identified in the report and ensure that such action is taken.</p>	Y	Y	Y	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>The rating for Staffing and Policy Compliance is "Y" because staffing and policy is sufficient for the Commonwealth to produce this report. The Monitor believes that the remaining area where additional monitoring and documentation is needed is the quality assurance assessment described in the third sentence.</p>
<p><del><b>S.A. 78.i</b> Any employee, staff member or contractor who is criminally charged for offenses involving the abuse or mistreatment of juveniles, excessive force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending. Defendants may take additional administrative actions as they deem appropriate.</del></p>	Y	Y	Y	Y	Y	Y	<p>This provision was terminated by the Court on March 30, 2017.</p>
<p><del><b>Separation Order, of December 4, 2006:</b> Any employee, staff member, or contractor who is criminally charged in the future for offenses involving the abuse or mistreatment of juveniles, excessive use of force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including the removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending.</del></p> <p><del>For any criminal proceeding that is filed in the future, the same information shall be provided to the Monitor and the United States within fifteen (15) days after its filing.</del></p> <p><del>The order also required two reports to be filed by December 19, 2006. These were filed at the time.</del></p>	Y	Y	Y	Y	Y	Y	<p>This provision was terminated by the Court on March 30, 2017.</p>

Provision	P	S	R	T	D	G	Comment
<b>Protection and Isolation</b>							
<p><b>S.A. 79.</b> Juveniles shall be placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others and only after less restrictive methods of restraint have failed. Isolation cells shall be suicide resistant. Isolation may be imposed only with the approval of the facility director or acting facility director. Any juvenile placed in isolation shall be afforded living conditions approximating those available to the general juvenile population. Except as provided in ¶ 91 of this agreement, juveniles in isolation shall be visually checked by staff at least every fifteen (15) minutes and the exact time of the check must be recorded each time. Juveniles in isolation shall be seen by a masters level social worker within three (3) hours of being placed in isolation. Juveniles in isolation shall be seen by a psychologist within eight (8) hours of being placed in isolation and every twenty-four (24) hours thereafter to assess the further need of isolation. Juveniles in isolation shall be seen by his/her case manager as soon as possible and at least once every twenty-four (24) hours thereafter. A log shall be kept which contains daily entries on each juvenile in isolation, including the date and time of placement in isolation, who authorized the isolation, the name of the person(s) visiting the juvenile, the frequency of the checks by all staff, the juvenile's behavior at the time of the check, the person authorizing the release from isolation, and the time and date of the release. Juveniles shall be released from isolation as soon as the juvenile no longer poses a serious and immediate danger to himself or others.</p>	N	Y	#	#	Y	N	<p>There are currently very few youth designated as TM and, as a result, there are very few youth potentially subject to room confinement pursuant to this provision. In December 2016, Since January, the number of TM designated youth has decreased from approximately 12 to 1-2 at any given time.</p> <p>At the request of Plaintiffs in their response to the previous Quarterly Report, the Monitor’s Consultants have initiated a new process of assessing- against the 21 criteria set forth in this provision- the circumstances and conditions of confinement of any youth on transitional measures and protective custody who are generally confined to their rooms. All second quarter Protective Custody and Transitional Measure events occurring or active at the time of facility site visits were reviewed and the results of this new process are included as a separate report in this Quarterly Report.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 80.</b> The terms of this agreement relating to safety, crowding, health, hygiene, food, education, recreation and access to courts shall not be revoked or limited for any juvenile in protective custody.</p>	N	Y	#	N	#	N	<p>See above discussion for P 79 and report on Transitional Measures and Protective Custody.</p> <p>The only services that were found to be limited (none were revoked) in comparison with general population youth were recreation (on weekends) and education. DCR Policies 17.19 (PC) currently establish 20 minutes of individual instruction per subject as the standard for education for these youth and while this amount of one-on-one education <i>may</i> be the equivalent of that offered to other youth in classroom settings, this equivalence is not authorized in the Settlement Agreement and has not been stipulated to by the parties.</p>

Provision	P	S	R	T	D	G	Comment
<b>Education and Vocational Services</b>							
<p><b>S.A. 81.</b> Defendants, specifically the Department of Education, shall provide academic and/or vocational education services to all juveniles confined in any facility for two weeks or more, equivalent to the number of hours the juveniles would have received within the public education system. Specifically, this education shall be provided 5 (five) days per week, 6 (six) hours per day, 10 (ten) months per year. AIJ shall provide adequate instructional materials and space for educational services. Defendants shall employ an adequate number of qualified and experienced teachers to provide these services.</p>	#	N	N	I	N	N	<p>Although the opening of the 2016-2017 school year was delayed and the number of teacher vacancies required a modified schedule in each of the institutions, conditions improved significantly during the second semester of the year. There were 2 vacancies in CTS Villalba and 1 in CD Bayamon.</p> <p>Vocational opportunities are available in the CTS institutions for all students but there continues to be a deficiency in the CD institutions. DCR revised the vocational programs during the previous school year, adding a civics/ethics course for the Bayamon and Villalba detention students since the agency believes it is a valid substitution for traditional vocational education. The Monitor's educational consultant maintains that in both locations civics/ethics cannot replace traditional vocational education.</p> <p>Adult education is not considered adequate for the educational needs of the DCA youth.</p>
<p><b>S.A. 86a.</b> Defendants, specifically the Department of Education, shall abide by all mandatory requirements and time frames set forth under the Individuals with Disabilities Education Act, 20 USC §§ 1401 <u>et seq.</u> Defendants shall screen juveniles for physical and learning disabilities.</p>	#	N	N	N	N	N	<p>The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance. During the second quarter site visits, there was no awareness from institution and education staff as to how mental health and other related services would be delivered to special education students. The COMPU revised IEPs continued to list recommended special services without clear indication about how they were to be delivered.</p> <p>Compliance with 86a requires compliance with 86b.</p>
<p><b>S.A. 86b.</b> The screening shall include questions about whether the juvenile has been previously identified by the public school system as having an educational disability, previous educational history, and a sufficient medical review to determine whether certain educational disabilities are present, such as hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, mental retardation, or serious emotional disturbances adversely affecting educational performance.</p>	#	N	N	I	N	N	<p>Special education files list various instruments employed to determine the needs of the student. There is little evidence that the areas identified here are addressed and re-evaluated in annual reviews.</p> <p>The Monitor's, consultants and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.</p> <p>Compliance with 86b requires compliance with 86a.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 87.</b> If a juvenile has been previously identified as having an educational disability, Defendants shall immediately request that the appropriate school district provide a copy of the juvenile's individualized education plan ("IEP"). Defendants shall assess the adequacy of the juvenile's IEP and either implement it as written if it is an adequate plan or, if the IEP is inadequate, rewrite the plan to make it adequate, and then implement the revised IEP.</p>	#	N	N	I	N	N	<p>Compliance with the first part of the stipulation remains high in that the agency institutions request IEPs and special education files from the community public schools. The request is frequently ignored or results in late delivery preventing compliance with the second part requiring assessment of the documents' adequacy. This is particularly the case in the detention institutions. DCR's response to this issue is that they have no authority over the community schools and that is a concern of the Department of Education for the Commonwealth. . It should be noted that DOE is part of the consent decree and should take steps to facilitate the delivery of IEPs and special education files.</p> <p>The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.</p>
<p><b>S.A. 90.</b> Defendants shall provide appropriate services for juveniles eligible for special education and related services. Defendants shall provide each such juvenile with educational instruction specially designed to meet the unique needs of the juvenile, supported by such services as are necessary to permit the juvenile to benefit from the instruction. Defendants shall coordinate such individualized educational services with regular education programs and activities.</p>	#	N	N	I	N	N	<p>Since all special education students are mainstreamed with those not certified, they receive the equivalent adult education as the others except for those in protective custody or in transitional measures. The monitor's consultant does not acknowledge adult education as delivered in the institutions adequate to the needs of the DCR youth. See note to S.A. 81 as to the appropriateness of adult education. See note to S.A. 94 about protective custody and transitional compliance. See note to S.A. 87 about the development of a mental health/special education assessment.</p> <p>There are no educational services offered to special education or other students who have completed the 4<sup>th</sup> year, as DCR does not consider them part of the agreement. The DCR education director agreed that this policy should be re-examined and indicated he would prepare some recommendation for 4<sup>th</sup> year completers in the next quarter. He noted that some participate in vocational shops with instructor permission and some others could be eligible for future CREANDO Programs. During the quarter, discussions with staff revealed no indication that CREANDO would continue into the next school year.</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 91.</b> Qualified professionals shall develop and implement an IEP reasonably calculated to provide educational benefits for every juvenile identified as having a disability. When appropriate, the IEP shall include a vocational component.</p>	#	N	Y	I	N	N	<p>Certified special education teachers provide education services to youth. Vocational opportunities are available in each institution with the exception noted above where a civics/ethics course was substituted for traditional career and technical education courses. The monitor's educational consultant maintains that in both locations civics/ethics cannot be reasonably be considered vocational education.</p> <p>There continues to be a system wide gap in communication between education and mental health staff. Prescriptions written into the IEP fall into a "one size fits all" admittedly written by educators with scant consultation with mental health staff. During this quarter as in past ones, mental health personnel rarely participate in the COMPU which prepares and recommends implementation of the IEP.</p> <p>A recent announcement revealed that the agency will terminate contracts with current mental health staff and replace them with a private sector entity. Institutional staff and DCR officials could not determine how the plan would affect special education students but assurances were offered that all of their needs will be satisfied once the new entity contract is finalized and implemented.</p> <p>See note in reference to related services such as mental health and substance abuse in SA 87.</p>
<p><b>S.A. 93.</b> Services provided pursuant to IEPs shall be provided year round. Defendants shall ensure that juveniles with educational disabilities receive a full day of instruction five (5) days a week.</p>	#	N	N	I	N	N	<p>Students eligible for special education services did not receive services from the end of May to the beginning of August. Nevertheless, as part of the June 2016 camping program, credit-bearing courses were offered in science and English. Contingent upon funding, and DCR intends to continue credit-bearing opportunities into the next summer program. Although this does extend the school year for some, DCR does not believe there are students who meet the prerequisites for year round education; the monitor's office disagrees that there are no such students.</p> <p>The Monitor and consultants are working with DCR officials to develop an instrument for periodic case reviews to more fully document the level of compliance with this provision.</p>
<p><b>S.A. 94.</b> Juveniles shall not be excluded from services to be provided pursuant to IEPs based on a propensity for violence or self-inflicted harm or based on vulnerability. Juveniles in isolation or other disciplinary settings have a right to special education. If required for institutional security, services provided pursuant to IEPs may be provided in settings other than a classroom.</p>	#	N	N	I	N	N	<p>Ongoing reviews of services provided for youth in transition or protective custody, showed that youth are not receiving services comparable to youth who are not in isolation. (See also comments for S.A. 90 and SA 80).</p>

Provision	P	S	R	T	D	G	Comment
<p><b>S.A. 95.</b> When an IEP is ineffective, Defendants shall timely modify the IEP.</p>	#	Y	Y	I	N	N	<p>All special education positions were filled during the 2016-2017 school year. The modified school program this school year negatively affects all students, including those in special education. See note about the delivery of special services in SA 86.</p> <p>A systematic assessment has not yet been completed by the Commonwealth and provided to the Monitor's Office for review.</p>
<b>Funding and Implementation</b>							
<p><b>C.O. 43</b> Until this order is fully implemented, Defendants shall submit to the Legislature of the Commonwealth each fiscal year a report wherein the required sums of money will be established so as to implement this Consent order.</p>	I	I	N	I	N	N	<p>The Commonwealth legal position is that the required report is the agency budget request. The budget request is not routinely provided to the Monitor or the United States.</p> <p>It is also not established that the budget identifies the "required sums of money" to "implement the order."</p> <p>The budget has been, in fact, insufficient to implement the requirements of the decree. There are many provisions in non-compliance with category "R" specified as one of the factors. These are provisions where lack of resources is a factor in non-compliance.</p> <p>Monitor's consultants are prepared to work with parties to identify necessary compliance documentation expectations for a Roadmap.</p>