



STATE OF INDIANA
Department of Correction
Division of Youth Services

Indiana Government Center – South

302 W. Washington Street • Indianapolis, Indiana 46204-2738

Phone: (317) 232-5711 • Fax: (317) 232-6798 • Website: www.in.gov.idoc/

Mitchell E. Daniels
Governor

Bruce Lemmon
Commissioner

Michael P. Dempsey
Executive Director

December 6, 2012

Ron Hunter, Chief Executive Officer
Cedarbridge Treatment Center, LLC
90 Executive Drive, Suite H
Carmel, Indiana 46032

Re: Cedarbridge Treatment Center – 2012 Juvenile Detention Standards Inspection

Mr. Hunter,

An annual inspection of juvenile detention centers, for compliance with Indiana standards is required annually pursuant to 210 IAC 6. The 2012 inspection constitutes the 2nd annual inspection of Cedarbridge, and the 14th inspection of the facility located at 901 West Riggins Road, Muncie, Indiana. This inspection was postponed twice this year per your request; the inspection was originally scheduled for May 24th and was rescheduled for August 23rd. The annual inspection of Cedarbridge was initiated on October 11, 2012. Compliance with all mandatory standards and at least 90% of the recommended standards is required to attain "Full Compliance" in accordance with the aforementioned code.

The inspection of Cedarbridge was initiated on October 11, 2012, but was terminated prior to completion due to serious violations of the Indiana juvenile detention standards. You were allowed thirty (30) days to remedy specific deficiencies and the Indiana Department of Correction (IDOC) provided intensive technical assistance. The annual inspection was then continued on November 2nd and was concluded on November 5th. Cedarbridge Treatment Center was found to be out-of-compliance with Indiana standards, receiving a score of 76.9% compliance with the mandatory standards and 78.3% compliance with the recommended standards.

IDOC continued to provide technical assistance as facility staff made improvements and developed action plans to address non-compliant standards. On December 5, 2012 a final inspection visit was made by IDOC staff to Cedarbridge. On this date, Cedarbridge Treatment Center was found to be in minimal compliance with the Indiana standards, receiving a score of 100% compliance with the mandatory standards and 91.2% compliance with recommended standards. A summary of the auditor's impressions on the conditions of confinement and quality of life at Cedarbridge, along with comments regarding the non-compliant standards are included.

Although minimal compliance has been attained, Cedarbridge Treatment Center has not demonstrated an ability to ensure long-term compliance with the Indiana juvenile detention standards or an ability to improve and maintain the quality of confinement for youth entrusted to their care. The facility continues to struggle with various economic and facility culture issues which are seriously impacting the quality of life and quality of services for the youth entrusted to their care. The facility is regularly faced with challenges stemming from a break or change in operational services, such as was observed in recent lapse of medical services over a billing issue. The facility clearly lacks leadership and experience in best-practice approaches to juvenile detention. The void in providing a full-time facility administrator has seriously impacted facility operations and contributes to a dysfunctional organization lacking in juvenile justice experience. Therefore, the following provisions will be established with the issuance of this letter of compliance:

- 1.) Cedarbridge will provide a written plan of action to the Director of Program Review, addressing each of the standards found to be in non-compliance, excluding the standards related to the configuration of the facility.
- 2.) Cedarbridge will provide written notification to Director of Program Review, in the event that the following services are disrupted for more than 7 days: Facility Director (once hired); Medical (physician or nurse); Mental Health (psychologist, social service director, or mental health worker, once hired); Food Service (director or contract provider); Dietitian (contract); or Fire Protection (contract).
- 3.) Cedarbridge will provide written notification to the Director of Program Review, of any physical plant serious events.
- 4.) The Director of Program Review will coordinate a minimum of quarterly, compliance inspections of Cedarbridge for the next year.
- 5.) Program Review staff and Division of Youth Services staff will conduct periodic, unannounced compliance visits until Cedarbridge demonstrates sustained compliance with the standards.

The staff at Cedarbridge have demonstrated a professional and caring attitude, and have made significant improvements to the operation of the facility over the past few months. Thank you for your commitment to providing appropriate care to the youth placed at Cedarbridge Treatment Center. This report becomes public information ten (10) working days from the date of mailing. Please contact me at (317) 495-5965, or through email, if you have any questions concerning this report.

Respectfully,

Vanessa Krause, Director of Program Review

Cc: Bruce Lemmon, Commissioner
Michael Osburn, Inspector General/Public Safety Liaison
Bob Bugher, Chief Legal Counsel
Mike Dempsey, Executive Director of Youth Services
Kellie Whitcomb, Director of Reentry and External Relations of Youth Services
File

Conditions of Confinement/Quality of Life:

During each facility visit, the team members evaluated the conditions of confinement at the facility. The following narrative description summarizes the findings regarding the quality of life.

Security: There are 30 detention/security staff member positions at the facility. There are 7 new staff in orientation and 4 staff expected to leave employment in December. During inspection period, it has been reported that there was significant staff turn-over, resulting in the staffing level occasionally going below the accepted best practice ratio of 1:8, staff to youth during waking hours and 1:16, staff to youth during sleeping hours.

Environmental Conditions: The facility opened in approximately 1998 and now appears in need of repair and replacement of broken or worn-out items, to include bedding and youth clothing. During the extended detention inspection, essential repairs were made; some worn-out items were repaired or replaced. However more repairs, replacements, and/or upgrades are needed, such as painting repaired areas on the walls; replacing worn-out floor coverings; and replacing worn-out clothing.

Food Service: During the inspection period, there was a lapse in services provided by a licensed dietitian.

Medical Care: Cedarbridge employs one (1) full-time Licensed Practical Nurse (LPN) and the remaining medical, mental health, and dentistry services are provided by contracted providers. During this inspection period, Cedarbridge failed to maintain consistent and an appropriate level of medical care. To date, all services are provided, and continued compliance shall be monitored.

Idle Time of Youth: Youth at the facility spend an excessive amount of time sitting in plastic chairs, located at the end of the youth's bunk bed. While seated in the chairs, youth on Levels I and higher are provided reading materials. Youth on Orientation Level, which may last between three (3) days to over a week, are provided a one-page (two-sided) orientation documents and sometimes a bible, to read. The issue of excess of excessive idle time, being spent seated in a plastic chair has been addressed with Cedarbridge. Some improvements have been made, but the issue of excessive idle time will still need to be addressed and monitored.

Program Staffing: Cedarbridge employs one (1) full time social service position. The facility has acknowledged the need to increase the number of program staff and report that interviews are pending for one additional position.

Facility Director: Cedarbridge has been without a permanent full-time facility director for many months. The responsibilities have been covered by at least four (4) different individuals, many of whom do not work from the facility on a regular basis. The lack of consistent oversight and direction from a single facility administrator has had a negative impact on the successful operation and maintenance of the facility. Cedarbridge administration reports that a staff person has been identified for promotion into the Director position and is scheduled to begin his duties on January 2, 2013.

Financial difficulties: Cedarbridge has experienced financial difficulties during this inspection period, as has been reported in the media and to IDOC staff by other sources. Many of the problematic areas identified through non-compliance with detention standards, and problematic areas with conditions of confinement/quality of life, seem to also be related to a lack of financial support for the operation of the detention center.

Overall impression: Today, Cedarbridge is meeting the minimum basic needs of the youth entrusted to their care, as is required by the Indiana Juvenile Detention Standards. The facility should continue to make improvements as identified through the technical assistance provided by IDOC. In addition, oversight and monitoring by IDOC must be provided to ensure that Cedarbridge continues to comply with the standards and continues to make progress on established plans of action.

Recommended Standards found to be in Non-compliance:

210 IAC 6-3-1.8 Written policy, procedure, and practice provide that there exists a community advisory committee, representative of the community that serves as a link between the program and the community. (ACA-1A-12)

No advisory board exists

210 IAC 6-3-1.59 Written policy, procedure, and practice provide that all new juvenile staff careworkers receive an additional 120 hours of training during their first year of employment. At a minimum this training covers the following areas:

- security procedures
- supervision of juveniles
- signs of suicide risks
- suicide precautions
- use-of-force regulations and tactics
- report writing
- juvenile rules of conduct
- rights and responsibilities of juveniles
- fire and emergency procedures
- safety procedures
- key control
- interpersonal relations
- social/cultural lifestyles of the juvenile population
- communication skills
- first aid/CPR
- counseling techniques (ACA-1D-09)

Not all required training hours were achieved. Plan of Action was submitted and will be reviewed for compliance during quarterly reviews.

210 IAC 6-3-1.77 Written policy, procedure, and practice specify the lines of authority, responsibility, and accountability for the facility's citizen involvement and volunteer services program. (ACA-1G-02)

Show the practice.

210 IAC 6-3-2.91 The facility location is selected with participation from the community in which it is to be located. (ACA-2B-05)

Must show community meeting prior to opening of facility, ie town hall meeting etc.

210 IAC 6-3-2.94 Living units are primarily designed for single occupancy sleeping rooms; multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit. (ACA-2C-01)

Multiple occupancy rooms exceed 20%

210 IAC 6-3-2.95 Rooms or sleeping areas in which juveniles are confined conform with the following requirements:

<u>NUMBER OF OCCUPANTS</u>	<u>AMOUNT OF UNENCUMBERED SPACE</u>
----------------------------	-------------------------------------

1	35 square feet
2-50	35 square feet per occupant*

* Sleeping area partitions required if more than four people in one sleeping area.

"Unencumbered space" is usable space that is not encumbered by furnishings or fixtures. At least one dimension of the unencumbered space is no less than seven feet. All fixtures must be in operational position. (ACA-2C-02)

Does not meet unencumbered space

210 IAC 6-3-2.96 Each sleeping room has at a minimum the following facilities and conditions:

- sanitation facilities, including access to toilet facilities that are available for use without staff assistance 24 hours
- a wash basin with hot and cold running water
- a bed, desk, and seating
- natural light
- temperatures that are appropriate to the summer and winter comfort zones. (ACA-2C-03)

Do not have access to restroom without staff assistance, no writing surface in sleeping room in all rooms.

210 IAC 6-3-2.97 Dayrooms with space for varied juvenile activities are situated immediately adjacent to the juvenile sleeping areas but are separated from them by a floor-to-ceiling wall. Dayrooms provide a minimum of 35 square feet of space per juvenile (exclusive of lavatories, showers, and toilets) for the maximum number expected to use the dayroom at one time. (ACA-2C-04)

Dayroom is in same area sleeping area

210 IAC 6-3-2.98 Dayrooms provide sufficient seating and writing surfaces for every juvenile using the dayroom at one time. Furnishings are consistent with the security needs of the assigned juveniles. (ACA-2C-05)

No dayroom with seating and writing surface for all students to utilize at one time.

210 IAC 6-3-2.109 The total indoor activity area, which includes the gymnasium, multi-purpose room(s), library, arts and crafts room(s), and all other leisure areas outside the living unit, provides space equivalent to a minimum of 100 square feet per juvenile. (ACA-2E-01)

The total indoor activity area does not meet the necessary square footage requirement

210 IAC 6-3-4.224 If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, and materials as determined by the responsible physician are provided for the performance of primary health care delivery. (ACA-4C-06)

Need statement from Dr. that adequate supplies are available

210 IAC 6-3-4.234 Written policy, procedure, and practice specify the provision of mental health services for juveniles and assure juvenile detention facilities are not intended to be mental health treatment facilities. (ACA-4C-16)

Mental health services policy and procedures need updated and staff trained on process.

210 IAC 6-3-4.240 Written policy, procedure and practice provide for the collection and recording of health appraisal data and require the following:

1. The process is completed in a uniform manner as determined by the health authority.
2. Health history and vital signs are collected by health-trained or qualified health personnel.
3. Review of the results of the medical examination, tests, and identification of problems is performed by a physician.
4. Collection of all other health appraisal data is performed only by qualified health personnel. (ACA-4C-24)

Document that a qualified health professional collects health appraisal data the nurse needs to include dental screening on the health appraisal.

210 IAC 6-3-4.241 Dental care is provided to each juvenile under the direction and supervision of a dentist licensed in the state. This care includes the following: (ACA-4C-25)

- dental screening upon admission
- dental treatment, not limited to extractions, when the health of the Juvenile would otherwise be adversely affected.

Document Dental Screening.

210 IAC 6-3-4.247 Programs and training are provided for the development of sound habits and practices regarding personal hygiene. (ACA-4C-34)

Must have "Program and Training: on personal hygiene. Plan of action submitted and will be reviewed during quarterly reviews.

210 IAC 6-3-4.248 There is a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All staff with responsibility for juvenile supervision are trained in the implementation of the program, which includes specific procedures for intake screening, identification, and supervision of suicide prone juveniles. (ACA-4C-35)

Cedarbridge does not have a suicide prevention policy approved by medical or a mental health professional.

210 IAC 6-3-4.252 Written policy, procedure, and practice provide for screening, care, or referral for care for mentally ill or retarded juveniles. The responsible physician shall designate, in advance, specific referral sources. Policy and procedure shall provide for emergency transfers to mental health facilities. The emergency transfers shall be reported to the court the next working day. (ACA-4C-39)

Must have current policy – staff unaware of out-dated policy

210 IAC 6-3-4.253 Written policy, procedure, and practice provide for detoxification from alcohol, opiates, barbiturates, and similar drugs. Detoxification is performed under medical supervision. (ACA-4C-40)

Conflicting policies are in the standards folder- LPN not aware of policy that she makes referral.

210 IAC 6-3-4.261 For juveniles being transferred to other facilities, summaries or copies of the medical history record are forwarded to the receiving facility prior to or at arrival. (ACA-4C-48) (Department of Correction; 210 IAC 6-3-48)

Need a statement or policy to support the standard and prove practice.

210 IAC 6-3-5.265 Written policy, procedure, and practice provide programs for juveniles during the reception period. (ACA-5A-14)

Practice does not show programming during orientation. Spoke with student that is an intake and stated was not receiving any programming.

210 IAC 6-3-5.268 Written policy, procedure, and practice provide for a social services program that makes available a range of resources appropriate to the needs of juveniles, including individual, group, and family counseling; drug and alcohol treatment and special offender services. (ACA-5B-01)

Clearly identify various programming offered, ie. Individual, group, SA, family counseling, etc. Plan of action submitted and will be reviewed during quarterly reviews.

210 IAC 6-3-5.269 Written policy, procedure, and practice provide that staff members are available to counsel juveniles at their request; provision is made for counseling juveniles on an emergency basis. (ACA-5B-04)

Management reports 1 case manager- second position primarily used for transport- reduction in staff from 4 to 1. Plan of action submitted and will be reviewed during quarterly reviews.

210 IAC 6-3-5.270 Written policy, procedure, and practice provide for juvenile access to mental health counseling and crisis intervention services in accordance with their needs. (ACA-5B-05)

Practice does not support policy. Plan of action submitted and will be reviewed during quarterly reviews.

210 IAC 6-3-5.272 Written policy, procedure, and practice require that comprehensive counseling and assistance are provided to pregnant juveniles in keeping with their expressed desires in planning for their unborn children. (ACA-5B-07)

Policy must support practice; consultant provides service not the position. Include the practice of services being provided to pregnant juveniles.