



WASHOE COUNTY

DEPARTMENT OF JUVENILE SERVICES

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Good morning, Chair Miller and members of the committee. Thank you for the opportunity to speak today. My name is Elizabeth Florez, and I am the Director of the Washoe County Department of Juvenile Services.

I want to start by thanking Assemblywoman Hansen and Youth Legislator Sitara Reganti for encouraging dialogue regarding AB 167 to address my concerns, but unfortunately, those concerns have not been resolved.

For some historical context—in 2013, juvenile justice professionals worked collaboratively with the ACLU on Senate Bill 107, which created standardized practices for the use of corrective room restriction, now codified in NRS 62B.215.

At the time, the term *solitary confinement* was not used by juvenile justice professionals—because it didn't accurately describe what was happening in juvenile facilities. In fact, most facilities had already moved toward best practices even before the bill was passed.

SB 107 brought accountability and consistency to the system. When used appropriately, corrective room restriction helps reduce the use of force and prevents violent situations from escalating. Kids, even those in their rooms for longer periods of time are not "left alone in the dark". Contact occurs throughout the day to return them to the general population as soon as possible.

To the bill presenters' concerns about mental health: no one is more attuned to the needs of these youth than the hundreds of facility staff in Nevada who provide 24/7 supervision and care. Detention staff are required under Nevada law to complete extensive training in areas like signs of suicide, suicide prevention, trauma-informed care, juvenile rights, the proper use of room restriction and controlling the behavior of children. Staff are responsible for the health, safety and welfare of all youth.

The proposed amendment would require a mental health professional to respond to every youth in room restriction within 48 hours. This simply isn't feasible. Many facilities don't have clinicians on staff and rely on outside contractors. Those that do would need to hire additional personnel or expand already strained contract providers, creating a significant fiscal impact. In addition, mental health professionals are not trained in the safe operation of detention centers, especially those who are contracted providers.

In closing, Nevada's juvenile justice professionals are on the front-line providing care for youth in local, state and regional facilities. We remain committed to our community and youth serving missions. Any policy change must consider the operational realities of facilities and ensure that reforms are both practical and sustainable.

Thank you for your consideration,

Elizabeth Florez

TRAINING AND CARE REQUIREMENTS FOR JUVENILE FACILITY STAFF

NRS 62B.250 Training required for certain employees; regulations.

1. A public or private institution or agency to which a juvenile court commits a child, including, without limitation, a facility for the detention of children, shall ensure that each employee who comes into direct contact with children who are in custody receives training within 90 days after employment and annually thereafter. Such training must be approved by the Division of Child and Family Services and include, without limitation, instruction concerning:

- (a) Controlling the behavior of children;
- (b) Policies and procedures concerning the use of force and restraint on children;
- (c) The rights of children in the institution or agency;
- (d) **Suicide awareness and prevention;**
- (e) The administration of medication to children;
- (f) Applicable state and federal constitutional and statutory rights of children in the institution or agency;
- (g) Policies and procedures concerning other matters affecting the health, welfare, safety and civil and other rights of children in the institution or agency;
- (h) Working with gay, lesbian, bisexual, transgender and questioning children; and
- (i) Such other matters as required by the Division of Child and Family Services.

2. The Division of Child and Family Services shall adopt regulations necessary to carry out the provisions of this section.

(Added to NRS by [2007, 1193](#); A [2017, 28](#))

NAC 62B.100 Training of employees who have direct contact with children or have supervisory duties over other employees. ([NRS 62B.250](#))

1. An agency that operates an institution shall ensure that each employee who comes into direct contact with children who are in custody receives training in accordance with [NRS 62B.250](#). The training must consist of instruction concerning:

- (a) The topics listed in subsection 1 of [NRS 62B.250](#);
- (b) Proper reporting of suspected abuse or neglect;
- (c) Proper reporting and investigation of sexual harassment or sexual misconduct consistent with the requirements set forth in the federal Prison Rape Elimination Act of 2003, 42 U.S.C. §§ 15601 et seq., and 28 C.F.R. §§ 115.5 et seq.;

(d) **The conditions and limitations of the use of corrective room restriction set forth in [NRS 62B.215](#);**
(e) The plan for care of children in the institution during disasters developed pursuant to [NRS 62B.220](#);

- (f) **Trauma-informed care of children;** and
- (g) Data collection.

2. In addition to the instruction required by subsection 1, an agency that operates an institution shall ensure that the training required by subsection 1 and [NRS 62B.250](#) for an employee who has supervisory duties over other employees includes instruction concerning:

- (a) The provisions of the “Juvenile Detention Facility Standards” adopted by the Juvenile Justice Commission; and
- (b) The disproportionate contact of children belonging to a racial or ethnic minority group with the juvenile justice system.

3. As used in this section, “trauma-informed care” means an approach to the delivery of care to a child that takes into account the impact of trauma on the child and emphasizes physical, psychological and emotional safety for both providers and children.

JUVENILE JUSTICE BILL OF RIGHTS

NRS 62B.510 Rights of child placed in detention facility. Except as otherwise provided in [NRS 62B.520](#), a child who is placed in the care and custody of a detention facility within this State has the right:

1. To receive information concerning his or her rights set forth in this title.
2. To be treated with basic human dignity and respect, without intentional infliction of humiliation.
3. To have fair and equal access to services, placement, care, treatment and benefits.
4. To a program of education that meets the requirements of law and is appropriate for the developmental maturity of the child.
5. To receive adequate, healthy and appropriate food.
6. To receive adequate, appropriate and accessible basic necessities, including, without limitation, shelter, clean clothing and personal hygiene products and facilities.
7. To have access to necessary medical and behavioral health care services, including, without limitation:
 - (a) Dental, vision and mental health services;
 - (b) Medical and psychological screening, assessment and testing; and
 - (c) Referral to and receipt of medical, emotional, psychological or psychiatric evaluation and treatment as soon as practicable after the need for such services has been identified.

NRS 62B.215 Conditions and limitations on use of corrective room restriction by certain facilities for detention or treatment and rehabilitation of children; reporting requirement.

1. A child who is detained in a local facility for the detention of children or committed to a regional facility for the treatment and rehabilitation of children may be subjected to corrective room restriction only if all other less-restrictive options have been exhausted and only for the purpose of:
 - (a) Modifying the negative behavior of the child;
 - (b) Holding the child accountable for a violation of a rule of the facility; or
 - (c) Ensuring the safety of the child, staff or others or ensuring the security of the facility.
2. Any action that results in corrective room restriction for more than 2 hours must be documented in writing and approved by a supervisor.
3. A local facility for the detention of children or regional facility for the treatment and rehabilitation of children shall conduct a safety and well-being check on a child subjected to corrective room restriction at least once every 10 minutes while the child is subjected to corrective room restriction.
4. A child may be subjected to corrective room restriction only for the minimum time required to address the negative behavior, rule violation or threat to the safety of the child, staff or others or to the security of the facility, and the child must be returned to the general population of the facility as soon as reasonably possible.
5. A child who is subjected to corrective room restriction for more than 24 hours must be provided:
 - (a) Not less than 1 hour of out-of-room, large muscle exercise each day, including, without limitation, access to outdoor recreation if weather permits;
 - (b) Access to the same meals and medical and mental health treatment, the same access to contact with parents or legal guardians, and the same access to legal assistance and educational services as is provided to children in the general population of the facility; and
 - (c) A review of the corrective room restriction status at least once every 24 hours. If, upon review, the corrective room restriction is continued, the continuation must be documented in writing, including, without limitation, an explanation as to why no other less-restrictive option is available.
6. A local facility for the detention of children or regional facility for the treatment and rehabilitation of children shall not subject a child to corrective room restriction for more than 72 consecutive hours.

7. Each local facility for the detention of children and regional facility for the treatment and rehabilitation of children shall report monthly to the Juvenile Justice Programs Office of the Division of Child and Family Services the number of children who were subjected to corrective room restriction during that month and the length of time that each child was in corrective room restriction. Any incident that resulted in the use of corrective room restriction for 72 consecutive hours must be addressed in the monthly report, and the report must include the reason or reasons any attempt to return the child to the general population of the facility was unsuccessful.

8. As used in this section, "corrective room restriction" means the confinement of a child to his or her room as a disciplinary or protective action and includes, without limitation:

- (a) Administrative seclusion;
- (b) Behavioral room confinement;
- (c) Corrective room rest; and
- (d) Room confinement.

(Added to NRS by [2013, 1520](#); A [2017, 4386](#))