

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT**

Name and Location of Facility: Central Oklahoma Juvenile Center
Tecumseh, Oklahoma

Date of Visit: May 22 and 23, 2007

Oversight Reviewer: Ellen Harwell

Oversight Review Team: Ellen Harwell and Sara Vincent-Spain,
Oversight Specialists
Roger Conway, Contract Oversight Specialist

Focus of Visit: Unannounced Routine Visit

Date: August 29, 2007

Introduction

The Office of Juvenile System Oversight (OJSO) conducted a routine, unannounced visit on May 22 and 23, 2007 of Central Oklahoma Juvenile Center (COJC) located in Tecumseh, Oklahoma. The facility is a medium-secure rehabilitation program for juveniles adjudicated Delinquent or Youthful Offender who are in the custody of the Office of Juvenile Affairs (OJA). The focus of the visit was to assess the male residents' perceptions of safety, program services, rights of residents, discipline practices, and other residential issues. The facility is licensed for 119 residents. The census the day the oversight visit began was 116.

Interviews Conducted

- Entry conference with the Accreditation Manager
- Exit conference with the superintendent and administrative staff
- Twenty-one male residents
- Thirteen staff members
- Nursing Manager

Documents Reviewed

- Six personnel records
- Nine resident records
- Training records for eleven employees
- Grievance logs for March, April, and May 2007
- Office of the State Fire Marshal inspection report, dated April 19, 2007

- Oklahoma State Department of Health Food inspection report, dated May 9, 2007
- DHS Division of Child Care Facility inspection form, dated March 2, 2007
- DHS Office of Client Advocacy's quarterly report of incidents

Areas Toured

The OJSO toured the kitchen and two living units, Lyda and Nightengale. See the attached OSJO Facility Inspection Form.

Findings

Juvenile Interviews

Forty of the 116 beds are designated for females. During the previous oversight visit in November 2006, the OJSO focused on the female population. For the current visit, the focus was on the male population. The OJSO interviewed 21 male residents. All of the residents interviewed were 15 years of age or older. The average age of residents was 17. Ninety percent (19 of 21) were 16 years of age or older. Thirty-three percent (7 of 21) were 18 years of age or older. Reported lengths of stays at the facility ranged from six days to one and a half years. The OJSO noted:

- Ninety-five percent (20 of 21) reported they received a copy of resident rights upon admission.
- All residents reported receiving written notification of policies regarding visitation, mail, phone calls, gifts, discipline, etc.
- Eighty-one percent (17 of 21) reported the information received upon admission was also explained to them.
- Sixty-two percent (13 of 21) reported having been in other facilities. Of those reporting previous placements, five reported having been at the LE Rader Center and/or Southwest Oklahoma Juvenile Center. Mixed opinions were given regarding which medium secure facility was preferred.
- Sixty-seven percent (14 of 21) reported they received enough food.
- Seventy-one percent (15 of 21) reported additional helpings of food were allowed if residents desired them.
- Residents were asked to rate the food on a scale of one to five with five being "great." The most frequent ratings were two and three. Twenty-nine percent (6 of 21) rated the food as a two. Forty-eight percent (10 of 21) rated the food as a three.
- Fifty-two percent (11 of 21) reported having been physically restrained.
- Sixty-seven percent (14 of 21) reported the use of group sanctions.
- Ninety percent (19 of 21) reported having an individualized treatment plan. Of the two residents that reported not having a treatment plan, one had not been at the facility long enough for the first comprehensive treatment plan to become due.
- Sixty-seven percent (14 of 21) reported they participated in the development of the treatment plan.
- Seventy-six percent (16 of 21) reported receiving individual counseling.

- Fifty-seven percent (12 of 21) reported receiving substance abuse treatment.
- Sixty-two percent (13 of 21) reported receiving family counseling.
- The majority of residents, fifty-five percent (11 of 20), reported one to three groups were held each week. The rest were evenly distributed between four to six groups a week, seven or more groups per week, and no groups being held. One resident did not answer.
- Eighty-six percent (18 of 21) reported that everyone is encouraged to talk in group.
- Forty-three percent (9 of 21) reported being taught skills to help them live on their own.
- Ninety percent (19 of 21) stated a career goal. Of these residents, seventy-nine percent (15 of 19) reported they had shared their career goals with staff members.
- Seventy-six percent (16 of 21) reported having filed a grievance.
- Ten percent (2 of 21) reported the grievance process does work.
- Seventy-one percent (15 of 21) reported staff members have used curse words when addressing them.
- Seventy-six percent (16 of 21) reported witnessing staff members curse at other residents.
- Thirty-eight percent (8 of 21) reported being physically assaulted by other residents.
- Ten percent (2 of 21) reported being physically assaulted by staff members.
- There were no reports of sexual assaults.

Safety

Using a Likert scale (Very Frequently, Frequently, Occasionally, Rarely, Very Rarely, and Never) residents were asked how often they felt safe at the facility. The responses were as follows: Very Frequently – 24% (5 of 21), Frequently 29% (6 of 21), Occasionally 14% (3 of 21), Rarely 19% (4 of 21), Very Rarely 5% (1 of 21), and Never 10% (2 of 21). Residents were asked what contributed to their feeling of safety. The options were staff, facility police officers, peers, or their ability to keep themselves safe (self). Residents could choose more than one and reported the following: Staff 4% (4 of 21), Police Officers 24% (5 of 21), Peers 5% (1 of 21), and Self 76% (16 of 21). Residents were also asked what contributed to feeling unsafe. Options were staff, facility police officers, and peers. Residents could choose more than one and reported the following: Staff 53% (11 of 21), Police Officers 29% (6 of 21), and Peers 48% (10 of 21).

Supervision

Residents were asked how often direct care staff members check on them. The options given were Frequently (every 15 to 20 minutes), Occasionally (every 1 to 2 hours), Rarely (every 3 to 4 hours), Very Rarely (every 5 to 6 hours), and Never. All reported either Frequently or Occasionally, with one resident stating both. Eighty-one percent (17 of 21) stated staff members frequently check on them. Twenty-four percent (5 of 21) reported staff members occasionally check on them.

Residents were also asked how often security officers check the living units. The options given were Frequently (every 1 to 2 hours), Occasionally (every 3 to 4 hours), Rarely (every 5 to 6 hours), and Never. All reported either Frequently or Occasionally. Seventy-one percent (15 of 21) reported that security officers frequently check the living units. Twenty-nine percent (6 of 21) reported that security officers occasionally check on the living units.

Staff Interviews

The OJSO interviewed thirteen staff members. The interview questions pertained to the staff members' perceptions of the rights of residents, discipline policies, and other residential issues. The OJSO noted:

- Fifty-four percent (7 of 13) reported prior experience working with juveniles.
- All reported current training in first aid, CPR, and the behavioral intervention technique used by the facility.
- Ninety-two percent (12 of 13) reported having been involved in a restraint.
- Forty-six percent (6 of 13) reported being injured during a restraint.
- Forty-six percent (6 of 13) reported seeing another staff member injured during a restraint.
- Thirty-one percent (4 of 13) reported seeing a resident injured during a restraint.
- Sixty-nine percent (9 of 13) reported they get enough information about the residents to provide appropriate care.
- Eighty-five percent (11 of 13) reported that residents may have additional servings of food.
- All reported that the use of group punishment is not allowed for the actions of a few.
- Sixty-two percent (8 of 13) reported feeling their input is valued by the administration.
- All staff members reported that recreation is offered at least daily or two times a day.
- Interviewees were asked to classify the morale of staff members as low, medium, or high. Fifteen percent (2 of 13) reported morale was low. Seventy-seven percent (10 of 13) felt morale was medium. Eight percent (1 of 13) reported the morale was medium-high. There were no reports of high morale.
- Interviewees were asked to classify the morale of residents as low, medium, or high. Fifteen percent (2 of 15) reported morale was low. Fifty-four percent (7 of 13) reported morale was medium. Fifteen percent (2 of 15) each reported the morale was between medium-high and high.
- When asked about the reporting of suspected abuse of the residents, one staff member mentioned the Department of Human Services (DHS) Office of Client Advocacy. One staff member referred to the DHS hotline. All other staff members stated they would report the information either to the nurse, their supervisor, or document their concerns in a report.

Resident Files

The OJSO reviewed nine resident files. The OJSO noted:

- In six resident files, the OJSO could not locate documentation of receipt of the juvenile handbook by the resident upon admission.
- In one resident file, the Juvenile Justice Specialist's progress notes since December 29, 2006 were not in the file.
- In one resident file, the Juvenile Justice Specialist's progress notes for April 2007 were missing.
- The treatment plans of two residents identified participation in the chemical dependency program as a treatment goal. The OJSO could not locate progress notes from the drug and alcohol counselor in either file after February 26, 2007. Prior to 2007, only the progress notes for October 2006 were found for both residents.
- In one resident file, there were no sex offender treatment notes after March 2007.
- The initial treatment plan was missing from one resident file.
- Two resident files contained a comprehensive treatment plan within thirty days of admission but did not contain a signature page.
- One resident file contained a comprehensive treatment plan that was completed forty-two days after the admission date. The treatment plan also lacked a signature page.
- In seven of nine resident files reviewed, treatment plan reviews were missing. The treatment plan review deficiencies were as follows:

File 1 – March 2006

File 2 – March and April 2007

File 3 – January, February, March, and April 2007

File 5 – March and April 2006 and February, March, and April 2007

File 6 – March and August 2006 and February, March, and April 2007

File 7 – December 2006 and January, February, March, and April 2007

Personnel Files

The OJSO reviewed six personnel files. No violations were noted.

Training Records

The OJSO reviewed the training records of the staff members whose personnel files were reviewed. Due to concerns noted in these records, additional records were requested for a total of eleven training records. Eight of the eleven records reflected instances when training hours in excess in the eight-hour work day were documented. After a review of some of the corresponding time sheets, which all reflected an eight-hour work day, the facility confirmed to the OJSO that no employee time sheet would document an excess of eight hours during training; eight training records over reported training hours. Training records contained documentation of employees receiving credit for nine, ten, eleven, and twelve hours of training in an eight-hour work day.

Grievances

The OJSO reviewed grievance logs for March and April 2007. The May grievance log was reviewed for grievances with due dates prior to the day the oversight visit began.

The OJSO noted:

- March
 - A total of seventy-six grievances were filed.
 - Fifty-four percent (41 of 76) did not meet the three-day time frame for resolution.
 - Seven grievances were appealed to the superintendent.
 - All grievances appealed to the superintendent met the five-day time frame for resolution.
- April
 - A total of seventy-five grievances were filed.
 - Forty-five percent (34 of 75) did not meet the three-day time frame for resolution.
 - Seven grievances were appealed to the superintendent.
 - Five of the seven grievances appealed to the superintendent met the five day time frame for resolution.
- May (with due dates prior to the day the oversight visit began)
 - A total of fifty-seven grievances were filed.
 - Twenty-eight percent (16 of 57) did not meet the three-day time frame for resolution.
 - Two grievances were appealed to the superintendent but were not yet due.

Areas of Concern

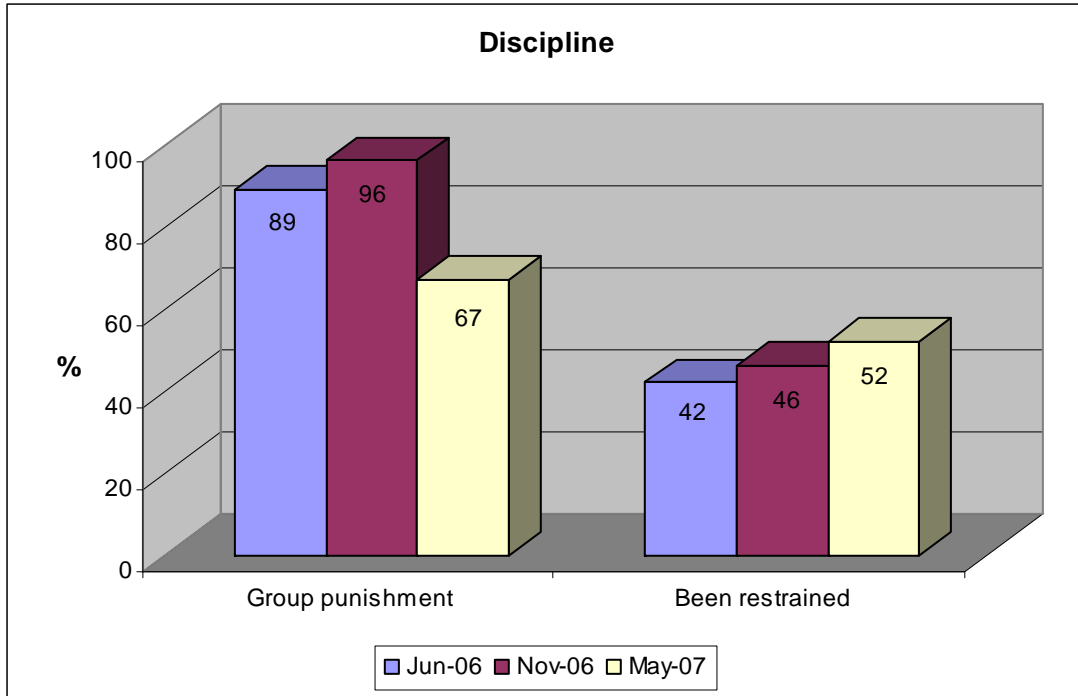
1. One resident file contained a comprehensive treatment plan that was written seven days after the admission date. The date on the treatment plan was prior to the Reception and Assessment Staffing that is to occur in order to gather input from involved parties for the treatment plan. COJC procedure CO50200.02 states, "Information gathered during the RAS shall be used to develop the individualized treatment plan."
2. The OJSO could not locate all progress notes for the Juvenile Justice Specialist, Drug and Alcohol Counselor, and the Psychological Clinician providing sex offender treatment. No standard or procedure requires this documentation but the lack of progress notes make it difficult to determine the frequency and length of counseling contacts. The summary provided for the treatment plan reviews is not as specific as what is documented in the progress notes that were present. The OJSO was informed by the facility that current policy is being reviewed in an attempt to address progress notes.
3. Ten percent of the population reported feeling the grievance procedure was effective.

Violations

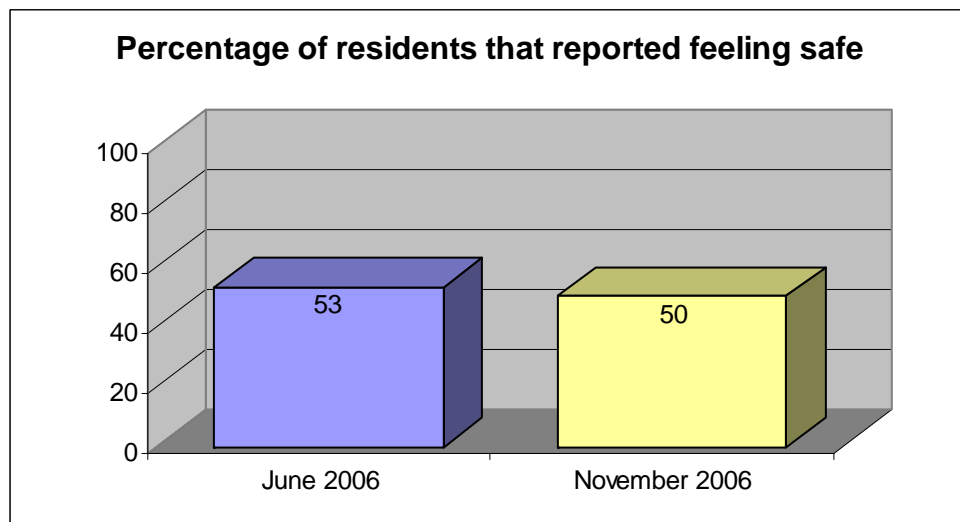
1. Six resident files did not contain documentation of receipt of the juvenile handbook by the resident upon admission. COJC procedure CO50100.01 (II), (N) states, "The unit staff members will provide a Juvenile Handbook to the juvenile and review the contents. The juvenile will sign an acknowledgement of receipt. The orientation form will be filed in the juveniles' master chart."
2. The OJSO could not locate the initial treatment plan in one resident file. COJC procedure CO10500.01 (I), (E) addresses documentation included in the resident's file and states, "Treatment Plan – Initial treatment plan and comprehensive treatment plan, reviews and episodic treatment plans."
3. Two resident files contained a comprehensive treatment plan written within thirty days of admission but did not contain a signature page. The Department of Human Services licensing standard 154, (b), (1), (B), (vi), states the service plan contains "the names and signatures, with the date, of those participating in developing the service plan."
4. One resident file contained a comprehensive treatment plan that was written forty-two days after the admission date. The treatment plan also lacked a signature page. The Department of Human Services licensing standard 154, (b), (1) states, "A written service plan is developed and documented for each resident within 30 days of admission." The Department of Human Services licensing standard 154, (b), (1), (B), (vi), states the service plan contains "the names and signatures, with the date, of those participating in developing the service plan."
5. In seven of nine resident files reviewed, the OJSO could not locate all monthly treatment plan reviews. COCJ procedure CO50200.02 (II) states, "The individualized treatment plan shall be reviewed monthly..."
6. Training records for eight of the eleven reviewed contained a greater number of training hours than hours worked. The Department of Human Services licensing standards [153.1 (m)] that refer to training use the term "clock hours." Training hours, therefore, should not exceed clock hours spent in training.

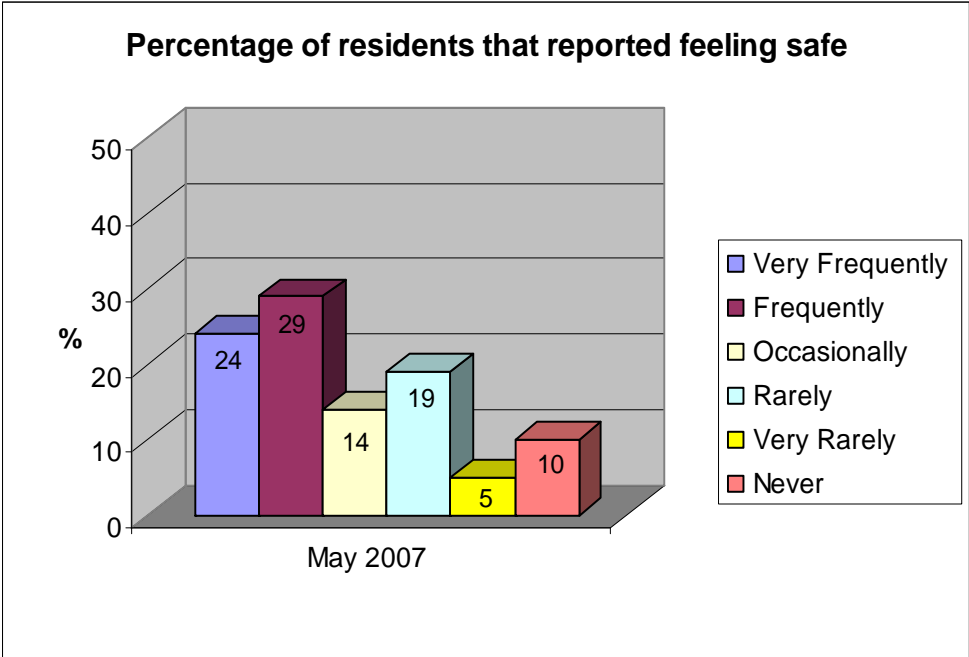
Summary

The following is a comparison of residents' self reports from the last three oversight visits.

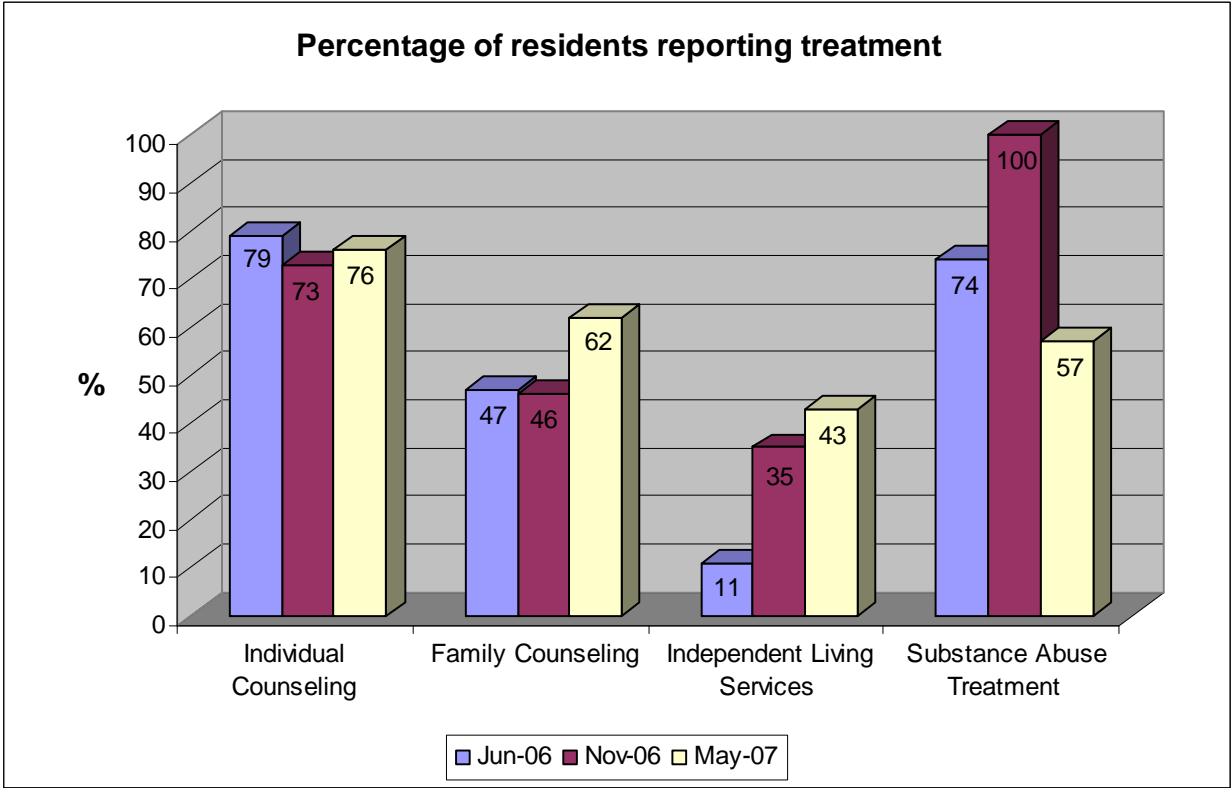


Reports of group punishment declined significantly during this oversight visit. The question was revised changing the term “group punishment” to “group sanctions” prior to the current oversight visit. The term was revised in order to distinguish between residents’ perceptions of actions taken during times of crisis to ensure safety i.e., having to return to the unit from other activities or being sent to their rooms when one or a group of residents might be exhibiting aggressive or inappropriate behaviors. The use of the term “group sanctions” refers specifically to residents being issued rule violations, denied points, or other consequences for the actions of a few. Although the percentage remains high, this clarification appears to have affected residents’ responses.

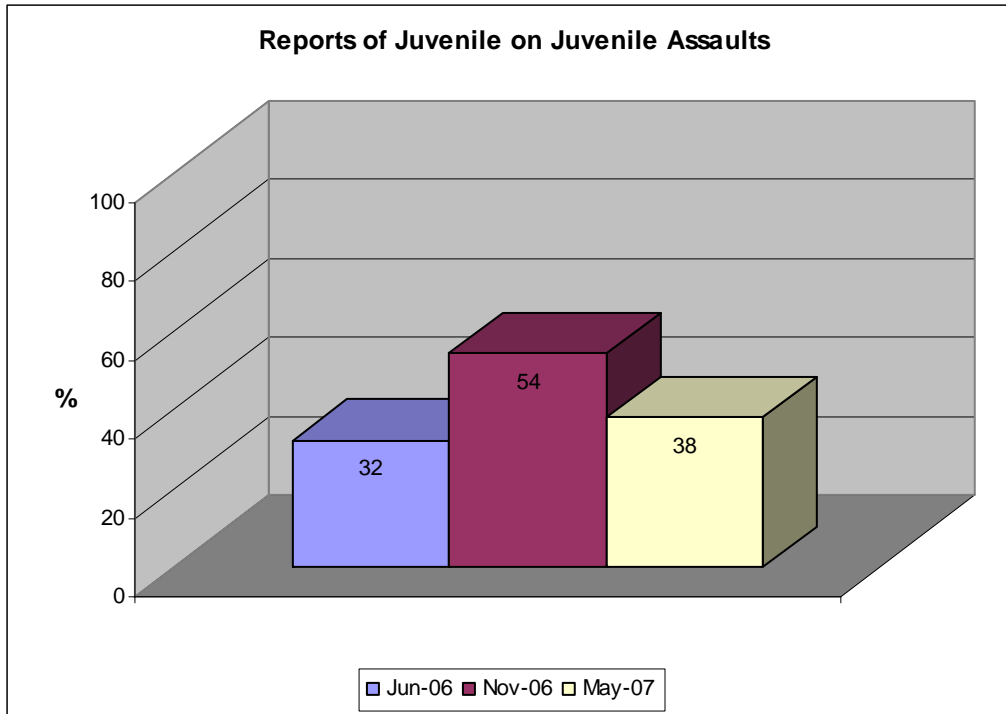




The question of safety was modified from a yes or no question to a Likert scale. During the June and November 2006 oversight visits, it appeared that approximately half the residents felt safe and half did not feel safe. Fifty-three percent of residents reported feeling safe a majority of the time. This is consistent with resident's reports from the previous two oversight visits.

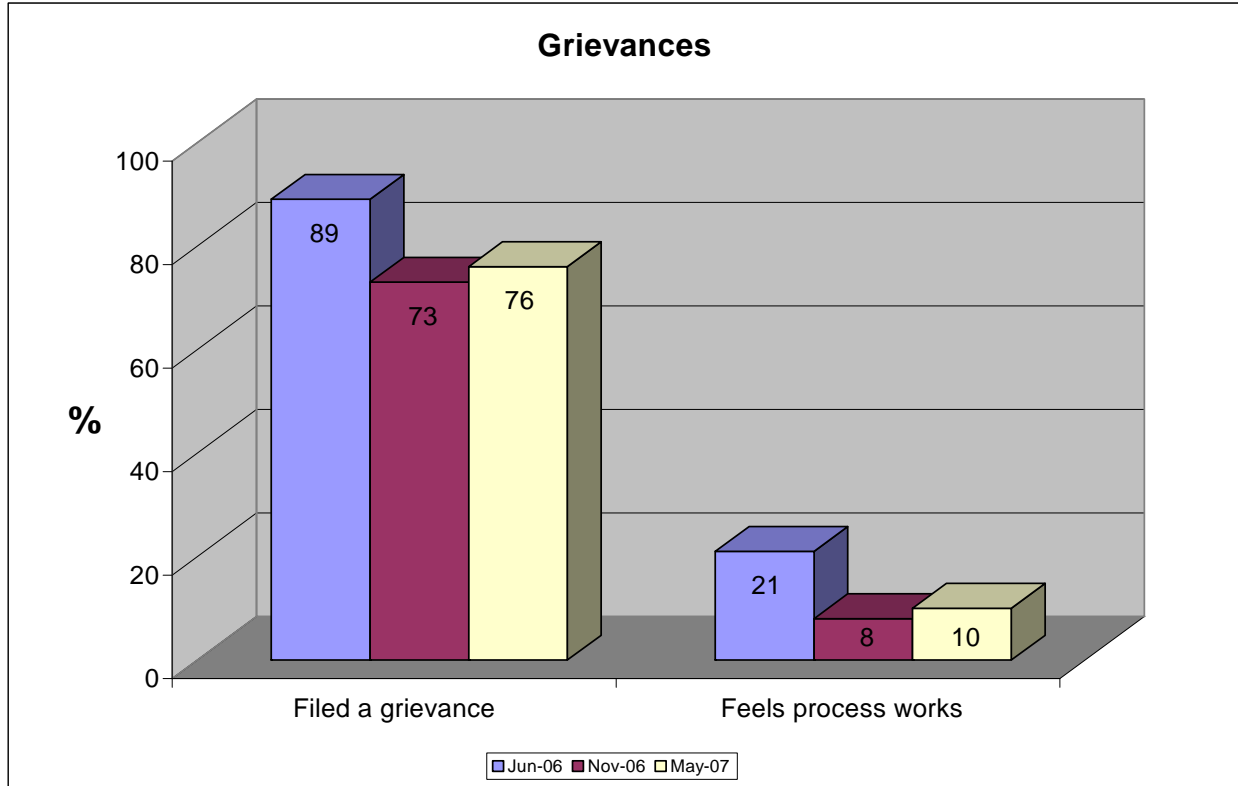


The percentage of residents reporting individual counseling has remained approximately the same. Reports of family counseling and independent living services have increased. Substance abuse treatment appears to have spiked and then fallen. One explanation could be a fluctuation in the number of residents in need of substance abuse treatment. More likely, it is the facility's self-reported struggles to fill vacant positions for substance abuse counselors as well as other personnel issues.



Reports of juvenile assaults went up in November of 2006 when only female residents were interviewed by the OJSO. Interviews in June of 2006 were a combination of male and female residents but predominately male. Only male residents were interviewed in May 2007.

A large number of residents reported having filed a grievance but residents' confidence in this process has remained low. Confidence in the process was highest in June of 2006 with little variation between November 2006 and May 2007.



When a juvenile files a grievance, it is assigned to a staff member and given a due date of three working days. Meeting the three-day time frame has been an issue in each month reviewed. The largest percentage (72%) of compliance was in May of this year.

