Shuman Juvenile Detention Center Emergency Operations Plan Update

Background

Juvenile justice residential facilities are charged with the responsibility of providing youth with safe, secure environments and must adequately prepare for and respond to issues related to public health preparedness, including severe weather events, human-induced hazards, illicit drug overdoses, infectious disease outbreaks among juvenile detainees. Local health departments (LHDs) are at the forefront of responding to public health emergencies and must also act quickly and efficiently with other emergency responders, public safety officials, and relevant stakeholders to ensure the health and safety of all community members during an emergency. As such, a coordinated emergency operations plan (EOP) among juvenile justice residential facilities, LHDs, and other relevant emergency personnel is necessary to adequately prepare for, respond to, and recover from public health threats.

To support community level efforts to address the vulnerability of juvenile justice facilities during public health emergencies, the Allegheny County Health Department (ACHD) and the Shuman Juvenile Detention Center (Shuman) in Allegheny County, Pennsylvania engaged with additional community partners to develop, improve, implement, practice, and disseminate a comprehensive emergency operation plan to strengthen facility preparedness.

Process

1. Create a cross-sector planning team.

Once the need for an updated EOP was established, ACHD, Shuman, and NACCHO began to pull in other community partners who would be part of the emergency plan or who had expertise in emergency planning (‘the Partnership’). In total, there were thirteen partners ranging from local nonprofit organizations to city and county government departments.

2. Create communication channels.

With a large cross-sector partnership, it was necessary to have multiple channels of communication available to the group. For Allegheny County this included a monthly call, a NACCHO Virtual Community, and accountability plan for completing deliverables. In addition to the planned communication channels, it was necessary to have ad hoc conversations with individual members of the Partnerships to address changes in the project and follow up on deliverables.

3. Establish hazard priorities for facility.

Through an assessment based on previous emergency incidents and likelihood of future occurrences, hazard priorities were created for Shuman. These priorities included: extreme cold; snowstorm/ice storm/blizzard; building structure collapse; fire/explosion; infectious disease outbreak; overdose and infectious disease outbreak; active shooter; and internal riot/civil disturbance.

4. Create hazard vulnerability groups.

Members of the Partnership divided into smaller groups based on their expertise and the hazard priorities created in the previous step. These groups met outside of the monthly Partnership calls to develop hazard plans. Due to the similar nature and planning for some hazard priorities,
some hazard priorities were combined to create five hazard plans: health plan, Narcan/overdose, evacuation, security active threat, and medical active threat.


The Partnership started with an EOP and Functional Annex from a local school district. Shuman took the lead to edit these documents to fit Shuman's needs and reflect the logistics of the facility. In addition, it was necessary to change language to reflect the detention center. For example, ‘principal’ to ‘director.’

6. Complete a tabletop exercise to test EOP.

Allegheny County Emergency Services lead the development of a tabletop exercise. The exercise was focused on a weather emergency which provided the best opportunity to test various parts of the EOP both internal and external to Shuman. However, the exercise was not completed due to the announcement of the closing of Shuman.

7. Review and reflect.

The project wrapped up with the Partnership reviewing the process and developing lessons learned. Due to the COVID response requiring priority over all projects during this project, the process took longer than expected but also created a consistent channel of communications for partners through the county.

---

**Partners**

<table>
<thead>
<tr>
<th>Allegheny County Dept. of Budget &amp; Finance</th>
<th>Allegheny County Dept. of Homeland Security – Office of Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegheny County Health Department</td>
<td>Allegheny County Dept. of Human Services – Office of Children, Youth, and Families</td>
</tr>
<tr>
<td>Allegheny County Emergency Services</td>
<td>Allegheny County Juvenile Court</td>
</tr>
<tr>
<td>Allegheny County Police</td>
<td>City of Pittsburgh Department of Public Safety – Office of Emergency Management and Homeland Security</td>
</tr>
<tr>
<td>City of Pittsburgh Emergency Medical Services</td>
<td>Pittsburgh Fire</td>
</tr>
<tr>
<td>Pittsburgh Bureau of Police</td>
<td>Shuman Juvenile Detention Center</td>
</tr>
<tr>
<td>Prevention Point Pittsburgh</td>
<td></td>
</tr>
</tbody>
</table>
Achievements

1. Created cross-sectional relationships for projects beyond EOP update.
2. Created an EOP and functional annex with five hazard specific plans.
4. Developed a cross-sectional tabletop exercise.
5. Developed and published a Story from the Field to highlight process from local perspective.
6. Combined all tools and resource into toolkit added to NACCHO toolbox.

Lessons Learned

1. One of the first steps should be an in-person assessment of the detention center by the full partnership to provide a better understanding of building capabilities, needs of the detention center, and current processes and procedures.
2. When structuring the timeline for the project, spend time upfront to complete a deep dive into concerns and issues the detention center is facing as well as making sure all partners are on the same page for goals. The creation of hazard plans, updating the EOP, and exercising the plans can be completed in a shorter timeframe.
3. At the beginning of the process, an in-depth conversation with the detention center should address the struggles and needs from the partnership to ensure open communication throughout the process. This should include conversations about license status, the decision-making hierarchy, and the expectations of the center regarding deliverables.
4. Although monthly virtual calls are helpful, it would be beneficial to host in person meetings intermittently to continue to foster the relationships between the many partners.
5. Beyond the partners included in the Partnership, it would be helpful to include others such as county legal staff and IT, as necessary.
6. The partnership created for the purposes of updating the EOP can be utilized for other projects and can create long term partnerships.
[FACT SHEET]
November 2021

Acknowledgments
This document was made possible through funding opportunity # OJJDP-2018-13501 from the U.S. Department of Justice. The content and methods used to develop this document are solely the responsibility of the authors and do not necessarily represent the official views of the DOJ.

For more information, please contact:

Jennifer Fiddner
Epidemiology Research Associate Supervisor
Allegheny County Health Department
Jennifer.Fiddner@AlleghenyCounty.us

Rich Gordon
Assistant Deputy Director | Children, Youth & Families
Allegheny County Dept. of Human Services
richard.gordon@alleghenycounty.us

Geoffrey Mwaungulu, Jr.
Director, Public Health Law & Policy
NACCHO
GMwaungulu@NACCHO.org

Acknowledgments
Geoffrey Mwaungulu, Jr.
Director, Public Health Law & Policy
NACCHO
GMwaungulu@NACCHO.org

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW, Fourth Floor • Washington, DC 20005
Phone: 202.783.5550 • Fax: 202.783.1583
© 2021. National Association of County and City Health Officials