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National Institute of Corrections

Desktop Guide
to Quality Practice for Working with Youth in Confinement, Acc #028418

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The Partnership Strives to…

- Advocate for the highest standards in care, management and programming for detained youth;
- Strengthen training and professional development opportunities for practitioners in the juvenile justice field; and,
- Lead systemic juvenile justice reform efforts.

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- 25 Sections

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Foreword

Recent successful juvenile justice and juvenile detention reforms have resulted in better and more meaningful public policy on the use of custody facilities and have triggered significant reductions in juvenile detention and corrections populations. However, a secondary—and perhaps unintended—consequence has been a parallel reduction in the resources available to continue providing much needed training and technical assistance to facilities that still must confine the most troublesome youth. As history continues to show, juvenile detention and corrections remain the "forgotten" elements of the juvenile justice system. We now must add adult facilities that are responsible for the care and custody of youthful offenders to this list of isolated elements.

In addition to enlightened thinking, reforms have been motivated by the high costs and poor outcomes associated with the operations of youth facilities, especially those using an adult corrections model. Reform thinking includes policies and strategies based on improved screening instruments for purposes of diversion, community-based alternatives that emphasize the least intrusive placement of at-risk youth who require some form of limited supervision and care, and an expansion of community-based programs that meet the needs of at-risk youth. The "new normal" in juvenile justice now means that only those youth that pose the greatest threat to public safety should be in juvenile custody facilities. However, youth that remain in custody are not only the ones who present the greatest risk of violence, they are the youth with the most serious needs—those who require additional specialized resources and services. It is a constant challenge to remind this nation's juvenile

justice leaders and experts that a critical role for juvenile facilities is to address the needs of these youth. They *must not* be forgotten.

Although research has identified deficiencies within the juvenile confinement community, custody remains a critical and integral function of America's juvenile justice system. Of the approximately 92,000 youth in custody on any day, 81% are held in secure facilities.[1] Further, the persistent problem of youth of color being overrepresented at every stage of the juvenile justice system has been well documented for the past two decades[2]

The public relies on the leadership and staff of more than 1,200 facilities —juvenile detention, juvenile corrections, and adult facilities that serve youth—for protection against juvenile offenders, for humane and constitutional conditions of incarceration, and for equipping youth with the skills to live peaceful and productive lives. However, despite the changes and improvements from recent reforms, the frequency and intensity of institutional failures to protect youth from harm show no signs of waning. Facilities—both state and local—continue to face potential litigation or are subject to consent decrees for such failures.

The lack of research on critical issues and effective practices, coupled with limited access to usable and effective risk-prevention programs and policies, can increase the potential of harm to youth, staff, and the public. The field has long needed a resource that systematically assesses conditions of confinement issues, outlines pathways to improving those conditions, and provides information and resources to empower juvenile justice leaders and staff.

To bridge this resource gap, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Institute of Corrections (NIC) commissioned the development of this resource to encourage the implementation and understanding of proven and promising practices, policies, and programs. *The Desktop Guide to Quality Practice for Working with Youth in Confinement* constitutes one of many key products and resources developed for the field by the National

Partnership for Juvenile Services' National Center for Youth in Custody. This new version is more comprehensive than the original *Desktop Guide to Good Juvenile Detention Practice*, which was published in 1996 and was of enormous benefit to the field.

The purpose of the *Desktop Guide* is to provide practitioners—line staff, supervisors, and administrators—along the various points on the youth-custody continuum with an operational resource that describes promising and effective practices that are rooted in theory and tested by research. Accordingly, the *Desktop Guide* will serve as a core resource for staff development and training as well as for academic course work.

The *Desktop Guide* is enriched by the constructive counsel of numerous practitioners and leaders within our allied professions. It is our hope that the *Desktop Guide to Quality Practice for Working with Youth in Confinement* will fulfill its promise—to strengthen our nation's juvenile confinement continuum by offering a useful resource to the field and to stimulate the personal growth and professional development of the dedicated practitioners who provide services to youth.

As professionals, we must advocate for comprehensive policy that continues to reduce inappropriate placement of youth in our facilities and to improve the quality of care for those youth who do require a secure environment. We must strive to improve the conditions of confinement for youth in custody. And we must develop informed, skilled leadership and mentor the staff who work tirelessly and diligently to ensure each youth's safety and positive development. Every bit as important is that we must not allow these youth and staff to be forgotten or ignored.

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[1] Howard Snyder and Melissa Sickmund, *Juvenile Offenders and Victims: 2006 National Report*, (Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 2006).

[2] Alex Piquero, "Disproportionate Minority Incarceration," The Future of Children 18, no. 2 (2008): 59–79.

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Using the Desktop Guide

As with the original *Desktop Guide for Good Practice in Juvenile Detention*, this new *Desktop Guide for Quality Practice for Working with Youth in Confinement* (*Desktop Guide*) is a working document intended to enlighten, inform, and challenge the user. It assumes that totally competent and skillful professionals who work with confined youth need a solid understanding of the basic concepts and principles relevant to their work.

All of the contributors offer the *Desktop Guide's* immeasurablly valuable content freely and expect that its readers will use it to improve the field, give the authors their due credit, and publicly state the source of their information as being the *Desktop Guide*. (Please see the Recommended Citation [1] below.)

The *Desktop Guide* is not intended to be a "how to" manual, even though it contains information intended to inform facility policy, procedure, and practice. Getting the full benefit of the information contained in the *Desktop Guide* will require the reader to read, reflect on the content and, then possibly reevaluate current practices. It may also lead to a rethinking of a person's professional commitment and career development. The authors and other contributors to this resource trust that the content of the *Desktop Guide* will stimulate the reader and generate and support professional growth. The authors also feel that you, the practitioner, will be the best judge of how to use this resource. To that end, practitioners have suggested the following range of possibilities:

- To inform staff training content.
- To help elected officials understand what constitutes quality practice to leverage financial and other support.

- To supplement and support presentations by juvenile justice leaders to local, state, or federal policymakers and legislators.
- To form the foundation of an independent study for staff seeking to become managers and leaders in their agencies.
- To craft lesson plans for teaching juvenile justice or other academic courses.
- To guide decision-making on whom to include on a facility's advisory board.
- To enlighten or influence judicial sentencing and prosecutorial practices.
- To guide development of emergency preparedness plans.
- To use as a resource in academic curriculum development.

A host of nationally recognized and respected experts and professionals wrote the nineteen chapters of the *Desktop Guide*. Many other practitioners contributed quotes, examples of programs and practices, policies and procedures, and more that they have found to be useful and effective and that may be of value to those currently working with youth in confinement. The field of juvenile justice is privileged to be the beneficiary of so much generous support.

The *Desktop Guide* has two parts. Part I: Principles and Concepts explores the background principles, concepts, and knowledge at the core of juvenile justice and services for youth in confinement. Part II: Daily Practice identifies what is quality practice, including the skills needed to effectively serve youth in confinement.

Part I: Principles and Concepts

Chapter 1: Historical Perspective, by Michele Deitch, J.D., in partnership with a number of her students at the Lyndon B. Johnson School of Public Affairs, University of Texas, Austin.

This chapter looks at major milestones in the history of the juvenile justice system and the juvenile court in the United States. It discusses the emergence of a national agenda on juvenile justice reform through the

passage of the Juvenile Justice Delinquency and Prevention Act in 1974 and the increasing roles of federal and state governments in juvenile justice matters. The chapter then explores the shift in attitude towards juvenile crime that took place in the 1980s and 90s and the impact that this "tough on crime" era had on juvenile justice practices, as well as the current national trend that emphasizes the differences between juveniles and adults and promotes the use of a "developmental model" in meeting the needs of youth.

Chapter 2: Types of Facilities, by Pam Clark, MSW, LSW, Program Associate with the National Center for Youth in Custody (NCYC).

This chapter describes the different types of facilities in which youth are confined—both juvenile and adult—and the general purposes of each of these facility types. It also covers confinement facility standards, licensing, and audits.

Chapter 3: Physical Plant Design and Operations, by Jim Moeser, Deputy Director of the Wisconsin Council on Children and Families**.**

Chapter 3 discusses the role that facility design and programming play in conditions of confinement and the impact of the organization's mission and values on the facility environment. The chapter covers issues related to new construction versus remodeling existing facilities, operational costs and cost efficiency, and facility downsizing and closures. Issues related to the safe physical management of youth in confinement, including a comparison of short- and long-term programs and legal requirements are also discussed.

Chapter 4: Developing and Maintaining a Professional Workforce, by Pam Clark.

This chapter focuses on the criticality of developing and maintaining a professional workforce to the overall success of the facility. It discusses job function, quality of staff, the importance of training and staff development, the core competencies of youth work, the movement

toward practitioner certification, and the role of ethics in professional practice.

Chapter 5: Rights and Responsibilities, by attorney Michael Umpierre.

This chapter focuses on the rights and responsibilities of youth in confinement and the staff serving those youth. It discusses youth access to family and community services, education, grievances, due process rights, and protection from harm. Chapter 5 also examines importance of cultural competency and boundaries for both youth and staff.

Chapter 6: Adolescent Development, by Dr. Rodney Erwin, Child and Adolescent Psychiatrist at Kaiser Permanente.

Chapter 6 addresses the numerous factors that contribute to adolescent development, including biology, family, and social influences. The chapter offers a picture of typical adolescent development and discusses the factors that may alter this development in a negative manner. It also covers recent research findings related to adolescent brain development and the impact of this research on legal issues such as the transfer of youth to the adult criminal court and the sentencing of youth. The chapter also addresses theories of delinquency, the role of gangs, and the impact of trauma.

Chapter 7: Evolving Issues, by Charles Kehoe, CEO of Kehoe Correctional Consulting**.**

This chapter examines emerging issues for confinement facilities that serve youth including fluctuating crime rates, funding and budget challenges, the impact of alternatives to incarceration movements, the push toward evidence-based practices, and much more.

Part II: Daily Practice

Chapter 8: Management and Facility Administration, by Anne Nelsen, MSW, MPA, Juvenile Justice Consultant.

Chapter 8 focuses on issues related to leadership and management including the importance of articulating an organizational vision and mission, capacity building, and succession planning. The chapter also addresses in some detail the purpose and value of having a well developed policy and procedures manual, and both internal and external communication plans. It also covers staffing issues, specifically those related to staffing adequacy, the evaluation of staff, and labor law issues.

Chapter 9: Admission and Intake, by Anne Nelsen.

This chapter defines and examines admission and intake processes and procedures, including the various elements and steps involved. It also discusses the need for a broad array of appropriate screenings and assessments, resident orientation, classification, and housing.

Chapter 10: Effective Programs and Services, by Wayne Liddell, CEO of W.R. Liddell & Associates, in collaboration with Kathy Starkovich, M.S., Deputy Director of the DuPage County Department of Probation and Court Services, and Pam Clark.

Chapter 10 discusses evidence-based and evidence-informed practice and decision-making and the importance of fidelity in using such practices. It also covers various types and elements of programming for youth in confinement—with an emphasis on cognitive behavioral interventions—and the role of reentry.

Chapter 11: Mental Health, by Dr. Lisa Boesky, clinical psychologist and expert on mental health and suicide prevention in juvenile justice facilities.

This chapter addresses key issues related to youth in custody with mental health disorders: co-occurring mental health and substance use disorders, head-injury trauma, suicide prevention, self-injury, screening and assessment, mental health treatment, psychotropic medication, and isolation. Dr. Boesky provides effective management strategies and highlights the importance of trauma-responsive care, line staff, and family engagement.

Chapter 12: Healthcare, by Dr. Michelle Staples-Horne, Medical Director with the Georgia Department of Juvenile Justice.

Chapter 12 looks at all of the various aspects of healthcare including medical and dental services, dietary services and nutrition, health risk behaviors such as substance abuse, and sexual safety. It also discusses special healthcare needs, such as eating disorders and infectious and communicable diseases. In addition, the chapter addresses the importance of communication among staff, the impact of HIPAA on communication with both staff and families, and the effect of the Affordable Care Act on the juvenile justice system.

Chapter 13: Education, by Randy Farmer, Educational Director with the Lancaster Youth Services Program, in collaboration with Carol Cramer Brooks, Director of the National Center for Youth in Custody (NCYC) and CEO of the National Partnership for Juvenile Services (NPJS).

This chapter presents a comprehensive discussion of educational requirements and quality education services for youth in confinement, including liaisons with local school districts. It also looks at career development and vocational programs, bridges to post-secondary education, and the importance of the relationship between facility and education staff in integrating education into the facility culture.

Chapter 14: Behavior Management, by Michele Deitch.

Chapter 14 discusses the importance of establishing a therapeutic culture and using a multi-tiered approach to behavior management that is grounded in positive staff–youth relationships and structured daily schedules. The chapter also addresses crisis management, the criminal prosecution, and transfer to and management of youth in adult facilities.

Chapter 15: Service and Treatment Plans, by Dr. Nelson Griffis, Juvenile Justice Consultant, in collaboration with Jennifer Sloan, MSW, Spectrum Juvenile Justice Services, Wayne R. Liddell, and James Moeser.

Chapter 15 discusses the development of various types of service and treatment plans needed for youth in confinement and suggests who should participate in planning. The chapter addresses the need for these plans to be culturally sensitive and inclusive of both family members and the community where youth will need support and services after their release from confinement.

Chapter 16: Behavior Observation, Recording, and Report Writing, by Anne Nelsen.

This chapter addresses youth safety and monitoring, the purpose and importance of documentation and report writing, and the recent shift in many facilities to electronic forms of documentation. The chapter also addresses documentation as it relates to suicide prevention and information on mandatory reporting requirements.

Chapter 17: Quality Assurance, by Dr. Kelly Dedel.

Chapter 17 covers at certification, accreditation, and audits—such as those required by the Prison Rape Elimination Act (PREA)—optional audits—such as Performance-based Standards (PbS) and the Juvenile Detention Alternatives Initiative (JDAI) self-assessment—as a means of assuring quality. The chapter also discusses mandatory reporting and the existence of other local and state requirements.

Chapter 18: Transition Planning and Reentry, by Joyce Burrell, Principal Researcher with the American Institutes of Research (AIR) and James Moeser.

This chapter discusses transition planning and reentry, emphasizing family engagement, education services, referrals to community-based services, and other community linkages.

Chapter 19: Complex Issues and Vulnerable Populations, by a panel of experts and professionals.

A great deal of discussion among members of the *Desktop* Guide team went into what topics and issues should be discussed in this chapter. The original list was extensive (22 topics), and yet it was not exhaustive. The team eventually decided to focus—at least initially—on nine areas of practice that were most often mentioned during focus groups and in other conversations with practitioners across the country. Coverage of additional areas may be added to this chapter as the need is indicated through input from the field.

- PREA, by Steve Jett, Director of the Southwest Idaho Juvenile Detention Center, Certified PREA Auditor.
- Working with LGBTQI Youth, by Mykel Selph, Criminal Justice Consultant with The Moss Group, Inc.
- Youth in Adult Facilities, by Elissa Rumsey, Compliance Monitor Coordinator with OJJDP.
- Emergency Preparedness, by Chuck Kehoe.
- Dual Adjudication Youth, by Laurie Elliott, J.D., Executive Director at the Youth Law T.E.A.M. of Indiana.
- Sex Offenders, by Dr. Hugh Hanlin, Psychologist.

The material contained in the *Desktop Guide* should evoke a reaction from the reader. Although NPJS hopes that the reaction is positive, it also hopes that any disagreements and negative reactions will result in renewed dialog on specific subjects. Representatives of NPJS are open to discussing dissenting or contrary beliefs and to working through any differences to the ultimate benefit of practitioners and youth.

Tech Guide

The *Desktop Guide* is designed to be user friendly, so the best approach is for you (the reader) to just jump in and start exploring. You won't get lost and you can't break anything. Here are a few pointers to get you started.

The **Main Navigation Bar** runs across the top of all pages on the site; its contain the primary navigation options.

The **Homepage** introduces you to the Guide (Welcome Letters, Foreword, etc.) and directs you to a list of volunteers from across the country who helped develop the *Desktop Guide*'s content.

The **Principles and Concepts** and the **Daily Practice** tabs list the *Desktop Guide*'s nineteen chapters. Select a chapter and, when you arrive at the top of the narrative, you will also be able to click on the author's name to see his or her bio. You can also find a print-friendly version of the chapter.

The **Contributors** tab lists the project team members and the focus group participants and centralizes all of the authors' bios, which you can also print or download.

The **Left Column Navigation Bar** allows the reader to jump to the chapter sections, defined by the headings. The chapters are lengthy, and this will help you minimize scrolling and searching.

The **Keyword Search** window is located at the top of the Left Column Navigation Bar. Enter your search term, and if it appears within the *Desktop Guide*, you will get a list of the related material.

The **Links** point you to interrelated chapter topics. Each chapter may refer to key issues or topics addressed elsewhere within the *Desktop Guide*. Follow the links to those additional discussions, use the return arrow to resume.

The **Annotations** are in endnote format. You can click the note number in the text to view the endnote, and click back again to resume reading. The reference list contains the full bibliographic entry and related external links.

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Author Last, Author First, Author First and Last. 2014. "Chapter Title." in *Desktop Guide to Quality Practice for Working with Youth in Confinement.* National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention. URL for the cited chapter.

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[1] https://info.nicic.gov/dtg/node/44#reccit

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Acronyms

AA	Alcoholics Anonymous
AACAP	American Academy of Child and Adolescent Psychiatry
ACA	American Correctional Association
ACCESS	Alternative, Community, and Correctional Education Schools and Services
ACEs	Adverse Childhood Experiences
ACLU	American Civil Liberties Union
ACYCP	Association for Child and Youth Care Practice
ADA	Americans with Disabilities Act of 1990
ADHD	Attention Deficit Hyperactivity Disorder
ADP	Average Daily Population
AED	Automated External Defibrillator
AMA	American Medical Association
ANA	American Nurses Association
AODA	Alcohol and Other Drug Abuse
ART	Aggression Replacement Training
BIA	Bureau of Indian Affairs
BIST	Behavior Intervention Support Team
BJA	Bureau of Justice Assistance
BJS	Bureau of Justice Statistics

BOP	Bureau of Prisons
BSFT	Brief Strategic Family Therapy
CbS	Community-based Standards
CBT	Cognitive Behavioral Therapy
CCE	Certified Corrections Executive
CCHP	Certified Corrections Health Professional
CCJTDC	Cook County Juvenile Temporary Detention Center
CCO	Certified Corrections Officer
CCO/P	Certified Corrections Officer—Provisional
CDC	Centers for Disease Control and Prevention
CEA	Correctional Education Association
CHIP	Children's Health Insurance Program
CJCA	Council of Juvenile Correctional Administrators
CJRP	Census of Juveniles in Residential Placement
CJSP	Certified Juvenile Services Practitioner
CLIA	Clinical Laboratory Improvement Amendment
COOP	Continuity of Operations
CPR	Cardiopulmonary Resuscitation
CRIPA	Civil Rights of Institutionalized Persons Act of 1980
CYC-P	Child and Youth Care - Professional
DBT	Dialectical Behavior Therapy
DBT-CM	DBT-Corrections Modified
DHS	Department of Homeland Security
DMC	Reduction of Disproportionate Minority Contact
DMDD	Disruptive Mood Dysregulation Disorder
DNA	do not associate

DOJ	Department of Justice
DOT	Directly Observed Therapy
DSM	Diagnostic and Statistical Manual of Mental Disorders
DTI	diffusion tensor imaging
EAP	Employee Assistance Program
EEOC	Equal Employment Opportunity Commission
EHR	Electronic Health Record
EMDR	Eye Movement Desensitization and Reprocessing
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ESEA	Elementary and Secondary Education Act
FAPE	Free and Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FEMA	Federal Emergency Management Agency
FERPA	Family Educational Rights and Privacy Act
FFP	Federal Financial Participation
FFT	Functional Family Therapy
FJDA	Federal Juvenile Delinquency Act
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
fMRI	functional magnetic resonance imaging
FOIA	Freedom of Information Act
FQHC	Federally Qualified Health Center
G-TREM	Trauma Recovery & Empowerment Model for Girls
GAIN	Global Appraisal of Individual Needs
GED	Genderal Education Development
HIPAA	Health Insurance Portability and Accountability Act

HPV	Human Papillomavirus
IAP	Intensive Aftercare Program
ICE	Immigration and Customs Enforcement
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEP	Individualized Education Program
IJA-ABA	Institute for Judicial Administration and the American Bar Association
INS	Immigration and Naturalization Service
IT	Information Technology
JDAI	Juvenile Detention Alternatives Initiative
JDC	Juvenile Detention Center
JJDPA	Juvenile Justice and Delinquency Prevention Act
JPI	Justice Policy Institute
JTDC	Juvenile Temporary Detention Center
KOP	Keep On Person
LEA	Local Education Agency
LEP	Limited English Proficiency
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex
LOP	Local Operating Procedure
LWOP	Life without the possibility of parole
MAYSI	Massachusetts Youth Screening Instrument
MDFT	Mulitidimensional Family Therapy
MET	Motivational Enhancement Therapy
MI	Motivational Interviewing
MOU	Memorandum of Understanding

MRSA	Methicillin-Resistant Staphylococcus Aureus
MST	Mulit-Systemic Therapy
NA	Narcotics Anonymous
NAAT	Nucleic Acid Amplification Test
NAC	National Academy of Corrections
NCCD	National Council on Crime and Delinquency
NCCHC	National Commission on Correctional Health Care
NCJFCJ	National Council of Juvenile and Family Court Judges
NCLB	No Child Left Behind
NCSL	National Conference of State Legislatures
NCYC	National Center for Youth in Custody
NDTAC	National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent or At Risk (formerly Neglected or Delinquent Technical Assistance Center)
NFPA	National Fire Protection Association
NGIC	National Gang Intelligence Center
NIC	National Institute of Corrections
NIJC	National Immigrant Justice Center
NIMH	National Institutes of Mental Health
NJDA	National Juvenile Detention Association
NJJN	National Juvenile Justice Network
NPJS	National Parnership for Juvenile Services
NTTAC	National Training and Technical Assistance Center
OC	Oleoresin Capsicum
OCFS	Office of Child and Family Services

ODD	Oppositional Defiant Disorder
OJJDP	Office of Juvenile Justice and Delinquency Prevention
ORR	Office of Refugee Resettlement
PBIS	Positive Behavioral Interventions and Supports
PBNDS	Performance-Based National Detention Standards
PbS	Performance-based Standards
PE	Physical Examination
POSIT	Problem Oriented Screening Instrument for Teenagers
PPACA	Patient Protection and Affordable Care Act
PRC	PREA Resource Center
PREA	Prison Rape Elimination Act
PTSD	Posttraumatic Stress Disorder
PYD	Positive Youth Development
QMHP	Qualified mental health professional
RAI	Risk Assessment Instrument
REA	Regional Service Educational Agencies
RLUIPA	Religious Land Use and Institutionalized Persons Act of 2000
SAFE	Sexual Assault Forensic Examiner
SAMHSA	Substance Abuse and Mental Health Services Administration
SANE	Sexual Assault Nurse Examiner
SEA	State Education Agency
SMU	Special Management Unit
SPARCS	Structured Psychotherapy for Adolescents Responding to Chronic Stress

STEEP	Social, technological, economic, environmental, political arenas
STEM	Science, Technology, Engineering, Math
STG	Security Threat Groups
STI	Sexually Transmitted Infection
SVORI	Serious and Violent Offender Reentry Initiative
SYRP	Survey of Youth in Residential Placement
TARGET	Trauma Affect Regulation: Guide for Education and Therapy
TB	Tuberculosis
Tdap	Tetanus, Diptheria, and Acellular Pertussis
TF-CBT	Trauma-Focused CBT
TJDR	Tribal Juvenile Detention and Reentry Training and Technical Assistance Center
UCR	Uniform Crime Reports
USDOJ	U.S. Department of Justice
VFC	Vaccines for Children

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Ch.1 Historical Perspective

Author:

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In collaboration with graduate students in her seminar on Juvenile Justice Policy—Rebekah Lamm, Rebecca Lange, Dianna Muldrow, Gabrielle Smith, and Meghan Young.

The Importance of Understanding History

Understanding the history of the juvenile justice system and its reforms allows practitioners to learn from past successes and failures and gives insight into current challenges in the field of juvenile justice. Historical trends illustrate broad shifts in policy and practice, with the pendulum swinging between more punitive policies and those emphasizing rehabilitation. For example, reforms in the 1970s aimed at decreasing the population of detained youths preceded the "tough on crime" reforms of the 1990s that increased the number of incarcerated youth. However, recent trends, such as the emphasis on community-based interventions, indicate a shift in focus back to youth rehabilitation.

There appear to be four major phases in the development of juvenile confinement after the creation of the juvenile court system in 1899. The early years leading up to World War II saw the establishment of juvenile detention homes and secure juvenile corrections facilities. The second phase, which lasted up to the 1980s, saw a shift in the role of state and local governments—during which time juvenile justice services became increasingly decentralized—and the increasing involvement of the federal government in juvenile justice issues. This era was marked by the passage of the federal Juvenile Justice Delinquency and Prevention Act (JJDPA), and reforms that stemmed from civil rights litigation and changes put in place by visionary leaders of juvenile justice agencies. These reforms recognized the rights of youth, the need to operate facilities according to best practices, and the benefits of keeping youth in the community. A third period, the "Tough on Crime Era," occurred in the 1980s and 1990s as juvenile justice policies became substantially harsher and oriented toward corrections. This phase occurred in the wake of an increase in juvenile crime and a simultaneous shift toward punitive approaches for adult offenders. Finally, a new wave of reforms began around the start of the 21st century, with an emphasis on strategies for reducing the population of incarcerated youth, the development of professional standards, the provision of improved rehabilitative services for youth in custody, and efforts to improve safety in juvenile confinement facilities. This current national trend appears to be based on a "developmental model" that emphasizes the differences between juveniles and adults.[1] This approach arose in response to abuse and maltreatment of youth in custody and the poor outcomes for youth held in correctional-style environments. There is now a greater awareness of the social-developmental needs of youth.

Reforms and philosophies in juvenile justice evolve at different rates and in different ways at the federal, state, and local levels. Some of the more transformative national initiatives, such as the Juvenile Justice and Delinquency Prevention Act (JJDPA) and the more recently enacted Prison Rape Elimination Act (PREA), have taken (and are taking) time to trickle down to the state level. Although some states, such as Missouri, were visionary in their move away from large state-run institutions a couple of decades ago, other states continue to operate correctional training-school style facilities for youth. Similarly, counties within the same state may vary widely in their approach.

> **The Campaign for Youth Justice maintains a helpful website that tracks some current developments in juvenile justice reform at the state level. It can be found at http://www.campaignforyouthjustice.org** [2]

Who is a Juvenile?

The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) defines a juvenile as anyone under the age of 18. That bright line is also drawn by other federal policies, including PREA. However, it is important to note that this legal definition varies among states, depending on the maximum age of juvenile jurisdiction in that state, that is, at what age a minor will be automatically prosecuted in the adult criminal justice system. Although 40 states set the maximum age of juvenile jurisdiction at 18, there are 8 states that consider a 17-year old an adult for criminal justice purposes and 2 states that set the age at 16. And every state has some mechanism for transferring a youth into the adult criminal justice system, even if he or she is below the maximum age of juvenile court jurisdiction. Once in adult court, that youth may be labeled an "adult" under state law.

Further complicating the issue of who should be considered a juvenile is our increasing awareness of developmental and neurological differences between adults and children, including scientific studies that show the brain is not fully developed until roughly age 25. (See Ch. 6: Adolescent Development) [3]

What is the Juvenile Justice System?

The juvenile justice system encompasses different levels of government and different departments within those governments. These include the courts, juvenile probation departments, juvenile detention and correctional facilities, and treatment service providers. Some may be operated by the state, while the county or another local unit of government may operate others. Some functions may be contracted out to private providers. Together, these departments and providers deliver a continuum of services—prevention, intervention, reentry, and aftercare and include programs such as alternative education, foster care, drug and alcohol rehabilitation, probation, and detention. It is important for practitioners to understand how these programs work together toward the goal of diverting youth from the criminal justice system or ensuring the safe and healthy conditions of confinement for those youth that must be held in custody.

Unlike the adult criminal justice system, the juvenile system operates under the strict time constraint of a youth's age, which determines his or her eligibility for treatment, institutional placements, and transfer to the adult system. With lengthy delays, older youth may age out of the juvenile system before receiving appropriate treatment. The juvenile court must focus not only on services provided to youth, but also on the length of time youth are eligible to receive those services.

Some federal policies and constitutional law relevant to juvenile justice apply across the entire country, but most are the province of state and local government. Thus, the system functions differently from state to state, as well as among counties within a particular state.[2] These structural differences include which level of government funds juvenile probation, detention, and corrections, and the jurisdiction of the civil and criminal courts.

The division of responsibility between state and local government varies as well. Probation and pre-adjudication detention are at the "front end" and are typically overseen by local governments; long-term commitment and aftercare are the "back end" and are often centralized at the state level.[3] Responsibilities can be divided into three categories:

> ***Centralized states*** are characterized by a state executive agency having across-the-board state control of delinquency services, including state-run juvenile probation services, state correctional facilities, and aftercare.
>
> ***Decentralized states*** administer basic delinquency services characterized, at a minimum, by local control of traditional probation services. Often, local authorities run detention centers as well. Some also share responsibility for aftercare services with state agencies.
>
> ***Combination states*** use a mix of state and local control to operate delinquency services. For instance, they may have largely state-run systems—but with significant local control in the more populous, urban areas. Some states operate most delinquency services for youth but divide responsibility between the executive and judicial branches of government.

The Appendix Table 1 [4] describes the structure of the juvenile justice system in each state and the agencies responsible for each state's juvenile justice functions. The Juvenile Justice Geography, Policy, Practice & Statistics [5] website has related information on jurisdictional boundaries, juvenile justice services, and systems integration, among other topics. OJJDP offers information on questions of jurisdictional boundaries and the organization of administration and delinquency services on its Statistical Briefing Book FAQ [6] page.[4]

The Development of the Juvenile Court System

The roots of the juvenile court in this country can be traced to educational and religious reform movements in 16th century Europe, which ushered in a view of children as gradually developing into adulthood instead of being "miniature adults." Boarding schools of the era had strict regimens designed to shape the mentality and morality of the child.[5]

Industrialization and immigration in the U.S. in the 1800s accelerated the application of criminal law to children. Rapid urbanization disrupted families, resulting in overcrowding and an increase in crime, including crimes committed by children. A strong public concern for these children began to surface, setting the stage for a series of social reforms such as the development of child labor legislation, specialized care for the disabled, and public education. Such social reforms were evidence of growing support for governmental responsibility for individuals who needed special protection and care.[6] The creation of the juvenile court in 1899 extended predictably from a reform movement throughout the 1800s to protect children.

Houses of Refuge

A Quaker-led movement in New York City that began in 1796 focused on reforms to the criminal justice system, including legislation that, for many crimes, replaced punishment by whipping and death with confinement in newly built prisons.[7] General concerns about the plights of the poor, combined with awareness of the special plight of poor children wandering the streets and falling into a life of pickpocketing and other crimes, led to a desire to remove these children from the city streets. But reformers feared the harm that would come from confining these pre-delinquent youth in prisons with hardened adult criminals.[8] In 1824, the New York Legislature approved construction of a House of Refuge for juvenile delinquents, establishing the first detention system that separated youth from adults. However, only those youth deemed "salvageable" and "novices in anti-social conduct" could be housed in these facilities.[9] Historian Sanford Fox contends that these notions of "predelinquency" and the potential for rehabilitation, along with the belief that these children were truly victims of poverty and neglect rather than offenders, characterized the next century of juvenile justice reforms in the United States.

New York's House of Refuge became the prototype for similar institutions in Pennsylvania and Boston. The Philadelphia House of Refuge—established in 1826—was the second such institution and accepted children who had been convicted of crimes or who were vagrants. These institutions held youth for indeterminate periods of time, and emphasized values similar to the Protestant work ethic such as discipline and hard work.[10]

In 1835, Pennsylvania added incorrigibility as a reason to confine youth. The new law was soon challenged as unconstitutional after an incorrigible child had been committed to the House of Refuge without a jury trial. However, in *Ex Parte Crouse*, the Pennsylvania Supreme Court upheld the commitment, finding that "The House of Refuge is not a prison, but a school, where reformation, not punishment, is the end."[11] The *Crouse* Court based its ruling on the notion of *parens patriae*, finding that when the parents of a child neglect their parental duties, the state has an obligation to intervene and to provide the youth with guidance, supervision, and schooling. The emphasis is on the welfare of the child, permitting the proper balance of social and economic interests. The court might have limited its concern to dependent, neglected, and destitute children but chose to include delinquent children as well. Delinquent children were often also dependent, neglected, and destitute, and all of these children needed the court's benevolent intervention.

The early Houses of Refuge were founded on principles of education and religion, generally providing a program for children based on strict discipline and useful labor, while protecting them from adult criminals. Theory and practice often diverged in the operations of these facilities, however. While judges sent youth to these institutions with the expectation that they would receive beneficial treatment and services, many children

were subjected to brutal forms of discipline rather than parental guidance. The work program also devolved into a system of indentured servitude and contract labor. The environment of the schools was characterized by violence and escapes, making rehabilitation of the youth unlikely.[12] Nor did the removal of these children from their communities have any impact on the juvenile crime problem.[13]

Concerns about the mistreatment and neglect of children in Houses of Refuge gave rise to the so-called "Child Savers" movement in the Victorian era, with prominent women citizens in urban areas acting as the lead advocates for children. These reformers pushed for increasing state intervention into the lives of at-risk youth, including schooling.[14] This led to the establishment of state-operated reform schools and industrial schools, such as the Lyman School, established in rural Massachusetts in 1886 as the nation's first reformatory. Some scholars have suggested that the purpose of the "child savers" was less about protecting the children than about protecting the middle and upper classes from the scourge of juvenile crime.[15]

John Augustus and Probation

Equally important to the development of the juvenile court system in the U.S. was the development of probation. Probation was derived from a logical extension of the English common law practice of the conditional suspension of punishment. Use of the judicial reprieve, release of offenders on recognizance, release on bail, and suspension of sentence were direct precursors of probation.

In 1841, a local cobbler named John Augustus took the first step beyond these common law practices in Boston, Massachusetts. He began to attend court hearings and requested the court to allow him to post bail for defendants, promising to supervise them in the community and guide their behavior pending the sentencing hearing. His efforts were generally successful, and they saved the state the costs of building secure facilities to hold these defendants. Although Augustus initially worked with men, he gradually began to provide supervision for women and children. After Augustus's death, other volunteers stepped up to continue his work, but Augustus is generally credited as the first to use probation as an alternative to incarceration when it came to juvenile delinquents.[16]

In 1869, Massachusetts appointed salaried officers to serve the function of supervising youth placed on probation, and in 1880, a statewide law went into effect allowing cities and towns to employ probation officers. These local departments soon grew into large bureaucracies.[17] Other states followed suit by establishing juvenile probation offices.[18]

Advent of the Juvenile Court in 1899

The first juvenile court was created in Cook County (Chicago), Illinois, in 1899, using the *parens patriae* doctrine as the legal basis for the court's jurisdiction over youth and relying on a philosophy that children should be seen as delinquent rather than as criminal. The primary purpose of this new juvenile court system was rehabilitation rather than punishment.[19]

Although the impetus for creating the new court came out of a desire for reform of the system for handling delinquent youth, the passage of the Juvenile Court Act resulted only in a change in court procedures and not in a change to institutional conditions for youth in custody.[20] The final version of the bill passed by the Illinois Legislature deleted provisions meant to improve conditions in reformatories, detention facilities, and other institutional settings for delinquent youth.[21] The Illinois Bar Association had championed efforts to reform these institutions, led by reformers Julia Lathrop and Lucy Flowers, following Illinois Governor John Altgeld's request that Lathrop investigate conditions for juvenile offenders in custody.

Although the commonly held belief is that the creation of the first juvenile court was revolutionary in its reshaping of juvenile justice practice in this country, Fox argues that this is a "myth" and that the legal system had not actually "turned a corner in its dealings with children…."[22] However, the Juvenile Court Act of 1899 did reaffirm the state's concern for delinquent youth and for efforts to prevent criminality through rehabilitation, as well as the principle that youth should be kept separate from adult inmates.[23] The Act formally established a system of probation and characterized the juvenile court as a civil rather than criminal court. It further eliminated procedural protections for youth, such as warrants to arrest children, the use of indictments, and

most other features of adult criminal proceedings. The focus was on individualized justice delivered in a more informal setting than adult criminal court; in fact, the judge was seen as a "father figure."[24] The court's task was not to punish juvenile crime but to guide delinquents toward a responsible and productive adulthood. The focus of the juvenile court proceeding shifted from the particular offense that a child had committed to the child him/herself.[25]

Parallel evolution of juvenile courts was taking place in several other states. The practice of trying children separately from adults began in Suffolk County, Massachusetts, in 1870. The practice spread statewide in 1872. New York developed a similar statute in 1892, followed soon thereafter by Indiana and Rhode Island.[26] In 1905, the Pennsylvania Supreme Court upheld a statute creating a separate juvenile court, relying heavily on the *parens patriae* doctrine as the basis for different procedures for children.[27]

The juvenile court movement gained considerable momentum after Illinois' passage of the Juvenile Court Act in 1899, and by the mid-1920s, nearly every state had enacted juvenile court statutes. Many jurisdictions used the Illinois act as a model statute.[28] Some reformers criticized these courts for the absence of procedural safeguards for children, and the intensity of the criticism increased throughout the 20th century. Nevertheless, the juvenile courts of the early 1900s functioned virtually unchanged until 1966, when the U.S. Supreme Court ruled on certain procedures of juvenile courts. (See later section: Supreme Court Rulings on Sentencing and Criminal Procedure [7], and Ch. 19: Challenging and Vulnerable Populations) [8]

Due Process

During the 1960s, civil libertarians found powerful allies on the U.S. Supreme Court and successfully challenged various aspects of the criminal justice system for failing to provide procedural due process. Once the adult criminal courts had been "blasted into constitutional submission," the focus of reformers shifted to the lack of due process in the juvenile courts.[29] With the *Kent* decision in 1966, *Gault* in 1967, and *Winship* in 1969, the Supreme Court denounced the informality of juvenile proceedings and demanded that juvenile courts consider a defendant's rights, due process, and constitutional safeguards. These decisions resulted in states adopting more formal procedural protections for youth in juvenile courts. Some scholars believe that, except for the range of available rehabilitative dispositional options and greater concern for the protection of the youth, these rulings reshaped the proceedings in juvenile court into something more closely resembling those in adult criminal court.[30]

Landmark U.S. Supreme Court Cases for Due Process in Juvenile Cases

Kent v US, 383 U.S. 541 (1966).

The *Kent* case established a juvenile's due process rights in a hearing to transfer the youth to adult criminal court. The decision required that:

1) There must always be a hearing in the matter of waiver of jurisdiction.

2) There must always be assistance of counsel in such a hearing.

3) The plaintiff's counsel must have access to all social records.

4) If there is a waiver, the judge must include in the record a statement of facts based on a full investigation, including the judge's reasons for the waiver.

In re Gault, 387 U.S. 1 (1967).

***Gault* was a landmark decision that established the constitutional right to legal counsel for children facing delinquency proceedings. The case involved a 14-year-old boy that was sentenced to seven years in a juvenile detention center after making a lewd phone call.**

In re Winship, 397 U.S. 358 (1970).

Winship **held that, when a juvenile is charged with an act that would be a crime if committed by an adult, every element of the offense must be proved beyond reasonable doubt [9], not preponderance of the evidence [10]. The case's broader application is that, in a criminal prosecution, every essential element of the offense must be proved beyond reasonable doubt.**

Current Court Authority

Age of Jurisdiction

Every state has a statute establishing the jurisdiction and authority of the juvenile court, including the minimum and maximum ages of juvenile court jurisdiction.[31] Under common law, a child younger than seven could not be held criminally liable for his or her actions, however some states set a different minimum age.[32] Children younger than the minimum age are handled through the child welfare system. Many states have opted to set the maximum age of juvenile court jurisdiction at 18, but in some states, the upper age limit is lower. Youth older than the upper age limit are automatically transferred to adult criminal court, preventing the judge from considering individual circumstances.[33]

There is also a maximum age for the juvenile court to exercise control over a youth who is adjudicated in that court (also called "extended juvenile court jurisdiction"). For example, to give the judge and probation staff time to work with older youth, a term of probation may last beyond a youth's 18th birthday. In addition, each state sets a maximum age for youth in juvenile confinement facilities; that age can range anywhere from 19 to 25.

Each state has also developed one or more mechanisms for waiving the jurisdiction of the juvenile court and transferring a youth to adult criminal court. These transfer mechanisms allow children as young as age seven to be prosecuted in adult criminal court under certain circumstances.[34]

Recent statutory changes that raise the maximum age of juvenile jurisdiction and that reduce the eligibility of youths for transfer to adult court indicate a shift toward greater jurisdiction of the juvenile court.[35]

Dispositional Options

Juvenile judges typically have a great deal of discretion in assessing youth and determining how to handle the case before them. Although the vast majority of adjudicated youth are placed on nonresidential probation, which can include community service and rehabilitation treatment, about a quarter receive court-ordered residential placement, ranging from group homes to secure confinement facilities.[36] The juvenile court often combines these with other dispositional options, such as treatment programs, fines, and restitution. Placement in a juvenile correctional facility may be either determinate (a set length) or indeterminate (dependent on the youth's progress in treatment programs).

The terminology in juvenile court differs from that used for proceedings in adult criminal court. After adjudication (the juvenile equivalent of a trial), a hearing is held to determine a youth's disposition (the equivalent of a sentence). Placement in a secure juvenile correctional facility is a commitment (the equivalent of a prison sentence).

In the 1990s, some states began giving courts the option of issuing a blended sentence, in which a youth begins his or her sentence in a juvenile facility and, depending on the level of program completion and rehabilitation, is subject to transfer to an adult prison facility for the remainder of the sentence.[37]

Every state allows for a juvenile court to waive its jurisdiction over certain youths and transfer them to adult criminal court for prosecution. Once transferred to adult criminal court, youth are often subject to the same sentences as adult offenders, with the exception of the death penalty and some the possibility of parole sentences (LWOP). Many states do not allow judges or juries to consider an offender's age as a mitigating factor in

sentencing decisions. The topic of extreme sentencing for youth—the practice of subjecting teens to LWOP sentences or other extremely long terms of confinement—has been the source of much national attention since the mid-2000s. Several important decisions of the U.S. Supreme Court have set limits on the types of sentences applicable to defendants under age 18.

Origins of Contemporary Services for Youth in Custody

The First Juvenile Detention Center

Limited availability of historical records makes it difficult to identify the first juvenile detention facility in the United States. Tappan identified the first such facility to be the Arthur J. Audy Home, operated by the Cook County (Illinois) Juvenile Court.[38] Opened in 1906, soon after the creation of the juvenile court, the Audy Home was a multi-story residential building near downtown Chicago.[39] The Audy Home was rebuilt in 1923 using state-of-the-art designs, but by 1970, the demand for increased capacity led to the construction of a 500-bed Cook County Temporary Juvenile Detention Center.

Around the same time, Los Angeles established its own large juvenile detention facility, called the Central Juvenile Hall (Eastlake). This was the first permanent juvenile detention facility in Los Angeles County and was renamed Los Angeles County Juvenile Hall in 1912.

Juvenile Detention Homes and Training Schools

For the first 50 years of the juvenile court, such large, secure, locally-operated juvenile detention facilities were expensive and uncommon, other than in large urban centers. In rural communities, family networks were able to manage a great deal of the response to juvenile delinquency, thus limiting the need for detention facilities. Most small jurisdictions met their detention needs through nonsecure detention homes, foster homes, and group homes with fewer than 20 beds. Some juvenile courts purchased large houses to be used as detention facilities for status offenders, minor offenders, and dependent or neglected children. The legacy of the homelike approach to juvenile detention survived through the 1960s, and today a few detention centers are still called homes, for example, the Calhoun County (Michigan) Juvenile Home. There has also been a resurgence of the detention home approach in Missouri and other states or counties that have adopted the so-called "Missouri Model." The small, homelike facilities that have been used for youth in custody in Missouri since the mid-1970s closely resemble the ideal of the early juvenile detention home or group home model.

Most jurisdictions without access to a detention center made arrangements to detain youth in county jails or municipal lockups. By 1945, nearly 27% of all youth detained overnight were incarcerated in a county jail or police lockup as opposed to a juvenile detention facility.[40] As the practice of jailing youth continued, reports of deaths, injuries, and unsanitary living conditions led to questions about whether the practice of detaining youth in jails was appropriate.[41] Construction of more appropriate juvenile confinement facilities was hindered, however, by the economic problems associated with the Depression and World War II.

The most serious juvenile offenders were sent by the courts to state-run training schools for youth. Training schools were established around the turn of the century with the intention of keeping the public safe by housing the largest numbers of serious and chronic juvenile offenders.[42] Training schools were also supposed to be treatment institutions, holding youth accountable for their crimes and providing rehabilitation through education and vocational development.[43] However, in practice, these institutions strayed far from the goals of rehabilitation. Feld observed that, "Despite the rehabilitative rhetoric and clinical euphemisms, incarcerated delinquents' institutional experiences remained essentially custodial and punitive."[44] Research on the training school model has revealed conditions that would undoubtedly be seen as unacceptable today: "cottage parents" who staffed the institutions used harsh physical punishment and youth were frequently kept in isolation units called "tombs."[45]

The Post-World War II Construction Boom

Post-World War II prosperity enabled those working within the juvenile justice system, as well as the public, to look more closely at the problems surrounding juvenile delinquency, especially the practice of jailing youth and the need for appropriate confinement facilities for children and youth. As a result, a significant construction boom for juvenile confinement facilities occurred in the 1950s and 1960s. By 1971, a national survey of children in custody from the U.S. Department of Justice revealed a total of 303 locally run detention centers and 192 state-operated training schools for juveniles across the country. Additionally, there were numerous smaller facilities, such as shelters, group homes, forestry camps, and diagnostic centers, for a total of 722 facilities holding youth. The detention centers tended to be quite small, while the training centers typically had capacities of 150 beds or more.[46]

These facilities quickly became overcrowded, and the construction patterns continued throughout the 1970s. By 1979, there were 1,015 public detention and correctional facilities for youth. There was also a rise in reliance on private facilities: the government census in 1979 found 1,561 privately run juvenile confinement institutions.[47]

The NCCD Survey of Confinement Facilities and the National Advisory Commission

By the 1960s, juvenile crime was on the rise and recognized in the media as a national problem.[48] The federal government started to get involved through the collection of data about state and local approaches to juvenile delinquency. One of the most important national developments in juvenile justice reform occurred in 1966, when the National Council on Crime and Delinquency (NCCD) surveyed state and local correctional agencies and institutions across the U.S. at the request of the President's Commission on Law Enforcement and the Administration of Justice. The survey documented use of juvenile detention and correctional facilities, as well as the use of juvenile probation, juvenile aftercare, and adult correctional programs. NCCD found that 93% of juvenile court jurisdictions in the United States had no dedicated place of detention for youth other than a county jail or police lockup. Perhaps most troubling was the survey's finding of widespread use of both adult and juvenile confinement facilities to house youth accused of noncriminal conduct (so-called "status offenders"), often without court involvement.[49] Jurisdictions also varied widely in the rates at which they confined youth and the lengths of stay for these children, thereby compounding concerns about misuse and overuse of juvenile confinement. NCCD concluded that, "Confusion and misuse pervade detention. It has come to be used by police and probation officers as a disposition; judges use it for punishment, protection, and storage" of youth.[50]

Juvenile reformatories also fared poorly in this study. NCCD documented overcrowding in more than half the nation's training schools and found that they offered very limited rehabilitation services, with huge variations in the quality of services across facilities.[51] Although these training schools were theoretically created to serve a hardened delinquent population of youth with specialized programming, in practice these facilities were used as warehouses with deplorable conditions for a wide range of children, up to half of whom were not delinquent.

NCCD also documented the harms caused by confining youth in adult jails, finding a lack of supervision for these children and indiscriminate mixing of youth with all types of adult offenders. The report also revealed high rates of physical and sexual assaults, suicides, and even murders of youth, as well as deaths of children from substandard medical care.[52]

The NCCD report recommended the development of standards restricting the use of juvenile confinement facilities and limiting their use to those who are delinquent and at significant risk of committing further offenses that present a danger to themselves or to the community, as well as those likely to run away pending court disposition. Also, the organization urged that no youth be confined in adult jails or lockups.[53]

Many of these same concerns and recommendations about deinstitutionalization of youth were echoed in the work of the National Advisory Commission (NAC) on Criminal Justice Standards and Goals, a high-profile commission appointed in the early 1970s by the U.S. Department of Justice to develop crime-reduction proposals and standards. The NAC emphasized the need to prevent juvenile delinquency and to minimize a youth's contact with the criminal justice system. Among its voluminous recommendations pertinent to every part of the criminal justice system, the NAC called for the removal of juveniles from all places of detention for adults, for the use of probation and diversion rather than confinement, for the use of confinement only as a last resort

and only when the youth's conduct is criminal in nature, for a moratorium on construction of new state-operated facilities for juveniles, and for the phasing out of "major institutions for juveniles" over a five-year period.[54]

These reports, and similar ones issued by other national associations, set the tone for the coming shift in juvenile justice policy at the federal level.

The Juvenile Justice and Delinquency Prevention Act (JJDPA)

Passage of the JJDPA

In 1974, in response to the NAC report, Congress proposed new legislation aimed at preventing juvenile delinquency. The 1974 Juvenile Justice and Delinquency Prevention Act (JJDPA) represented the first time lawmakers supported a coordinated federal response to the issue of juvenile delinquency.[55] This legislation had three components:

> ***Create federal institutions.*** The JJDPA created the Office of Juvenile Justice Delinquency Prevention (OJJDP) to coordinate federal efforts. OJJDP was initially housed within the Department of Justice's (DOJ) Law Enforcement Assistance Administration, but has since become a stand-alone office within the DOJ. The JJDPA also created the Coordinating Council on Juvenile Justice and Delinquency Prevention to oversee the federal government's juvenile delinquency programs and the National Institute for Juvenile Justice and Delinquency Prevention to coordinate data distribution on best practices for the treatment and control of juvenile offenders.
>
> ***Develop grant programs.*** The JJDPA established discretionary grant programs available to states, local governments, and nonprofits to support innovative approaches to prevention and treatment of delinquent behavior.
>
> ***Develop and implement state mandates.*** Finally, the JJDPA mandated that states do the following to qualify for federal funding:
>
> - Remove from detention facilities juveniles who committed status offenses—known as the Deinstitutionalization of Status Offenders (DSO) requirement.
> - Create "sight and sound" protections to separate youth from adults when youth are housed in adult facilities by limiting, or preferably, eliminating contact between juveniles and adults. (Note that the protection does not apply to juveniles who are waived to adult criminal court, only to those who remain in the juvenile system for prosecution.)

Subsequent reauthorizations of the JJDPA in 1980 and 1992 added "jail removal" and Disproportionate Minority Contact (DMC) components to these mandates, among other changes. The jail removal focused on removal of youth classified as juveniles from adult facilities. The DMC provision called on states to address racial disproportionality and reduce the number of minority youth that come into contact with the juvenile justice system.

Some critics argued that the JJDPA was too vague and offered few implementation guidelines for states. Moreover, advocates who wanted to remove youth from adult jails entirely were disappointed that the sight and sound mandate still allowed youth who are tried as adults to remain confined in adult jails. Despite these criticisms, the JJDPA transformed the field of juvenile justice and the nature of juvenile confinement by modernizing the federal response to the issue. It was widely considered a victory for juvenile justice professionals, child advocates, and public interest groups, signifying that juvenile justice had become a national priority.[56] Many viewed it as the driving force for statewide reforms that occurred in the years that followed.

The JJDPA was last reauthorized in 2002, and it expired in 2007. Though several reauthorization bills have been filed, no subsequent reauthorization has yet occurred.

Monitoring DSO Compliance

There were three rationales behind the original DSO requirement of the JJDPA to keep status offenders out of confinement. The first was that, when status offenders are treated as delinquents and are placed in secure detention facilities, both physical and psychological harm can result. Second, it is a disproportionate response to confine these youth in a detention facility when they have not actually engaged in criminal conduct. Finally, status offenders tend to be victims of abuse and neglect and may suffer additional harm from the juvenile justice system's response to their behavior.

The DSO requirement compelled states seeking grant funds under the JJDPA to submit a detailed plan that would ensure within two years' time that youth charged with status offenses would not be placed in detention or correctional facilities. If such youth needed to be removed from their homes, they were required to be held in shelters, group homes, or other community-based settings. States were also required to create a system for monitoring compliance with the DSO requirement in all jails, detention facilities, and correctional facilities and for reporting the monitoring results to the federal government.[57] The DSO requirement thus helped spark the transition of juvenile justice responsibilities from a state and local function to a system requiring ongoing coordination of state-level authorities with the federal government.

Valid Court Order (VCO) Exception to the DSO Requirement

Congress amended the JJDPA in 1980, responding to concerns from juvenile judges that the DSO provision undermined their ability to enforce stricter sanctions on parole violators who flouted the system. The amendment allowed judges to place in secure detention those status offenders who violated a Valid Court Order (VCO), such as probation requirements, which can include curfews or school attendance.[58]

This practice has resulted in thousands of youth being detained for running away, truancy, and liquor law violations. Those violations represent the majority of detentions for status offenses; however, increasing numbers of youth are being detained for incorrigibility and curfew violations.[59] The National Juvenile Justice and Delinquency Prevention Coalition (NJJDPC), a partnership of key juvenile justice advocacy groups, argues that the VCO exception "undermines the DSO core requirement and harms youth."[60]

Several bills to reauthorize the JJDPA in recent years would have removed the VCO exception, but the 2008, 2009, and 2010 proposals failed to receive a congressional vote. Texas and Connecticut are among the states that have passed laws limiting or prohibiting the use of the VCO exception, while New York has attempted to expand the practice of detaining these youth.[61]

The First Wave of Modern-Era Reforms

The Role of Litigation in Reforming Juvenile Confinement Facilities

Around the same time that the JJDPA was enacted by Congress, the federal courts began to get involved in juvenile justice reform efforts. Reform-minded lawyers filed a number of class action lawsuits on behalf on confined youth alleging poor conditions in confinement facilities and violations of the youths' constitutional rights. Many of these suits started in the early 1970s, coinciding with national concerns about civil rights and class action cases on behalf of adult prisoners. In 1980, Congress enacted the Civil Rights of Institutionalized Persons Act (CRIPA), which allowed the U.S. Justice Department to investigate facility conditions and to sue on behalf of incarcerated individuals to press for corrective measures.[62]

Though relatively few lawsuits were filed, the successful cases resulted in court-ordered improvements and helped establish the constitutional right of youth to safe and healthy conditions of confinement.[63] The cases also sent a powerful message to juvenile justice administrators and policymakers around the country that youth in custody have rights that will be vindicated by the courts. Fear of lawsuits—and the potential for protracted court oversight—spurred many jurisdictions to proactively improve conditions in their juvenile facilities. During this era, youth confinement facilities came to be guided by legal and constitutional constraints, and administrators demonstrated a greater commitment to best practices and to the safe and humane treatment of youth.

Morales v. Turman (1973) is considered one of the leading juvenile facility reform cases.[64] In 1971, 11 youth filed a federal class-action lawsuit against the director of the Texas Youth Commission (TYC), alleging violations of their constitutional rights in secure state-run facilities in Texas. The *Morales* lawsuit brought to light extensive accounts of abuse, segregation, neglect, and denial of constitutional rights. The court appointed, first, a Court Ombudsman and later, a Consultant Committee to monitor conditions in the facilities and required the TYC to change its policies concerning the use of physical force, corporal punishment, segregation and solitary confinement, visitation, mail, and internal due process.[65] The *Morales* lawsuit spurred Texas lawmakers to enact a specific juvenile code and establish various procedural protections for youth served by the TYC.[66] The *Morales* decision is widely considered the first case to influence national standards for juvenile justice by strengthening safety, health, and oversight criteria for juvenile confinement facilities.[67]

Another prominent case, arising a bit later during this era, was *Jerry M. v. District of Columbia*.[68] In that case, youths detained in the District of Columbia's secure confinement facilities filed a class action suit alleging violation of their constitutional rights due to overcrowding and other conditions issues. The case resulted in a broad consent decree in which the parties agreed to a detailed set of reforms covering issues such as environmental health and safety, staffing, programming, education, mental health services, medical care, use of restraints, and discipline.[69] The court appointed a monitor to oversee implementation of the reforms and to help assess the agency's compliance with a strict set of deadlines for improvement. Years of foot-dragging on the part of the agency limited progress on these court-ordered changes, but in the mid-2000s, there was dramatic progress following the appointment of a reform-minded administrative team. The District of Columbia is now held up as a model for other jurisdictions seeking to improve conditions of confinement for youth. The history of the *Jerry M.* case is an important reminder that winning the case in court is not the same thing as changing the culture of a troubled agency and that there are limits to the power of a court to effect organizational change; nevertheless, the ruling in the case and the subsequent court orders clearly established a willingness on the part of the court to enforce the rights of youth.[70]

Cases such as *Morales* and *Jerry M.* ushered in an era of changing national norms in the operation of juvenile confinement facilities across the country. Judges' rulings turned on evidence of best practices provided by national juvenile justice experts, and the consent decrees in these cases mandated that agencies adopt these practices. As agencies under court order showed they were capable of reform, with demonstrated benefits for both youth and staff, other jurisdictions took notice. The court cases thus helped inform the development of standards, policies, and practice applicable to other agencies. Many states also came to see the value in having some form of ongoing monitoring of conditions as a legitimate method of ensuring both public transparency and accountability for the protection of confined youth.[71]

Although institutional reform cases such as these were highly influential in the development of modern-day juvenile confinement facilities, the heyday of such litigation is now past. In 1996, Congress passed the Prison Litigation Reform Act, which reduced the opportunity for both adults and youth to sue for poor conditions of confinement or abusive treatment and limited the courts' ability to exercise long-term oversight to ensure compliance with reform orders.[72] Nevertheless, patterns of horrific conditions in juvenile confinement facilities can still lead to successful lawsuits, including ones in which a court monitor is appointed to help oversee implementation of needed reforms. Ohio, for example, has been under the supervision of the federal court since 2004 following litigation there (*S.H. v. Stickrath)* about abuse of youth, poor conditions, and lack of services.[73]

Visionary Leaders and Institutional Reform

Although some improvements to conditions in youth confinement facilities resulted from federal legislation or litigation, other juvenile justice reforms during the 1960s, 70s, and 80s arose from the vision of juvenile justice agency leaders. In many cases, leaders sought a way to overcome a recent crisis or scandal, and decided to make a radical break with established policy or practice. Their visionary approaches successfully reshaped juvenile justice practice in their states, and these grand experiments eventually became catalysts for reforms in other jurisdictions as well. Notably, Massachusetts and Missouri both staked claims to fame with their juvenile justice system reform initiatives and became models that reshaped the landscape of youth confinement at a national level.

The Massachusetts Experiment

Jerome Miller became director of the Massachusetts Department of Youth Services in 1969 following a series of crises in the state juvenile justice system and a gubernatorial mandate for reform of the state's training schools. Within 27 months of his appointment, he had closed all the juvenile correctional institutions in the state in favor of decentralized community-based services and a few small, secure facilities for the most serious juvenile offenders. Miller's original intent had been to create therapeutic communities within the training schools, but staff intransigence and resistance to reform made that approach untenable.[74] Needing to act quickly, he decided to close the institutions even before he had obtained funding for the community-based programs. Using "creative juggling" of available resources, Miller managed to depopulate the training schools and find alternative placements and services for the youth.[75] One scholar called these changes the "Massachusetts revolution" and contended that Miller's actions "constituted the most sweeping reforms in youth corrections in the United States since the establishment of juvenile training schools and juvenile courts in the 19th century."[76] Massachusetts' experiences with deinstitutionalization showed that the large training school model was not an essential element of an effective juvenile justice system, and that youth could be diverted without compromising public safety.[77] Success in Massachusetts encouraged other states to begin moving toward use of community-based alternatives to detention and incarceration.

The Missouri Model

Missouri began a similar path towards reform in the early 1970s, following years of revelations about abuse and neglect in its state-run training schools facilities for youth.[78] The primary facility for boys, the Boonville Training School, was closed down in 1983, followed closely by the closure of several other state institutions. In their place, Missouri developed a set of small group homes scattered around the state to be used for youth who needed secure placements. Lower-risk youth would be diverted to community-based services.

Director Mark Steward spearheaded the shift in approach for 17 years, beginning in 1988. Steward's approach, however, went beyond an emphasis on deinstitutionalization. The so-called "Missouri Model" was characterized by the homelike environment of the secure facilities run by the state, as well as by the facilities' focus on education, services, treatment, family involvement, and a strengths-based culture for the youth. The strategy paid off in terms of vastly improved outcomes for youth: Missouri's recidivism rates are only about 8.5%, substantially lower than rates of 20 to 26% in other states.[79]

Missouri's innovative approach to juvenile corrections has received a great deal of national recognition, and a number of jurisdictions have sought to adopt the Missouri model in recent years.[80]

Juvenile Detention Services

The most effective reform of egregious conditions of confinement in the past 40 years has involved the leadership of Earl L. Dunlap and his application of a detention services model based on the concept of juvenile detention as a process as opposed to a place.[81] Working from juvenile detention concepts that predate the Annie E. Casey and MacArthur Foundations reforms, Dunlap envisioned detention as a continuum of custody at different levels of restrictiveness depending on the behaviors of the youth. With the building called "detention" as the secure or most restrictive option on a range of alternatives that included staff secure detention, home detention, after school reporting, weekend programs, electronic monitoring, to name a few, Dunlap included the supervision of all these services under a larger organizational entity he called "juvenile detention services." Hence, a court order to detention services was similar to ordering an adult into the department of corrections; the agency takes custody and responsibility but it determines the most appropriate location or form of custody. Under this arrangement, Dunlap could "step down" a youth to a community-based alternative upon determination that the youth did not need secure custody. Furthermore, moving a youth to a less secure placement did not require a hearing.

Using this concept along with detention strategy for improving condition of confinement, Dunlap was the architect of impressive conditions reforms in Jefferson County (Louisville), Kentucky; Washington, DC; and Cook County (Chicago), Illinois. Dunlap enhanced programs and services to those fewer youth who required secure custody, achieved accreditation through the American Correctional Association (ACA) and the National

Commission on Correctional Health Care (NCCHC), expanded mental health services, and improved youth safety. His initial repair work in Louisville earned it a designation from ACA as a National Resource Center, and many describe the Cook County experience as the most significant reform of conditions in the history of juvenile detention.

The "Tough on Crime" Years

During the 1980s and 1990s, rising crime rates coincided with increased media attention on youth crime, fueling fears of "juvenile superpredators."[82] Policymakers in most states responded by advocating tougher sentences for youth. These policies reflected growing pressure for more serious sentencing options for violent youth and less public tolerance for treatment-oriented programs for delinquent youth.

The result of this shifting attitude towards juvenile crime was an increase in the number of youth incarcerated in adult facilities, and a huge expansion in the scale of juvenile lockups, including the addition of beds in large, state-run institutions. These facilities became more correctional in nature, and, with more youths incarcerated, the fiscal impact of operating juvenile facilities increased dramatically.[83]

Racial Disproportionality

Racial disproportionality had been a concern of reformers since the passage of the JJDPA back in 1974, but became more urgent during the tough on crime era of the 1980s. Sensationalist media portraying minority youth as violent—young African-American males in particular—fueled racial stereotypes and negative perceptions.[84] In the mid-1980s, homicide arrest rates for African-American youths were almost seven times higher than those of White youths, and similar racial imbalances could be seen throughout the entire criminal justice system.[85] In 1992, Congress amended the JJDPA to make reduction of Disproportionate Minority Confinement (DMC) a core requirement; states had to take steps to ensure that their confinement practices were not leading to disparities in the treatment of minority youth.

When Congress reauthorized the JJDPA in 2002, the term "confinement" was changed to "contact," recognizing the disparity and discrimination at every stage of the justice system. States receiving formula grants were required to collect data on the impact of DMC in their jurisdictions, assess the reasons this disproportionality existed, and work on strategies for prevention. OJJDP created a five-phase reduction model to help states evaluate their efforts. The five phases were: identification, assessment/diagnosis, intervention, evaluation, and monitoring. To encourage states to take a more in-depth look at the racial makeup and demographics of youth in the system—from arrest to incarceration—OJJDP created opportunities for training and technical assistance, sponsored events, published research reports, and held trainings across the nation.

Research has shown that the overrepresentation of minorities in the juvenile justice system is attributable to a number of social and systemic factors. According to Mauer, those factors include:

- Selective enforcement of delinquent behaviors.
- Differences in patterns of offending.
- Differing opportunities for treatment.
- Institutional racism.
- Byproducts of socioeconomic factors.
- Biased risk assessment instruments.
- Differential administrative practices.
- Unequal access to effective legal counsel.
- Legislation that has a disparate impact on youth of color.[86]

Data on the race and ethnicity patterns in juvenile arrests illustrate that, while minority youth are generally overrepresented in the system, the levels of overrepresentation differ based on the crime. Native-American and African-American youth tend to be overrepresented in homicide arrests, and African-American youths are overrepresented in drug abuse violations, even though White youth self report higher levels of drug use.[87] Racial stereotyping can disadvantage youth and lead to the overrepresentation of minority populations in the

system. For example, African-American youth are seen as more "adult-like," leading to an increased perception of blameworthiness.[88]

Juvenile agencies around the country continue to take steps to reduce disproportionate involvement of minority youth in the juvenile justice system, with varying degrees of success. The JJDPA's requirements have had a significant impact on practitioners' awareness of this problem, but few agencies have made substantial inroads into eliminating it.[89] As the research of Mauer and others has shown, the roots of the problem go much deeper than what any particular agency can reform on its own. Racial disproportionality is truly a systemic issue, requiring the concerted efforts of many stakeholders, including those operating outside the juvenile justice field.

Transfer of Juveniles to Adult Court

The tough on crime era of the 1980s and 1990s saw major expansion of mechanisms that allowed more youth to be transferred to adult court. Many states categorically lowered the age so that youth 17 or older would automatically be charged as adults for all crimes.[90] Deitch and her colleagues found that 27 states allowed at least some youth aged 12 and over to be transferred to adult criminal court; 23 of these states have no minimum age of transfer.[91]

Many states changed their laws to broaden the circumstances for which a youth could be transferred to adult court for prosecution and sentencing, giving judges and prosecutors the discretion to transfer youths at even younger ages. Judges also became much more likely to use their discretion to transfer youth to adult criminal court under judicial waiver laws. Prosecutorial discretion is also known as "direct file."[92]

These laws also expanded the range of offenses for which youth could be transferred. Some states passed laws known as "statutory exclusion" or "automatic file" laws, *requiring* youth charged with certain serious offenses to be tried as adults.[93] These strict waiver laws apply within 29 states and prohibit certain offenses from being tried in juvenile courts.[94]

Methods of Transfer

- **Age of Juvenile Court Jurisdiction laws set the age of adulthood as the age when juveniles will be placed within jurisdiction of adult courts.**
- **Transfer and Waiver Provisions establish crimes for which juveniles can be tried in adult court.**
- **Judicial Waivers provide juvenile judges authority to waive jurisdiction of the juvenile court system and transfer the juvenile offender to adult court.**
- **Prosecutorial Waivers, also called "prosecutorial discretion," gives prosecutors the option to file a case against a youth as either a juvenile or adult offender.**
- **Reverse Waiver gives courts the option of transferring juveniles in the adult system back to juvenile court jurisdiction.**
- **Statutory or Legislative Exclusion policies require cases meeting certain offense criteria to initiate in adult court, thus excluding the juvenile from entering the juvenile court jurisdiction at all.**
- **"Once an Adult, Always an Adult" policies require juveniles to be tried as adults if they have ever previous faced prosecution as an adult.[95]**

Appendix Table 2 [11] provides a spreadsheet showing the specific transfer laws that apply in each jurisdiction.

Between 1985 and 2002, the number of youth under age 15 transferred to adult court doubled, and statistics show that this trend disproportionately affected African-American youth.[96] The year1994 was a peak time for youth to be transferred by judges to adult criminal court. During this same timeframe, even youth aged 12 and under were being transferred to adult court with surprising frequency.[97]

Current estimates suggest that, under these various waiver and transfer provisions, as many as 250,000 youth under the age of 18 are prosecuted in adult court each year.[98]

Harsh Sentencing

Prosecution of youth in adult court exposed them to harsh sentences intended for adult offenders. Many of these sentences were mandatory, giving the judge no discretion to take a youth's age or capacity for rehabilitation into account as mitigating factors in sentencing.

Mandatory sentencing laws took on special concern in states where transfers to adult criminal court were required by state statute: in these states, no judge had the opportunity to consider youth as a factor in *either* prosecution or sentencing. Juveniles as young as 11 and 12 received mandatory sentences for as long as 30 years without the possibility of parole.[99] Some children age 13 received sentences of life without parole (LWOP) for non-homicide crimes.[100]

Nationwide, more than 2,000 youth are currently in prison serving LWOP sentences, and these sentences were given to juveniles three times as often as they were before tough on crime policies were implemented.[101] Countless other youth are serving sentences of life *with* the possibility of parole for crimes committed during the tough on crime era. The death penalty was a sentencing option for youth prior to the U.S. Supreme Court's decision in *Roper v. Simmons*. *Roper* established that differences in development are significant enough to render juveniles (defined as youth under age 18) ineligible for the death penalty.

During this same time, approximately 27 states also created what became known as "blended sentencing" laws for youthful offenders.[102] Blended sentences offer a middle ground between "pure" juvenile sentencing and transfer to the adult criminal court. Blended sentencing laws permit a judge to craft a sentence for youth that extend into their adulthood. The blended sentence typically requires a youth to start a placement in the juvenile system and, depending upon his or her success and behavior, face transfer to the adult system upon reaching the maximum age of juvenile confinement. On the one hand, this option prevented many youth from being prosecuted in adult criminal court, but it also resulted in the imposition of very long sentences on certain youth who previously would have received only a juvenile disposition. Blended sentences could be relatively short (under 10 years), but they could also be for terms of 40 years or so.[103] Typically, such blended sentencing schemes are available only for the most serious types of offenses.

Placement of Waived Juveniles in Adult Facilities

"Adult time for adult crime" exposed youth to longer sentences and the more punitive environment of adult facilities. As more laws were passed allowing youth to be prosecuted in the adult criminal justice system, more youth ended up confined in adult jails and prisons rather than in juvenile confinement facilities designed to keep them safe and meet their developmental needs.[104] According to 2009 data from the Bureau of Justice Statistics (BJS), approximately 2,700 youth are locked up in adult prisons on any given day, and an additional 7,220 youth are held in adult jails while awaiting trial.[105]

The risks to these youth are significant: in adult confinement facilities, youth face much higher risks of sexual and physical assault, suicide, and mental health problems.[106] Many youth are held in isolation to protect them from adult offenders, but such strategies carry a painful price for youth, causing them to deteriorate mentally and physically.[107] In addition, adult confinement facilities lack developmentally appropriate programming and educational alternatives for youth.[108]

An Emerging Second Era of Reform

Although juvenile justice policy in the 21st century has not fully rejected the tough on crime attitudes of the 1980s and 1990s, it clearly reflects an increasing belief that punitive approaches can be harmful and that community-based services are often more successful than confinement when responding to youth crime.[109] This era may be characterized as relying on a "developmental model" of approaches to juvenile justice, which considers the specific needs of youth in designing programs and services.[110]

Reducing the Use of Youth Confinement

Perhaps the most fundamental shift in approach to juvenile delinquency in the last decade or so has been the movement to reduce the use of youth confinement facilities, following almost a century of expanded reliance on custodial settings for youth. Many states began documenting maltreatment and abuse in juvenile correctional facilities in the 1990s and early 2000s. In Texas, one of the nation's largest juvenile corrections systems, scandals erupted in 2007, revealing numerous concerns about safety and treatment of incarcerated youth.[111] Other jurisdictions also began questioning the wisdom of their approaches to youth crime in the wake of highly publicized concerns about conditions.[112] In 2010, the first national study of sexual abuse in juvenile facilities revealed that 12% of youth offenders had been victims of sexual abuse while incarcerated.[113] Further, studies revealed a high use of isolation, seclusion, and restraints within these facilities.[114] The increasing awareness of such dangers helped fuel the move towards deinstitutionalization beginning in the first decade of the 21st century.[115]

Research findings also showed that incarcerating youth was not an effective means to deter recidivism. Studies found high rates of recidivism among youth who spent time in confinement.[116] Those youth who were transferred to the adult system and were incarcerated in adult prisons and jails faced even worse odds: an analysis by the Centers for Disease Control in 2007 showed that youth in adult facilities had a 34% greater risk of violent recidivism than those who remained in the juvenile system.[117] Youth advocates pointed to research that showed the better success rates of community-based programs located close to youths' homes, and legislators began investing more heavily in non-incarceration options for delinquent youth.[118] The positive experience of Missouri in keeping youth out of large state institutions and close to their home communities lent support to these national reform efforts.[119]

Surely, one important consideration for lawmakers was the vast expense associated with the incarceration of youth, especially coupled with showings of abuse and ineffectiveness. These economic factors assumed even greater importance during the tough budgetary times of the mid-2000s. Legislators began looking closely at opportunities to deinstitutionalize youth and reduce the expenses associated with confinement, adding safeguards to address the troubling conditions.[120]

The first question that lawmakers and agency administrators needed to consider was *which* youth could be deinstitutionalized without an impact on public safety? Despite all the talk about juvenile superpredators in the 1990s, it was clear that the youth who were filling the detention facilities were in for relatively minor offenses. Only 12% of youth confined in juvenile facilities in 2007 had committed violent crimes—the majority were there for delinquent rather than criminal behavior.[121] Even more troubling, many youth were being incarcerated for status offenses, despite the DSO requirement of the JJDPA. But many jurisdictions have been slow to implement this requirement, which puts these youth at risk and is a costly practice for local authorities, not to mention a violation of federal law.

Policymakers in some states began to divert lower-level, nonviolent youth from state-run facilities. In Texas, for example, in direct response to the scandals of 2007, lawmakers eliminated the ability of judges to send misdemeanants to state-run juvenile corrections facilities. This change in the law quickly decreased the number of state-incarcerated youth in Texas from about 5,000 to around 1,100 in just a few years.[122] Other states, including New York and Ohio, have similarly emphasized diversion to community programs and probation supervision over confinement as a response to delinquent behavior.

Two national initiatives deserve significant credit for helping encourage this shift away from the traditional detention model and towards more effective community-based services. The Juvenile Detention Alternatives Initiative (JDAI) model seeks to implement broad-based juvenile justice reform and has as one of its key objectives to reduce the detention of youth.[123] Launched by the Annie E. Casey Foundation in 1992, JDAI established five model pilot sites to test more effective strategies for responding to delinquent youth. The model sites are in Bernalillo County, New Mexico; Cook County, Illinois; Multnomah County, Oregon; New Jersey (the first statewide model); and Santa Cruz, California. Almost 200 other jurisdictions have replicated the JDAI model, at least in part.

In its 2011 annual report on JDAI, the Annie E. Casey Foundation found a 30% decline in admissions to juvenile detention and a 5% increase in average length of stay, across all JDAI jurisdictions since 2009. The shift away from detention does not appear to have led to higher crime rates or increased recidivism. Moreover, the successes of the model have not been limited to deinstitutionalization: Santa Cruz, Multnomah County, and Cook County have all had success in reducing DMC. To help further the goals and success of the initiative and recognizing the limitations of the Annie E. Casey Foundation, the OJJDP provided $1 million to support JDAI and its expansion for two years starting in 2011. Continued or more permanent federal funding for JDAI had not been established as of early 2014. [124]

The second relevant initiative is Models for Change, created in 2004 by the MacArthur Foundation by launching satellite programs in four states: Illinois, Louisiana, Pennsylvania, and Washington. There are eight guiding principles of the "Models for Change Framework": fundamental fairness, recognition of youth and adult differences, recognition of individual differences, recognition of potential, safety, personal responsibility, community responsibility, and system responsibility. This effort is evaluating aftercare, mental health, community-based alternatives, DMC, indigent defense, and evidence-based practices in the juvenile justice system.[125] The emphasis this model places on strategies beyond secure confinement has been enormously influential in shaping the thinking of practitioners and advocates.

These diversion efforts are starting to bear fruit, and the trend is away from juvenile incarceration. Many local detention facilities and state-run juvenile corrections institutions report reductions in the number of confined youth. Moreover, large state-run facilities are closing all over the country. In 2011, the Annie E. Casey Foundation reported that 52 facilities in 18 different states had closed over a four-year period.[126] These closures are attributed in large part to the efforts described above to reduce juvenile confinement, but a lack of funding to support confinement facilities has also been an important factor.

Notably, juvenile crime is also down across the country, resulting in reduced numbers of referrals of youth to juvenile court and reduced demand for beds in secure facilities.[127]

Professionalizing Youth Custody Staff

The last couple of decades have also seen increased emphasis on the professionalization of staff working in confinement facilities, through increased training and ongoing professional development opportunities and the hiring of staff with special qualifications. When staff are made aware of applicable standards and innovations in their field through these professional opportunities, they are enabled to do their jobs more effectively. In turn, this improves conditions of confinement, the availability of services for youth, and interactions between youth and staff. (See Ch. 4: Developing and Maintaining a Professional Workforce). [12]

This shift towards professionalism has many benefits for youth and the public. Positive relationships between staff and youth have an enormous influence on youth behavior in custodial settings, and can reduce the incidence of institutional violence. Also, youth receiving appropriate, effective services in a professional environment are more likely to participate and benefit from treatment, education, and other services, making them more likely to become positive, contributing members of their communities upon release. (See Ch. 14: Behavior Management: Staff Training and the Building of Positive Staff-Youth Relationships). [13]

The Development of Standards for Juvenile Institutions

A key driver of increased professionalism and improvements in conditions of confinement in juvenile facilities has been the development of standards. Over the last couple of decades, a number of entities have sought to incorporate best practices into written standards to guide the operations of agencies that wish to demonstrate their commitment to professionalism and the delivery of quality services for incarcerated juveniles.

American Correctional Association (ACA)

In the mid-1970s, the ACA created an entire department charged with developing standards for correctional facilities. This group initially focused its attention on adult facilities; standards for juvenile facilities were not introduced until 1979. Under the leadership of Anthony Travisono and William Taylor, the ACA developed

standards to address such issues as staff training, sanitation, safety, and the living environment. These standards have been updated numerous times over the years and provide a touchstone on best practices applicable to juvenile institutions.

Unless a facility chooses to become ACA certified, it is not mandated to comply with ACA standards, however, many state and local jurisdictions use the ACA standards as a guide for auditing or monitoring juvenile facilities. ACA standards can be used to assess a facility's institutional strengths and weaknesses, identify and address problems, establish organizational goals, and develop and implement new policies and procedures. ACA standards may be helpful to facility administrators in advocating for additional resources to support improved conditions, needed services, and additional staff. Compliance with ACA standards can also be helpful in defending against frivolous lawsuits and providing for higher levels of staff professionalism and morale.[128]

Council of Juvenile Correctional Administrators (CJCA)

In 1995, the CJCA developed Performance-based Standards (PbS) that focus on the treatment services offered in juvenile correctional institutions. PbS go beyond the primarily facility-based requirements of the ACA and require an examination of the outcomes of the policies and practices employed in the institution. Participation in the PbS program is voluntary, and juvenile institutions in 29 states are currently participating to improve their performance.

The National Commission on Correctional Health Care (NCCHC)

Other sets of standards target specific issues. The NCCHC provides national standards related to prison health. The NCCHC developed a separate manual for health services for youth, and established an accreditation program for both adult and juvenile correctional facilities.[129] NCCHC sponsors the annual National Conference on Correctional Health Care, as well as several other conferences, educational opportunities, and resources for correctional health care providers. Compliance with the NCCHC standards is voluntary, however, non-compliance can provide evidence to support liability in lawsuits that challenge correctional healthcare delivery systems.

Prison Rape Elimination Act (PREA)

In 2003, Congress passed PREA to address the issue of sexual violence in confinement facilities. The Act called for the creation of the National Prison Rape Elimination Commission, to study the causes and consequences of sexual abuse in confinement settings and to develop standards for the purpose of detecting, responding to, and eliminating this abuse. After much deliberation and multiple periods of public input, the final PREA Standards became effective on August 20, 2012. There are specific standards and protocols applicable to different types of facilities, including juvenile facilities operated by both state and local governments, and adult jails holding youthful inmates. (See Ch. 3: Physical Plant Design and Operation: Implementing PREA). [14]

Juvenile Detention Alternatives Initiative (JDAI)

Many agencies around the country participate in the JDAI, which incorporates an outside review process of each facility using groups of community volunteers and juvenile justice professionals. These inspection teams assess and report on facility policies, practices, and programs, and the evaluations are conducted using a set of comprehensive standards on issues related to health care, education, discipline, isolation, and the physical plant. These standards, developed by national experts and juvenile justice advocates, focus on the protection of youth in detention facilities.

American Bar Association (ABA)

In 2010, the ABA adopted its Treatment of Prisoners Standards, which cover a broad range of issues relevant to conditions of confinement. These are applicable to adult prisons and jails; however, some have direct relevance to youth housed in adult facilities. Specifically, Standard 23-3.2(b) calls for the removal of all youth from adult prisons and jails, for their separation from adults, and for specialized programming in cases when removal is not an option.[130] The ABA Standards are not enforceable, but they provide helpful guidance to professionals and to courts evaluating the constitutionality of the conditions in facilities.

State Standards

Many states also regulate the operations of juvenile confinement facilities through state-adopted standards. In Texas, for example, the state-run juvenile agency is charged with developing and enforcing standards on a wide range of issues applicable to local juvenile probation departments that operate secure detention and post-adjudication facilities.[131] State inspectors routinely audit the local agency's compliance with the standards, which is necessary to maintain appropriate licensure.

As standards have evolved to reflect best practices and have become more protective of the rights and needs of the youth in custody, staff members in juvenile confinement facilities have become increasingly aware of their obligations to conduct their work in a professional manner and to strive to improve the delivery of services. Staff in well-run juvenile detention facilities have found that facilities that operate according to nationally-recognized standards achieve better outcomes for youth and are safer for both youth and staff.

Improved Safety and Services for Youth

The shift towards improved conditions of confinement has resulted in new policies at the federal and state levels, as well as new types of programs. These programs and policies are designed to ensure the safety of youth in custody as well as improved delivery of services to them.

PREA

The passage of PREA by Congress in 2003 drew nationwide attention to the problem of sexual assault in confinement facilities. To remedy this situation, Congress required the development of standards to protect individuals in custody as well as the collection of data to assess the extent of the incidence of sexual abuse in both adult and juvenile confinement settings.

In 2013, BJS published a report on sexual victimization of youth in custody, based on a national survey conducted in 2012. About 9.5% of the youth surveyed self-reported experiencing one or more incidents of sexual abuse by another youth or a staff member while in custody in the past year, with 70% of victims reporting multiple incidents.[132] Juveniles who self-identified as gay, lesbian, bisexual, or "other" had higher rates of victimization than those who identified as heterosexual. Staff sexual assaults were more prevalent than assaults by other youth (7.7% versus 2.5%).[133] These troubling data emphasize the real need for continued reform and enforcement in this area, and show that the passage of PREA was an important first step, but is far from the end of the story when it comes to the protection of youth in custody.

Educational Programming and the Individuals with Disabilities Education Act (IDEA)

Congress passed the Individuals with Disabilities Education Act (IDEA) in 1990 to govern how public institutions—including juvenile confinement facilities—provide early intervention and special education services to individuals with disabilities up to 21 years of age. IDEA specifically requires that an institution provide a free appropriate public education (FAPE) in the least restrictive environment available to eligible persons. Juvenile confinement facilities are obligated under federal law to provide educational services.[134] Approximately one-third of confined youth have been identified as having a disability that qualifies them for special education and related services under IDEA.[135] This proportion is higher than in the general population, where only 10% of youth qualify for services and protection under IDEA.[136]

Several theories have been suggested to explain the connection between juvenile delinquency and learning disabilities. Youth with learning and behavioral disabilities often experience academic failure, placing them at a higher risk for dropping out of school. This can in turn lead to delinquency. Youth with disabilities may have poor impulse control or lack understanding of proper social cues. Due to poor planning, improper interactions with law enforcement, and failure to avoid being detected, these youth may be more likely to be caught for their behavior.[137]

Due to legal requirements such as IDEA and a growing recognition of the importance of education in preventing recidivism, juvenile justice administrators have made educational programming a top priority in their reform efforts.[138]

Mental Health Services

In recent years, awareness has increased regarding connections between mental illness and delinquent behavior. Emotional, behavioral, and substance abuse disorders increase a child's risk of engaging in delinquent or criminal behavior. Often a youth has more than one disorder—a "co-occurrence."[139] Research shows that roughly 70% of youth in custody have some form of mental illness, and 27% have severe mental health issues.[140] The absence of proper mental health treatment during confinement can lead to higher rates of recidivism and delinquency.[141] Lack of appropriate mental health services can have other tragic consequences, as confined youth historically have higher rates of suicide and self-harming behavior.[142] Another concern is the high rate of institutional violence and serious misbehavior among youth with severe mental health problems.[143]

The number of youth with mental health needs continues to increase, and confinement facilities often find it challenging to meet the needs of these youth, who would be better served in a more treatment-oriented environment. As a result, a great many facilities now use mental health screening instruments to better understand the needs of youth entering the facility to identify the youth that may require available mental health services or referral to a mental health facility. The Models for Change initiative has emphasized mental health screening and risk assessment and mental health training for juvenile justice staff among its top priorities.[144] Youth advocates, including federally designated protection and advocacy centers such as Disability Rights Texas, have been strong proponents of improved treatment services and conditions for youth in confinement, and for improved community-based options for this population.[145]

Girls and Delinquency

Awareness of the unique needs of specific populations of youth has also increased. Female offenders in particular warrant special attention and gender-specific programming.[146] Girls are victims of disparate treatment within the juvenile justice system. They are disproportionately charged with status offenses, have their family disputes incorrectly labeled as domestic violence, and are subject to a misperception that girls are becoming more violent.[147] Hygiene needs, pregnancy awareness, health considerations, prior victimization, and safety risks are all gender-specific concerns for girls.

Many jurisdictions have come to realize that females can often be served effectively in a less restrictive setting than a confinement facility and have begun offering special community-based programs for girls. For example, girls-only day-treatment centers allow girls to maintain ties to their communities and families while receiving specialized treatment.[148] Specialized courts for girls designed around gender-specific and strength-based programming have also sprung up in jurisdictions such as California, Hawaii, and New York.[149] Recognizing that boys and girls take different paths toward delinquency, these courts seek to find creative ways to address female behavior. The staff of these courts is entirely female. Many jurisdictions have instituted all-female probation units staffed by officers who specifically enjoy working with girls and their issues, as a means of keeping girls from slipping further into the system.

Balanced and Restorative Justice (BARJ)

Restorative justice calls for a different approach to the treatment of youth offenders and is an approach that is gaining momentum in juvenile justice reform. Restorative justice is governed by a set of guiding principles: (1) that all people have dignity and worth, (2) that repairing harm and rebuilding community relationships is the primary goal of the juvenile justice system, and (3) that results are measured in terms of repair rather than punishment.[150] Programs influenced by restorative justice emphasize victim–offender mediation, community dialogue, and community service. Balanced and Restorative Justice (BARJ) gained prominence in 1993, and support for this model continues to grow with more than a dozen states legislating BARJ practices and more looking to enact laws and policies. Montana established the Office of Restorative Justice to promote the approach statewide, and a Minnesota statute requires victim offender mediation.[151] BARJ developed pilot programs in Palm Beach County, Florida; Dakota County, Minnesota; and Allegheny County, Pennsylvania. Each of these pilot sites received technical assistance visits authorized by the federal government, written materials, and training both on and off site. Each has demonstrated measurable progress in moving toward a restorative justice approach to juvenile justice.[152]

BARJ reflects a major shift from the punitive confinement strategy of the 1980s and 1990s towards the more rehabilitative emphasis of modern-day juvenile services. Far from a soft-on-crime approach, this child- and community-centered model is yielding tremendous benefits for youth, families, victims, communities, and taxpayers alike, with better outcomes at much lower costs. And the approach has gained support on both sides of the political aisle; conservative advocates—such as Right on Crime—and religious groups have endorsed this positive approach to youth justice.[153]

The "Children are Different" Movement

Over the last decade, there has emerged a reform movement in juvenile justice characterized by a growing recognition in policy and legal spheres that children are different from adults and have specialized needs. This recognition has taken a number of forms but it is reflected in developments in scientific research, decisions of the U.S. Supreme Court, and legislative trends towards keeping more youth in the juvenile system, limiting prosecution of youth in the adult system and reducing the frequency of youth being placed in adult facilities.[154]

Research on Adolescent Development

We now know that teenagers are developmentally different than adults physically, intellectually, and emotionally; they are not just miniature adults. New developments in brain science research in the last decade called into question longstanding assertions that the brain is completely developed when puberty begins.[155] Research shows that the way the brain changes and develops during puberty can influence behavior, and there is variance in the onset and timing of puberty from one individual to the next that can have long-lasting ramifications on brain development and behavior.[156] This increased understanding about brain differences has brought a heightened level of public awareness that is playing out in the juvenile justice policy realm. The MacArthur Foundation Research Network has published numerous reports in an effort to spread research and scientific findings related to the realities of adolescent development, and these reports have been highly influential in informing and shaping the law regarding juvenile justice. The National Research Council, an arm of the National Academy of Sciences, published a major report in 2012 highlighting the importance of using a developmental approach to juvenile justice policy and practice that takes account of the substantial psychosocial differences between teenagers and adults.[157]

Supreme Court Rulings on Sentencing and Criminal Procedure

In light of this growing body of knowledge about adolescent development, recent U.S. Supreme Court decisions have found that certain adult punishments and adult criminal procedures are not appropriate for children.

In the 2005 case of *Roper v. Simmons*, the Supreme Court examined the application of the death penalty to youth. Seventeen-year-old Christopher Simmons, along with his younger accomplice, broke into a woman's home and then threw her off a bridge. Because Missouri automatically treats all 17-year-old offenders as adults, Simmons was tried as an adult in criminal court and sentenced to death. The Court found that there was a national consensus against sentencing youth to death, since the vast majority of states had already rejected the death penalty for individuals who committed a capital offense before age 18.[158] The Court further noted that only seven countries besides the U.S. allowed youth offenders to be executed. Relying heavily on the research showing that adolescent brains were not yet fully developed, thus making teens less culpable and more susceptible to rehabilitation than adults, the Supreme Court ruled that imposing the death penalty on youth under age 18 constituted cruel and unusual punishment in violation of the 8th Amendment to the U.S. Constitution. This case thus ended the practice of sentencing youth to death for capital offenses. The ruling in this case was especially important because it set a precedent that children are fundamentally different than adults for the purposes of sentencing.

Five years later, the Supreme Court handed down its decision in *Graham v. Florida*, which extended the reasoning in *Roper* to apply to certain life without the possibility of parole (LWOP) sentences. Sixteen-year-old Terrence Graham, who committed armed robbery while on probation, was sentenced to LWOP. The Supreme Court held that it is constitutionally impermissible to sentence a youth to life without parole for a non-homicide offense.

[159] Again, the Court relied on the research showing that children are different than adults and concluded that their lessened culpability and greater potential for rehabilitation made LWOP disproportionately harsh for a non-homicide crime.[160]

The Supreme Court has also held that the differences between youth and adults are relevant when it comes to criminal procedure. *JDB v. North Carolina* established that age is a determining factor in deciding whether an individual is in custody for purposes of receiving Miranda warnings.[161]

Most recently the Court decided *Miller v. Alabama*, further expanding the scope of the holding in *Graham*.[162] Evan Miller was 14 years old when he was transferred to the adult system for murder in the course of arson, a capital felony in Alabama. In a companion case, *Jackson v. Hobbs*, 14-year-old Kuntrell Jackson was convicted of murder during the commission of a robbery, a capital offense in Arkansas.[163] In both cases, the only possible sentencing option for a capital offense (post-*Roper*) committed by someone under age 18 was LWOP.

The Supreme Court ruled in *Miller* that it was unconstitutional under the 8th Amendment to have a sentencing scheme that required LWOP for juvenile homicide offenders. A sentencing scheme that required mandatory life without parole did not allow the decisionmaker to weigh mitigating factors, including the age of the defendant and his lessened culpability compared to adults. The holding in *Miller* lends further weight to the conclusion that children are different than adults and should be treated as such under the law. Moreover, punishments and procedures designed for adults are not necessarily appropriate for youth offenders.

In the coming years, the U.S. Supreme Court is expected to continue to tackle more thorny questions about how to distinguish youth offenders from their adult counterparts. As state legislatures determine how to implement the *Miller* decision through statutory changes, there undoubtedly will be further challenges to the sentencing schemes that arise, the allowable length of sentences, and the mitigating factors that courts must take into account in the sentencing process. The reasoning in this line of cases will likely also be applied outside of the sentencing context, as happened in the *JDB* case. Some scholars believe that these cases also call into question statutes that require the transfer of certain youth to adult criminal court, especially for non-homicide offenses.[164]

The Supreme Court's rulings provide a clear indicator that there is a bright line to be drawn at age 18, and children below that age have distinct rights under the Constitution. This should be a guiding principle for policymakers and agency officials as they seek to navigate the complicated territory presented by the special needs of youth who cross over into the adult criminal justice system for trial or confinement. The bright line drawn by the Court is also consistent with the federal law's definition of juveniles as youth under the age of 18.

Legislative Reforms

The "Children are Different" movement has been the impetus for a range of statutory reforms at the state level. Motivated at least in part by the research on adolescent development, state policymakers have increasingly sought ways to create clearer demarcations between juvenile and adult criminal justice systems. To some degree, this has resulted in a rolling back of some of the initiatives of the 1990s that pushed more youth into the adult criminal justice system. In the past few years, state legislative reform has taken shape in four general categories: raising the maximum age of juvenile court jurisdiction to keep older teens in juvenile court; changing transfer laws to limit eligibility for transfer to adult criminal court; limiting the ability to house youth in adult facilities; and changing mandatory sentencing laws to account for developmental differences between youth and adults.[165]

These policy changes received widespread, bipartisan support in large part due to the much better outcomes that are expected for youth who remain in the juvenile system, as well as long-term cost savings from reduced recidivism.[166] Also, the belief that youth are capable of rehabilitation and deserve a second chance is now more prevalent than at any other point during the past three decades.

A number of states, including Connecticut, Illinois, Massachusetts, and Mississippi, have recently raised the age of juvenile court jurisdiction, allowing more 16- and 17-year-olds to stay in juvenile court for adjudication. Other

states, including New Hampshire, New York, North Carolina, Texas, and Wisconsin, are considering similar changes. Only 10 states continue to have the maximum age of juvenile court jurisdiction set below age 18.[167]

Texas and Idaho are among several states that took steps in 2011 to allow transferred youth to be held in juvenile custody. In 2013, Nevada changed its criteria for juvenile transfer to the adult system so that only individuals who are 16 years old, who have a previous felony conviction, and who commit certain felonies can be transferred to the adult system.[168]

Such policy changes ensure that teens remain in the more rehabilitative environment available in juvenile confinement facilities and that only the most serious offenders are subjected to the punitive setting of adult jail or prison. As policymakers and correctional administrators become more aware of the potential for harm facing youth confined in adult prisons and jails, there is greater justification for keeping even those youth who are prosecuted in adult court in juvenile settings.

It is important for those who work in youth confinement facilities to understand and prepare for the possible impact of these policy changes. It is reasonable to anticipate an increase in the number of juvenile confinement beds needed to accommodate this population of youth who were formerly confined in adult prisons and jails, along with the requisite staff and programs, unless beds are freed up by the deincarceration of lower-risk youth. This new population may be increasingly challenging for staff in some jurisdictions to deal with, given that they may be older teens and may have more serious criminal backgrounds and more significant mental health needs than staff are used to seeing. Older teens may also have different programmatic needs, including preparation for independent living. With the appropriate training, however, juvenile confinement staff are capable of managing this population safely and effectively, given that similar youth are already being confined in juvenile facilities in other jurisdictions with excellent success. As less serious delinquent youth are shifted to community-based settings, juvenile confinement staff will need to adapt to a changing population.

Conclusion

The juvenile justice system in the United States has undergone periods of tremendous change in the past century, from the creation of the juvenile court to the development of the due process model, to the tough on crime era, to the more recent understanding that children are different than adults and deserving of different treatment. The current system has evolved as a product of the ongoing tension between two strong forces: a desire for punishment and accountability versus a belief in the effectiveness of rehabilitative programming for youth. At times, it seems as though there is a seesaw effect, with one of these objectives clearly outweighing the other, but in reality, our nation's policies have usually tried to accommodate both goals, with varying levels of success. It is important for practitioners to have this historical insight to be able to grasp the current state of the juvenile justice system in the U.S. and the precariousness of any reform initiative.

As juvenile justice enters a new stage of reform, with a strong focus on community services and local placement in lieu of confinement in large, state-run institutions, the system must balance its three primary aims: "to hold youths accountable for wrongdoing, prevent further offending, and treat youths fairly."[169] This balanced approach incorporates a holistic perspective with regard to juvenile justice interventions. Some would argue that the original goals and objectives of the juvenile court are as relevant today as they were in 1899, and that the successes and failures of the past century's shifting policies have provided insight on how to implement these goals and objectives with maximum efficiency and the best chance of successful outcomes.

If history is any indication of the future, we can expect to see the continuation of a separate juvenile justice system for youth under age 18, special treatment and programs for these youth designed to promote their rehabilitation and reintegration into the community, more low-level offenders being diverted to community-based programs, and an increasingly high-risk population of youth remaining in juvenile custodial settings. We can also expect that there will be ongoing challenges to these progressive approaches to youthful offenders, attempting to push the pendulum in the other direction once again.

Appendix

Table 1

State	Centralized / Decentralized	Detention	Probation	Juvenile Corrections	Aftercare Services	Governing Agencies	Desc. of Responsibility
AL	Decentralized	L/C	C/J	S/E	C/J	Administrative Office of the Courts	delinquency intake, predisposition investigation, and community supervision (including aftercare supervision)
						Department of Youth Services	commitment programs
AK	Centralized	S/E	S/E	S/E	S/E	Division of Juvenile Justice (Dept. of Health and Social Services)	detention, delinquency intake, community diversion, probation supervision, the juvenile corrections continuum, commitment and release, and aftercare/re-entry through 16 probation offices and 8 juvenile correctional facilities in 4 regions.
AZ	Decentralized	L/J	L/J	S/E	S/E	Arizona Department of Juvenile Corrections	The Arizona Department of Juvenile Corrections administers the states juvenile correctional institutions and aftercare/re-entry supervision.
						County juvenile courts	detention, intake screening, predisposition investigation, probation supervision, screening and

							petitioning delinquency cases
AR	Decentralized	L/C	L/J	S/E	S/E	Division of Youth Services (DHS)	delinquency institutions and aftercare services and contracts with private providers for alternatives to secure placements.
						Local county boards, courts and law enforcement agencies	secure detention, probation services
CA	Decentralized	L/C	L/C	S/E	S/E	County Probation Departments	detention, commitment, delinquency intake screening, predisposition investigation, and probation supervision
						Division of Juvenile Justice	state delinquency institutions, parolee supervision
CO	Decentralized	S/E	L/J	S/E	S/E	Local District Attorney Offices	juvenile delinquency intake screening
						Judicial Districts	predisposition investigation and probation supervision
						Division of Youth Corrections, epartment of Human Services	juvenile detention, the juvenile corrections continuum, and juvenile parole
CT	Combination	S/J	S/J	S/E	S/E	Court Support Services Division	pre- and post-adjudication services, encompassing detention and probation supervision
						Department of Children and	juvenile corrections

						Families (DCF)	continuum and aftercare services
DE	Centralized	S/E	S/E	S/E	S/E	Division of Youth Rehabilitative Services, Department of Services for Children, Youth and Their Families	detention, diversion, probation supervision through eight district probation offices, commitment programs, aftercare, intake, and predisposition investigations
DC	Combination	D/E	D/J	D/E	D/E	Family Court of District of Columbia Superior Court	juvenile probation services, encompassing delinquency intake, predisposition investigation, and probation supervision
						Department of Youth Rehabilitation Services	administers secure detention, community-based alternatives, residential placement, and aftercare.
FL	Centralized	S/E	S/E	S/E	S/E	Florida Department of Juvenile Justice (DJJ)	Prevention and Victims Services, Detention Services, Probation and Community Corrections, Residential Services, intake, investigation, and community supervision services, including aftercare
GA	Combination	S/E	C	S/E	C	Georgia Department of Juvenile Justice	delinquency services, including secure detention and

							commitment programs
						Local juvenile courts	delinquency intake screening, predisposition investigation, probation supervision, and aftercare services
HI	Combination	S/J	S/J	S/E	S/E	Family Courts	secure detention, delinquency intake, predisposition investigation, and probation supervision
						Office of Youth Services, Department of Human Services	commitment programs and aftercare
ID	Decentralized	L/E	L/J	S/E	L/J	County boards	operate a secure detention facility in each of Idaho's seven judicial districts
						County Probation Departments	predisposition investigation, probation supervision, and aftercare services
						Department of Juvenile Corrections,	juvenile corrections continuum
IL	Decentralized	L/C	L/J	S/E	S/E	Circuit Courts (and Cook County Board)	detention services , probation services including deliquency intake screening, predisposition investigations and probation supervision
						Department of Juvenile Justice	commitment programs and aftercare services
IN	Decentralized	C	L/J	S/E	S/E	Local juvenile	detention

						courts	centers, predisposition investigation and probation supervision
						Department of Correction	state juvenile corrections continuum and parole services
IA	Combination	L/E	S/J	S/E	S/J	County Executive Agencies/ Multi-country Regional Commissions	administer secure detention
						Division of Criminal and Juvenile Justice Planning	detention screening, delinquency intake screening, diversion, predisposition investigation, probation supervision, and aftercare services through eight judicial districts
						Department of Human Services	juvenile corrections continuum
KS	Decentralized	L/E	L/J	S/E	S/E	County	secure detention
						District Courts	juvenile probation services, including predisposition investigation and probation
						Kansas Department of Corrections	administers commitment programs and contracts with local providers for community-based intake assessment, treatment, and aftercare services.
KY	Decentralized	C/E (transition-	S/E	S/E	S/E	County	secure detention

		ing to S/E)				District Courts	juvenile probation services, including predisposition investigation and probation
						Kentucky Department of Juvenile Justice	commitment programs and contracts with local providers for community-based intake assessment, treatment, and aftercare services
LA	Combination	L/C	C	S/E	S/E	County (Parish)	secure detention
						Louisiana Youth Services, Office of Juvenile Justice	predisposition investigation, probation supervision, and aftercare supervision services through 13 offices, commitment facilities
ME	Centralized	S/E	S/E	S/E	S/E	Department of Corrections, Division of Juvenile Services	probation, diversion, and aftercare services through regional community corrections offices, detention and commitment programs
MD	Centralized	S/E	S/E	S/E	S/E	Maryland Department of Juvenile Services (DJS)	detention, delinquency intake, predisposition investigation, probation, correctional, and aftercare services
MA	Combination	S/E	S/J	S/E	S/C	State Court's Juvenile Court Department	intake, predisposition investigations, probation supervision, and some aftercare

						Department of Youth Services	secure detention, residential commitment facilities, and a range of community corrections programs. Aftercare is administered by the Department of Youth Services for youth returning to the community from placement.
MI	Decentralized	C	C	S/E	S/E	Local Family Courts	secure juvenile detention resources, intake, and probation supervision
						Department of Human Services, Bureau of Juvenile Justice	community-based alternative services, Community Justice Residential Centers, some secure detention resources, facilities for public commitments, and aftercare for juveniles committed to the state
MN	Combination	C/E	C	S/E	C	County/ Department of Corrections/ Private Contractors	detention services, delinquency intake screening, predisposition investigations and probation supervision
MS	Combination	L/C	C	S/E	S/E	Department of Human Services, Division of Youth Services	delinquency intake, diversion, juvenile probation, commitment, and aftercare

						County	secure detention, probation services
MO	Combination	L/J	C	S/E	S/E	Local Courts	secure detention, probation services (through a Juvenile Office in each of the state's 45 judicial circuits, except in the state's 10 largest counties)
						Division of Youth Services, Department of Social Services	commitment programs and aftercare.
MT	Combination	L/E	S/J	S/E	S/E	County	detention facilities
						District Courts	deliquency intake screeing, predisposition investigation, probation services
						Juvenile Division of the Department of Corrections	juvenile corrections continuum and aftercare/parole services to committed youth
NE	Combination	L/E	S/J	S/E	S/E	County commissions/ boards	secure detention centers
						Office of Probation Administration, State Court Administrator's Office	probation services (through 15 probation districts, 3 of which serve counties with separate juvenile courts)
						Nebraska Department of Health and Human Services, Office of Juvenile Services	delinquent offender services, aftercare services
NV	Decentralized	L/C	L/C	S/E	C/E	District Courts	secure detention facilities,

							probation services
						Clark County's Department of Juvenile Justice Services, under the Board of County Commissioners,	detention, probation, and aftercare
						Youth Correctional Services, Division of Child and Family Services (DCFS), Department of Human Resources	commitment programs and aftercare services
NH	Centralized	S/E	S/E	S/E	S/E	Division for Juvenile Justice Services (DJJS), within the Department of Health and Human Services (DHHS)	court-ordered investigations; community-based services, placements, and programs; and supervises juveniles on probation and parole; and provides institutional services at its combined detention center and commitment facility
NJ	Combination	L/E	S/J	S/E	S/C	Administrative Office of the Court's Family Division	delinquency intake screening and predisposition investigation, probation
						Juvenile Justice Commission (JJC)	secure and non-secure placement facilities and provides aftercare services to committed youth
NM	Centralized	L/E	S/E	S/E	S/E	The New Mexico Children,	intake screening, probation, and parole (aftercare)

						Youth and Families Department, Juvenile Justice Services	services through district offices covering the 13 judicial districts and administers commitment services
NY	Decentralized	L/E	L/E	S/E	C/E	County	detention facilities
						County commissions/ boards/ private agencies	detention facilities
						Department of Juvenile Justice	juvenile detention system, probation
						The Office of Children and Family Services' Division of Rehabilitative Services	commitment and most aftercare services
NC	Centralized	C/E	S/E	S/E	S/E	Division of Adult Correction and Juvenile Justice	detention facilities, delinquency intake screening, probation supervision, commitment, and aftercare services
ND	Combination	C/E	S/C	S/E	S/E	Supreme Court Administrator's Office	funds and administers juvenile probation services, including delinquency intake screening, predisposition investigation, and probation supervision through 7 judicial districts
						Juvenile Court to the Department of Corrections and Rehabilitation, Division of	case management, aftercare services, operation of state correctional facility

						Juvenile Services' (DJS)	
OH	Decentralized	L/C	L/C	S/E	C	County/ Juvenile Court	fund detention services, detention facilities, intake screening and probation services
						Ohio Department of Youth Services (DYS)	juvenile corrections continuum, parole services
OK	Combination	L/E	C	S/E	C/E	Office of Juvenile Affairs, Department of Juvenile Justice Services	juvenile detention and contracts for service from a range of providers, probation supervision services in 73 counties and commitment and parole services in all 77 counties
						County juvenile bureaus	intake and probation and aftercare services for direct placements in those counties.
OR	Decentralized	L/E	C/E	S/E	S/E	County juvenile departments	secure detention, intake screening, and most probation supervision services
						Oregon Youth Authority	probation supervision services, commitment programs, and aftercare.
PA	Decentralized	L/E	L/J	S/E	L/J	County juvenile courts	detention facilities, juvenile intake, probation supervision, aftercare services
						Department of Public Welfare's	non-secure youth forestry camps

						Office of Children, Youth, and Families	and secure youth development centers.
RI	Centralized	S/E	S/E	S/E	S/E	Family Court of Rhode Island's 10 Intake Units	delinquency intake screening and conduct predisposition investigations .
						Department of Children, Youth and Families' Division of Juvenile Correctional Services	secure detention, probation supervision, the state's juvenile corrections continuum, and aftercare
SC	Centralized	C/E	S/E	S/E	S/E	Department of Juvenile Justice (DJJ)	prevention, some detention, intake, evaluation, probation, aftercare, and community-based support services (through local field offices in 43 counties), juvenile corrections continuum (through DJJ's Rehabilitative Services Division)
SD	Combination	L/E	S/J	S/E	S/E	County	secure detention
						Unified Judicial System's Court Services Department	provides predisposition investigation and probation supervision services through seven judicial districts. T
						Department of Corrections	state's juvenile corrections continuum
TN	Combination	L/C	C	S/E	S/E	County commissions/ boards/ juvenile courts/ private contractors	detention facilities

							The Tennessee Department of Children's Services (DCS)	state probation services in 91 counties, all state juvenile corrections, and aftercare services in all 95 counties. Juvenile courts in Davidson (Nashville), Hamilton (Chattanooga), Knox (Knoxville), and Shelby (Memphis) counties administer their own juvenile probation departments.
	TX	Decentralized	L/J	L/J	S/E	S/E	Local Courts	probation, predisposition investigations
							Texas Juvenile Justice Department	commitment, release, and aftercare of juvenile offender
							County Juvenile Boards	juvenile justice system operations in that county (governing bodies of juvenile probation departments; monitor programs, institutional services, and residential placement facilities; set policies and approve annual budgets prior to submission to the county executive; designate the courts that will be the juvenile

							courts as well as the judges who will be juvenile court judges; and select and hire Chief Juvenile Probation Officers)
UT	Combination	S/E	S/J	S/E	S/E	State Juvenile Court Administrator	juvenile probation officers to provide intake, investigation, and community supervision services in the State's judicial districts
						Department of Human Services, Division of Juvenile Justice Services	secure detention centers, secure confinement residential centers, contracts for residential and non-residential community-based services, and aftercare supervision
VT	Centralized	S/E	S/E	S/E	S/E	Office of Justice Programs, Office of Juvenile Justice Delinquency Prevention	diversion, most detention, probation supervision, commitment, and aftercare
VA	Combination	C	S/E	C	C	Local juvenile courts	probation services, secure detention
						The Department of Juvenile Justice (DJJ) operates 32 Court Service Units (CSUs)	ntake, predisposition investigation, probation supervision, and aftercare services, juvenile corrections continuum
WA	Decentralized	L/J	L/J	S/E	S/E	local courts	probation and detention services, except

							in Clallam, Skagit and Whatcom counties, where, as allowed by statute, the courts have transferred this responsibility to the county legislative authority and in King County, where detention is administered by the County Executive
						The Department of Social and Health Services, Juvenile Rehabilitation Administration,	commitment programs and aftercare (i.e., parole)
WV	Combination	S/E	S/J	S/E	S/C	Supreme Court of Appeals	predisposition investigations, probation supervision, and some aftercare services through offices in the state's 31 judicial circuits
						Division of Juvenile Services, within the Department of Military Affairs and Public Safety	pre-adjudication/pre-dispositional shelters and secure detention, commitment, and some aftercare services
WI	Decentralized	L/C	L/C	S/E	C/E	Local Social Service Departments	secure detention, probation, and aftercare services
						Department of Corrections, Division of Juvenile Corrections	secure juvenile corrections, some juvenile aftercare services, and community-based

							alternatives to secure care
WY	Combination	L/E	C	S/E	S/E	district/county attorney's office	delinquency intake screening
						Department of Family Services, Division of Juvenile Services (except two district courts and one municipal court)	probation services as well as commitment, release, and aftercare services
						local law enforcement	detention services

Table 2: Mechanisms for Transferring Youth to the Adult System, 2011

	Judicial Waiver Type			Prosecutorial Discretion	Statutory Exclusion	Age of Jurisdiction	Reverse Waiver	Once an Adult/Al an Adult
State	Descretionary	Presumptive	Mandatory					
Number of States	45	15	15	15	29	13	24	34
Alabama	X				X	18		X
Alaska	X	X			X	18		
Arizona	X			X	X	18	X	X
Arkansas	X			X		18	X	
California	X	X		X	X	18	X	X
Colorado	X	X		X		18	X	
Conneticut			X			18	X	
Delaware	X		X		X	18	X	X
Washington, D.C.	X	X		X		18		X
Florida	X			X	X	18		X
Georgia	X		X	X	X	17	X	
Hawaii	X					18		X
Idaho	X				X	18		X
Illinois	X	X	X		X	17		X
Indiana	X		X		X	18		X
Iowa	X				X	18	X	X
Kansas	X	X				18		X
Kentucky	X		X			18	X	
Louisiana	X		X	X	X	17		
Maine	X	X				18		X

Maryland	X				X	18	X	X
Massachussetts					X	17		
Michigan	X			X		17		X
Minnesota	X	X			X	18		X
Mississippi	X				X	18	X	X
Missouri	X					17		X
Montana				X	X	18	X	
Nebraska				X		18	X	
Nevada	X	X			X	18	X	X
New Hampshire	X	X				17		X
New Jersy	X	X	X			18		
New Mexico					X	18		
New York					X	16	X	
North Carolina	X		X			18		X
North Dakota	X	X	X			18		X
Ohio	X		X			18		X
Oklahoma	X			X	X	18	X	X
Oregon	X					18	X	X
Pennsylvannia	X	X				18	X	X
Rhode Island	X	X	X			18		X
South Carolina	X		X			17		
South Dakota	X					18	X	X
Tennessee	X					18	X	X
Texas	X					17		X
Utah	X	X				18		X
Vermont	X			X		18	X	
Virginia	X		X	X		18	X	X
Washington	X					18		X
West Virginia	X		X			18		
Wisconsin	X					17	X	X
Wyoming	X			X		18	X	

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Ch.2 Types of Facilities

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"The most severe sanction that a juvenile court can impose entails the restriction of a juvenile's freedom through placement in a residential facility."(OJJDP)[1].

Nationwide, juvenile detention and correctional facilities, and in far too many cases jails and prisons, are charged with responsibility for the care and custody of young offenders. These facilities and the staff working in them are expected to provide for the safety of both youth and the public, to maintain humane and constitutional conditions of confinement, and to fulfill a variety of other functions depending on the specific type of facility.

According to information taken from the 2010 Census of Juveniles in Residential Placement (CJRP) survey, 79,165 youth were being held in juvenile confinement facilities on February 24, 2010, the date on which the survey data were collected.[2] This number does not include youth that were held in adult jails and prisons. According to the U.S. Department of Justice, Bureau of Justice Statistics (BJS), 9,851 youth were confined in adult jails and state prisons in 2010, and in 2009 (the most recent data available), approximately 4,145 youth ages 18 and under were arrested and taken into custody by federal officials.[3]

Juvenile justice practitioners and experts agree that confining youth—in most circumstances—is not in the best interest of either youth or public safety. Too often, delinquent youth charged with nonviolent offenses that do not pose a risk to public safety are held in confinement facilities, when supervision in the community would be a more cost-effective and appropriate option. Community supervision is also less disruptive to family life, to participation in educational and other community-based programming, and to sustaining employment for those youth who have been able to find a job.

Other youth are confined not so much because the delinquent act they committed is serious or because they pose a threat to public safety, but because the programs and services they really do need are not readily available. As a result, when these "special needs" youth are thought to pose a potential threat to public safety or to be a flight risk, they are too often placed in confinement facilities that are ill equipped to meet their special needs.

Confinement Facilities that Serve Youth

Many people struggle to understand the differences in the various types of confinement facilities in which young people may be held and the purpose of each facility type. Significant variations in how jurisdictions structure their juvenile justice systems contribute to this lack of understanding. Further confusion stems from more states handling criminally involved youth in the adult criminal justice system over the past two decades. Many of those youth are now being confined in adult jails and prisons.[4]

Confinement is part of a continuum of care for responding to youth engaged in delinquent behavior. The continuum begins with sanctions such as Teen/Youth Court, parent education and training, and other diversionary programs. Investments should always be made in preventive and diversionary programs and services in an effort to avoid the use of more restrictive interventions.

When necessary, the continuum moves to intermediate sanctions such as family preservation programs, intensive supervision probation; drug, alcohol, and mental health treatment programs; and home confinement and electronic monitoring. Most all of these interventions are non-residential and based in the community.

This Desktop Guide Series (DGS) addresses services at the deep end of this continuum, which involves the secure confinement of youth.

Juvenile Detention

Juvenile detention is a critically important part of the juvenile justice system. It has long been ignored, criticized, and deprived of the support and assistance that is regularly made available for other juvenile justice functions.

Juvenile detention is defined as

> …the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a restricted environment for their own or the community's protection while pending legal action.

Further, juvenile detention provides a wide range of helpful services that support the juvenile's physical, emotional, and social development.

Helpful services minimally include education, visitation, communication, counseling, continuous supervision, medical and healthcare services, nutrition, recreation, and reading.

Juvenile detention includes or provides for a system of clinical observation and assessment that complements the helpful services and reports findings.[5]

This definition was developed from the seven essential characteristics of juvenile detention identified by the American Correctional Association (ACA) Juvenile Detention Committee. These features, which remain relevant today, are:

- **Temporary custody.** Of all the methods of incarceration within the criminal justice system, only juvenile detention stresses its temporary nature. Detention should be as short as possible.
- **Safe custody.** This concept implies freedom from fear and freedom from harm for both the youth and the community. This definitional theme refers to a safe and humane environment with programming and staffing to ensure the physical and psychological safety of detained youth.
- **Restricted environment.** The nature or degree of restrictiveness of the environment is generally associated with the traditional classifications of maximum, medium, or minimum security or custody.
- **Community protection.** In addition to the factors listed above, the court has a legitimate right to detain youth for the purpose of preventing further serious or violent delinquent behavior.
- **Pending legal action.** This theme includes the time spent awaiting a hearing, disposition, a placement, or a return to a previous placement.
- **Helpful services.** Programs are available to detained youth to help resolve a host of problems commonly facing detained youth. Because detention has the potential of creating a tremendously negative impact on some youth, it is important that programming have the depth of services required to meet the needs of a wide range of youth problems.
- **Clinical observation and assessment.** Most juvenile codes specifically refer to this theme as a purpose for detention. The controlled environment of juvenile detention often provides the opportunity for intense observation and assessment to enhance staff decision-making capabilities. Competent clinical services are to be provided by properly credentialed individuals who coordinate and conduct the observation and assessment process. (This service may be provided by staff or through contract.)[6]

These characteristics and the definition of detention make clear that the purpose of juvenile detention is to confine only those youth who are serious, violent, or chronic offenders that may fail to appear for court proceedings or may commit additional delinquent acts pending legal action. Based on these criteria, juvenile detention is not considered appropriate for status offenders and youth that commit technical violations of probation.

Juvenile detention is best understood as being both a process and a place. Detention as place is the "what," the object or outcome of juvenile court action. Place includes the objective characteristics of detention such as the physical structure of the building and its characteristics—its rated bed capacity, security hardware, square footage, furnishings, and sanitation. Place represents the preventive aspect of detention. It prevents youth, families, and the community from coming to any additional harm; prevents the youth from committing any new offenses while being processed through the legal system; and provides assurance that youth will appear for court hearings.

Process is about action and refers to the intensity of services, the quality of care, the quality of staff and their relationships with youth, and the philosophy of detention. A significant aspect of the process of detention is staff, which includes judicial and other decision makers responsible for matching the levels of restrictiveness with the detention needs of the youth, the detention staff interacting with youth in confinement, and the values instilled in these staff by leadership at the detention facility. Process is about a continuum of care, both internal and external to the detention facility, and graduated sanctions that include detention and that are appropriate to the needs of individual youth.

Juvenile justice administrators and practitioners may not always have control over what makes up the place of detention. However, regardless of the physical plant or financial resources available to them, they are always in a position to affect the process, and process is "…much more influential in effecting safety and security than are policies and procedures."[7]

In 2007, to more directly address the idea of juvenile detention as process, the National Juvenile Detention Association revised the definition of juvenile detention to state the following:

Juvenile detention, as part of the juvenile justice continuum, is a process that includes the temporary and safe custody of juveniles whose alleged conduct is subject to court jurisdiction and who require a restricted environment for their own and the community's protection while pending legal action. Juvenile detention may range from the least restrictive community based supervision to the most restrictive form of secure care.

The critical components of juvenile detention include:

- Screening to ensure appropriate use of detention.
- Assessment to determine the proper level of custody, supervision and placement.
- Policies that promote the safety, security and well being of juveniles and staff.
- Services that address immediate and/or acute needs in the educational, mental, physical, emotional and social development of juveniles.[8]

Juvenile detention facilities may be publicly or privately funded and operated. When youth are placed in private juvenile detention facilities, the organization operating the private facility will charge daily room and board and sometimes other fees to the court or division of government that referred the youth to the facility.

Juvenile detention facilities may be either staff secure or facility secure. A staff-secure facility does not have the same construction fixtures, such as locked doors throughout the building, as do those that are facility secure. Likewise, the staffing configuration of a facility that is staff secure is different from the staffing configuration of one that is facility secure.

Each year, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) asks residential facilities that serve youth in the juvenile justice system to complete the CJRP, which asks representatives of juvenile residential facilities to describe each youth assigned a bed in the facility. This survey includes information about the "lock" or "no lock" (facility-secure or staff-secure) status of the facility, which is determined by the facility. The descriptive criteria to which facility administrators are to respond related to this status are provided below:

Locks indicated. Juveniles are restricted within the facility or its grounds by locked doors, gates, or fences some or all of the time.[2]

No locks indicated. Juveniles are not restricted within the facility or its grounds by locked doors, gates, or fences; facilities that do not rely on locks for security are also known as staff secure.

Based on this information, from 1997 to 2010, less than 14% of youth in detention were served in unlocked, staff-secure facilities.[10] This is true despite the fact that, in 2010, 24% of all youth place in detention were being held for either a status offense (2%) or a technical violation (22%) of the conditions of the youth's probation or parole.[11]

The full range of juvenile placements from which the Census of Juveniles in Residential Placement (CJRP) survey collects data includes:

- **Detention Centers**
- **Shelters**
- **Reception/Diagnostic Centers**
- **Group Homes**
- **Boot Camps**
- **Ranch/Wilderness Camps**
- **Long-term Secure Facilities**

As discussed above, juvenile detention is intended to be temporary and transitional. However, a number of states have passed legislation that allows for the "sentencing" of youth to local juvenile detention facilities, rather than committing them to a state correctional facility. More than half of states allow the juvenile court to order adjudicated youth to serve time in a local juvenile detention facility. Many juvenile detention facility staff and administrators, particularly those working in facilities in small or rural communities, find it challenging to effectively meet the programmatic and service needs of youth adjudicated to spend lengthy periods of time in their care. This is particularly true when it comes to serving youth with special mental and medical health and educational needs.

National leaders in juvenile justice disagree with this legislative change and instead support the prohibition of juvenile detention as a dispositional option. The development of effective, appropriate and less costly alternatives should be supported to eliminate the use of juvenile detention as a disposition. Given the average length of stay in secure detention is 15 days it seems reasonable that many of these youth could be served in a community-based program.

In most cases, youth are ordered by the court to serve less time in detention facilities than in state correctional facilities. There are fewer than ten states in which secure detention is used solely to hold youth before adjudication or placement.

Juvenile Corrections

Long-term juvenile correctional facilities serve a different purpose than juvenile detention facilities. Secure detention facilities are meant to provide short-term confinement for pre-adjudicated youth, and secure correctional facilities are meant to serve youth that have been adjudicated delinquent for an offense that would be considered a crime if the youth were an adult—typically one or more felonies or multiple misdemeanor offenses. Youth are confined in secure correctional facilities for periods generally ranging from a few months to a year or more. Some youth may spend multiple years in a juvenile correctional facility. Due to the long-term nature of juvenile correctional facilities, a much broader array of programs and services is typically available than those in juvenile detention facilities.

Juvenile correctional facilities are a part of larger statewide systems of juvenile justice—systems that are multifaceted, with processes and components that vary greatly from one state to another. State juvenile justice systems have changed dramatically over the last century, as have the programs and facilities designed to serve the youth referred to those systems. Facilities and programs within a single state or jurisdiction may range from staff-secure, family-style group homes to facility-secure, long-term training schools and treatment programs.

Many juvenile correctional systems have intake and diagnostic facilities. These facilities may be architecturally free standing but are often located on the same campus or compound of a long-term juvenile correctional facility, where the youth may or may not be placed following the intake process. The length of stay in an intake and diagnostic facility is usually 30–90 days, during which time a youth's educational, medical, mental health, and other needs are evaluated. The information obtained as a result of this short-term placement is used to determine the individual needs of youth, and, based on those needs, what the youth's long-term dispositional placement will be. Some intake and diagnostic facilities also conduct court-ordered, pre-dispositional diagnostic evaluations. In these cases, youth will typically return to the local community following the period of evaluation while they await disposition of their case in juvenile court.

Juvenile correctional facilities, like juvenile detention facilities, may be either staff secure (unlocked) or facility secure (locked). The same definitions of locked versus unlocked are used for both juvenile detention and juvenile correctional facilities.

From 1997 to 2010, more than 76% of youth committed to a juvenile correctional facility were served in a locked, facility-secure setting.

The length of time a youth spends in a juvenile correctional placement may be determined either by the facility to which the youth has been committed (indeterminate) or by the court adjudicating the youth (determinate). In the case of determinate commitments, the judge orders a defined length of time the youth is to spend in the juvenile correctional placement. The length of indeterminate commitments may be decided in response to established treatment goals by a semi-independent or external paroling authority, by a team of staff that work with the youth, and (sometimes) the youth's family, or by some other process specific to the jurisdiction.

A little over half of committed youth in confinement are held in publicly-funded, government-administered facilities. Both privately-run detention and confinement facilities charge daily and other fees to the court or division of government that referred the youth.

In recent years, significant attention has focused on providing reentry and aftercare services for committed youth. Jurisdictions have invested in these services to allow for some level of post-release supervision of youth, with the goal of increasing the likelihood of safe and successful transitions of youth back into their homes and communities. Aftercare services may be provided as part of the youth's commitment to a state department of corrections, which may or may not involve supervision by a parole officer or a juvenile probation officer and the court that ordered the youth's commitment to the juvenile correctional facility.

As mentioned earlier, youth are typically confined in juvenile correctional facilities for longer periods of time than they spend in juvenile detention facilities. In 2010, approximately one-third of committed offenders remained in placement six months after admission. A little over 10% of these youth remained in placement one year after admission.[12]

The number of youth committed to a juvenile correctional facility decreased 35% between 1997 and 2010.[13] There are many factors that may have contributed to this dramatic reduction in youth commitments, including national reductions in juvenile crime rates.

Youth in Adult Jails and Prisons

"In the United States, children are treated as different from adults, except when it comes to criminal law." (Michele Deitch et al.)[14]

The physical separation of youth and adults in confinement facilities has a long history in the U.S. dating back to the early 19th century with the creation of special facilities to house juvenile delinquents. The first of these was the New York House of Refuge, which opened in 1825. Over the next 40 years, another 25 juvenile confinement facilities opened across the country. The U.S. now has more than 2,200 public and private juvenile residential placement facilities holding adjudicated youth. (See Ch. 1: Historical Perspective). [2]

The purposes of separate facilities for youth were 1) to protect juveniles from possible influence and victimization by adult offenders, 2) to allow for a focus on the rehabilitation of these youth to divert them from a lifetime of criminal behavior, and 3) in recognition of the fact that children are not the same as adults. However, the level of commitment to the goal of rehabilitation and recognition that youth are not miniature adults has fluctuated with the political climate.

U.S. Supreme Court decisions from the 1960s such as *Kent v. United States* (1966) and *In re Gault* (1967) led to dramatic and profound changes in U.S. juvenile courts, such as affording youth many of the due process rights granted to adults. However, in response to a rise in juvenile crime in the late 1970s and early 1980s, lawmakers—primarily at the state level—began to pass legislation allowing for the prosecution of juveniles through adult criminal courts. As a result, 46 states have lowered the age or expanded the circumstances, or both, under which juveniles can be prosecuted as adults.

The setting in which youth who are prosecuted and convicted as adults will serve their sentence may vary from one jurisdiction to another, particularly for youth that have been sentenced to a term in prison. In some states, youth may serve some portion of their sentence in a juvenile facility before being transferred to an adult confinement facility. Although some facilities do little more than physically separate juveniles from adults, other state systems have created specialized facilities for youthful offenders in an effort to more effectively meet their needs. In these facilities, physical separation is supplemented with specialized, age-appropriate programming and staff training.

Adult jails and prisons serve the same function for adult offenders that juvenile detention and correctional facilities serve for youth in the juvenile justice system. Gary Bowker describes jails in the National Institute of Corrections document, *Jail Resources Issues: What Every Funding Authority Needs to Know,* as follows:[15]

> The primary purposes of the jail in the community are to hold accused law violators who cannot post bond to ensure their appearance at trial and to hold those convicted of lesser offenses until they complete their court-ordered sanction. In addition to these purposes, rehabilitation and reintegration are sometimes considered secondary goals. Opportunities for self-help and change are desirable and may prevent some inmates from committing offenses after their release. However, provision of these activities may be limited by the lack of any clear statutory responsibility to provide such programs at the local jail level, by financial constraints, and by other resources restrictions.

This last statement clearly informs and supports many of the concerns that have been raised by representatives of the juvenile justice community and by child and youth advocates across the country related to the wisdom of transferring youth to the adult criminal justice system.

Jails are primarily publicly funded and locally operated (city or county). Prisons may be operated by either a state criminal justice system or by the federal government.

Concerns around the sentencing of youth to secure confinement in an adult facility are many. The JJDPA requires sight and sound separation of youth being prosecuted in the juvenile system but held in adult jails and prisons. However, these protections do not apply when youth are being prosecuted in the adult criminal justice system. In addition, there are limited standards (offered by the American Correctional Association) for managing youth and what services should be provided for them in adult correctional facilities. Furthermore, there is no monitoring system for ensuring safe and healthy conditions of confinement for youth being held in adult facilities.

According to a report written by Malcolm Young and Jenni Gainesborough for The Sentencing Project, entitled, *Prosecuting Juveniles in Adult Court*, youth in adult jails and prisons are five times more likely to be physically and/or sexually assaulted, almost eight times more likely to commit suicide, and are more likely to be attacked with a weapon.[16] They are also more likely to be placed in isolation, often as a means of meeting the federal requirements for sight and sound separation, and have less access to education, family support, and other developmentally appropriate programs and services than youth in the juvenile system. In adult facilities, youth

usually receive the same meals, health, education, and recreational services as adults, despite the known differences in their developmental needs.

Numerous national organizations have made clear their view that the most appropriate placement of youth is in a juvenile confinement facility where they may receive age-appropriate programs and services focused on rehabilitation and treatment, delivered by staff trained to work with youth, in an environment where they are safe from potential victimization by adult offenders.[17]

Immigration and Customs Enforcement (ICE)

"Children of immigrants are one-fourth of America's children and the fastest-growing group of children." (Phillips et al.)[18]

There are an estimated 1.5 million unauthorized immigrants under the age of 18 in the U.S., as well as approximately 4.5 million more children born in the U.S. whose parent(s) are undocumented. Although the majority of these immigrant youth cross the Mexico–United States border, others come to this country from many places around the world for asylum and protection, employment, reunification with their families, or because they are being smuggled into the country for cheap labor and/or sexual exploitation.[19]

The Immigration and Customs Enforcement Agency (ICE), a division of the Department of Homeland Security (DHS), is charged with ensuring public safety by enforcing laws governing border control, customs, and immigration. However, ICE agents may and do detain both adults and youth simply due to their lack of legal status. Although there are many circumstances in which youth may come to the attention of ICE, it is most often through contact with law enforcement or the juvenile justice system or when they are apprehended trying to cross the U.S. border.

Youth taken into custody by ICE officials may be either unaccompanied or undocumented. Unaccompanied youth are those under age 18, who have no legal status and for whom there is no parent or legal guardian in the U.S. Undocumented youth are those under age 18 who have no U.S. citizenship and live in the U.S. with one or more parents or legal guardians. The Office of Refugee Resettlement (ORR), which is part of the U.S. Department of Health and Human Services, becomes responsible for the care, custody, and placement of all illegal immigrant youth deemed to be unaccompanied. Most children served by the ORR are placed in licensed foster care, in a shelter care facility or in another appropriate youth care setting.[20] Undocumented youth may be sent to ICE detention centers, or to contract facilities in areas where no ICE facility is available. These contracted facilities are typically local jails, state prison facilities, or local juvenile detention centers—facilities for confining individuals charged with or convicted of committing a crime. Most undocumented youth have committed no crime; they are only in this country without a legal citizenship status.[21]

Based on a settlement agreement stemming from the 1985 lawsuit, *Flores v. Reno*,[22] if the release of a child in the custody of the Immigration and Naturalization Service (INS—the precursor to ICE) is not possible, that child should be placed in the least restrictive setting possible. The Flores ruling also requires the INS to place youth in an appropriate juvenile detention facility or a nonsecure shelter facility within five days of entering into INS custody.

In 2010, the National Immigrant Justice Center (NIJC) filed a Freedom of Information Act (FOIA) request to obtain information about immigrant youth being held in adult detention facilities. Despite the Flores decision, the information obtained determined that, between 2008 and 2012, DHS detained almost 1,400 youth in adult facilities. This number is considered low, as the reported data came from only 30 of the approximately 250 adult facilities with which DHS had contracts at the time.

Tribal Youth Facilities

"Incarcerated Indian youth are much more likely to be subjected to the harshest treatment in the most restrictive environments and less likely to have received the help they need from other systems." (Terry L. Cross)[23]

According to the Bureau of Indian Affairs (BIA), there are currently 566 federally recognized American Indian and Alaska Native tribes, with Native American people living in every state in the country. The states with higher concentrations of Native Americans typically have either several Indian reservations or have large cities with Indian relocation centers that were established in the 1950s.[24]

For centuries, Native American tribes governed themselves, including exercising control over youth. However, due to the erosion of many tribal jurisdictions and significant losses of financial and other resources, cases involving Native American youth may now be processed in any one of three systems—federal, state, or tribal.

There have been many shifts in policy related to jurisdiction over criminal matters involving Native Americans in the history of the United States. For many years, the federal government claimed jurisdiction over "(1) all offenses committed by an Indian against a non-Indian; (2) all offenses committed by a non-Indian against an Indian; and (3) certain serious crimes committed by an Indian against another Indian."[25] However, in 1953, the U.S. Congress, as part of the Major Crimes Act, legislated Public Law 83-280—more commonly known as PL 280. Under PL 280, jurisdiction over most all criminal and civil matters involving Native Americans was mandatorily transferred from the federal government to state governments in California, Minnesota, Nebraska, Oregon, and Wisconsin. The law also applied in Alaska, once it became a state. In addition to these six mandatory states, ten more states have voluntarily opted to transfer jurisdiction to the state under PL 280. These states are: Nevada, South Dakota, Washington, Florida, Idaho, Montana, North Dakota, Arizona, Iowa, and Utah.[26]

There is also tribal jurisdiction, which in most cases is concurrent with state or federal jurisdiction or both. Tribal jurisdiction applies when the crime is committed on Indian lands by an Indian. If the crime is serious enough to warrant a lengthy period of confinement, prosecution in the tribal court may not be the best option, as these courts have a sentencing limit of between one and three years. The Federal Juvenile Delinquency Act (FJDA) establishes federal jurisdiction by allowing the federal government to prosecute juveniles based on three possible circumstances: 1) the state does not have or refuses to assume jurisdiction; 2) the state does not have the resources to meet the needs of the youth; and 3) the youth is alleged to have committed a federal felony violent crime or enumerated drug offense, and the federal government has a substantial interest in the case.[27]

Tribal, Federal, and State Jurisdiction **Tribal Criminal Jurisdiction** **General Scope of Criminal Jurisdiction in Indian Country***		
	Type of Crime	
	"Major" Crime (as defined by Major Crime Acts)	**All Other Crimes**
Indian perpetrator/Indian victim	Federal Jurisdiction (under Major Crimes Act) & Tribal Jurisdiction	Tribal Jurisdiction
Indian perpetrator/Non-Indian victim	Federal Jurisdiction (under Major Crimes Act) & Tribal Jurisdiction	Federal Jurisdiction (under General Crimes Act) & Tribal Jurisdiction
Non-Indian perpetrator/Indian	Federal Jurisdiction (under	Federal Jurisdiction

victim	General Crimes Act)	(under General Crimes Act)
Non-Indian perpetrator/Non-Indian victim	State Jurisdiction	State Jurisdiction

*Please note that this general jurisdiction chart does not apply to jurisdictions where Public Law 280, 18 U.S.C. 1162 or other relevant federal statutes have conferred jurisdiction upon the state.

Graph adapted from The Tribal Court Clearinghouse, "General Guide to Juvenile Court Jurisdiction in Indian Country," http://www.tribal-institute.org/lists/jurisdiction.htm [3].

Funds for detention, when available, are provided by the BIA or through agreements with the BIA, called Self-Determination Contracts or Self-Government Compacts. These agreements allow tribes to receive BIA funding to develop their own detention programs.[28] Tribes may also enter into contracts with non-tribal or non-BIA facilities to house youth under tribal jurisdiction. A fact sheet from the Campaign for Youth Justice entitled, *Key Facts: Native American Youth in Federal, State, and Tribal Justice Systems* says that, "According to the 2002 BJS study, only 7% of responding tribes had their own juvenile residential facility available and over two-thirds (68%) of responding tribes placed juveniles in neighboring non-Indian detention facilities."[29]

OJJDP funds a number of programs for tribal youth to encourage innovation, collaboration, and sustainability to help tribal communities improve tribal juvenile justice systems, including programming for youth residing in or reentering their communities upon release from tribal juvenile detention centers. An example of this effort is the 2014 Coordinated Tribal Assistance Solicitation (CTAS) through which funds will be awarded to federally recognized tribes and tribal consortia to support public safety, victim services, and crime prevention in American Indiana and Alaska Native Communities.

In addition, OJJDP administers the Tribal Juvenile Detention and Reentry Green Demonstration Program, which seeks to:

- Reverse the overrepresentation of Native American youth in the juvenile justice system.
- Reduce the rate of recidivism for tribal youth.
- Provide guidance, nurturing, and resources that would allow tribal youth to participate in best practice and green energy programs compatible with Native American traditions and culture.

OJJDP provides training and technical assistance for program planning, implementation, and enhancement, and for program evaluation to support tribes operating or planning to operate a tribal juvenile detention center. All federally recognized tribes are eligible to request training and technical assistance related to reentry services.

As a result of the multiple jurisdictions governing tribal youth, the confinement facilities in which these youth may be held are much more diverse in terms of both facility type and geographic location than they are for any other population of youth in the U.S.

Standards, Licensing, and Audits

In some jurisdictions, a specific department or division of government licenses adult and juvenile correctional confinement facilities; in others, these facilities are audited on a regular basis against a specific set of minimum standards for compliance. A department or division of local or state government or some other external authority typically conducts these audits. Following are some of the national standards available for certifying or auditing conditions of confinement.

American Correctional Association (ACA)

The ACA provides standards for programs, services, and facilities that include adult and juvenile correctional agencies;

- Programs and institutions.
- Adult jails and adult and juvenile detention facilities.
- Adult and juvenile probation.
- Adult parole and juvenile aftercare services.
- Adult and juvenile community residential services.
- Adult and juvenile treatment programs.
- Adult and juvenile boot camps.
- Adult probation and parole field services.
- Correctional industries.
- Correctional training academies.
- Electronic monitoring programs.
- Food services programs.
- Healthcare for adult correctional institutions.
- Therapeutic community.

The standards established by the ACA are often used as the foundation for the development and approval of standards used in state, jurisdictional, and other auditing processes.

Council for Juvenile Correctional Administrators (CJCA)

The Council for Juvenile Correctional Administrators has developed Performance-based Standards (PbS) for juvenile detention and correctional facilities and Community-based Standards (CbS) for use in monitoring and improving conditions of confinement and treatment services provided through or in partnership with state juvenile correctional systems.

Immigration and Customs Enforcement (ICE)

The 2011 Operations Manual ICE Performance-Based National Detention Standards (PBNDS) are related to the conditions of immigration detention. These standards address juveniles only minimally. The most significant addresses the need to hold juveniles separately from adults, according to the requirements of *Flores v. Reno*.[30]

Juvenile Detention Alternatives Initiative (JDAI)

The JDAI Detention Facility Self-Assessment was developed for use by trained teams of volunteers so that they might conduct a "self-inspection" in detention facilities for the purpose of internally monitoring conditions of confinement and to identify problems.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

In partnership with each state, OJJDP audits compliance with the Juvenile Justice and Delinquency Prevention Act (JJDPA).

Prison Rape Elimination Act (PREA)

Standards related to PREA became effective on August 20, 2012. These standards were enacted to address the problem of sexual abuse and rape of all persons—adult and juvenile—in the custody of U.S. correctional confinement facilities, both public and private.

Conclusion

Juvenile services should be thought of as a continuum, whereby the confinement of youth is at the furthest extreme of that continuum. On the other extreme, local services should serve the best interests of youth and

their families, meeting the wide range of needs of individual youth and families, while also protecting the community. This requires that communities recognize the need for youth and family intervention services; cooperation from law enforcement and juvenile justice officials; and access to resources, individuals, and organizations interested in supporting an effective and appropriate continuum of services.

If the secure confinement of youth becomes necessary, that confinement should be for the shortest term possible; in the least restrictive and safest setting possible; and in facilities specifically designed, programmed, and staffed to serve youth.

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Source URL: https://info.nicic.gov/dtg/node/4

Links:
[1] https://info.nicic.gov/dtg/node/48#pamc
[2] https://info.nicic.gov/dtg/node/9
[3] http://www.tribal-institute.org/lists/jurisdiction.htm
[4] https://www.urban.org/research/publication/tribal-youth-federal-justice-system
[5] http://www.modelsforchange.net/publications/212
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[17] https://www.justice.gov/sites/default/files/tribal/legacy/2014/02/06/tloa-tsp-aug2011.pdf
[18] https://www.prisonpolicy.org/scans/sp/juvenile.pdf
[19] https://www.ncjrs.gov/pdffiles1/ojjdp/232434.pdf
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[22] https://www.justice.gov/sites/default/files/tribal/legacy/2014/02/06/jj_gdp.pdf
[23] http://www.ncsl.org/research/civil-and-criminal-justice/juvenile-justice-trends-report.aspx
[24] https://www.bjs.gov/index.cfm?ty=tdtp&tid=13
[25] https://www.bjs.gov/index.cfm?ty=nps
[26] https://www.bjs.gov/content/pub/pdf/p11.pdf
[27] http://www.cjcj.org/Education1/Juvenile-Justice-History.html
[28] http://www.adjj.org/downloads/3582issue_brief_5.pdf
[29] https://www.ncjrs.gov/pdffiles1/nij/187680.pdf
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Ch.3 Physical Plant Design and Operations

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As with most public institutions, the story of youth confinement facilities is ever evolving. Affected by society's view of adolescence, crime trends, social science, politics, and economics, juvenile confinement facilities have changed from houses of refuge of the 1800s to more sophisticated facilities of the 21st century. Youth confinement facilities are marked by a seemingly unexplainable variation in design, structure, program, size, staffing, and philosophy. A growing consensus and body of best practice literature is taking root among juvenile justice professionals that can help guide the construction and operations of youth confinement facilities. It is the purpose of this chapter to highlight some of the principles and concepts that help professionals in the field implement those ideas.

Given that we live in a society that has decided to process some children and youth in the adult criminal justice system, this chapter also discusses many design and operations principles as they relate to the confinement of youth in facilities intended to serve adults.

Conditions of Confinement

The term "conditions of confinement" refers to all aspects of facility design and programming that impact the quality of care and supervision that offenders—both youth and adult—receive while confined. This includes the design of the physical plant, the structure and variety of programming provided, the nature and quality of staff supervision and interaction, and a host of facility policies and daily practices. One of the most comprehensive reviews of conditions of confinement in juvenile confinement facilities is a study conducted in 1991 by Abt Associates, Inc., pursuant to a contract with the Office of Juvenile Justice and Delinquency Prevention (OJJDP).[1]

Although other categories of facility operations could be constructed, this study identified twelve subject areas for investigation:

- Living space
- Medical services
- Food, clothing, and hygiene
- Living accommodations
- Security

- Suicide prevention
- Inspections and emergency preparedness
- Education
- Recreation
- Mental health services
- Access to the community
- Limits on staff discretion

Assessment criteria were developed for each of these areas; researchers surveyed 984 facilities and conducted on-site visits in nearly 100 facilities. The results of this work clearly suggested that there was a long way to go in terms of facilities consistently meeting established standards for best practice. This study also highlighted the specific challenges and dangers of youth being held in overcrowded facilities, a trend that continued well into the 1990s.[2]

A more recent survey of youth in placement, summarized in an OJJDP 2010 Bulletin, assesses some of these same facility and program elements from a youth's point of view.[3] Among other things, youth were asked about their perceptions of program activities; relationships with staff; sense of safety; clarity and consistency of rules; discipline; use of confinement, isolation, and restraints; and whether their basic needs were met. Among a number of significant findings, perhaps the most significant was related to the often-low quality of youth–staff relationships and youth perceptions of not being treated fairly.[4]

The factors noted above are the elements that confinement professionals have control over, as we know they rarely get to decide whom their facilities serve. The result is that facilities hold youth of widely divergent ages, needs, culture, and skills.[5] Youth are held for varying lengths of time, varying purposes, and with varying expectations and understandings of what can be accomplished while they are confined. Therefore, a critical challenge is to develop confinement facilities and programs that have the flexibility and efficacy needed to maximize positive outcomes for youth and minimize the harmful effects of confinement.

Another commonly used framework for assessing conditions of confinement was developed by the Youth Law Center using the term C.H.A.P.T.E.R.S., wherein each letter stands for a number of physical plant, program, staff, and operational areas.[6] A succinct overview of the C.H.A.P.T.E.R.S. issue areas is included as part of the Annie E. Casey Pathways to Juvenile Detention Reform series and serves as a useful way for practitioners to think about all the factors that have an impact on youth in custody.[7]

Understanding that "we cannot do nothing,"—that whatever we do has an impact on youth in the facility—we are necessarily required to ask ourselves a fundamental question: "What are the outcomes we want to achieve in how we operate the program?"[8]

Conditions of confinement are of particular concern regarding youth held in adult jails and prisons—facilities that were not intended and are not generally equipped to meet the developmental and other unique needs of young people. Despite the fact that a significant

number of national professional associations have developed position statements opposing the confinement of youth in adult facilities, this practice continues across the country. (See Ch. 19: Complex Issues and Vulnerable Populations: Placement of Youth in Adult Facilities) [2]

After We Lock Them Up, Then What?

Most juvenile justice practitioners would agree that **the primary purpose of short-term confinement programs and facilities is to safely confine youth who are alleged to have committed a delinquent act and are a danger to others, or to ensure that they are available for court purposes.** This purpose, adopted by the Board of Directors of the National Juvenile Detention Association (NJDA) in 1989, remains the ideal for most practitioners but does not always reflect the reality. Especially as juvenile arrest rates and pre-adjudication populations have declined over the last decade, other decision makers have increasingly used secure detention for a wide variety of purposes, including post-dispositional confinement and as a consequence for technical violations of a court's order. Adult jails, where some young people find themselves rather than in a juvenile detention center, serve a similar purpose: holding individuals who are awaiting court processing or who are serving short sentences after having been prosecuted as an adult.

Regardless of the challenge posed by the multiple missions of short-term confinement, the time youth are in confinement presents an **opportunity for change, to teach new skills, to assess or evaluate a youth's needs and responses to intervention, and to be part of a larger system's efforts to redirect youth into becoming a contributing member of the community**.

For longer-term juvenile and adult correctional confinement programs, where the mission is significant behavior change, the responsibility and opportunity to effect such change is evident. But, justice system partners outside of confinement commonly underestimate the potential impact a facility or program can have on confined youth. Unfortunately, even facility leadership and staff commonly let the challenges posed by the nature of short-term confinement facilities and the varying populations in these facilities inhibit their goals.

Although progressive short-term confinement staff are not approaching the work as "treatment" in a traditional sense, many realize that much can be accomplished beyond the fundamental function of safe confinement. A wide variety of educational, behavioral, restorative, and skill-development programs are being conducted in facilities every day, proving that some of the preconceived notions about limitations of short-term confinement can be overcome with thoughtful planning. The concept of "helpful programming" outlined by David Roush helps define a value-added role for short-term confinement facilities within the overall juvenile justice system.[9] In particular, Roush dispels some of the myths about what can be accomplished in short-term programs, illustrated in the following table:

Myth	Reality

Helpful programs are not compatible with short-term, pre-adjudicatory, secure juvenile detention.	Many facilities include pro-social and other competency-based programming that can be of use to youth when they are released from the facility.
Programs that require some continuity are hard to implement in detention, given the volatile nature of the population in terms of admissions, length of stay, diverse ages, etc.	It can be a challenge to implement some programs with fidelity to the continuity desired, but many programs can be implemented that are consistent with the best research about what works with youthful offenders, and they can contribute to the beginning of a change process.
Behavior change is not possible during such a brief stay.	Research suggests that substantive learning and behavior change can occur, sometimes even with relatively brief interventions. An example of emerging research that illustrates this is a study at the Cook County Juvenile Temporary Detention Center that shows a reduced level of subsequent offending for youth who were involved in cognitive-behavioral programming while in custody.[10]

In some ways, Roush suggests, the very nature of juvenile detention provides a unique opportunity to provide "helpful programming" because 1) it is a safe and controlled environment; 2) most detention facilities are relatively small, which helps promote higher levels of staff–youth interaction; 3) detention can be a good place to stabilize youth (physically and emotionally) and get them started on a positive track; 4) most detention facilities are under local control, providing a more direct connection with families and community resources; and 5) thinking of detention as a process within a larger framework of an organized intervention strategy can help guide the nature of programming delivered to youth.[11]

Although youth being processed in the adult system and housed in an adult jail facility may, like confined adults, have some contact with family and community resources, jail facility staff must be much more intentional about ensuring 1) a safe and controlled environment, 2) adequate and appropriate staff–youth interaction, 3) a physically and emotionally stable environment, and 4) staff that is supportive and prepared to use an intervention strategy as they engage with youth. Staff that work with youth confined in adult facilities must receive special training specific to the knowledge and skills needed to be prepared and effective in

working with youth. Administrative staff in adult confinement facilities should carefully select staff they believe appropriate for or who have indicated a specific interest in working with youth in a confinement setting.

Equally important, **confinement facilities should not operate in isolation from other components of the juvenile justice system**. The goals and programming of confinement facilities need to be aligned with the goals and programming of other components of the justice system, particularly probation and supervision programs and services, as most of these youth will likely to return to family and the community upon their release from confinement.

Time spent in a confinement facility should not be viewed as a "time out" from expecting the youth to work on critical thinking and social skills that may be part of the larger system's plan. Rather, it can be seen as a time to accelerate acquisition of these skills. This goal can be realized by aggressively focusing on a number of strategies, for example:

- **Promoting communication strategies** among key confinement staff and other staff in the justice system, ensuring that there is an appropriate sharing of information that helps confinement staff better serve the youth and helps provide ongoing system professionals with needed observations and information about the youth that can aid in community programming.
- **Using consistent program materials** and ensuring that staff are trained to reinforce the programming that youth receive in the community. A simple example would be, if a probation department utilizes a specific cognitive-behavioral curriculum, that same curriculum should be available in confinement so youth are working on the same issues and skills in confinement as they will be when they get out.
- **Ensuring that the educational program is assessing and building skills** that the youth will be able to apply when he or she reenters the community, including developing strong relationships with community-based schools and sharing information appropriately to ensure continuity of education programming.
- **Building a behavior management and discipline program around principles, strategies, and language that is consistent with other programming** the youth will experience in the community. Reinforcement and consistency of programming as youth enter and leave confinement is important in promoting long-term behavior change.

In sum, despite the challenges, there is much that can and should be done in confinement facilities to promote positive, pro-social behavior change in youth. It simply makes sense to have youth leave facilities with more skills and a greater chance of being successful in the community than when they came in.

Overcrowding: The Root of All Evil?

Overcrowding, particularly chronic or sustained overcrowding, poses a significant obstacle to successfully operating any confinement facility.[12] Overcrowding has a detrimental impact on all aspects of a facility, including 1) the safety and health of all those confined,

particularly youth; 2) the ability of a facility to provide quality programming; 3) the stability and effectiveness of staff; 4) the quality of relationships that staff can create with both youth and adults; and 5) ultimately, the positive impact that facilities can have on supporting reentry into the community.

In *Crowding and Its Effects*, which addresses the issue of overcrowding in juvenile detention, David Roush, with the National Partnership for Juvenile Services (NPJS), highlights the downward spiral that takes place when chronic overcrowding occurs. This downward spiral begins with the increased social density that adds stress for youth and staff alike, to challenges in completing even the basic daily routines, to increases in misbehavior that lead to higher levels of youth and staff conflict, and to a too common systemic response that then becomes even more repressive and reinforces an "us vs. them" mentality among youth.[13] These issues are well known to practitioners and were confirmed in the *Conditions of Confinement* study but are often less understood by policy makers who have little connection with the day-to-day operations of facilities.[14] Fortunately, there are nationally recognized professional groups that have taken strong positions about the dangers of overcrowding, including the National Juvenile Detention Association (NJDA, in 1995) and the National Council of Juvenile and Family Court Judges (NCJFCJ), the Youth Law Center, the National Juvenile Justice Network (NJJN, in 2009), and the Council of Juvenile Correctional Administrators (CJCA).

In recent years, as the result of declines in juvenile arrests and efforts to reduce confinement —such as the Juvenile Detention Alternative Initiative (JDAI)—the percentage of juvenile detention facilities that are consistently over capacity has declined, but overcrowding still exists. As states and jurisdictions close facilities and push youth to other programs, there is a risk of returning to those higher rates of overcrowding. Aggressive efforts to reduce the population by limiting the number of youth entering confinement facilities to only those that truly need to be confined and shortening the lengths of stay can go a long way to reducing overcrowding, and this should be step one.

When facilities are overcrowded, research demonstrates that there are a variety of observable and changeable aggravating factors that impact conditions of confinement.[15] Operating within the facility, practitioners can take steps to lessen these and other dangers that overcrowding presents by doing some or all of the following:

1. Develop a proactive behavior management strategy that reinforces youth learning and socially responsible decision making within the facility itself, recognizing that safety and security is ultimately enhanced as a result.
2. Pursue a daily schedule of strong and varied education, enrichment, and physical activities that minimizes the amount of free, unstructured time youth have to engage in undesirable activities.
3. Ensure that staff are well trained in basic observational skills that proactively identify the emotional and relational changes in youth that may be precursors to problem behaviors. Ensure that staff are well trained and supported to respond to and de-escalate crisis situations, both verbally and physically.

4. Ensure appropriate screening and classification of youth to help protect the safety of youth in custody;
5. Maintain direct supervision of and interaction with youth in custody, relying on technology only as an aid to supervision, not as a substitute for direct supervision.
6. Maintain a facility that is clearly secure, and that within the facility there are a variety of options to separate and supervise youth as needed to reduce risk.

Although the research upon which these recommendations are based was conducted in juvenile detention facilities, these steps would be effective in lessening the negative impacts of overcrowding in any confinement facility, juvenile or adult.

Any professional who has experienced sustained overcrowding conditions can attest to the emotional toll it takes on staff, on the attitudes and behavior of those in confinement, and on the quality of care and supervision provided by staff.

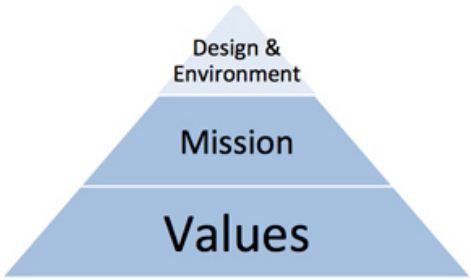
Facility Environment

Begin with the Mission in Mind

There is a commonly accepted axiom associated with architecture that states, "form follows function." Or, is it "function follows form?" Though the first phrase is the one commonly accepted, perhaps the truth lies in the fact that form and function are inextricably linked together and reflect one of the core messages of this chapter—that facility design can serve either to maximize positive outcomes or to limit them. The conditions in which we confine youth and under which staff work in are in many ways a visible expression of how detention professionals view their role and mission in the juvenile justice system.

Carefully developed program values and mission should form the foundation of facility design and environment; this takes time. Leaders must also consider the role of the facility in the larger justice system (local, regional, state, or federal). (See Ch. 8: Management and Facility Administration). [3]

Design Options [3]



It is not the intent of this chapter to fully explore various design details, as ultimately that is the role of facility administration working hand-in-hand with an architect/consultant/planner that has specific experience designing confinement facilities. There will be literally dozens, if not hundreds, of major and minor decisions made as part of a design process. This chapter focuses instead on some of the major principles and choices that ultimately impact conditions of confinement.

An excellent summary for policymakers that are thinking about building or expanding a facility is *Construction, Operations, and Staff Training for Juvenile Confinement Facilities,* authored by David Roush and Michael McMillen.[16] The strengths of this summary are a simple outline

for the design process, some solid design principles, and how facility design, programming, and staff work together to provide a safe and effective program for youth. Similar resources exist related to adult facilities, but rarely do they address design principles related to serving youth, despite the fact that thousands of youth under age 18 are held in adult facilities around the U.S.

Keeping the mission and goals of the facility in mind, there are several key considerations that will impact a facility's design, including:

1. **Location, location, location.** It may be possible to build a facility on a plot of land with minimal limitations, but it is more common that the location is determined by space already owned by the jurisdiction and is perhaps adjacent to other court or juvenile or law enforcement service.
2. Whether the facility is **new construction or a remodel** of either an old confinement facility or a building that was never intended to include a confinement facility. For example, constructing a facility within a building that has been serving as an office building, a warehouse, or some other purpose, is something that should be approached with considerable caution. Similarly, remodeling an adult jail to be used as a juvenile facility presents a host of problems that are seldom understood by policymakers who are unfamiliar with the functional and programmatic differences between juvenile and adult programs.
3. Meeting both **industry and jurisdiction standards**. Facilities should be designed to comply with current industry standards, such as those promulgated by the American Correctional Association (ACA) for Juvenile Detention Facilities.[17] It should be noted that ACA also provides standards for Juvenile Training Schools or Correctional Facilities and updates these standards through supplements provided periodically (most recently in 2012). States also promulgate standards for juvenile confinement facilities, typically setting standards for housing units, safety, sanitation, healthcare, programming, discipline, supervision, staffing levels, managing youth with disabilities, and other facility functions. Whereas state standards sometimes represent the minimum standards that must be met, the ACA standards may be considered as best practice standards. When possible, planners should opt for meeting the (often more stringent) ACA standards.

Adult confinement facilities that serve youth should also be aware of ACA and other standards specific to serving youth in confinement and should program according to these standards.

1. **Careful assessment of current and future need.** Although it is difficult to predict the future, planners should nonetheless spend time on the following:
    1. Assess current practices to ensure that any or all alternatives to confinement are maximized in a manner consistent with meeting the needs of youthful offenders and promoting community safety. No one should proceed with new construction or expansion of an existing facility unless current conditions of confinement are substandard and substantive work has been done related to alternatives. For

example, by using the core strategies of JDAI and implementing practice changes, countless sites around the nation have realized they did not need to build a new facility or expand an existing one.

2. **Carefully assess trends** in juvenile arrests, demographic data, and court and law enforcement practices to determine current and to project future need.[18] That projection may impact site selection, the initial size of the facility, and the elements of the design that permit (or inhibit) future expansion. There are ways to initially construct a facility in such a way to avoid the "if you build it, they will come" approach and still allow cost-effective expansion at some point in the future.

Much of this work can be done prior to engaging a consultant or architect, but more often than not, an up-front investment in a quality needs assessment is advisable. Expert advice and feedback pay big dividends in the long run.

Once a decision has been made to build or remodel a facility, there are a number of basic structural design options that could be considered. For example:

1. A living unit design in which many of the program functions of the facility are in a central area surrounded by living units (pods, cottages, units) of optimum size. The design would include secure rooms for sleeping, showers, restrooms, and some form of a dayroom for programs or free-time activities. The capacity of the living units may vary depending on the overall size of the facility (a larger facility may have living units that are larger than a smaller facility). Smaller living units (10–15) are easier to supervise and provide programming but may be less cost-effective overall than larger living units (25–30). In this model, youth can be supervised in the living unit for parts of the day and then are typically moved within the facility for education, recreation, and other programming as well as support services (healthcare, food service). This design permits the following:
    1. **Shared or centralized supervision** of youth, so that staff can come together to share supervision duties in common areas as well as provide ready support to each other when needed in the living units.
    2. The flexibility to **classify and separate youth** in a way that ultimately provides greater safety and reduces the potential for problematic behavior that may occur when too many youth with varying needs, ages, and issues are grouped together.
    3. **Relatively easy expansion,** depending on the site (assuming common areas support it) by adding a living unit as needed. If the site permits, the initial design will include a plan for additional living units or dayrooms and common areas without necessarily having to expand the existing common areas (overcrowding of common areas can be lessened by carefully scheduling the movement of youth).
    4. A more **linear design** in which living units and program areas may be more spread out along longer corridors or hallways or perhaps even on different floors of a facility. Although this model may also have living units of various sizes, spreading supervision out across a larger footprint can create problems when staff need to support each other in one of the areas. Nonetheless, sometimes the footprint of the

space dictates greater distance from one part of the facility to another, and additional staff may be needed to sufficiently cover that space.

5. Although more common for adult facilities, **larger congregate facilities for youth** have been built over the years. This model may include features such as dormitories, multi-youth rooms for sleeping, and living units that congregate large numbers of youth together. However, problems associated with this model have become more evident in terms of inability to properly classify and separate youth, manage the emotional environment, and ensure the safety of youth from other youth. Too often policymakers believe this model is more staff-efficient, allowing high youth-to-staff ratios because youth are in one area. But, this is a penny-wise, pound-foolish method of housing youthful offenders who are prone to impulsive behavior in a high-energy environment. Confinement professionals should resist efforts by policymakers to economize by constructing these types of facilities.

Other Environmental and Physical Plant Considerations

In any facility, whether a new one or an expansion or remodel, there are countless decisions to be made about the facility and program. This document does not explore these in detail, but a few basic concepts are worth noting, including:

1. **Let the sun shine in.** Natural light makes a difference for everyone living and working in a confinement facility. There is simply something disorienting and somewhat depressing about never seeing natural light, so when it is possible to bring light into the facility through windows or skylights, it is worth the investment. This is particularly true in situations in which an individual is confined for long periods of time, such as 30 days or more.
2. **Colors can make a difference.** Certain colors (versus others) on the walls and furnishings can create a more relaxed atmosphere, ideally reducing the institutional feel of the facility.
3. **Safety and security does not have to mean bars and steel furniture.** Durable, residential-grade furniture that is movable and comfortable 1) provides ways to configure a room for varied purposes, and 2) reduces the feeling of "jail" created by fixed steel tables and chairs. Walls can be made from safety glass that permits good visibility and supervision of various program areas and reduces the sense of confinement that youth may develop over time.[19]
4. **Complying with state and local building codes and the Americans with Disabilities Act (ADA).** Similar to state or local regulations that may provide minimum program and operational requirements for facilities, there are building codes and federal regulations that outline basic requirements of the design process. Facility planners and architects are normally well aware of these requirements, but it is up to the program leaders to make sure that the standards are applied in a manner that is consistent with other goals of program operations. Sometimes these requirements can be applied in a manner that is not conducive to good behavior management, efficient staffing and adequate supervision, and meeting the developmental needs of adolescents,

so it is important for facility leadership not to assume the architect or planners understand the best way to implement the regulations.

It is important that the facility is secure, and it is even more important that youth perceive the facility to be secure, thus reducing the temptation to think they can escape by overcoming staff or finding some other avenue. Creating this secure "envelope" can be accomplished in such a way that permits that internal living and program areas can be less institutional in nature.

Direct versus Indirect Supervision

It has become increasingly apparent in juvenile and adult confinement facilities that it is important to ensure direct supervision of youth in living units, classrooms, during program activities, and during routine daily functions. To those policymakers who may be familiar with larger, congregate type facilities or are not aware of the long-term benefits (including to safety and security) of direct supervision, it may seem that it would be cost effective to hire fewer staff and use various indirect means to monitor youth. This could mean supervising youth through electronic means or having staff "roam" the facility (including cells and dayrooms) observing them through glass but rarely interacting directly with youth for substantial periods of time.

Direct supervision of youth in all areas of the facility permit staff to 1) have a better sense of the emotional atmosphere in a living unit or be aware of potential conflicts between youth; 2) more effectively shape behavior of youth through more immediate positive or negative reinforcement; 3) develop a respectful relationship with youth in custody, because it is positive, respectful relationships that contribute most to safety and security; and 4) prevent some of the harmful effects of grouping delinquent youth together—what is sometimes referred to as peer contagion.[20]

The Importance of Staff Involvement in Planning

The process of designing a new facility or expanding an existing one must include key detention leadership and direct-care staff from the beginning. Creating a planning team from all levels of the organization has significant benefits, including:

- **Design programs.** Staff input will impact adjacencies of various functions—how youth will be moved from one part of the facility to another, how and by who programs will be provided, how youth will be supervised on a 24/7 basis, how basic needs and routine living functions are best accomplished, how best to ensure the safety of youth and staff, and more.
- **Integrate design with the behavior management program.** Involvement of staff from the start helps ensure that the design supports the kind of flexibility and options staff need to provide preventive supervision and intervention.
- **Promote team "buy in" to the design and operations of the facility.** Staff input throughout the process helps inform dozens of key decisions and helps inform some of

the tradeoff decisions that can arise in the planning process, especially when the facility site imposes limitations on what might otherwise be a better design.

- **Solve problems as they arise.** Ideally, the process of design and construction goes through an orderly process without problems or changes being required. And, certainly the perspective of the key planners (architects, policymakers) makes a difference in how well everything works, but there inevitably will be change orders and roadblocks that require timely and well-thought-out adjustments. It is critical to have a functioning staff planning team that has worked through the original plan, developed a good working relationship with one another, and can respond promptly to problems as they arise. A time of crisis or major roadblock is not the time to create a working group and expect optimum results.
- **Share the workload**. Staff members involved in the process can take on specific tasks or responsibilities during and after the design and construction phases and can serve as ambassadors to other staff, both to get input and to help explain decisions that are made along the way. There is typically more than enough work to go around, and giving staff the opportunity to step up and learn new skills has long-lasting benefits for the organization.

As one would expect, there are facilities that have been built or expanded with little input from direct-care and supervisory staff. When decisions are made without taking the time to involve all levels of staff, buy in to the overall program is lessened and an adversarial culture often develops.

Overcoming the "I Know What I Know" Challenge

We all know what we know and too often don't know what we don't know (as Donald Rumsfeld would say, there are "known unknowns and unknown unknowns"). Before becoming too confused, suffice it to say that the application of this idea related to design and conditions of confinement is that all staff (including leadership) can be limited by what they know and how they have done things in the past rather than keeping up with diverse practices and new approaches that can accomplish the same or even better outcomes.

Staff experience is often limited to one facility or program. When meeting staff from other facilities, the questions are endless about how others do what they do, how other programs function in areas of supervision, discipline, basic routines, needs, activities, and education, as well as how the facility's design compares with their own. Therefore, in forming a staff team to provide input to new facility design or expansion, it is important to do the following:

1. **Hit the road.** Take a team to see other facilities and purposely select facilities that have varying design and program components as much as possible. Staff can see the best and the worst of other programs, what works and what doesn't, what things to avoid and what things to support, and how their peers perceive the program or facility.
2. **Provide staff with information about best practices and industry standards.** This is clearly important for leaders who often have a greater chance of keeping up with best practices; exposing line staff to best practice and industry standards can help them

break out of the "this is the way we've always done it" perspective and elevate their sense of professionalism.

3. **Seek advice from others.** This certainly pertains to the architect or consultant that has been chosen to help lead the effort but also suggests it is useful to invite in others who have gone through the process and may operate other facilities or programs of a similar nature.

Who Makes the Final Decisions about Facility Design?

Rarely are confinement professionals in the position to make the ultimate decisions about the nature of facility construction, expansion, or remodeling. Policymakers at the local level (for detention and jail facilities) or state or federal level (for juvenile and adult correctional facilities) typically have to "sign off" on the plan. The process can vary but may include special committees responsible for public works or other administration officials who have oversight of a project. This does not mean, however, that those responsible for operating the facility are powerless in the process. Rather it means that facility leadership must attend to the following:

- Understand the parameters (including cost) that policymakers have established and the issues and needs that they have to deal with.
- Articulate the highest values underlying the program and best possible outcomes for facility design and operations.
- Do the homework on various designs or operational models and be able to explain the rationale for various choices that will need to be made along the way.
- Respond promptly to inquiries for information and work proactively to provide information to policymakers at the right times during the process.
- Work with policymakers to find solutions or compromises that meet their needs without significantly hampering ultimate conditions of confinement.

When these things are done well, the gap between what is best and what is decided can be substantially reduced, if not eliminated. So, it is critically important that program leadership be thoughtful and strategic about the relationship with the "deciders" and avoid any hint of an adversarial relationship, at the same time holding true to the values and vision needed to create and run a good program.

Building a New Facility versus Remodeling An Existing One

It was previously noted that there are many variables that go into facility design and operations, not the least of which is that it is more common to expand or remodel an existing facility than it is to build a new one. Given the cost of building a new facility, it is often attractive to policymakers to expand or remodel an existing facility or building (including a building that was never intended for use as a confinement facility). And, given the longevity of many public buildings, including adult and juvenile confinement facilities, it is not uncommon to face the challenge of updating and remodeling a facility that was designed and built in the 1960s or 1970s using a much different set of values than exist today. Local jurisdictions often will "hand down" former adult jails to be remodeled and

reconfigured for juvenile use. In some ways, this is the worst choice for a good juvenile confinement program.

When working with a hand-me-down adult facility, it is possible to maximize its usefulness by doing a few things. For instance:

1. Paint can go a long way to changing the atmosphere of a facility. As referenced previously, brighter, less institutional colors can influence a youth's emotional reaction to being locked up.
2. Replace steel, institutional furniture with residential grade, movable furniture (also referenced previously).
3. If possible, replace bars that may separate areas or even non-supporting walls that separate areas with safety glass or large windows that allow good supervision and create a greater sense of openness.
4. Replace cell or room doors that may be essentially jail bars with steel or other durable finish doors (with needed observation ports), again to reduce the sense that the facility is or was a jail.
5. Develop and maintain an active and constructive program of behavior management, activities, education, recreation, crisis counseling, and visitation. Even in a less desirable facility, if youth are kept active, busy, and engaged, the negative aspects of a facility can be minimized.

For those not familiar with adolescent development and best practices with youth in confinement, it seems counterintuitive to make the facility nicer in some way. It is therefore important for confinement professionals to focus on the positive outcomes of making these kinds of changes, including:

- Reduced behavior incidents, including assaultive behavior (youth-on-youth or youth-on-staff).
- Reduced need for hands on interventions, significantly reducing the risks of either youth or staff injury (extended staff absence due to injury is both emotionally problematic and costly in terms of overtime and workers compensation claims and benefits).
- Increased opportunities for youth to learn the kinds of skills and build competencies that are valued in the community and important for reentry. Given that safe confinement of youth is expensive (as is any residential program that operates on a 24/7 basis), it simply makes sense to maximize that investment. (See Ch. 18: Transition Planning and Reentry). [4]

It is possible to articulate and maintain high expectations for youth while they are confined so that time is not viewed as some sort of luxury or vacation. In fact, one could argue that it is an appropriate time to raise expectations by focusing and accelerating their educational programming, attending to and teaching new pro-social behaviors, and providing a safe space for youth to think about the impact of their behaviors on others and themselves.

Operational Costs and Cost Efficiency

Over the lifetime of even the most expensive facility, staffing and operations are much costlier than in the original construction. Roush and McMillen estimate that as much as one-third of a facility's construction costs need to be allocated for one year of operating, the majority of which is personnel costs.[21] Whether one-third or one-quarter, or somewhere in that range, it is easy to see that within three to four years, a program's operating costs will match the cost to build it. Projecting 30 or 40 years into the future, a facility can easily cost ten times as much to operate as to build.

Facility management must consider this long-term operation cost during the design phase and as an ongoing responsibility. In a previous reference to various design options, a desirable design involves living units and dayrooms that hold an optimum number of youth and permit direct supervision in those units and in common areas. Making living units too small and requiring staff to be in a direct supervision role will require more staff than larger living units, but making living units so large that they require multiple staff to supervise will also cost more. Similarly, staff efficiencies can be garnered by using safety glass or large windows instead of walls to separate areas or program space where practicable. Therefore, a "….design based on staffing efficiency—even if it will involve higher construction expenditures—is of utmost importance."[22]

Too often the true cost of operating a confinement facility is less evident to the community and to policy makers. For example, although the cost of constructing a 36-bed facility will be higher than a 24-bed facility, the cost of operating the larger facility is far more significant. Jurisdictions that have taken advantage of JDAI principles and process (whether or not formally involved with the Casey Foundation or with the OJJDP-funded Jurisdictional Planning Assistance that was previously provided by the Center for Research and Professional Development at Michigan State University) have discovered that many alternatives can be developed at a fraction of the cost while still maintaining public safety.[23]

Facility leadership also has a fiduciary responsibility to operate in as cost-efficient manner as possible while still providing the kind of programs that will produce positive outcomes for youth and the community. One good way to accomplish this, as well as fulfill another positive outcome, is to reach out to the community for resources. This could include connecting with community-based programs that can come into the facility and provide constructive activities and useful programs, donations of supplies (art supplies, books, recreational supplies, etc.), and items that can be used as reinforcers in a behavioral management program. Good fiscal management over time goes a long way to building program credibility with key policymakers—credibility that will be needed when crises arise or additional needs are identified.

As with juvenile confinement facilities, the design of adult facilities in which youth will be held needs to take into account these same factors, making the design of the facility consistent with the developmental and programming needs of young people. Also, the

Prison Rape Elimination Act (PREA) places requirements on adult facilities that should be incorporated in the design process so that the adult facility can cost-effectively meet those standards and provide a safe environment for youthful offenders. (See Ch. 19: Complex Issues and Vulnerable Populations: Placement of Youth in Adult Facilities). [2]

Facility Dynamics

Confinement facilities are subject to the same kinds of social dynamics and political shifts that impact other facets of community life. From the 1950s into the early 1970s, confinement facilities often held status offenders as a matter of course. The popular notion that "nothing works," based on a survey of studies on adult offender rehabilitation done by Robert Martinson, began to infiltrate the dialogue among corrections professionals and policymakers, giving fodder to those that were already inclined to believe that the only sure solution to crime control was locking up offenders.[24] As serious juvenile crime rose in the 1980s and early 1990s, and the erroneous predictions of a generation of youthful superpredators taking over our streets took root in political "get-tough" sound bites, the demand to lock up youthful offenders grew dramatically, and states changed their laws to make it easier to do so.[25]

Interestingly, since the latter 1990s and into the 21st century, jurisdictions that had become addicted to confinement as the solution to youth crime and other forms of misbehavior found themselves with space in their facilities that could be used for other purposes, most predominantly for responding to technical violations of supervision or probation. Another way of saying "if you build it, they will come" might be something like, "if we have extra space, I'm sure we can find a good use for it." As a result, populations of youth in detention centers declined at lower rates than might be expected, based on youth crime rates.

Fortunately, in recent years, as jurisdictions have developed more cost-effective alternatives and research has provided evidence that community-based alternatives can be successful in redirecting youth behaviors, we have seen the population in youth confinement facilities decline fairly dramatically. Other changes have occurred in the juvenile justice system that have finally led to these reductions.[26] The result is that dozens of short- and long-term facilities around the country have closed, and others have downsized or consolidated in some way. Some of these closures are highlighted in *Advances in Juvenile Justice Reform, 2009–11*, published by NJJN.[27]

Downsizing or closing facilities, while desirable in the long run, is not without a down side. For example, in 2012, DuPage County in Illinois closed its juvenile detention facility—one of the most highly respected programs in the nation—to house the few remaining youth in neighboring Kane County. This is a fiscal benefit for both counties, but it also means that youth from DuPage County are now more distant from their homes and parents or caregivers. In Wisconsin, both the boys' and girls' correctional facilities located in the southeastern part of the state (where the majority of youth are from) were closed, and youth were moved to a facility in the northern part of the state. Between 2007 and 2011, 37 facilities in New York State were closed, in some cases as the result of concerns about

maltreatment and in some cases simply for fiscal reasons.[28] All of these closures have not been without controversy, as jobs are lost or reallocated, funds saved from closures are not always reinvested into prevention programs, and families face greater challenges in connecting with their children in custody.

It may be a while before we are able to fully assess the impact of these closures and downsizing on the conditions of confinement for youth. Practitioners need to understand and be ready in the event that juvenile crime and arrests begin to climb again. Facilities that have been downsized or consolidated may once again be subject to overcrowding and all its associated problems, including potential liability for harm that comes to youth in care. It is important to institutionalize some of the positive gains that have been made, including the following:

- Tighten criteria for placing into custody youth who commit new offenses.
- Develop community-based alternatives to help ensure adequate supervision of youth in a manner consistent with public safety.
- Implement expedited court procedures to reduce the length of time youth are confined.
- Develop outcome measures and data systems that can support the notion that confining youth unnecessarily is not cost-effective.

As a practitioner, it is easy to be trapped into believing that our focus should be on the number of youth in custody more so than whether or not the right youth—those that really need to be confined—are in facilities. Without careful attention to these issues, we risk a relapse to confining youth as a first resort, rather than a last resort.

This shifting landscape of juvenile confinement facilities is occurring at a time when there is more and more attention being paid to whether anyone under age 18 should be confined in an adult facility at all. For example, from 2011 to the writing of this chapter, 11 states passed laws limiting states' authority to house youth in adult jails and prisons.[29] In some cases these limitations apply only to pre-trial or pre-conviction, but in others a youth convicted in adult court might be held in a more appropriate juvenile facility. It remains to be seen what the longer-term impact of these changes may be on the downsizing trend, but most juvenile justice professionals would agree that juvenile facilities are more readily able to meet the needs of youth than adult facilities are.

Safe Physical Management or Confinement

There are many facets of a confinement program that contribute to the safety of youth and staff and the security of the facility in terms of protecting the community. Previous sections of this chapter focused on various facility design concepts. However, once inside the secure confines of the facility, a critical element of safety is the implementation of a sound, research-informed behavior-management program.

One of the precepts of *The Balanced Approach to Juvenile Probation*, a seminal work in the field of juvenile justice, is that our communities are safest when individuals (including youth)

have the capacity and will to make law-abiding decisions in their daily interactions in society. [30] This simple idea can be applied inside a confinement facility as well, namely, safety is maximized when youth in care make pro-social, responsible choices about how they interact with other youth, how they respond to facility staff and expectations, and how they respond in the times of crisis or confrontation that inevitably occur. How staff interact with youth, how staff reinforce (one way or the other) the behavior choices of youth, and how all components of the confinement program are integrated to reinforce positive choices is critical to creating a safe environment.

Behavior Management, Control, and Safety

It is not uncommon for confinement staff to conflate these three distinct but interrelated concepts into some sort of unified way of supervising and intervening with youth. However, it is important to distinguish these concepts and be clear, when developing the behavior management system, where one begins and the other ends.

Safety

It is clear that staff are ultimately responsible for ensuring safety within the facility. This has been referenced in terms of facility design, but it also comes into focus around issues of discipline, use of restraints and seclusion, supervision, and other program operations. In dangerous situations, staff have to intervene quickly and dramatically to ensure the safety of everyone in the facility.

Control

Staff may often mistake control for good behavior management by assuming that the highest priority is to ensure that youth obey, often through coercive means, a myriad of rules that have been created to make overall supervision and management of the facility easier and allegedly consistent.

Behavior Management

This refers to an overall strategy and set of techniques that promote the development and expression of desired behaviors or eliminate undesirable behaviors. For some, the concept of behavior management may be an overarching concept that includes safety and control, and some may think about behavior management as a discipline. Unfortunately, despite its root meaning—to teach—discipline is more commonly defined as punishment or negative consequences as a means of changing behavior. For that reason, it is preferable to think about the collection of strategies that promote behavior change.

More importantly, lost in an overly zealous focus on managing or controlling behavior is the important contribution that programs can make by placing a greater emphasis on concepts of positive youth development. Identifying and building on youth strengths is in some ways a challenge to the conventional thinking of the juvenile justice system as a whole, let alone confinement professionals working in limiting environments. Yet, what could be more important than taking every opportunity we have to help youth acquire the emotional,

interpersonal, and cognitive skills necessary for a successful transition from adolescence to adulthood? Integrating these concepts into the larger juvenile justice system can be carried further into operations and programming for juvenile detention in which core assets are identified and staff are focused on building assets rather than simply controlling behavior. [31]

A Behavior-Management Continuum

It is important to think about behavior management as a continuum of both positive and consequential strategies that can be used to shape the behavior of youth in care, taking note that many youth will respond differently to these reinforcers. Although these strategies are specific to programming for youth, they may also be effective in shaping behavioral change in many young adults.

A fundamental challenge in any group setting is to design a set of expectations and reinforcers that can be applied with some measure of consistency and yet allow for some variation when necessary to deal with particularly needy youth. This chapter previously referenced the nature of youth placed in juvenile confinement facilities and its variations across a number of domains, including domains such as emotional maturity and self-control. In addition to the "normal" issues of adolescent development—including brain development—many youth enter confinement facilities with undiagnosed or untreated mental health and trauma issues that contribute to the behaviors that led to their confinement. These same issues play a role in how youth respond to the conditions of their confinement. (See Ch. 6: Adolescent Development). [5]

Any behavior-management system operates within the context of personal interactions (observation, respectful communications, personal style) between staff and youth, as well as the program components (rules, reinforcers, tools, etc.), the basics of which are well summarized by Nelson Griffis in *Behavior Management in Juvenile Detention and Corrections: A Personal Strategy and Behavior Management in Juvenile Detention and Corrections: A Programmatic Strategy*.[32] Readers are encouraged to review those works and take note of a few basic underlying strategies:[33]

1. State rules in simple and positive (expected behavior) terms when possible.
2. Present rules in writing, and ensure that staff can explain the reason for each rule or expectation.
3. Focus on developing a relatively small list of rules or expectations rather than a laundry list of "do not" rules. Griffis suggests that eight to twelve expectations should be sufficient to convey normally expected behaviors.
4. Enlist staff commitment to the rules so they can be reinforced as consistently as possible.

Griffis also notes that there are several types of reinforcers that can be developed and used to increase desired behaviors and extinguish undesirable behaviors.[34] They are:

1. Material reinforcers, tangible items that youth can earn in response to positive behaviors.
2. Activity reinforcers, opportunities to do something the youth likes.
3. Social reinforcers, often in the form of verbal praise or recognition.
4. Token reinforcers, coupons, tickets, or other items that youth can earn for new or improved behavior and that can then be exchanged for material or activity reinforcers.

More details and examples of reinforcers for each of these categories can be found in the referenced source documents.

Additionally, a couple of basic principles need to be kept in mind when developing reinforcers and implementing them—namely, 1) when developing the reinforcers for a behavior-management system, it is imperative that the reinforcer be important to the youth if it is to have an impact; and 2) timeliness of reinforcement is important; the reinforcer should be provided as soon after the behavior as possible.

Keeping this in mind, a behavior reinforcement system can start with relatively simple, low-level reinforcers up through more restrictive and dramatic interventions. These types and levels of reinforcers are not mutually exclusive.

Level 1

Verbal reinforcers such as praise and recognition should be provided at a ratio of four- or five-to-one, positive-to-negative. Social science research confirms that repeatedly recognizing and reinforcing the desired behavior is more effective at promoting behavior change than relying solely on criticism. From a youth's point of view, having staff criticize them without making an effort to verbally praise or recognize positive behaviors is simply unjust.

Level 2

Token reinforcers, perhaps in the form of coupons or other tangible tokens, can be used by the youth to "purchase" additional activities or material items.

Level 3

Using **point or level systems** to delineate expected behaviors and document performance can be then turned into various forms of social or token reinforcement. More sophisticated systems are integrated with other program components, for example cognitive-behavioral programs, so that the youth are acknowledged for applying the skills and knowledge they may learn while in group. At the same time, youth who are not meeting behavior expectations should not earn the points or move up on levels.

Level 4

Punishment such as a short "time-out" removes the youth from the surroundings. Initial time-outs may be for brief periods of time, for example, as short as five minutes, during

which a youth has the chance to stop and think about the behavior that led to the consequence and to explain what he or she should do differently. Contrary to what some think, longer time-outs are generally not needed to accomplish the desired goal of the behavior change, with research suggesting that time-outs in the range of 15 to 45 minutes are generally successful.[35] Successfully implementing time-outs to change behavior is a combination of art and science. (Refer to *10 Tips for Time-Outs* following this section.)

Level 5

Longer-term reduction in privileges. Systems can be developed in which youth earn certain privileges (extended bedtime, commissary privileges, access to other personal items). It can be appropriate to link these additional privileges to a continuation of expectations of positive behavior. In doing so, however, programs should avoid setting up the system in such a way that youth perceive staff taking away the privilege as a response to inappropriate behavior; rather, it is an opportunity to reinforce the behaviors that are expected for the youth to earn the behavior.

Longer-term **room confinement or seclusion** is too often viewed as part of a behavior-management process, but more recent research raises the specter of seclusion as a tactic that retraumatizes youth and does more harm than good.[36] Some sort of separation from other youth and the reinforcing nature of the attention they may get from their peers may be appropriate, but it should not be confused with room confinement that may be necessary for safety reasons. For example, if a youth has been involved in assaulting another youth, the offending youth may need to be confined until other safety plans can be fully implemented. Similarly, a reduction in privileges should not be confused with taking away various rights that youth may have, whether through formal regulation or legal rulings. For example, a right that cannot be taken away is the ability to contact or be contacted by an attorney, and basic care needs must still be met.

Many youth will respond to well-defined and well-explained expectations as well as lower levels of reinforcement. Others may require higher-level interventions. This is helpful information for case planners as they work to assess a youth's need for and response to consistent and responsible adult supervision. Overall, the basic principles that apply to reinforce behavior for youth on the outside can be used to teach new behaviors in a confinement facility.

Comparing Short- and Long-Term Programs

Although the basic principles related to shaping behavior are similar in both short- and long-term facilities, the expectations may be higher and the focus of what behavior to change may differ. Some basic expectations are consistent, but it is fair to 1) place higher expectations on youth in longer-term facilities, as there is more time for youth to learn and exhibit a greater range of behaviors and greater self-control than may be available in a short-term program; 2) identify a wider range of behaviors that should be learned given the longer time in care; and (3) place a greater emphasis on identifying specific and perhaps more individualized behaviors that will be useful for a youth released from a longer-term

correctional program. Opportunities to learn and practice new behaviors are greater in long-term programs, and there is often a greater opportunity for youth to fully integrate these behaviors with other cognitive-behavioral programming to which they are exposed.

10 Tips on Time-Outs

1. The time-out should occur immediately when the behavior is observed (assuming it is a behavior that the rules indicate requires a short time-out).
2. Keep the time-out as short as possible to achieve the purpose of behavior change.
3. The length of the time-out should not start until the youth is quiet or cooperative.
4. The time-out should be away from a place of ongoing activity.
5. Instructions for the time-out should be given in a matter-of-fact manner, not when the staff member is angry.
6. Be consistent about using time-outs; that is, use the time-out for the same behavior each time it occurs, and do not extend the time-out based on a relapse in behavior.
7. Verbally acknowledge the youth for taking the time-out successfully.
8. As soon as possible after the completion of the time-out, try to recognize a desired positive behavior.
9. Do not threaten to use time-outs unless you are prepared to follow through.
10. Make sure to identify and explain the desired behavior when you are attempting to extinguish an undesirable behavior.

Legal Issues Related to Behavior Management

Without having a well-constructed behavior-management program, good supervision, and well-trained staff, individual staff members are too often left to their own devices to manage behavior. Staff who do not understand the basic principles of social learning theory and behavior change will resort to tools they believe will be effective, often substituting ineffective and risky personal strategies of control. It is exactly these responses that can lead to the creation of abusive, inconsistent, and constitutionally invalid conditions of confinement. Excessive room confinement, inappropriate use of chemical agents or restraints, use of excessive force that results in injury to youth, use of corporal punishment, and other forms of abuse could result in investigations that lead to considerable liability and expense for the agency.

Civil Rights of Incarcerated Persons Act (CRIPA)

Youth rights are protected by the federal Civil Rights of Incarcerated Persons (CRIPA) regulations, which were enacted in 1980 to help eliminate unlawful and abusive conditions of confinement. CRIPA grants the Department of Justice (DOJ) the authority to investigate complaints it may get about conditions of confinement, to appoint special investigators or

monitors to provide oversight for facilities and recommend corrective action, and to file court action if needed to secure enforcement of the civil rights of confined youth.

Under CRIPA, as may also be the case under other suits filed in court related to conditions of confinement, parties may enter into a consent decree in which the facility or program agrees to comply with a number of changes and come into compliance. Failure to live up to the consent decree can result in the DOJ filing a contempt motion with the court or imposing additional oversight and reporting requirements for the facility, or both. CRIPA can be viewed as a tool that the DOJ can use to improve egregious conditions of confinement in youth programs. The Youth Law Center has played a leading role in tracking significant CRIPA investigations and litigation related to juvenile correction facilities over the past several decades.[37] The reasons for litigation or CRIPA investigations fall within the following areas:

- Abuse or excessive use of force.
- Excessive use of restraints or isolation.
- Failure to protect youth from harm.
- Failure to provide a therapeutic environment and rehabilitative treatment.
- Failure to provide required services (education, mental health, healthcare).
- Inadequate staffing or staff training.
- Environmental safety issues (crowding, fire safety).
- Failure to provide access (mail, attorney, telephone).

The Youth Law Center also notes that, for the nearly 60 facilities or programs cited more often than not the investigation or litigation is based on three or more of these areas of concern. This suggests that the lack of compliance with basic requirements related to conditions of confinement is endemic to all aspects of operation within a program rather than isolated to a specific violation.

Beyond the involvement of the DOJ through CRIPA actions, there are many examples of lawsuits and case law related to conditions of confinement. The following are a few recent examples:

- In Illinois, the American Civil Liberties Union (ACLU) was involved in litigating the conditions of confinement in the Cook County Temporary Juvenile Detention Center (*Jimmy Doe, et. al. vs. Cook County*), which led to an agreement in 2002 to improve conditions and services related to physical and mental healthcare, overcrowding, nutrition, sanitation, and discipline. The work to really improve these conditions goes on, as the ACLU and others monitor whether the department has implemented the kinds of change required. The order was updated in 2007, creating the Office of Transitional Administrator, and since that time, significant change has occurred (despite continued legal wrangling over a variety of issues), some of which is captured in a report issued in 2012 by the National Council on Crime and Delinquency (NCCD).[38]
- Also in Illinois, the ACLU filed a class action suit (*R.J., et. al. v. Illinois Department of Juvenile Justice*) against the Illinois Department of Juvenile Justice related to conditions of

confinement for approximately 1,000 youth confined in the state-run juvenile correctional justice facilities.[39] In September, 2002, the parties entered into a consent decree in which the department agreed to improve conditions in 1) mental health services, 2) educational services, 3) the excessive use of room confinement, 4) the safety of youth inside the facility, and 5) holding youth beyond the original commitment date solely because no community-based placement was available.

- The ACLU filed suit and reached a settlement in 2011 with the Montana State Prison involving the solitary confinement of youth, as well as the treatment of mentally ill prisoners (*Raistlen Katka v. State of Montana, 2009*).[40] The important aspect of this case is the practice of isolating youth under age 18 within adult facilities, in large part as the result of being unable to manage the behavior of those youth. In many cases the behavior is the result of mental health issues that have not been properly diagnosed or treated.
- In 2008, the Texas ACLU filed a class action complaint against the Texas Youth Commission as the result of subjecting girls to unnecessary solitary confinement, routine strip searches, and excessive physical force.[41]

A more complete search of case law would reaffirm that programs that fail to adhere to meeting the basic needs of youth in confinement are at risk of facing litigation that will prove to be far more complex and expensive than actually taking steps to provide adequate services in the first place. Though it is not uncommon for suits to result in settlements or some form of consent decree before completing the civil suit process, the costs of defending and responding to these suits can rise rapidly and take significant time away from actually running the facility or program.

CRIPA investigations and actions related to youth are not unique to juvenile facilities. In some ways, adult facilities that hold youth may be under greater scrutiny and may be at greater risk of facing actions, given that the needs of youth may vary from the predominant population. Staff in adult facilities are often not well trained to deal with adolescent behaviors, and policies in response to inappropriate behavior are not adapted to fit the needs of youth. There is too often a presumption that youth are mini-adults and that any changes in program or protocols that would actually be more effective with youth are seen as special treatment. For example, a youth's acting out may be perceived to be an overt, intentional challenge to adult authority, and the response that is implemented (solitary confinement) can do much more harm than good and even result in disaster. Therefore, leaders in adult confinement facilities that hold youth need to work hard to establish adequate training programs for staff, ensure that proper mental health and educational resources are available, and that behavior management protocols are developmentally appropriate.

Fortunately, most confinement professionals never face these kinds of complaints, but in some cases, policymakers and jurisdictions need this kind of outside pressure, financial risk, and public condemnation before sufficient funding is provided to improve the program.

Legal Requirements

Statutes and administrative rules vary from state to state but in general set some parameters about what is required in both juvenile and adult confinement programs, whether they are small, short-term programs or larger, longer-term correctional programs. More often than not, these statutes and rules set minimum standards that may or may not meet ACA or other best practice standards. This chapter previously highlighted some of the physical plant standards, but other conditions of confinement may be informed by statutes or rules. Some of the common requirements that practitioners need to be aware of include:

Requirements for a Treatment or Behavior Plan

It is less common for a treatment plan (sometimes referred to a case plan) to be required for short-term programs than longer-term correctional programs. However, even in short-term programs, practitioners should consider developing behavior plans and coordinating information-sharing with those responsible for reentry or community placement, so the time in detention can be put to maximum use. In long-term programs, it is much more important and practical to develop and implement a case plan. Some common elements of treatment plans are 1) a substantive review of prior treatment interventions, assessments, and educational records; 2) comprehensive risk and needs screenings and assessments to identify treatment needs that will be the primary focus of programming; 3) identification of significant supports (family and other community members) who can be engaged with the youth and treatment and play a powerful role in supporting successful reentry; 4) setting measurable treatment goals and objectives that give the youth a direction to work towards and a way of identifying progress toward release and reentry; 5) identification of any specialized services that will be needed during placement; 6) decisions related to classification and housing assignments; and 7) an outline of the process required to review the case plan. Typically, some period of time (30 days, for example), may be established as the maximum length of time allowed to complete the plan, the related processes for approvals, and dissemination of the plan. (See Ch. 18: Transition Planning and Reentry). [4]

Medical Treatment and Services

Youth placed in confinement facilities almost universally bring a history of poorly addressed physical and mental health needs, and higher rates of traumatic injuries, alcohol and other drug use, mental illness, and abuse. In addition to normal adolescent development issues, left unaddressed, these factors contribute to a high risk of lifelong health problems.[42] Although there may be variation in the requirements for the provision of medical services, the need for professional standards in critical areas of healthcare is self-evident, and good standards have been promulgated by the National Commission on Correctional Health Care (NCCHC). Standards for juvenile confinement facilities cover a wide range of components, from delivery of care, to training, to personnel and management. For short-term programs, a minimum requirement (though not universally in place) related to healthcare will include an initial screening completed by a healthcare professional (this is not the same as the minimal health screen that may be done by non-medical staff at the time of admission that is designed to identify any emergent health concerns, gather information about medications, screen for self-harm, etc.). Ideally for short-term programs, and required for longer-term programs, a more thorough physical health exam is often required and includes a review of

immunizations and emergent dental concerns as well as addressing physical and mental health issues.

All programs, regardless of length, should provide the opportunity for youth to confidentially request medical services from a healthcare professional on a routine basis. How routine that is may vary and be determined by state rules, but it is important that health concerns are not left unaddressed. Larger, longer-term programs should be able to provide this on a daily basis. Smaller, short-term programs ideally should provide access to healthcare at least four to five times per week.

Additionally, all facilities will face the challenge of dealing with healthcare crises that arise from injuries that occur while the youth is in the facility, drug-related withdrawal or abuse, treatment for chronic illnesses such as diabetes, and simply normal health issues. It is often difficult for non-medical staff to properly assess the urgency of these situations. Therefore, procedures have to be in place, staff need to be trained, and resources must be available so that staff can respond appropriately to ensure the health and safety of all youth. Evident in some of the CRIPA and other lawsuits noted previously are situations in which a program failed to respond appropriately to these emergent medical issues. Negligence and failure to act, either in an individual case basis or in terms of not having sufficient resources and procedures in place to deal with these situations more generally, will ultimately result in liability.

Plans for Suicide Screening and Prevention

All facilities, whether short term or long term, will typically be required to have procedures in place to screen for self-harm risk at the time of admission and in the event of crises or other events that may trigger self-harm concerns, protocols for placing youth on or removing youth from some form of watch, which will require higher levels of supervision and intervention, documentation, and communication protocols among both confinement staff and mental health professionals, and procedures in place to intervene in the event of a suicide or self-harm situation.

Fortunately, youth suicide in juvenile detention is relatively rare, but even one time is too many Negligence and complacency place youth in harm's way and create liability for programs. It is not uncommon to hear some staff say "…he is just trying to get attention..." or "...she is just mad, it will pass..." as if all youth have the rational capacity to understand the potential for self-harm. Self-harm attempts are not always preceded by depressive behavior, and—more often than not—youth may give out clues about what they are thinking in ways that can be easily overlooked by poorly trained staff. Practitioners should be familiar with the good research about suicide in youth facilities and measures that need to be put in place to prevent it; these are outlined by Lindsay Hayes in *Suicide in Juvenile Confinement Facilities: A National Survey*.[43]

Mental Health Services

All facilities need to provide or have readily available services to address the mental health needs of youth. The focus of these services may vary based on the type of facility, for example:

- In a short-term detention program, a minimum standard should be a mental health screening that can identify some of the most emergent mental health concerns such as risk of self-harm; whether the youth is currently receiving mental health services and, if so, develop options to support continuation; whether the youth is taking psychotropic medications and, if so, ensure those are administered and delivered appropriately; and providing crisis stabilization and support for youth experiencing overt symptoms of trauma, depression, or severe anxiety. (See Ch. 11: Mental Health: Mental Health Screening and Assessment) [6]
- Short-term confinement programs may also assist in overall case planning and development by administering a basic mental health screening tool that can help identify previously unidentified mental health concerns (MAYSI-II, GAIN, POSIT).
- Facilities have an obligation to appropriately share this kind of information with ongoing case planners or providers so as to help ensure successful reentry to the community.
- Longer-term programs have the responsibility for providing more in-depth assessment of needs and then providing or ensuring the necessary mental health services by appropriate mental health clinicians. This becomes part of the overall treatment plan that is implemented while the youth is in custody and then integrated as soon as possible into a reentry plan.

A recent example of how the lack of adequate mental health services may result in a lawsuit is in the 2012 case referenced previously—*R.J. v. Bishop*.

Implementing PREA

Other chapters of the Desktop Guide will address in more detail the operational and staffing requirements for confinement facilities that are outlined in PREA—passed by Congress in 2003—and its recently promulgated standards. The requirements of PREA represent good confinement practices that help to ensure the emotional and physical safety of youth in custody, whether in short-term or long-term, juvenile or adult confinement facilities. Practitioners can access information through a variety of sources, but a good place to start is the National PREA Resource Center or the National Institute of Corrections (PREA Toolkit) site.[44] (See Ch. 4: Developing and Maintaining a Professional Workforce: References and Background Checks) [7]

Family Engagement Issues

It is well known that most youth placed in confinement facilities, whether short- or long-term, go home to their families upon release. Some youth may be released to other placements before returning home, and a small percentage may end up living independently. But it is not uncommon for practitioners to be heard saying something like, "they all go

home." This suggests that there is everything to be gained and little to lose by finding ways to respect and proactively engage key family members while a youth is in custody so as to support successful reentry back into the community. (See Ch. 18: Transition Planning and Reentry). [4]

For safety and security reasons, there may be exceptions to the rule, but in general, confinement facilities should be proactive and do the following:

1. Encourage and support appropriate family contact, generally through policies related to visitation and phone calls, but also through other kinds of supports. For example, in Wisconsin, the Division of Juvenile Corrections provides weekly bus trips for family members wanting to visit their youth in the distant juvenile correctional facility. State regulations may impose certain minimum requirements on who can visit, how often, or for how long or for phone calls at the time of admission or while in placement. Minimum standards often will not meet best practice standards.
2. Create opportunities for parents or caregivers to learn more about what their child is experiencing while in custody. This may take the form of written information provided to parents or caregivers about the facility, the program, and the ways in which the family can stay involved with their child while he or she is in custody.
3. Keep parents informed of their child's progress in terms of learning new social skills, education, and other changes in behavior that they can then reinforce with their child after release.
4. Take advantage of technology to support contact, for example a facility that is distant from a youth's home may work with a local jurisdiction to promote videoconferencing between a youth and family.
5. Clearly identify for parents or caregivers whom they can contact for general information or in the event of any concerns or emergency.
6. Train all staff to respond to parent concerns promptly and respectfully. Most parents understand that their child may be giving them one side of the story when problems or conflicts arise, but they want to make sure that any concerns are heard and professionally addressed.

This approach is in contrast to policies that may 1) be inflexible and create unnecessary barriers to family contact (visiting hours that do not accommodate a parent's work schedule); 2) impose fiscal barriers on family contact (though more true in adult facilities, it is not uncommon to find youth confinement facilities in which the only phone calls that can be made to a parent are done on a collect basis—too often through some vendor that is charging exorbitant rates, only to kick back some portion as revenue to the jurisdiction); and 3) in the name of security, impose unnecessary restrictions on physical contact, who can visit, or simply create uncomfortable space for visitation to occur—concerns that can often be overcome with little or no added expense.

Creative and progressive programs may promote or support a parent peer support network in which parents of youth who have been in custody can be trained and may even receive a stipend for being a resource to parents of youth new to the facility. Remember that a parent

or caregiver will be one of the most influential persons in determining whether a reentry plan is successful. A parent's perception of the overall juvenile system will be impacted—one way or another—by how confinement staff and programs treat them.

Parents who feel isolated from their child's life or feel disparaged or blamed by the system are not going to be good allies in a reentry plan. Conversely, parents who feel respected, are well informed, and are given opportunities to be engaged may become strong partners or advocates in supporting their child's success, both while their child is in custody and when he or she is released. A logical corollary to the question "How would you want your child to be treated while in custody?" is one that says, "If you were the parent of a child in custody, how would *you* like to be treated?"

Youth in Adult Facilities—Time for a Change

Finally, the whole notion of family engagement is something that is typically not seen as relevant for adult confinement facilities or for facilities that have been designed and are perhaps staffed by correctional officers not properly trained to work with youth. The focus is often solely on the individual youth or "inmate," and little attention is paid to the important role of parents. For youth in adult facilities, if the youth is under the jurisdiction of the adult system (direct file, original adult charges, waived or transferred to adult court, sentenced to jail or a correctional facility), parents may be essentially ignored as having any legal standing in relation to the youth in custody. They may not be kept informed of behavioral problems, may not be afforded what could logically be considered parental rights, may have very limited opportunities for contact, and are rarely engaged in any kind of reentry planning.

The notion that a youth under age 18 is considered an adult by the justice system is certainly contrary to how parents may view their child and how important being part of a family is to a youth in confinement. The fact that family still plays a significant role in the youth's life—whether or not the justice system recognizes it—has implications for how the youth responds to and survives the adult confinement experience and perhaps how successful his or her ultimate reentry to the community may be.

Treating youth as adults opposes headlong the overwhelming evidence about adolescence and brain development and places practitioners in adult facilities in the almost impossible position of providing supervision and programming in a facility that is far from developmentally appropriate. Youth in adult facilities are at higher risk of abuse, have significantly higher rates of suicide, and are clearly susceptible to adopting negative behaviors to survive their confinement experience.[45] Practitioners that work with youth in adult facilities have the odds of success stacked against them. They are trained to work with adults, they work in facilities designed for adults, they have staff-to-youth ratios that are much lower, and they are minimally trained in the basics of adolescent development. There is no time to waste for policymakers and confinement leaders to take a much more proactive approach and use the growing knowledge about what works to change how we deal with youthful offenders who cross over into the adult confinement world.

The Present and the Future—A Tipping Point

Violent juvenile crime is at a 32-year low.[46] Dozens of juvenile confinement facilities around the country have been closed as the result of declining custody populations. Through the work of organizations like the National Center for Youth in Custody (NCYC), NPJS, CJCA, ACA, and others, confinement practitioners are gaining more progressive and practical training, guidance, and technical assistance. Active advocacy groups such as the ACLU, the NJJN, the Justice Policy Institute (JPI), the Haywood Burns Institute, the Campaign for Youth Justice, and many others have turned their attention not only to reducing unnecessary confinement of youth but also to conditions of confinement. More communities around the country are developing successful alternatives to confinement and reducing costs—hopefully often reinvesting some of the savings in prevention and early intervention programs.

On the other hand, there remains a legacy of poorly designed facilities constructed during the confinement boom of the late 1980s and 1990s (facilities often designed and constructed by planners and architects whose experience was solely with adult facilities and programs), a penchant for states to bow to political pressures that result in minimum rather than best practice standards, a largely uneducated public about the important role that confinement facilities play in an effective justice system, an overreliance from other systems on confinement as a response to problem behaviors (the school-to-prison pipeline), and—perhaps worst of all—racial disparities that continue to diminish the future of another generation of minority youth.

So, this is where we are. Where might we go? There are clearly some things that should help us shape the future, including the following:

1. The growing understanding of **adolescent brain development**. Although consistent in most ways with good adolescent development literature, the window into the brain of adolescents has been opened by research that affirms that adolescents are subject to making bad decisions as well as being capable of change.
2. Increasing understanding of the **impact of trauma** on brain development and behavior. We continue to learn more about how traumatic or adverse childhood experiences play out in the behavior of youth and how better to design both environmental and programmatic responses that can reduce the harmful effects of re-traumatizing youth and enhance the likelihood of successful behavioral interventions.
3. **Improved assessment and screening tools** that can help identify a youth's risk, needs, and strengths in a multitude of domains (mental health, trauma, AODA, education). These are tools that can and should be used to ensure appropriate screening and treatment planning for youth in confinement and should make their way into routine practice.
4. **Better research about what works** in teaching new thinking and behavioral skills to youth. This knowledge can be integrated into behavior-management programming with youth and contribute to a growing library of cognitive-behavioral strategies and tools that can be used with youth to help them understand how to interrupt antisocial

thinking patterns and learn new decision-making and behavioral skills that can be used when they reenter the community (rather than focusing solely on skills they need to survive in an institutional setting).

5. A growing **sense of professionalism** among confinement leaders and staff. Confinement professionals must understand that dealing with youth in confinement is an important and meaningful opportunity to promote positive behavior change. This is a profession in which there is a unique and profound body of knowledge about best practice standards and "tools" and skills that set it apart from other professions.

In many ways, "it is the best of times and the worst of times." We know now more than ever about the harmful effects of unnecessary confinement and about the basic characteristics of effective interventions with youthful offenders. We cannot predict the future or control all the factors that impact the lives of youth in our communities, but we can make informed choices about the design of our facilities, the character and skills of those that work with youth on a day-to-day basis, and about the programs we provide to youth.

The responsibility to create the future lies with the readers of this guide. In your hands rests the future of confinement facilities and the thousands of youth who will be affected by what you do.

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Ch.4 Developing and Maintaining a Professional Workforce

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Custody work in a correctional confinement setting is not typically considered a high-status or prestigious career. However, as long as there are youth and adults in confinement, it will be an important and necessary field of work. Given the significant physical, emotional, social, and psychological development that occurs during childhood and adolescence, the quality, expertise, and professionalism of staff that work with youth in confinement are critically important. This chapter focuses on the qualifications, qualities, and characteristics of the special people needed to work with youth in a confinement setting.

Professionalism

The words "professional" and "professionalism" are used frequently when describing a variety of jobs, especially those that deal with difficult situations or clients. In some cases, these words are used to convey a sense of appreciation for exceptional job performance—for example, "The staff displayed a high level of professionalism throughout the emergency." Individuals often use the term *professional* to reflect pride in their job—for example, "Despite the low status and unpopular working hours, institutional staffs are true professionals."

The term *professional* is also frequently applied to problem situations when individuals follow policies, procedures, or orders, even though it is reasonable to believe that other action may have produced better results (discretion). Many times, this approach is an attempt to move responsibility or liability higher into the system—for example, "Despite the outcome, the officers acted professionally by strictly adhering to policies and procedures." In these situations, professional means that the worker removed the discretion from the job and followed policies and procedures without exception.

One of the most important qualities or characteristics of a professional staff person that works with youth in confinement is the ability to effectively balance discretion with adherence to facility policy and procedure.

A Definition of Professionalism

According to Webster's Dictionary, professionalism is "the conduct, aims, or qualities that characterize or mark a profession or a professional person." Webster further defines a profession as "a type of job that requires special education, training or skill" and a professional as "someone who has a lot of experience or skill in a particular job or activity: someone who does a job that requires special training, education, or skill."[1]

The following questions emerge from these definitions.

- What are the aims of staff that work with youth in a confinement facility? How should staff conduct themselves? What are the qualities that characterize these staff?
- What is the correctional confinement occupation? Is it a profession? Does it require specialized education? If so, does a high school diploma qualify as specialized education? If there are no specific, college-level academic programs, what is an appropriate course of study to attain this specialized education? Is this specialized education measured by 1) a degree conferred by a college or university, 2) certification as measured by performance on standardized tests, or 3) a board or council review of education, training, and experience?
- What are the standards for the education, training, and intellectual skills of someone that works in a correctional confinement setting? Are existing standards for doing this work minimal, or do they reflect the highest levels of attainment? Is an individual, by this definition, a professional if he or she strives to attain only minimum standards?
- What is specialized training? How and by whom are the needs for this specialized training determined? Who is qualified to provide the training?

These questions are at the heart of an understanding of correctional confinement as a profession. Efforts by the National Partnership for Juvenile Services (NPJS), the Council for Juvenile Correctional Administrators (CJCA), the National Council on Juvenile and Family Court Judges (NCJFCJ), the American Correctional Association (ACA), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) supply critical information in these areas. Even though progress toward the definition of a profession is linked to these national professional associations, the full development of a profession is also a function of individual line workers. Without a commitment to professionalism from these individuals, the pressure on administrators, policy makers, judges, and the public to address these questions will never become strong enough.

Who is a Professional?

How would someone recognize a professional staff person in a confinement facility that serves youth if they saw one, and how would they know if that staff person were appropriate to work with youth in confinement? These staff members, as with all criminal and juvenile justice staff, have dual roles: public safety and accountability. Both of these roles involve appropriately managing the behavior of youth. If we are to effectively move young people out of the justice system, a third role applies: fostering rehabilitation and youth development.

A 2012 Report Brief from the National Research Council of the National Academies, entitled *Reforming Juvenile Justice: A Developmental Approach*, supports this commitment to dual roles when it says,

> The overarching goal of the juvenile justice system is to support the positive social development of youths who become involved in the system, and thereby assure the safety of communities. The specific aims of juvenile courts and affiliated agencies are to hold youths accountable for wrongdoing, prevent further offending, and treat youths fairly. All three of these aims are compatible with a developmental approach to juvenile justice.

This task of supporting the above-referenced "positive social development of youths" constitutes youth work as defined by the Association of Child and Youth Care Practice, Inc.: The Association of Child and Youth Care Practice and Child and Youth Care Certification Board say,

> Professional [child and youth care] practitioners**promote the optimal development** of children, youth and their families in a variety of settings, such as early care and education, community-based child and youth development programs, parent education and family support, school-based programs, community mental health, group homes, residential centers, day and residential treatment, early intervention, home-based care and treatment, psychiatric centers, rehabilitation programs, pediatric health care, **and juvenile justice programs**.[2]

A *Corrections Today* article, "The 21st Century Juvenile Justice Workforce," also discusses this dual role of correctional custodian and youth development practitioner, and the fact that it is often frustrating, particularly for entry-level juvenile and adult confinement facility staff that serve youth.

> For entry-level employees, role duality can be especially frustrating because they see inconsistency within the organization or because they do not see their colleagues as supportive. For example, corrections-minded individuals may not perceive their treatment-minded colleagues as supportive in maintaining safety and holding youths accountable for the behavior, while treatment-minded workers may feel that corrections-minded workers treat [youth] too much like adult offenders…the attempt to blend these two mindsets is a source of frustration for juvenile justice workers.[3]

In a 1983 Michigan Juvenile Detention Association Annual Conference, Dr. Ernest Shelley[4] identified the following list of important qualities and characteristics for staff :

- Optimism—the ability to see the positive, no matter how small, in a situation or person.
- A deep belief in the potential of a person to change.
- The ability to recognize change when it comes, no matter how small.

- A deep respect for the sacredness of personhood—the belief that every person has value.
- The ability to care deeply about others.
- A good team player.

These are qualities of attitude that every staff member that works with youth must bring to the job.

Is This a Profession?

Work in the field of corrections in the U.S. has been increasingly recognized as a profession.[5] For example, there is a criminal justice pathway in higher education that includes specific course work and certificate programs—also available through field-specific professional associations—for those interested in working in a correctional setting.[6] Criminal justice degree programs range from two-year associate degrees to doctoral degrees. However, the course requirements for most of these programs rarely include courses or content specifically related to juvenile justice. Corroborating this, the same *Corrections Today* article says,

> Many juvenile justice positions now require a bachelor's degree. However, degrees in the social sciences or social work do not prepare candidates for the public safety aspect of the job, and programs in criminal justice do not address the youth development role of the juvenile justice worker. In both cases, it is possible to complete a degree without ever taking a course specifically related to juvenile justice; such courses may not even be offered for interested students. As a result, students may leave college without considering juvenile justice as an option, without an understanding of what the work entails or with the idea that juvenile justice is simply a stepping-stone to a career in adult corrections.[7]

Further evidence of the lack of recognition of juvenile detention and juvenile corrections as a profession is the absence of any listing for either of these in the U.S. Department of Labor's Bureau of Labor Statistics *Occupational Outlook Handbook*. In this resource, there are listings for Correctional Officers, and Probation Officers or Correctional Treatment Specialists, both of which refer broadly to working with "offenders." This, despite the fact that the needs of youth and the staff who work with them are vastly different from those of adult offenders and staff who work with that population.[8]

Leaders in the field of juvenile justice must work to ensure that preparation of the correctional workforce that serves youth in both juvenile and adult confinement facilities includes at least foundational knowledge related to the principles and practices of positive and healthy youth development. This has implications for higher education, training, and professional development programs.

Hiring Professional Staff

The recruitment, selection, training, and development of staff are all influenced by the philosophy held by facility administration, the court, and policymakers and funders within a given jurisdiction. This philosophy is often directly expressed by the words used in both the job title and the job description.

Job Title

So, what's in a job title? For employers, job titles are typically used to categorize positions and define the hierarchy within the organization; for job applicants, they are used in a very different manner that employers should also understand. Many job applicants, at least initially, identify jobs for which they wish to apply based on the job title. Applicants may conduct an internet search or look through the newspaper for jobs according to the job title. There are many different job titles used for staff who work with youth in confinement, and this difference can affect who may be attracted to and apply for the job. For facilities that seek to hire staff to work with youth in juvenile confinement facilities, job titles such Detention Officer or Correctional Officer are inadequate to help candidates understand the job.

Many years ago, the ACA took the lead in referring to direct care line staff in juvenile detention and corrections facilities as "Juvenile Careworkers." With this job title, the ACA recommended a positive approach to the job.

Mixdorf and Rosetti reported that juvenile care workers perform four overlapping roles: guardian, counselor, supervisor, and role model.[9] Understanding the importance of each of these roles, the term *juvenile care worker* is a more appropriate representation of the job than is *juvenile detention officer* or *juvenile correctional officer*. However, at the Cook County Juvenile Temporary Detention Center (CCJTDC) in Chicago, Illinois, direct care staff, previously referred to as Juvenile Detention Counselors are now referred to as Youth Development Specialists. This job title clearly emphasizes the youth development function of the staff who serve youth at the largest juvenile detention facility in the country.

> On August 14, 2007, the former CEO of NPJS Earl Dunlap was appointed transitional administrator of CCJTDC. This appointment was in response to a federal lawsuit filed against Cook County by the American Civil Liberties Union. Mr. Dunlap's task was to bring the CCJTDC into compliance with administrative standards established by the federal court in a Memorandum of Agreement. To do this, it was important to establish a new culture, including a change in job title, to help staff regard themselves and their work in a new way. When asked about the change in job title, Mr. Dunlap said the following:
>
> The change from Juvenile Detention Counselor to Youth Development Specialist was driven by the reform effort. From the bottom up, everything needed to change, and more importantly all positions/classifications needed to reflect the value of the Vision/Mission Statement(s).

> The "old" days of "childcare workers," "juvenile counselors," and "detention or corrections officers" had outlived their usefulness and did not adequately reflect what needed to be represented. The three (3) words Youth, Development and Specialist speak for themselves...Our population is youth, not children...Our focus is on a behavioral model related to impacting or developing a new direction for youth...The complex population (e.g., mental health, gang issues, etc.) demands staff with a higher level of experience, education and training focused on special skills.[10]

For staff who work with youth in adult confinement facilities, the issue of job title may be more complex and may be even more important. Staff who work in an adult confinement facility are typically referred to as "Correctional Officers," stereotypically understood to fill a more custodial role. Although adult facilities may not find it practical to use a different job title for the staff who work with confined youth, separate and distinctly different mission and value statements for these workers could serve as reminders of the importance and value of the positive youth development function of their job. Designating staff that receive specialized training in their work with youth is also important in the context of an adult confinement facility.

Job Description

Job descriptions serve a number of purposes that include providing information for developing job interview questions and employee performance evaluations, helping employees understand what is expected of them, and providing a basis for both disciplinary action and employee recognition.

In the *Job Description Handbook,* Margie Mader-Clark says,

> A job description is simply a clear, concise depiction of the duties and requirements needed to do the job. Job descriptions can take many forms, but they typically have at least four parts.

- **Job summary.** This is an overview of the position, with a brief description of its most important functions. Because this will be the first thing applicants read, it is a great place to sell the job to the most attractive candidates (and to separate out those who will not be able to meet job expectations).
- **List of job functions.** Next comes a more detailed description of duties. Listing what people have to do to perform a job might seem pretty straightforward, but it can be a legal minefield for managers who are not aware of federal and state antidiscrimination laws, including the Americans with Disabilities Act.
- **Requirements section.** Here, the employer should list the education, certifications, licenses, and experience necessary to do the job.
- **Other information.** This section should provide any other important facts about the position, such as location, working hours, travel, requirements, reporting relationship, and so on.[11]

Job descriptions should also address any physical requirements, including the operation of any equipment, used in the performance of the job. If operating in a union environment, the employer may need to seek union comment or approval of the job descriptions and any subsequent changes made to them. All job descriptions should close with a disclaimer that clearly states that the job description is only a summary of the typical functions of the job and that there may be other duties as assigned.

To write an effective and informative job description, facility management should first gather relevant information about the job. The facility administrator or managers and supervisors may write the first draft of the job description. However, it is important to gather and incorporate input on this draft from those already doing the job, particularly those who do the job well. This input will help to ensure the content is accurate and relevant and that nothing important is left out. A well-written job description says that facility management understands the job and what it takes to do it well, which requires that job descriptions include information about both job function, which is the "what,"[12] and characteristics of effectiveness, which is the "how," of working with youth in confinement.[13]

Job functions include:

- **Behavioral management.** Using behavioral and developmental theories to establish clear expectations for resident behavior and employing immediate positive or negative consequences as a result of direct involvement with residents.
- **Crisis intervention.** Using skill and composure to prevent or minimize physical and emotional harm to residents and other staff when handling a wide variety of crisis situations (e.g., physical violence, escapes, riots, suicidal behaviors).
- **Security.** Implementing the policies and procedures related to resident supervision and institutional security measures to ensure the physical presence of each resident in the facility.
- **Safety.** Employing knowledge and skills in relation to emergency procedures (e.g., first aid, CPR, fire safety, communicable disease) to ensure the well being of youth.
- **Custodial care.** Assisting in the proper identification and treatment of problems relating to the physical and emotional health and well being of detained youth through the use of knowledge and skills in basic health-related areas (e.g., medical and hygiene, adolescent sexuality, substance abuse, physical or emotional abuse, symptoms of suicidal behavior and emotional distress).
- **Recordkeeping.** Providing accurate and timely written documentation of both routine and special situations regarding residents, staff, and program activities through the use of observation and recording skills.
- **Program maintenance.** Implementing, teaching, creating, and supplementing the facility's daily program and activities (e.g., physical education, recreation, arts and crafts).
- **Problem solving.** Creating an environment or institutional climate in which a youth's personal, social, or emotional problems can be openly discussed, explored, and

possibly resolved through effective use of interpersonal relationship skills, communication and consultation with clinical staff, and leadership in group discussions or activities.

- **Organizational awareness.** Understanding, supporting, and using the philosophy, goals, values, policies, and procedures that represent the daily operations of the facility.
- **External awareness.** Identifying and periodically reviewing key external issues and trends likely to affect the agency (e.g., legal, political, demographic, philosophical trends).

Characteristics of effectiveness include:

- **Balanced perspective.** A broad view that balances present needs and long-term considerations.
- **Strategic view.** Ability to collect and analyze information that forms an overall long-range view of priorities and forecasts likely needs, problems, and opportunities.
- **Environmental sensitivity.** Awareness of broad environmental trends and the effects of these trends on the work unit. (See Ch. 3: Physical Plant Design and Operations) [2]
- **Leadership.** An ability and willingness to lead and manage others.
- **Flexibility.** Openness to new information as well as tolerance for stress and ambiguity in the work situation.
- **Action orientation.** Decisiveness, calculated risk taking, and a drive to get things done.
- **Results focus.** Strong concern for goal achievement and a tenacity to follow a project through to completion.
- **Communication.** Ability to express oneself clearly and authoritatively and to listen attentively to others.
- **Interpersonal sensitivity.** Self-knowledge, awareness of the impact of self on others, sensitivity to the needs and weaknesses of others, and the ability to sympathize with the viewpoints of others.
- **Technical competence.** Expert and up-to-date knowledge of the methods and procedures of the work unit.

Large facilities and jurisdictions may have human resource departments that deal with job descriptions and other employee-related matters. However, facility staff and administration should have an opportunity to provide input related to the accuracy of job descriptions. If the facility does not have a human resource department, it would be advisable to have job descriptions reviewed by an attorney, preferably one with some experience or expertise in labor law.

Job descriptions are legal documents and as such cannot include any discriminatory language. The language used in a job description is important. Statements in the job description should be concise, clear, and written in the present tense. Sentences should be structured in such a way that gender pronouns are not required. If this is not possible, gender neutral, inclusive language such as "he or she" should be used.

Job descriptions should be reviewed and updated regularly, at least every 2–3 years, or more often if job requirements change. Whenever changes are made, they should be shared with the staff to ensure their continued understanding of what is expected of them.

Recruitment

Recruitment is about more than just getting people to apply for the job. It is about ensuring that the people who *do* apply are the ones the organization or facility is looking for and needs.Good recruitment starts with two things: an accurate job description, and more importantly, employee retention—understanding what it will take to keep quality staff after they are hired. Employee turnover is costly in ways that go far beyond financial investments in training and orientation. The negative impact on organizational culture, programming for youth and the morale of both staff and youth is often much more significant than any financial losses.

Facilities are often required to first post all job openings through internal networks (e.g., county or state government systems) before looking outside the facility for candidates. The most common methods of external recruitment have historically been newspaper classified advertisements and job or career fairs, both of which can lead to a stack of resumes from individuals who are not a good fit for the job. The methods needed for recruiting in today's multi-generational workforce vary dramatically. Knowing and understanding the differences in how and to what each generation responds is important to effective recruitment of staff.

Strategies that may be effective across generations include:

- Advertising through professional associations—such as state detention or corrections associations—and national associations such as the NPJS, CJCA, and ACA. This form of advertising is often free or significantly less costly than newspaper classified advertisements and addresses a more specific target audience. However, publication of job listings through these sources may be delayed, so if the need to hire is immediate, this may not be the best avenue for recruitment.
- Making everyone on staff at the facility a recruiter by asking for referrals from existing staff. These individuals know the job and what it requires. They can explain both the pros and cons to potential applicants. Quality, committed staff will likely refer only those individuals they believe are a good fit for the organization.
- Using social and electronic media advertising. Sites such as LinkedIn and Facebook can be good sources for attracting what are referred to as "Millennials," those born between 1980 and 2000. LinkedIn and Facebook both have programs for advertising staff positions. In addition, some newspapers offer web and print combinations to attract online job seekers.
- Working with local media to get newspaper coverage of the positive work being done by staff and putting a face on the facility. Proactively making it easy for potential applicants to read, hear, or see the factors that make working at the facility an interesting and positive experience can dramatically increase the number and quality of

applicants over time. Many facilities have representatives from the local media on the facility's community advisory board.

- Working with faculty and staff at community colleges and universities to secure student internships and volunteers to offer or support programming at the facility. In addition to direct care work, internships might also be made available for students who are pursuing nursing, counseling, and other more specialized fields of work. Student interns and volunteers often become desirable job applicants, as they know the exact requirements of the job for which they are applying.
- Hosting an open house where members of the community and potential job seekers can tour the facility and participate in a presentation on its history and function in the community. Most members of the public have very distorted ideas about confinement facilities and what goes on in them.
- Keeping job applications and resumes from former applicants. A past candidate that was not right for one position in the facility may be a good candidate for a different position that opens up later.

Many of these strategies are what Nicole Baker and Max Carrera call "relationship-based recruitment," which suggests that facility administrators get out from behind their desks and seek out and talk with potential job seekers one-on-one or in groups.[14] Work in a correctional confinement facility is not a traditional job or career, therefore, the work is often not well understood by those seeking employment. Speaking directly with potential job seekers allows them the opportunity to address any questions and/or misunderstandings they may have about the job.

The process and time it may take to fill a staff vacancy will vary depending on factors such as whether a human resource department versus the facility administrator does the hiring, whether hiring freezes may be in effect, and whether the workforce is unionized.

Selection

There are many elements involved in the selection of staff. Facilities may use any one or all of these steps in the process.

Pre-employment screenings. Some organizations conduct pre-employment screenings prior to scheduling or following an initial interview. These screenings can range anywhere from a simple pre-interview telephone contact to the use of a brief pre-employment screening test—either before or after the interview—that measures a candidate's basic work-related values, or video scenarios that measure a candidate's overall suitability for working with juvenile offenders.[16]

Interviews. The interview process is typically considered a critical aspect in the selection of staff. However, there are differing opinions as to what the structure should be and the ultimate value of interviews. Interview questions should be connected to what is contained in the job description and typically focus on the knowledge, skills, and abilities someone has or can learn to be able to do the job, whatever that job may be. These knowledge, skills,

and abilities, demonstrated through qualifying experience, education, and training, can also be assessed by asking candidates questions specific to each area in both the job application and the interview.

However, most experts today agree that employers should be looking beyond knowledge, skills, and abilities at whether candidates have the right attitude to make them a good fit for the organization. Mark Murphy, Chairman and CEO of Leadership IQ, in a study of 20,000 new hires over a three-year period, found that, within 18 months, 46% of new hires failed (got fired, received poor performance reviews, or were written up). According to Murphy, these results are fairly consistent with the results from other similar studies.

In his book, *Hiring for Attitude,* Murphy says that, "a lack of skills or technical competence accounted for only 11% of new hire failures."[17] The other 89% were failures grounded in attitude: inability to accept and implement feedback (coachability) 26%; inability to understand and manage one's own emotions (emotional intelligence) 23%; insufficient drive (17%); and attitude and personality unsuited to the job or work environment (15%). In most cases, skills and abilities can be taught. Attitude cannot. Hiring someone who already has or can learn the skills and abilities needed to do the job well (aptitude), in combination with the right attitude, may go a long way in ensuring employee retention and ultimately reducing staff turnover and its related costs.

Murphy provides specific strategies for *Hiring for Attitude* and suggests the following:

- The attitudes that work for your organization are unique.
- Standard interview questions don't assess attitude.
- A few simple questions will reveal if someone's attitude is right for you.
- The grammar that people use predicts whether they're a good or bad fit.
- Hiring for attitude will make current employees even better.[18]

In terms of hiring staff to work with youth, a key factor will be that person's general attitude toward youth and whether he or she believes young people are capable of changing.

References and background checks. Checks of previous employment and references are additional tools used in the selection of new staff. Agency policies vary on this topic, and there is ongoing debate about the value of the information obtained from reference checks. Job candidates typically choose as personal references those individuals they know or believe will portray them in a positive light. Employment references are becoming more difficult to obtain and may be unreliable, as many employers are concerned about being sued for anything—negative or positive—that they may say about a former employee. A written release of information that grants permission for the sharing of information about the candidate should always be obtained before contacting any reference. Because candidates may request a copy of reference reports, written notes about information obtained from references should be minimal and general (e.g., "References indicate...") and should not identify the sources of the specific information provided.

Criminal background checks are used to determine how appropriate candidates may be for employment in a confinement setting, particularly in a facility that serves youth. Agency and jurisdictional requirements may vary. However, the Prison Rape Elimination Act (PREA) Juvenile Facility Standards, in §115.317, require the following before hiring any staff that may have contact with juveniles: (See Ch. 5: Rights and Responsibilities: Prison Rape Elimination Act of 2003). [3]

- The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.
- The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.
- The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.[19]

Drug screening is also used to determine how appropriate candidates may be for employment. In addition to pre-employment drug screening, it is recommended that additional screening be done randomly and at least annually, if not more frequently. Pre-employment health screening is also typically required and should include testing for tuberculosis.

The United States Equal Employment Opportunity Commission (EEOC) guidelines prohibit discriminatory practices in advertising, recruitment, application, hiring, and referrals.[20]

Cultivating a Professional Staff

Once the hiring process is complete, staff orientation and training are critical and should occur prior to staff being given responsibility for the direct care and supervision of youth. Proper orientation helps to ensure that newly hired staff have 1) a general understanding of where to go and to whom to look for direction and support and 2) the level of responsibility and decision-making that will be expected of them.

Orientation

Orientation should be provided relative to the organization's culture and to the facility's vision, values, and mission. Every facility has its own unique culture, what is commonly referred to as institutional or organizational culture. A facility's culture is evident in its values and customs, and in the attitudes, beliefs, and behaviors of those working in the facility. Facility culture is observable and is reflected in the way employees dress and behave in the workplace, and in the way they interact with one another, with the youth and families they serve, and in the community. The facility's organizational culture is reflected in its mission statement, which communicates how the organization does its work. This mission statement should be posted in the facility and easily accessible to staff, residents, and their families. (See Ch. 8: Management and Facility Administration). [4]

Bartholomew County Youth Services Center

Columbus, Indiana

Our mission is to respond to the community's needs with a continuum of care, programming, services and advocacy for minors in settings that are safe for both the community and the youth.

We treat each youth with respect and dignity, holding them to appropriate behavioral expectations through a system of rewards and consequences that are applied in a fair, firm and consistent manner that is conducive to their personal growth and development.

New staff must clearly understand the organizational hierarchy or chain of command at the facility. This is the line of authority and responsibility through which orders or directives are approved and passed, permissions or authorizations are granted, and grievances are processed. Depending on the type of confinement facility, the chain of command may come from officer rank (e.g., sergeant, lieutenant) or by authority designated to staff with specific job titles (e.g., intake officer, shift supervisor). Without this information, new staff members may inadvertently violate established protocols and have difficulty fitting into the facility's culture.

Training

The importance and value of staff training cannot be emphasized enough. Research shows that the more education, training, and experience an individual who works in a juvenile confinement setting has, the more likely it is he or she will have good communication skills, be able to effectively implement behavior management programming, and encourage and reinforce positive program participation and behavioral outcomes of youth.[21]

It is informative to look at the ACA training requirements for staff who work in specific confinement settings.

ACA Core Jail Standards **Correctional Officer Training Prior to Assuming Duties (1-CORE-7B-04)** *(No specific number of hours identified; no specific training topics or hours recommended in subsequent years)*	**ACA Adult Corrections Training Standards, Correctional Officers (4-4084)** *(40 hrs. Orientation and 120 hrs. 1st year, 40 hrs. each yr. after)*	**ACA Juvenile Corrections Training Standards, Juvenile Careworker Training (4-JCF-6E-08)** *(40 hrs. Orientation and 120 hrs. 1st year, 40 hrs. each yr. after)*	**ACA Juvenile Detention Training Standards, Juvenile Careworker Training** **(4.1, ID-01-14)** *(40 hrs. Orientation and 120 hrs. 1st year, 40 hrs. each yr. after)*
Facility policies and procedures	Security procedures	Security procedures	Security procedures
Suicide prevention	Suicide precautions & Signs of suicide risks	Suicide intervention/prevention	Signs of suicide risk & Suicide precautions
Use of force	Use of force regulations	Use of force	Use of force regulations and tactics
Report writing	Report writing	Report writing	Report writing
Inmate rules and regulations	Offender rules and regulations	Juvenile rules and regulations	Juvenile rules and regulations

Key control	Key Control	Key control	Key Control
Emergency plans and procedures	Fire and emergency procedures	Fire and emergency procedures	Fire and emergency procedures
Cultural diversity	Cultural diversity	Culture awareness	Culture awareness
Communication skills	Communication skills	Communication skills	Communication skills
Cardiopulmonary resuscitation (CPR)/first aid	First aid/CPR	First aid	First aid/CPR
	Rights and responsibilities of offenders	Rights and responsibilities of juveniles	Rights and responsibilities of juveniles
	Supervision of offenders	Supervision of juveniles	Supervision of juveniles
	Safety procedures	Safety procedures	Safety procedures
	Interpersonal relations	Interpersonal relations	Interpersonal relations
	Counseling techniques	Code of ethics	Counseling techniques

	Social/cultural lifestyles of the offender population	Sexual harassment	Social/cultural lifestyles of the juvenile population
		Sexual abuse/assault	
		Search and seizure	
		Rules of evidence	
Underlined text in cells contain areas of training in which the content is basically the same regardless of the facility type or population served (adult or juvenile).			

Although the content of the ACA training standards for Correctional Officers in jails and adult correctional facilities bear many similarities to the content of the training standards articulated by the ACA for Juvenile Careworkers in juvenile detention and correctional facilities, it also reflects some significant differences.[22] These differences are important because working with juveniles requires some knowledge, skills, and abilities different from those required for working with adults. Juvenile work also requires a mindset and commitment to education and rehabilitation. This mindset is particularly relevant given what has been learned from research in the area of adolescent brain development. In a Fact Sheet entitled, *Using Adolescent Brain Research to Inform Policy: A Guide for Juvenile Justice Advocates,* the National Juvenile Justice Network says,

- Youth will likely be in a better position to resist some of the triggers that may drive them to make unhealthy decisions if they are educated about their own development, and that of their peers, and how it can impact their behavior.
- The guidance of supportive adults can help youth to use their positive assets to benefit the community.
- When adults understand more about the brain development that occurs during adolescence, they may interact more effectively with youth and can provide youth with better services.[23]

This information clearly indicates the need for more specialized behavior and relationship-based training for staff who work with youth. This is particularly true for those staff who

work with youth confined in an adult facility, as this area is not inherently a part of the training programs provided for these staff. (See Ch. 6: Adolescent Development). [5]

In addition, the PREA Standards require training of all facility employees having contact with residents, which includes:

1. [The facility's] zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent.[24]

PREA Standards go on to say that:

- Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
- All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.
- The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

With the exception of minor language differences specific to the population being served, the requirements identified in the PREA Standards for the training of employees in both juvenile and adult confinement facilities are identical.

Resources abound that offer training and technical assistance for confinement facilities serving youth.

- NPJS [6], using OJJDP grant funds, developed two 40-hour training curricula for direct care staff who work in juvenile detention and juvenile corrections facilities, the content of which can be tailored to meet specific facility and or system training needs.
- The Juvenile Justice Trainers Association (JJTA) [6], a founding member of NPJS, provides information, training, and technical assistance for juvenile justice trainers.
- The National Center for Youth in Custody (NCYC) [7], funded by OJJDP, supports training and technical for staff in facilities, both juvenile and adult, who serve youth in confinement.
- OJJDP [8] provides support through its National Training and Technical Assistance Center (NTTAC) to states, tribes, units of local government, and organizations that support the justice system's response to juvenile delinquency and victimization.
- The ACA [9] specifies an annual minimum number of training hours for each category of staff to occur at regular periods throughout employment in a facility. Compliance with ACA mandatory training standards is required to achieve and maintain ACA certification. The ACA offers a wide range of educational and training opportunities for adult correctional and juvenile justice staff.[25]
    - In addition, most states have facility standards that include recommended or mandatory training requirements for staff who work in confinement facilities. These state standards are often based on the requirements identified in the ACA standards referenced above and address training of new staff and annual training for all staff.
- The National Institute of Corrections (NIC) [10] offers training and technical assistance for facilities seeking to develop their own training staff and through an inter-agency agreement with OJJDP provides leadership development programs for juvenile and adult corrections personnel.
- PREA—signed into law on September 4, 2003—established the National Prison Rape Elimination Commission. This Commission proposed standards for the prevention, detection, and response to sexual misconduct in criminal and juvenile justice settings. The PREA Resource Center (PRC) [11]was funded through a cooperative agreement between the Bureau of Justice Assistance (BJA) and the National Council on Crime and Delinquency (NCCD) to develop and deliver training and technical assistance programs and services related to the implementation of PREA standards in both juvenile and adult confinement facilities.

Some jurisdictions have established training academies where curricula such as those mentioned above are taught with a requirement that newly hired staff complete this training

either upon hire and before beginning a facility-specific assignment or sometime within the first year of employment.

All newly hired staff who work in a confinement facility should be certified or be provided with training in the following:

- First aid
- CPR
- Universal precautions
- Suicide prevention
- De-escalation and crisis intervention

Training in first aid, CPR, Universal Precautions, de-escalation, and crisis intervention should be re-administered either annually or as prescribed by the entity that provides the certification.

Recordkeeping—the accurate and timely written documentation of both routine and special situations regarding residents, staff, and program activities—is a critical job function for anyone who works in a confinement setting. Reports become a permanent record of a staff member's actions in response to an incident, may be used in the course of an investigation, and may help in documenting compliance with policies, procedures, and standards. In consideration of this, training in the fundamentals of effective report writing should be provided to newly hired employees at the earliest opportunity. (See Ch. 16: Behavior Observation, Recording, and Report Writing). [12]

Quality Assurance

Although there are many roads to quality assurance, for the individual employee who works with youth in a confinement setting, there are two primary resources available for this purpose: facility policy and procedure, and a professional code of ethics. (See Ch. 17: Quality Assurance). [13]

Policies and procedures are designed to address all major decisions, actions, concerns, and activities that take place within a facility. Understanding and adhering to a facility's policies and procedures is a key element in assuring quality of work. However, given the often erratic and unpredictable behavior and decision-making of youth, it would be impossible to develop policy and procedure that would address every circumstance that staff who work with youth in a confinement setting may face. Situations not specifically addressed in policy and procedure require staff discretion. Matters such as the use of restraints and isolation, or programming for youth with special needs also require discretion and judgment. Discretion is best exercised within a framework or context for decision-making. Such a framework exists within a profession's code of ethics. (See Ch. 8: Management and Facility Administration: Policy and Procedure Manual). [14]

Although there are a number of ethical codes of conduct from which to choose (e.g., the American Jail Association Code of Ethics, the International Corrections and Prison Association Ethical Code of Conduct), the DGS will focus on two codes of ethics commonly referred to by staff who work with youth in confinement—those of NPJS and ACA.

National Partnership for Juvenile Services (NPJS)

CODE OF ETHICS

Preamble

In 2004, the Council for Educators of At-Risk and Delinquent Youth (CEARDY), the Juvenile Justice Trainers Association (JJTA), the National Association for Juvenile Correctional Agencies (NAJCA), and the National Juvenile Detention Association (NJDA) merged their respective membership organizations under one operational structure, the National Partnership for Juvenile Services (hereafter referred to as the Partnership or NPJS). Building on years of experience, knowledge, and skill, this union allows these individual organizations to focus on their respective mission and discipline while minimizing duplication, maximizing limited resources, and ensuring sustainability.

As an educational, scientific, training and professional organization, NPJS recognizes that its membership reflects the full range of diversity in the juvenile justice system. The specification of ethical standards enables NPJS to clarify for all members and to those served by its members, the nature of ethical responsibilities shared by its members.

NPJS and its members contribute to the analysis, interpretation, understanding, and resolution of juvenile justice issues by providing programs, services, policy statements, conferences, training, and publications.

The Code of Ethics serves to stimulate greater concern by NPJS members for their own professional functioning and for the conduct of fellow professionals within the juvenile justice system. As the ethical code of NPJS, this document establishes principles that define the ethical behavior of NPJS members.

Purpose of the NPJS Code of Ethics

The Code of Ethics guides NPJS members in their own professional functioning and advocates for the ethical conduct of all professionals within the juvenile justice system. The Partnership Code of Ethics has established the following principles and standards to guide member conduct.

Ethical Principles and Standards

Recognizing the critical role of conscience in choosing among courses of action and taking into account the moral ambiguities of life, the members of NPJS commit themselves to the following:

- **Demonstrating the highest standards of personal conduct.**

Juvenile justice professionals are rarely defined by the public or the helping professions as having a high status career. Public perceptions often imply that everyone has the ability to work with at risk and delinquent youth. For these reasons, members must continually demonstrate pride in their profession and self-respect reflective of the highest level of personal conduct. This conduct specifically refers to personal integrity, honesty, and truthfulness demonstrated in their relationships between colleagues, youth and the public.

Juvenile justice professionals are charged with the responsibility to assure public safety, promote competency development and provide safe care of juvenile justice involved youth. Cognizant of this public trust, members understand that any individual or collective compromise of their integrity or self-respect can damage the ability of the juvenile justice system to accomplish its mission. The best insurance against a loss of public confidence is strict adherence to the highest standards of personal conduct.

- **Demonstrating the highest standards of professional conduct.**

Progress as a profession depends not only on public trust but on professional competency. Therefore, members strive for excellence in job performance that advances the cause of their profession by gaining increased public respect in order to further the best interest of justice involved youth. Members support and encourage programs that develop knowledge, skills, and abilities directly relevant to juvenile justice services. Members demand regular and periodic feedback regarding their job performance, career goals, as well as opportunities for continuous professional development.

Members understand that the important component of juvenile justice services is the relationship between staff and youth. Members emphasize training and skill acquisition in the area of interpersonal communication.

Members are concerned with providing the highest quality of care. In keeping with this concern, members contribute to the performance improvement process consistent with nationally recognized juvenile justice standards and encourage others to contribute in this process as well. Members perform their duties in a non-intrusive and respectful manner. Members do not permit personal feelings, prejudices, animosities, or friendships to influence their decisions. Members implement programs without fear or favor, without malice or preferential treatment. Members consistently respect the personal safety and boundaries of youth and co-workers and utilize appropriate verbal and non-verbal communication skills. Members utilize the least restrictive intervention available to ensure the safety of the youth as well as the immediate community.

- **Avoiding any interest or activity that conflicts with or that produces undue personal gain through the execution of official duties.**

Members refrain from any task or relationship that is or could be viewed as conflicting with job responsibilities. Conflicts occur when an individual's obligation to meet their professional responsibility to their clients, their employer or the Partnership are at odds with the individual's own personal or financial interests.

Members must understand their role in developing the independence of youth in their care. Therefore, members value the human worth of these youth by steadfastly refusing to behave in a manner which satisfies their personal needs at the expense of youth.

Members must not engage in any activity which may result in or be perceived as a financial conflict.

Members must abstain from voting on any matters which may create or be perceived as a conflict of interest.

- **Safeguarding the confidentiality of youth.**

Members adhere to all legal requirements, standards and policies regarding issues of confidentiality for justice involved youth. Members refrain from identifying youth and discussing specific problems and incidents outside the context of their official duties.

- **Advocating for the legal and ethical rights of youth.**

Members advocate for policies that ensure the legal and human rights of justice involved youth. Members educate justice involved youth, professionals and others about policies and practices that either promote or violate these rights. Members refuse to remain silent when these rights are violated, and they speak on behalf of the affected youths.

Members support the rights of justice involved youth to be served in a psychologically and physically safe and secure environment.

- **Eliminating all forms of unethical and illegal behavior.**

As representatives of the juvenile justice system, members are committed to promoting legal and ethical standards of behavior. Therefore, members will confront and report illegal or unethical behaviors that occur in any juvenile justice setting. Members are committed to upholding ethical standards that transcend issues of friendship, efficiency, and loyalty to their agency.

Members do not tolerate acts of discrimination, theft, or any form of child abuse (i.e., physical, mental, or sexual), and advocate for the removal from the profession those individuals who condone or engage in such behaviors.

- **Maintaining an optimum level of physical conditioning and mental alertness.**

Members realize that working with juvenile offenders is a highly stressful profession. Part of this stress derives from the potential for physical interventions. Members maintain an optimum level of physical conditioning in order to respond to physical situations in the most efficient manner. Members realize that both staff and residents are less likely to be injured when staff are trained, in good physical condition, and psychologically prepared to control any situation.

Members take responsibility for maintaining their physical and psychological wellness in order to provide optimal levels of safety, security, and helpful services for youth in their care.

Members realize that working with youth is a challenging and sometimes stressful profession. The stress that can be associated with juvenile justice service may affect the mental attitude and physical health of staff. In order to provide optimal levels of care and supervision, members consistently maintain a high degree of mental alertness and an awareness of both youth and the environment. Members also maintain an optimal level of physical fitness in order to respond safely and appropriately to situations that may require physical intervention.

Members support and encourage training and continuing education for juvenile justice staff in stress management and other mental and physical health practices. Members endorse and encourage the development of support groups among staff within the juvenile justice system to provide an appropriate forum to ventilate frustrations, to discuss problem situations, to share ideas that work, and to rejuvenate.

Adapted from the National Juvenile Detention Association Code of Ethics, July 10, 2012.

ACA Code Of Ethics

Preamble

The American Correctional Association expects of its members unfailing honesty, respect for the dignity and individuality of human beings and a commitment to professional and compassionate service. To this end, we subscribe to the following principles.

1. Members shall respect and protect the civil and legal rights of all individuals.
2. Members shall treat every professional situation with concern for the welfare of the individuals involved and with no intent to personal gain.
3. Members shall maintain relationships with colleagues to promote mutual respect within the profession and improve the quality of service.
4. Members shall make public criticism of their colleagues or their agencies only when warranted, verifiable, and constructive.
5. Members shall respect the importance of all disciplines within the criminal justice system and work to improve cooperation with each segment.

6. Members shall honor the public's right to information and share information with the public to the extent permitted by law subject to individuals' right to privacy.
7. Members shall respect and protect the right of the public to be safeguarded from criminal activity.
8. Members shall refrain from using their positions to secure personal privileges or advantages.
9. Members shall refrain from allowing personal interest to impair objectivity in the performance of duty while acting in an official capacity.
10. Members shall refrain from entering into any formal or informal activity or agreement which presents a conflict of interest or is inconsistent with the conscientious performance of duties.
11. Members shall refrain from accepting any gifts, services, or favors that is or appears to be improper or implies an obligation inconsistent with the free and objective exercise of professional duties.
12. Members shall clearly differentiate between personal views/statements and views/statements/positions made on behalf of the agency or Association.
13. Members shall report to appropriate authorities any corrupt or unethical behaviors in which there is sufficient evidence to justify review.
14. Members shall refrain from discriminating against any individual because of race, gender, creed, national origin, religious affiliation, age, disability, or any other type of prohibited discrimination.
15. Members shall preserve the integrity of private information; they shall refrain from seeking information on individuals beyond that which is necessary to implement responsibilities and perform their duties; members shall refrain from revealing nonpublic information unless expressly authorized to do so.
16. Members shall make all appointments, promotions, and dismissals in accordance with established civil service rules, applicable contract agreements, and individual merit, rather than furtherance of personal interests.
17. Members shall respect, promote, and contribute to a work place that is safe, healthy, and free of harassment in any form.

Adopted by the Board of Governors and Delegate Assembly in August 1994.

Specialized practitioners who work in a confinement setting (e.g., medical and mental health staff) may have a code of ethics meant to guide practice in those more specialized areas. Counseling staff may be guided by the ACA, the National Association of Social Work (NASW), the American Association for Marriage and Family Therapy (AAMFT), or the American Psychological Association (APA) Code of Ethics. The code by which counseling staff may be guided will depend on any number of factors that may include the practitioner's educational background, the professional group through which the practitioner is licensed and the individual's personal preference.

The American Nurses Association (ANA) and the American Medical Association (AMA) both have codes of ethics; however, the National Commission on Correctional Health Care

(NCCHC) [15] says that, while nurses in traditional medical settings may only occasionally face ethical dilemmas, "In contrast, the correctional nurse may face ethical situations daily…about care delivery, caring and patient advocacy in planning and providing safe patient care."[26] The NCCHC encourages nurses to refer to the ANA Code of Ethics, which has specific scope and standards of practice for nursing in correctional settings.

Performance Evaluations

The performance evaluation is just one step in an overall performance management system. This system includes the development of position-specific job descriptions; the identification of standards for performance related to the job description that can be rated such as the amount and quality of work, effort, or employee tasks necessary to reach a predetermined level of performance; and processes for addressing performance issues that may range from coaching to progressive discipline.

Writing a quality job description sets the stage for a quality performance evaluation, as the criteria on which an employee's performance is evaluated should be directly related to the job functions outlined in the job description. In *The Job Description Handbook*, Margie Mader-Clark says,

> Because a good job description tells employees exactly what they are expected to accomplish, employees won't be able to argue later that you surprised them by using unexpected factors to measure their performance. And because every employee in the same position will be rated on the same performance factors, it will be more difficult for an employee to claim that you were unfairly harsh or imposed additional requirements on him or her—an argument that can form the basis for a discrimination lawsuit.[27]

Performance evaluations typically use some form of rating system. One of the most common rating systems used in performance evaluations is a numeric system. For example:

1 = Employee has failed to meet expectations.

2 = Employee is below performance expectations.

3 = Employee meets expectations with average performance.

4 = Employee exceeds expectations with an above average performance level.

5 = Employee far exceeds expected job performance.

If used correctly, this method of evaluation can be a useful tool to motivate employees. However, if the employee only receives is a numeric rating, this process is of little value. Without a descriptive narrative to put the rating in context, this scale will be of little value to the employee or the employer. Employers need to discuss with employees the overall ratings and provide specific information regarding the criteria that was used to determine the rating for 1) the employee to know what to do to improve his or her performance and

2) the employer to be clear about what the organization can do to help the employee improve and add value to the organization.

Performance issues identified in the performance evaluation should never be a surprise to the employee, as these issues should have been recognized and addressed in advance of the regularly scheduled performance evaluation. When employees have opportunities for ongoing feedback (e.g., weekly or monthly check-ins with supervisors), concerns about performance can be addressed much more quickly. Once performance issues are identified, whenever reasonable to do so, supervisors should invest coaching, mentoring, or other productive approaches to correcting employee performance. These approaches provide the employee with the opportunity to receive support and feedback and make progress on the issue, in which case, formal disciplinary action may not be needed.

When and if formal disciplinary action is required, whenever reasonable, a process of progressive discipline should be used. The goal of progressive discipline is to improve employee performance and entails the following steps:

- Counseling the employee about the performance issue, including dialogue to understand whether any specific issues or problems contributing to the employee's poor performance. This process is documented in the employee's personnel file with the employee's signature to demonstrate his or her understanding of the issue and the correction needed.
- Written warnings outlining consequences for an employee's continued failure to meet performance expectations and provision of a formal performance improvement plan if needed. A written warning should outline potential progressive discipline up to and including termination if corrective action is not taken.
- Suspensions, either paid or unpaid, pending are a recommended component of a discipline progression. Suspensions should be used in response to serious workplace issues and instituted consistent with federal, state and local wage-and-hour employment laws [and labor contracts where applicable].
- Final written warnings are a step in progressive discipline that may or may not accompany a suspension and are often a last step before termination of an employee. However, steps in progressive discipline may be combined or skipped depending on the specific situation or circumstances involved.[28]

Although a process for progressive discipline is important, it may not be appropriate in all cases; some situations may be serious enough to require immediate termination.

Ken Lloyd's book, *Performance Appraisals and Phrases for Dummies,* provides a "Cheat Sheet" with the following tips for preparing, conducting, and following-up after performance evaluations. The following are key points addressed in this resource.Preparing for the performance evaluation:

- See yourself as a leader in order to be objective.

- Expect that the performance evaluation process will go smoothly, effectively, and productively.
- Spend time with employees so that your feedback will be more accurate and acceptable to the employee.
- Know exactly how the performance evaluation process works.
- Schedule performance evaluations, planning for each of the steps needed to complete the process.
- Collect and review all relevant information to inform the evaluation, including the employee's job description.
- Begin completing the evaluation form with comments about the employee's performance before selecting performance ratings.
- Schedule enough time for discussion and to answer employee questions.

Conducting the performance evaluation:

- Open the discussion on an upbeat note to set a positive tone.
- Explain the topics to be covered and the order in which they will be addressed.
- Invite questions.
- Focus on the employee's performance.
- Provide a specific rationale for the performance ratings.
- Listen actively, rephrasing and summarizing to ensure understanding.
- End the discussion with positive expectations, inviting questions and scheduling any needed follow-up

Follow up after the performance evaluation:

- Set specific performance goals moving forward.
- Set professional development goals focused on building and further developing the employee's skills and abilities.
- Create real goals that are specific, achievable, measurable, and prioritized, including action plans related to goal achievement.
- Spend time observing employee performance and maintain ongoing contact, communication, and feedback.
- Recognize quality performance, providing coaching guidance, direction, and feedback as needed.
- Be a role model, leading by example.[29]

Though there is some controversy related to the value and importance of performance evaluations and the frequency with which they should be conducted, the ACA standards on "Performance Evaluation of Probationary Staff and Annual Performance Rating for All Staff" say that "performance appraisals shall be implemented by the Director to encourage each staff member to evaluate his/her own work habits. Annual appraisals shall be required for all non-probationary staff." This standard goes on to prescribe the following for inclusion in a facility's performance evaluation system, all of which have been addressed in this chapter:

- Establishing performance standards that objectively and accurately evaluate job performance (performance standards directly connected to job functions listed in the job description; focus on employee performance).

- Communicating to each staff member both the performance standards and critical elements of his or her position (job description, facility and program orientation, policies and procedures, post orders).
- Evaluating staff performance during the appraisal/evaluation period (ongoing feedback and communication; performance issues addressed as they arise).
- Recognizing and rewarding staff members whose performance warrants it (merit pay increases, promotions, facility employee recognition processes, "atta boys/girls").
- Assisting in improving unacceptable performance (performance counseling, mentoring, coaching, and training as needed and appropriate).
- Reassigning, reducing in grade, or removing any staff member who continues to perform on an unacceptable level, but only after he/she is given an opportunity to demonstrate acceptable performance (progressive discipline that include demotion or termination for cause).

Practitioner Certification

Practitioner certification is gaining momentum across fields of practice and around the world, and the field of corrections is no exception. A number of professional associations, institutions of higher education, and other organizations and groups offer various levels of certification ranging from entry or basic level to professional and advanced certification.

Webster's dictionary defines certification as "the act of making something official" and "official approval to do something professionally or legally." Certifications in the field of corrections are primarily professional rather than legal. The following is a sampling of the professional certifications available to practitioners who work in the field of corrections.

- NPJS sponsors the Certified Juvenile Services Practitioner (CJSP) certification. Through this process, NPJS recognizes practitioners in the field who have achieved the levels of education, training, and experience necessary to indicate a basic understanding and knowledge of the field of juvenile justice and the work required in a juvenile confinement setting. Applications and the requirements for the CJSP certificate are available at the NPJS website [6].
- The ACA offers four levels of corrections staff certification ranging from Certified Corrections Officer (CCO) to Certified Corrections Executive (CCE). In addition, the ACA offers special certifications related to working with Security Threat Groups (STG), three levels of certification in healthcare, and a provisional certification (CCO/P) for those individuals who have yet to pass the CCO exam and may not have secured a full-time position in a corrections-related agency. Detailed information about ACA certifications is available at the ACA website [16].
- The National Commission on Correctional Health Care (NCCHC) offers four different categories of the Certified Corrections Health Professional (CCHP) certification. Detailed information about NCCHC certifications is available at the NCCHC website [17].
- The Center for Juvenile Justice Reform at Georgetown University has recently begun offering a Youth in Custody Certificate Program focused on assisting public and

private sector leaders in juvenile justice, child welfare, and other systems of care that serve justice-involved youth. The goal is to affect systemic change and improved outcomes for youth in custody. Additional information about the Youth in Custody Certificate Program is available at the Center's website [18].

A number of states now offer programs to that certify youth workers regardless of where they practice. State-supported youth work certification programs range from basic- to intermediate-level certification and are available in many states including Indiana, Oregon, Texas, and Wisconsin.

Since 2008, a national certification for child and youth care professionals, the Child and Youth Care—Professional (CYC-P), has been available through the Child and Youth Care Certification Board. This national certification program, established by the Association for Child and Youth Care Practice (ACYCP) is an effort to increase quality standards and the effectiveness and safety of programs serving children, youth, and families across disciplines and practice settings in the United States.

Practitioner certification provides benefits to both juvenile justice practitioners and the facilities and agencies in which they work. Benefits of certification for practitioners include professional recognition of education, job-related training, and experience and the possibility of greater access to opportunities for employment and advancement. A benefit of certification to facility and agency administrators is assurance that employees or applicants for employment that are certified have at least a basic understanding and knowledge of the field of juvenile justice, the work required in a juvenile confinement setting, or youth work in general, depending on the specific type of certification. Certification of staff may also provide facilities and agencies with some level of protection from liability.

Finally, certification provides increased motivation for employees to participate in training and professional development opportunities, as most practitioner certifications require ongoing training and membership in a job-related professional membership association for annual, biannual or other intervals of re-certification.

Maintaining and Growing the Workforce

Although the availability and recruitment of quality staff for work with youth in a confinement setting is a challenge, often the greater challenge is in retaining these staff. Staff turnover has far-reaching negative effects on the implementation, continuity, and consistency of programming; staff morale and burnout; budgetary resources related to higher rates of overtime and the costs of continually hiring and training new staff; and, ultimately, potential outcomes for the youth being served.

Historically, little research has been done on turnover in the juvenile justice workforce. However, in recent years, this topic has become of interest to a number of researchers and to professional organizations such as the ACA. In 2003, with grant funding from the

Bureau of Justice Assistance, the ACA began a three-phase project—Discovery Phase, Create Phase, Implementation Phase—entitled *A 21st Century Workforce for America's Correctional Profession* (the Project). The focus of the Project is on developing a workforce plan for strengthening recruitment and improving rates of retention of qualified correctional staff. Though the Project is ongoing, reports on Phase One and a portion of Phase Two were released in 2004 and 2009 respectively.[30]

Academic research has been conducted looking at things such as *The Influence of Individual, Job, and Organizational Characteristics on Correctional Staff Job Stress, Job Satisfaction, and Organizational Commitment*[31] and *Predictors of Turnover Intention Among Staff in Juvenile Correctional Facilities: The Relevance of Job Satisfaction and Organizational Commitment.*[32]

Some of the findings from research point out a number of factors that impact recruitment and retention about which most facility administrators are already aware.

- Correctional confinement is an ill-defined profession not typically identified as a desirable career choice.
- The pay is inadequate compared to other jobs in the criminal justice system.
- Confinement facility staff have demanding hours that require 24-hour shift work and overtime.

Some of these factors are or may seem to be beyond the control of a facility administrator. The individuals that approve facility budgets rarely have a clear understanding of the staff, services, and programmatic and other needs of a confinement facility to inform their decision-making. The need for shift work and overtime in a facility that must operate 24 hours a day, 365 days a year, is beyond the control of the administrator. However, there are many things facility administrators can do to lessen the impacts of the factors they cannot control.

Based on information contained in the studies mentioned above, the following are strategies that may positively impact employee retention and grow the workforce, many of which have been mentioned previously in this chapter.

- Develop creative recruitment materials using staff and, if appropriate, youth testimonials about the work being done at the facility (electronic formats, targeted workshops, presentations) to appeal to the various generations represented in the job market.
- Assume that everyone you meet is looking for a job and market to those individuals who seem interested and suited to the work.
- Develop a quality orientation and pre-service training program to effectively prepare new staff for the job, assigning appropriate veteran staff to serve as mentors and coaches to these individuals. Mentors and coaches should have clear expectations about their role and recognition for fulfilling this commitment.
- Put in place internal and external employee recognition programs that may include judicial and media recognition of the work staff have done, material rewards such as

gift certificates or premium parking, and additional training or conference attendance.

- Use a suggestion box and electronic or other surveys, along with regular direct contact with employees, to solicit feedback about what is great and what is difficult about the their job, what they would like to have, change, or get rid of in the workplace that would make it better, etc. Implement appropriate changes and explain clearly anything you cannot do or change and why.
- If available, provide longevity pay for long-term staff and shift differentials for those staff who work the least desirable and most difficult to fill shifts.
- Ensure that all staff are aware of opportunities for promotion and the requirements to qualify for promotion; support the staff's access to education and other means of satisfying requirements that may help staff become eligible for promotion.
- Provide information and easy access to employee benefit programs such as Employee Assistance Programs (EAPs) that address stress management and other issues related or leading to burnout. Ask EAP or facility mental health staff to facilitate staff training on caregiver burnout and appropriate self-care. Make direct referrals to these programs when there is a need.
- Access the services of EAP staff in response to facility or community-based crisis situations that may impact the staffs' ability to effectively meet the needs of youth and the facility (e.g., in the event of the suicide of a youth or staff, following the suicide of youth known to facility residents).
- Conduct exit interviews with staff who voluntarily end their employment to better understand why they leave and what administration might do differently to increase organizational commitment and job satisfaction for employees. Exit interviews may be facilitated by a third party such as the sitting judge, members of the facility or agency's Advisory Board, human resource staff, etc.

Building Future Leaders

Every profession must intentionally and proactively invest in building its future leadership. Generational changes in the workforce require new and innovative ideas and perspectives in leadership. (See Ch. 8 Management and Facility Administration: Leadership and Capacity Building) [19]

The NIC 2005 publication entitled *Correctional Leadership Competencies for the 21st Century: Executives and Senior-Level Leaders* identifies a set of core competencies for executive and senior-level leaders, a summary of which is provided below.[33]

Self-Awareness. A key aspect of self-awareness is understanding one's personal strengths and weaknesses, understanding why you are the way you are and knowing how your strengths and weaknesses affect others and your ability to reach your goals.[34]

Ethics and Values. Ethics encompasses the standards for evaluating right and wrong and the person qualities that sustain the ability to make and act on these judgments. Ethical standards guide decisions and focus behavior for right or wrong action.

Values include principles, qualities, or aspects of life that individuals believe possess intrinsic goodness or worth.[35]

Vision and Mission. The vision describes what the organization wants to do or where it wants to go and projects an ideal future that may not be attainable.

The mission describes what the organization will do to achieve the vision and should be attainable and measurable.[36]

Strategic Thinking. This is the ability to recognize the relationships, complexities, and implications of a situation; anticipate possibilities; and plan what to do.[37]

Managing the External Environment. For correctional executives and senior-level managers, this involves interacting with citizens and interest groups, collaborating with other public agencies, acquiring necessary resources, maintaining a productive place in the criminal justice system, and applying effective techniques and strategies to build public and media relations.[38]

Power and Influence. Power is the ability to understand organizational politics and to influence others to achieve a desired outcome.

Influence is finding and using the most effective and prudent methods for altering an organization's or an individual's beliefs and behavior to implement decisions and achieve desired outcomes.[39]

Strategic Planning and Performance Management. Strategic planning is the process of developing a comprehensive plan that provides leadership, direction, and resource prioritization to ensure that the intended visions, mission, goals, and objectives of a correctional agency/organization are met.

Performance management is the process of establishing measures that describe how success in achieving the organization's mission will be measured and tracked.[40]

Collaboration. In its broadest meaning, collaboration is a reciprocally beneficial association between two or more participants who work toward shared goals by equally distributing responsibility, authority, and accountability.[41]

Team Building. Teams are basic workplace units. Natural work teams might be shifts in a confinement facility, while project teams are shorter term and established to achieve a specific goal.[42]

In 2006 the NIC published a second report, *Correctional Leadership Competencies for the 21st Century: Manager and Supervisor Levels,* which identifies a set of core competencies for managerial and supervisory staff.[43] In addition to identifying core competencies, along with the key skills and behaviors related to them, the NIC also developed a knowledge base

to help correctional leaders better understand each competency. The information compiled in these documents is intended to serve as a tool for use by staff at the NIC to enhance its leadership training programs and to assist individual correctional agencies to identify candidates for leadership training. In addition, "Correctional agencies/organizations will be able to use the competencies identified in these documents to improve their recruitment and selection processes, in the placement and retention of current employees, in succession planning for leadership positions, and in staff development."[44]

Conclusion

The most important and valuable resources for confinement facilities that serve youth are the very special people who work and serve in these facilities. Facility administrators must identify and recruit well-qualified staff and prepare and maintain a well-trained and committed workforce.

Staff that serve youth must be able to follow facility policies and procedures, be good problem solvers, and, when the use of discretion is required, they must be guided by their own conscience within the context of an ethical code. To be effective, staff working with youth in confinement must be optimistic, believe in the ability of young people to change, and be keen observers of behavior. They must respect both coworkers and youth and show a genuine care and concern for the young people in their care.

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[4] Ernest L.V. Shelley, Ph.D., is best remembered as a champion of volunteer services who served the correctional community in Michigan. He developed treatment programs for the Michigan Department of Corrections and concluded his professional career as the chair of the Department of Psychology at Olivet College in Olivet, Michigan. After retiring, Dr. Shelley remained active through volunteer service, speaking engagements, and his writing. He influenced many people in juvenile detention and corrections through his dynamic teachings and his affable personality. He was awarded posthumously the 1986 C.A. Zott Distinguished Service Award from the Michigan Juvenile Detention Association

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[6] Sampling of certification websites, http,//npjs.org/certified-juvenile-services-practitioner/ [32]; http,//cjjr.georgetown.edu/certprogs/certificates.html [33]; https,//www.aca.org/certification/ [34]; http,//corrections.eku.edu/youth-services-undergraduate-certificate [35]

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Ch.5 Rights and Responsibilities of Youth, Families, and Staff

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Youth in juvenile detention and correctional facilities and adult jails and prisons have a multitude of legal rights that staff must take great care to respect. The rights of youth residents—such as the right to education; medical and mental healthcare; due process; access to families, counsel, and the courts; and safe and humane treatment—stem from various sources including the U.S. Constitution, federal laws, state constitutions and laws, and case law determined by the courts. Facility personnel must protect these rights or otherwise be subject to costly litigation, judicial oversight, and financial and administrative sanctions imposed by entities such as the U.S. Department of Justice (DOJ).

Facility staff can best safeguard the rights of youth residents by 1) understanding and abiding by constitutional, federal, and state legal requirements and 2) acting with professional judgment and in accordance with accepted professional standards and best practices. Though not exhaustive, this chapter presents an overview of the key laws, regulations, and standards that establish the rights and responsibilities of youth, families, and staff.

Constitutional Rights

The U.S. Constitution affords youth in custody with a wide range of rights. It is incumbent on facility staff to protect these rights, not only to meet best practice standards, but also to limit legal liability. The constitutional rights of youth include:

- Due process
- Freedom from cruel and unusual punishment
- Equal protection
- Free speech
- Free exercise of religion
- Counsel

Right to Due Process

The due process clause of the 14th Amendment to the Constitution provides that no state shall "deprive any person of life, liberty, or property, without due process of law." Courts have held that the due process clause affords youth in detention and correctional facilities with a number of rights, including the right to safe conditions,[1] education,[2] and adequate medical and mental healthcare.[3] Additionally, the Supreme Court has ruled that the due process clause prohibits the punishment of all detainees prior to an adjudication of guilt.[4] This means that individuals held in pre-trial detention, including youth prosecuted as adults, cannot be subjected to conditions amounting to punishment, such as excessive use of force, deprivation of basic necessities, or other measures not reasonably related to legitimate governmental interests. Most courts also apply this analysis more broadly to cases involving youth held in juvenile detention and correctional facilities, as juvenile justice proceedings are civil in nature and do not result in criminal convictions.

Right to Be Free from Cruel and Unusual Punishment

The 8th Amendment to the Constitution prohibits "cruel and unusual punishments." Typically applied in conditions of confinement cases in adult prisons, the 8th Amendment protects a resident's right to basic care,

such as adequate food, clothing, shelter, and medical care. In evaluating whether a condition is cruel and unusual, courts generally assess whether the condition imposes a substantial risk of serious harm and whether officials acted with "deliberate indifference" (a conscious or reckless disregard of the consequences of one's acts or omissions) to the resident's rights.[5]

Right to Equal Protection

The equal protection clause of the 14th Amendment prohibits states from denying "any person within its jurisdiction the equal protection of the laws." Accordingly, government-operated or contracted institutions, including detention and correctional facilities, cannot discriminate on the basis of race or gender without a sufficiently legitimate government interest. Facilities should ensure that programs, services, and privileges are provided equally regardless of residents' race, ethnicity, national origin, religion, disability, sex, gender identity, or sexual orientation.

Right to Free Speech

The 1st Amendment to the Constitution also prohibits the making of any law "abridging the freedom of speech." The Supreme Court has held that the 1st Amendment applies to the states, and specifically that residents in juvenile and adult detention and correctional facilities maintain the freedom of speech.[6] Facilities may limit residents' speech, but only to the extent necessary to achieve a substantial governmental interest, such as maintaining security.

Right to Free Exercise of Religion

According to the free exercise clause of the 1st Amendment, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof." Courts have ruled that pursuant to the 1st Amendment, residents of juvenile and adult detention and correctional facilities have the right to exercise their sincerely held religious beliefs.[7] Under certain circumstances, facilities may limit this right, and the Supreme Court has listed the following factors to be considered when determining the validity of such a regulation: 1) whether the regulation is "reasonably related to legitimate penological interests," 2) whether the resident has alternative ways to exercise his beliefs, 3) whether accommodating the resident's religious exercise would have a significant "ripple effect" on other residents or staff, and 4) whether there is an alternative to the regulation that would accommodate the resident's rights at "de minimis cost to valid penological interests."[8] Courts have held that maintaining safety and security may constitute a legitimate or valid penological interest in this context.[9]

Right to Counsel

Pursuant to the 6th Amendment to the Constitution, criminal defendants, including youth prosecuted as adults, have the right to an attorney.[10] Youth involved in juvenile delinquency matters also maintain the right to counsel, given 14th Amendment due process protections.[11] Accordingly, detention and correctional facility staff are responsible for protecting residents' access to counsel, including by allowing them to meet and speak by phone with their attorneys.

Federal Laws and Regulations

In addition to the rights established by the Constitution, several federal statutes and regulations impact the work of facilities that house youth. Some of the most important federal laws with which facility staff should be familiar include:

- Section 1983 of Title 42 of the U.S. Code.
- Juvenile Justice and Delinquency Prevention Act (JJDPA).
- Civil Rights of Institutionalized Persons Act of 1980 (CRIPA).
- Violent Crime Control and Law Enforcement Act of 1994.
- Religious Land Use and Institutionalized Persons Act of 2000 (RLUIPA).
- Civil Rights Act of 1964.

- Individuals with Disabilities Education Act (IDEA).
- Americans with Disabilities Act of 1990 (ADA).
- Rehabilitation Act of 1973.
- Prison Rape Elimination Act of 2003 (PREA).

Section 1983 of Title 42 of the U.S. Code

Enacted as part of the Civil Rights Act of 1871, Section 1983 of Title 42 of the U.S. Code is a federal statute that allows citizens to sue government officials for violations of their constitutional and federal rights. It provides in part the following:

> Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress.[12]

Under Section 1983, youth in juvenile and adult detention and correctional facilities may bring litigation against facility staff for violations of their civil rights. The statute provides a wide basis for lawsuits, and, historically, claims raised against facilities have focused on issues such as unsafe conditions, cruel and unusual punishment, excessive use of force, and inadequate medical and mental healthcare. If staff members are found liable for violating youth's rights, courts may award money damages or order other types of remedies, such as changes in facility policies or procedures.

Juvenile Justice and Delinquency Prevention Act (JJDPA)

Enacted in 1974 and amended several times subsequently, the JJDPA is the landmark law through which the federal government sets juvenile justice standards and provides state funding for research, training and technical assistance, and evaluation. To receive funding under the JJDPA, state agencies that operate detention and correctional facilities must comply with the following four core requirements:

1. **Deinstitutionalization of Status Offenders.** This requirement mandates that youth who are charged with or have committed status offenses—that is, offenses that would not be criminal if committed by adults, such as truancy or curfew violations—cannot be held in secure detention and correctional facilities. Additionally the requirement specifies that *non-offenders*, defined as juveniles who are under the jurisdiction of the juvenile court for matters other than delinquency, such as dependent or neglected children, may not be detained in these facilities.[13]
2. **Removal of Juveniles from Adult Jails and Lockups.** Under this requirement, states may not detain youth under the jurisdiction of the juvenile court in any adult jail or lockup. Limited exceptions apply such as holding youth for not more than six hours for processing, release, or transfer to a juvenile facility or while they make a court appearance, or holding youth awaiting an initial court appearance in a "rural" area for not more than 48 hours, but only if no acceptable alternative placement exists.[14]
3. **Sight and Sound Separation of Juveniles from Adults in Institutions.** In the limited circumstances that youth under the jurisdiction of the juvenile court can be held in adult jails or lockups, this requirement prohibits them from having any contact with adult detainees. At all times these youth must be separated from adult detainees by "sight and sound"—in a manner that prevents youth from hearing or seeing adults. Additionally, the law requires that "there is in effect in the state a policy that requires individuals who work with both such juveniles and such adult inmates, including in collocated facilities, [to] have been trained and certified to work with juveniles."[15]
4. **Reduction of Disproportionate Minority Contact (DMC).** Under this requirement, states must address any disproportionate representation of youth of color in their juvenile justice systems. Specifically, states must "address juvenile delinquency prevention efforts and system improvement efforts designed to reduce, without establishing or requiring numerical standards or quotas, the disproportionate number of juvenile members of the minority groups, who come into contact with the juvenile justice system."[16]

Failure to comply with the JJDPA may result in significant reductions, possibly even termination, of federal funding. Accordingly, facility administrators and staff should develop policies, practices, and procedures to meet the Act's requirements. Additional information on the JJDPA can be obtained from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) website.[17]

Civil Rights of Institutionalized Persons Act (CRIPA) of 1980

CRIPA gives the U.S. DOJ the power to investigate and bring civil actions against state or local governments for violating the civil rights of those held in publicly-operated facilities, including juvenile detention and correctional facilities and adult jails and prisons. In pursuing these actions, the Special Litigation Section of the Civil Rights Division of the DOJ focuses on systemic violations of civil rights rather than individual claims. Since CRIPA's inception, the Special Litigation Section has investigated hundreds of juvenile and adult facilities on a wide variety of issues, including but not limited to the inadequate provision of medical and mental healthcare, failure to protect youth from physical and sexual abuse, and discriminatory practices and procedures.[18] Given that cases often result in costly and time-intensive consent decrees, settlement agreements, and court orders, facility staff are well advised to ensure the protection of residents' civil rights.

Violent Crime Control and Law Enforcement Act of 1994

The Violent Crime Control and Law Enforcement Act of 1994 prohibits government officials and agents responsible for the "administration of juvenile justice or the incarceration of juveniles" from engaging in patterns or practices that deprive persons of their constitutional rights. The law gives the Attorney General the discretion to initiate civil actions against such officials to obtain court-ordered remedies to eliminate the unconstitutional conduct.[19] The Special Litigation Section of the Civil Rights Division of the DOJ is primarily responsible for enforcing the law.

Religious Land Use and Institutionalized Persons Act (RLUIPA) of 2000

RLUIPA prohibits state and local governments from substantially burdening the religious exercise of institutionalized persons, unless it can be demonstrated that the burden furthers a compelling government interest and is the least restrictive means to further that interest. RLUIPA, which applies to juvenile detention and correctional facilities and adult jails and prisons, authorizes the U.S. DOJ to investigate and file civil actions, and enables private individuals to seek judicial remedies as well. To comply with RLUIPA, facility staff should take measures to protect residents' rights to "any exercise of religion, whether or not compelled by, or central to, a system of religious belief."[20] Courts have found that a wide range of practices constitute religious exercise under RLUIPA including "attending religious services, joining prayer groups, leaving hair uncut, wearing head coverings, adhering to certain dietary restrictions, and receiving certain religious reading materials."[21] Another law, the Religious Freedom Restoration Act of 1993, provides similar protections for residents held in federal and District of Columbia facilities.[22]

Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in programs and activities that receive federal financial assistance.[23] Agencies that violate Title VI may see federal funding suspended or terminated. Accordingly, juvenile justice and adult corrections facility staff should ensure that all practices and procedures are non-discriminatory.

Facilities that house youth with limited English proficiency (LEP) must take special care to comply with Title VI. In 2000, President Clinton signed Executive Order 13166, entitled "Improving Access to Services for Persons with Limited English Proficiency," a measure designed to enforce Title VI that requires federal agencies to "examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them."[24] The Executive Order also requires recipients of federal financial assistance to "take reasonable steps to ensure meaningful access to their programs and activities by LEP persons." In 2011, Attorney General Eric Holder issued a memorandum recommitting to the implementation of the Executive

Order. Guidance on complying with the Executive Order is available on the federal government's "Limited English Proficiency" website [2].[25]

Individuals with Disabilities Education Act (IDEA)

IDEA is the principal federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.[26] IDEA originated with the Education for Handicapped Children Act of 1975, which, among other things, mandated that youth with disabilities have access to a free, appropriate public education. Over the years, amendments to IDEA have greatly expanded its scope, and its provisions apply to all youth placed in juvenile and adult detention and correctional facilities (the only exception being a youth aged 18 to 21 who, in his or her last educational placement prior to detention in an adult facility, was not identified as a child with a disability and did not have an Individualized Education Program (IEP), unless otherwise mandated by state law).

To receive federal education funding under IDEA, states and local education agencies (LEAs) must demonstrate compliance with the law or risk reduction or termination of such funding, as well as potential administrative challenges and civil litigation. Accordingly, staff of juvenile detention and correctional facilities and adult facilities that serve youth should work with their educational partners to meet the requirements of IDEA, some of which include:

1. **Child Find Obligation.** States and local education agencies must identify, locate, and evaluate all youth with disabilities. Juvenile and adult detention and correctional facilities can play a key role in identifying youth residents with disabilities through appropriate screening and evaluation measures, as well as staff training.[27]
2. **Individualized Education Program.** Within 30 days of the determination that a child needs special education and related services, a meeting to develop an IEP must be held.[28] The team responsible for creating the IEP includes the youth, the youth's parents, a regular education teacher, a special education teacher, an LEA representative, an individual who can interpret institutional implications of evaluations, and others with special knowledge of the youth. The IEP must detail a wide range of information, including statements regarding the youth's present educational performance level, educational goals for the youth, and the special education and related services to be provided to the youth, including transition services. Once developed, the state or LEA must then provide the services in accordance with the IEP.
3. **Least Restrictive Environment.** IDEA requires that, "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled" and that "special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."[29]
4. **Due Process Protections.** IDEA provides parents of youth with disabilities with various rights, including the right to view records, receive written notice of proposed actions, participate in IEP meetings, and be involved in educational placement decisions. Parents may also initiate due process proceedings regarding their child's educational services.[30]

This list represents only a select portion of the requirements outlined in the law and the accompanying federal regulations. More information on IDEA is available at the U.S. Department of Education's website.[31] Additionally, all states have laws and regulations incorporating IDEA provisions and concepts, most often found in education codes and regulations. Facility staff should consult with their agency's general counsel's office for guidance on state and local legal requirements.

Americans with Disabilities Act (ADA) of 1990

ADA is a federal law that prohibits discrimination based on disability, defined as "a physical or mental impairment that substantially limits a major life activity."[32] The law covers a wide range of areas, including employment, public services, transportation, public accommodations, and telecommunications. The Supreme Court has ruled that Title II of the act, which prohibits disability discrimination by all public entities at the state

and local level, applies to prisons and jails.[33] ADA regulations also specifically require adult and juvenile detention and correctional facilities to ensure that disabled residents are not "excluded from participation in, or be denied the benefits of, the [facility's] services, programs or activities…or be subjected to discrimination." The regulations provide that facility staff should avoid placing disabled residents in "inappropriate security classifications because no accessible cells or beds are available," in "designated medical areas unless they are actually receiving medical care or treatment," or in "facilities that do not offer the same programs as the facilities where they would otherwise be housed." Facility staff should also not "deprive inmates or detainees with disabilities of visitation with family members by placing them in distant facilities where they would not otherwise be housed."[34]

Since the ADA's inception, the Civil Rights Division of the U.S. DOJ has investigated and enforced many cases involving the provision of accommodations at juvenile and adult detention and correctional facilities. More information about the ADA's requirements can be found on the website dedicated to the law [3] and hosted by the federal government.[35]

Rehabilitation Act of 1973

Similar to ADA, Section 504 of the Rehabilitation Act of 1973 prohibits disability discrimination.[36] Whereas the ADA applies to facilities operated by state and local agencies, regardless of whether they receive federal funding, the Rehabilitation Act applies to facilities run by federal agencies, such as the U.S. Bureau of Prisons, and to any state or local agency that receives federal funding. Facilities that run afoul of the Rehabilitation Act risk the suspension or termination of federal funding, as well as court-ordered remedies and monetary damages.

Prison Rape Elimination Act (PREA) of 2003

Enacted in 2003, the Prison Rape Elimination Act is the principal federal law that addresses sexual violence in juvenile and adult confinement facilities. The law created the National Prison Rape Elimination Commission and charged it with developing standards for the elimination of prison rape and sexual misconduct. After review by the DOJ, the PREA Standards were published on the Federal Register on June 20, 2012, and became effective on August 20, 2012.[37]

The PREA Standards apply to four types of facilities: juvenile facilities, and adult prisons and jails, lockups, and community confinement facilities. The Standards cover a wide range of areas, including prevention and responsive planning; training and education; screening for risk of sexual victimization and abusiveness; responses to sexual misconduct (e.g., reporting, investigations, medical and mental healthcare, and discipline); data collection and review; and audits. The Standards are available on the National PREA Resource Center website [4]. [38]

It is in the interest of juvenile and adult facilities to comply with the PREA Standards. PREA provides that a state whose governor does not certify full compliance with the standards is subject to the loss of 5% of any U.S. Department of Justice grant funds that it would otherwise receive for prison purposes. The exception to this is if the governor submits an assurance that such 5% will be used only for the purpose of enabling the state to achieve and certify full compliance with the standards in future years.[39] Even facilities not subject to the loss of federal funds should comply with the PREA Standards, as they set forth thoughtful, comprehensive measures to ensure the safety of all youth residents. (See Ch. 6: Adolescent Development: Identifying Trauma) [5]

State Laws and Regulations

State laws and regulations also offer additional protection to youth placed in facilities. Many state laws, for example, give children a right to treatment and rehabilitation, limit the amount of time they can be held in detention, require the use of risk assessments and suicide and mental health screening, and mandate that juvenile records remain confidential. Similarly, many state regulations set forth standards for building conditions, safety measures, staff training and youth programming. It is incumbent on facility staff to understand state-specific legal requirements regarding the care of youth residents. Staff should consult with general counsel's office of their agency for guidance.

Professional Standards and Best Practices

In recent decades, the development of professional standards has greatly impacted the work of facilities that house youth. Facility standards issued by national programs and organizations such as the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI),[40] the American Correctional Association (ACA),[41] the National Commission on Correctional Health Care (NCCHC),[42] and Performance-based Standards (PbS)[43] have been successfully implemented by juvenile detention and correctional facilities around the country. Standards such as these are important because they set forth programmatic, treatment, and environmental guidelines for facilities.

Advancements in juvenile justice research have also informed the field. Researchers have studied the effectiveness of juvenile justice efforts and identified key programmatic and operational factors linked with success.[44] OJJDP also emphasizes the importance of evidence-based practices and programming and publishes the "Model Programs Guide," a searchable database of effective and promising programs, including those based in detention and correctional facilities.[45]

To enhance services for youth residents and their families, facility staff should understand and comply with professional standards and best practices. Such compliance can also be a strategy to limit legal liability, as when courts evaluate facility conditions, they often consider whether the condition or practice in question departs substantially from "accepted professional judgment, practice or standards."[46]

Responsibilities of Facility Staff

The most basic responsibilities of detention and correctional facility staff with respect to youth residents and their families are defined by legal requirements, professional standards, best practices research, and the opinions of field experts.[47] As this summary represents general (and in many cases minimum) guidelines for the care of youth residents, facility staff should consult with their agency's leadership for further direction.

Programming

Detention and correctional facilities should provide youth with ample opportunities for programming, including education, exercise, and recreation. Although the Supreme Court has never expressly ruled on the issue, many lower courts have found that youth in custody have a right to treatment.[48] Professional standards and best practice research make it clear that facility staff have responsibilities to engage youth to promote their development, help them acquire skills, and establish connections with positive, caring adults.[49]

Education is an essential element of any facility's programming approach. As a starting point, facilities must comply with state law requirements regarding compulsory education and the provision of a minimum number of minutes of school per day. Equally important, however, facilities must deliver an educational program that addresses residents' significant needs. According to the OJJDP Survey of Youth in Residential Placement, in 2003, nearly one-half of youth in facilities functioned below the school grade level appropriate for their age, over 60% reported being suspended or expelled during the year before they arrived at the facility, and, as a whole, were much more likely not to be enrolled in school at the time they entered custody, compared to the general population of youth.[50] A comprehensive, facility-based education program designed to meet youth needs contains various components, including the following:

- **Screening and Assessment.** Upon entry into the facility, staff should gauge a youth's educational status with screening and assessment tools. Professional standards mandate timely reviews of data such as grade levels, schools attended, and special education and LEP status, to inform the educational placement and approach. JDAI's Detention Facility Assessment Standards, for example, require staff to conduct a brief educational history screening at the time of admission and a more comprehensive assessment of a youth's general educational functioning within five days of admission.[51]
- **Rigorous Educational Programming.** Facilities should offer residents an educational program that operates year round, and provides live, high-quality, individualized instruction. In jurisdictions where the local school district provides the education, facility staff should work together with school personnel to

ensure that all residents receive educational services. To the extent that residents cannot attend the regular facility school, due to safety or medical reasons, staff should nevertheless make sure that they receive a comparable education. Facilities should also offer alternative educational programs for residents who may not benefit from regular education (those who already have diplomas or GEDs, or are beyond the age of compulsory education), such as vocational training or college preparation courses.

- **Effective Learning Environment.** Facilities should offer education in classrooms that are conducive to teaching and learning. Teaching areas should be sufficiently quiet to allow residents to focus on instruction, and residents should have access to educational resources and materials, such as textbooks, writing materials, and computers, unless those are prevented by legitimate security concerns. The educational environment should also accommodate the needs of youth with disabilities and LEP youth to comply with ADA, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.
- **Adequate Staffing.** The facility's educational program should be adequately staffed by teachers, including substitutes, to provide residents with engaging instruction and to comply with state-imposed teacher-student ratios. Teachers—including those who provide special education services—should have appropriate credentials.
- **Specialized Services.** To comply with the federal legislation described earlier in this chapter, facilities must provide appropriate services for residents with special education needs, disabilities, and LEP.
- **Transition Services.** Facility staff should help youth transition to the educational placement that will follow their release, including prompt transfer of school records, credits, and grades. Staff should assist youth with school enrollment, if appropriate. (See Ch. 13: Education) [6]

Recreation is another critical component of facility programming. Facility residents have constitutional rights to regular exercise and fresh air.[52] These activities are particularly important to promote healthy growth and development. For this reason, professional standards require that facilities provide youth with at least one hour of large-muscle exercise every day. Additionally, PREA Standards require staff to provide opportunities for large muscle exercise; this applies also to youth under the age of 18 that are housed in adult prisons and jails.[53] Staff should not deprive residents the opportunity for recreation for disciplinary purposes, and should make reasonable efforts to provide such activities outdoors if weather permits. Facilities should also offer youth recreational resources such as athletic equipment, games, and reading materials. (See Ch. 10: Effective Programs and Services) [7]

Medical and Mental Healthcare

Detention and correctional facilities are responsible for providing healthcare to youth. Statistics show that youth typically arrive at facilities with medical and mental health conditions that require prompt attention and ongoing care. Some reports estimate that about 70% of youth in custody have some type of healthcare need, nearly 70% have experienced past trauma[54] (which may include physical and sexual abuse), and between 65% and 70% suffer from mental health disorders.[55]

Courts have recognized that facility residents have constitutional rights to adequate medical and mental healthcare, and state laws and regulations impose additional obligations to provide such services.[56] Critical elements of facility-based healthcare services include:

- **Screening and Assessment.** Upon a youth's facility admission, qualified medical professionals or health-trained staff should conduct brief medical and mental health screenings to identify any urgent health needs. Screenings should utilize a validated, standardized instrument, such as the Massachusetts Youth Screening Instrument-2 (MAYSI-2), and should be conducted confidentially. PbS require the completion of health and mental health screenings within one hour of the youth's presentation for admission at the facility.[57] Youth that require immediate care (suicidal, intoxicated, or withdrawing from substance abuse) should be referred as soon as possible. Following the initial screening, qualified medical staff should conduct a full health and mental health assessment, which includes a review of the youth's health history and a complete medical examination. PbS and JDAI Detention Facility Assessment Standards call for this assessment to be completed no later than one week after admission.[58]
- **Medical Services.** Facilities must provide youth with regular and prompt access to medical services. Care should be delivered by qualified medical professionals and should include regular physical examinations,

dental and eye care, prescription medicines, health and hygiene education, treatment for chronic conditions, and access to emergency medical services, if necessary. Staff should provide medical services in a timely fashion, as courts may construe significantly delayed treatment as "deliberate indifference" to medical needs, in violation of the Constitution.[59] (See Ch. 9: Admission and Intake [8], and Ch. 12: Healthcare). [9]

- **Mental Health Services.** Facilities should offer youth residents with a wide array of mental health services, including appropriate service planning and access to necessary treatment, medications, and services. Care should be provided by qualified mental health professionals who are properly trained in areas such as assessment of mental and behavioral health disorders, trauma, and suicide prevention. To the extent permitted by provider–patient confidentiality, mental health professionals should work together with other facility staff regarding strategies to manage youth behavior and adequately address their needs. (See Ch. 15: Service and Treatment Plans, [10] and Ch. 11: Mental Health). [11]
- **Suicide Prevention.** Facilities should develop and implement policies, procedures, and practices to prevent youth suicide. Suicide prevention strategies, as informed by national standards and set forth in the seminal report by Lindsay Hayes entitled, *Juvenile Suicide in Confinement: A National Study*, include regular staff training (initially upon employment and annually thereafter); prompt screening and assessment for suicide risk; procedures enhancing communication among facility staff, arresting or transporting officers, family members, and youth; housing youth in suicide-resistant, protrusion-free rooms and avoiding isolation of youth at risk of suicide; appropriate supervision and monitoring (such as close observation for potentially suicidal youth based on recent self-destructive behaviors or expressed suicidal ideation, and constant observation for residents that demonstrate actively suicidal behavior); intervention policies that require staff training in CPR, immediate responses to emergencies, and continuation of life-saving measures until the arrival of medical personnel; and reporting of and follow-up to any suicide attempts or suicides. It is worth noting that industry standards such as those set forth by PbS require that facilities conduct suicide screenings for youth within one hour of admission.[60]
- **Confidentiality.** Facility staff should ensure that youth health records are kept confidential and that disclosure practices comply with state and federal laws, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). More information about HIPAA can be found on the U.S. Department of Health and Human Services website [12].[61]
- **Continuity of Care.** Staff should work to ensure continuity of medical care for each youth resident, both upon admission to and discharge from the facility. Qualified medical professionals should develop individualized plans to guide youth treatment while in the facility, including the continuation of any necessary medication regimen, as well plans to govern smooth transitions to the youth's next placement, including any necessary record transfer and healthcare enrollments.

Family and Community Engagement

A growing body of research indicates that family and community engagement is a critical component of positive youth development and that it leads to improved outcomes for court-involved youth and their families.[62] For youth placed in facilities, maintaining family and community connections is especially important. Studies have found that youth residents who keep positive relationships with loved ones are more likely to address treatment needs while in the facility and less likely to recidivate upon return to the community.[63] Additionally, it appears that regular family visitation can positively impact youth behavior and school performance.[64] Practices that facilities should implement to support family and community engagement include:

- **Visitation.** Youth in facilities have rights to family visitation.[65] Facilities should permit visits during the weekdays and weekends, and during business and non-business hours, to accommodate family members that would otherwise be unable to attend. With approval from the youth's probation officer or counselor, staff should allow residents to receive visits from parents and guardians, adult relatives, family friends, mentors, residents' own children, and siblings.
- **Access to Telephone and Mail.** Youth have rights to reasonable access to telephones to communicate with their loved ones.[66] Standards issued by ACA and JDAI require that youth can place two phone calls during admission and twice weekly during the length of stay. Staff should not deprive youth of phone calls as a disciplinary measure, and should not listen to or record conversations without specific and reasonable suspicion of criminal activity or threat to facility security.[67] Youth also have legal rights to send and receive mail.[68] Although staff may inspect mail for contraband, they should only read non-privileged mail (mail

from individuals other than attorneys, court or public officials) if there are grounds to reasonably believe it contains information related to unlawful activity.

- **Staff–Family Communication.** Facility staff should maintain regular contact with the families and loved ones of youth residents. Shortly after admission, staff should provide youth and families with a comprehensive orientation to the facility using materials that are clear, easy to understand, and appropriate for language needs. Facilities should offer families meaningful opportunities to provide input on the treatment plans and care for their children. Families should know how to contact staff with questions and concerns. Staff should explain to family members how to file grievances on behalf of their children, and should respond promptly and thoroughly to such complaints.
- **Programming.** To the extent possible, facilities should include families and other positive role models, such as mentors, in the programming provided to youth. Some of the most successful juvenile justice interventions, such as Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT), incorporate strong family involvement.[69] While MST and FFT have primarily been employed in the community, many facilities have effectively incorporated the program principles in their approaches.

Access to Counsel and the Courts

Youth in facilities have constitutional rights to access their attorneys and the courts. Facility staff should support such access not only to limit legal liability, but as a strategy to manage behavior. Attorneys can play a critical role in helping youth residents understand the legal process, prepare them for potential outcomes, and provide them with case information. Increasing youth knowledge about their legal cases and the law can reduce anxiety and frustration that might otherwise lead to undesirable behaviors. Facility staff can protect youth rights to access counsel and the courts by developing and implementing policies and practices in the following areas:[70]

- **Visitation.** Youth residents have a right to communicate with their attorneys. Facilities should permit attorney visits to occur at all reasonable times and not limit them to family visiting hours. Attorneys should not be prohibited from bringing in materials they must review with youth in connection with the legal case, including hard files, exhibits, and electronic video and audio files. Additionally, youth must be able to speak with their counsel in private areas. Ideally, attorney–client visits should take place in rooms outside the presence of others. To the extent that visits must occur in public areas, facility staff should ensure that others cannot listen to the conversations.
- **Access to Mail and Telephone.** Mail to and from attorneys (as well as court and public officials) is privileged and should not be reviewed by facility staff.[71] Privileged mail may be opened only to inspect it for contraband, but must not be read. In addition to providing access to legal mail, facilities should ensure that residents are able to make free telephone calls to their lawyers.
- **Access to Legal Materials and Information.** Facilities should provide residents with access to legal materials necessary to challenge their adjudication, sentence, or conditions of confinement.[72] Many facilities offer extensive law libraries and access to computers to conduct legal research. Additionally, contact information for residents' attorneys and local courts should be readily accessible to youth. Facilities should consider working with local public defender and attorneys' offices or courts to collect such contact information.

Protection from Harm

While housed in detention and correctional facilities, youth have rights to personal safety. Staff are legally responsible for protecting residents from harm, including threats of violence, and may be found liable if they act with deliberate indifference to youth safety needs and concerns.[73] Facility practices that impact safety include:

- **Classification.** A comprehensive classification system to guide facility housing and programming decisions is a critically important tool to secure and maintain youth safety. Collecting and appropriately using information about youth background and needs helps facility staff properly identify and address safety concerns, including any necessary separation of more aggressive or violent residents from others. PREA Standards require that, within 72 hours of a resident's arrival at a juvenile facility and periodically throughout the resident's stay, staff must attempt to ascertain the following information about residents to make housing, bed, program, education, and work assignments: prior sexual victimization or abusiveness; any

gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other information that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.[74] Classification decisions must never be made solely on the basis of race or ethnicity,[75] or on residents' actual or perceived sexual orientation or gender identity,[76] and must afford equal opportunities for female and male residents alike.[77] Additionally, to comply with the JJDPA, adult prisons and jails must ensure that youth residents under juvenile court jurisdiction are separated by sight and sound from adult inmates at all times.[78] (See Ch. 8: Admission and Intake). [13]

- **Use of Force and Restraints.** Staff have a legal duty to keep youth safe using behavior management techniques that do not unnecessarily subject residents to harm or injury.[79] Professional standards permit staff to use physical force on youth only as a last resort to ensure safety, and only for the amount of time necessary to bring a situation under control. JDAI Detention Facility Assessment Standards, for example, allow staff to use approved physical force techniques only when a "youth's behavior threatens imminent harm to the youth or others or serious property destruction." These standards also require that staff receive regular training in "conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, minimizing trauma involved in the use of force, and the facility's continuum of methods of control."[80] Staff should never use pressure-point control tactics—which involve pain compliance and joint manipulation—and should never employ physical force to punish youth, as doing so violates their constitutional rights.[81] Forms of restraint that raise liability issues include:
  - **Mechanical Restraints.** Staff must ensure that the use of mechanical restraints protects youth's safety at all times. Handcuffs should be used only to the extent necessary to prevent injury and escape, and staff should never restrain youth to fixed, stationary objects, including beds, doors, and walls.[82] With respect to restraint chairs, the U.S. DOJ Civil Rights Division has declared that accepted professional standards require juvenile detention facilities to eliminate the practice entirely, or in the "rare cases where a restraint chair is used, that it only be used under the direct supervision of a medical or mental health care provider."[83] Best practices also prohibit the use of four- or five-point restraints and straightjackets, given the increased risk of harm.
  - **Chemical Restraints.** The use of chemical agents, including pepper spray, tear gas, and mace, within facilities that house youth is a controversial practice that industry standards such as the JDAI Detention Facility Assessment Standards clearly prohibit.[84] Some courts have found that the use of chemical restraints in facilities violates residents' constitutional rights,[85] and the U.S. DOJ Civil Rights Division has investigated several facilities for improper and excessive use of the practice. Many facilities have eliminated the use of chemical agents by emphasizing alternative behavior management strategies, such as de-escalation, conflict management, and trauma-informed care.
- **Isolation.** Research indicates that the use of isolation, administrative segregation, and solitary confinement practices within facilities harms youth. Such practices may cause or exacerbate mental health problems and limit youth's access to services necessary to meet their physical, psychological, social, and developmental needs.[86] Although the Supreme Court has not squarely addressed the constitutionality of isolating youth residents in detention and correctional facilities, several federal courts have found that placing vulnerable individuals—such as those with severe mental health disorders—in solitary confinement violates constitutional rights and have required that residents held in isolation at a minimum be afforded due process, humane physical conditions, and access to basic necessities.[87] Given the harm imposed and increased potential for legal liability, facilities should strictly limit or eliminate altogether the use of isolation practices. PREA Standards disfavor the use of isolation and permit it in juvenile facilities only as a "last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged." PREA Standards also require juvenile facilities to provide residents held in isolation with daily large-muscle exercise, education services, daily visits from medical or mental health clinicians, and access to programming and work opportunities. For each resident in isolation, PREA requires that facility staff document the "basis for the facility's concern for the resident's safety" and the "reason why no alternative means of separation can be arranged" Every 30 days, staff must review whether there is a continuing need to separate the youth from the general

population.[88] In adult prisons and jails, PREA Standards require staff to make best efforts to avoid placing youth under 18 years old in isolation, and ensure—absent exigent circumstances—that isolated youth have daily large-muscle exercise, education services, and access to programming and work opportunities.[89] (See Ch. 9: Admission and Intake [8], Ch. 11: Mental Health, [11] and Ch. 14: Behavior Management). [14]

- **Searches.** Searching for contraband within facilities is an important element of maintaining safety for residents and staff. However, staff must comply with legal requirements and residents' rights to privacy when conducting personal and facility searches.[90] At a minimum, searches should always be conducted for legitimate safety reasons and never to harass, punish, or discipline youth residents. Forms of searches include:
  - **Strip Searches.** A strip search is an inspection that requires a youth to remove or arrange clothing to examine the youth's breasts, buttocks, or genitalia. Several courts have found that facility staff may not conduct strip searches of youth without reasonable suspicion that doing so would produce contraband or weapons.[91] In this context, reasonable suspicion generally refers to a particularized and objective basis, supported by specific and articulable facts, for believing a person is concealing a weapon or contraband and a strip search will result in the discovery of the weapon or contraband. Industry standards, including the JDAI Detention Facility Assessment Standards, require that staff conduct strip searches only with prior supervisory approval and upon reasonable suspicion that a youth possesses a weapon or contraband.[92] Staff should also document all searches and conduct them with youth individually and in private areas so that others not involved in the searches cannot observe them.
  - **Physical Body-Cavity Searches.** A physical body-cavity search involves the manual inspection of residents' anal or vaginal cavities. Given the high level of physical intrusion, many jurisdictions require a search warrant issued by a judge prior to conducting a physical body-cavity search.[93] Additionally, several standards, including the Juvenile Federal Performance-Based Detention Standards and the JDAI Detention Facility Assessment Standards, require that only medical personnel conduct physical body-cavity searches.[94]
  - **Cross-Gender Searches and Searches of Transgender or Intersex Residents.** PREA Standards limit the use of cross-gender searches in facilities that house youth. Cross-gender strip searches and visual body-cavity searches ("search[es] of the anal or genital opening") are permitted only in exigent circumstances ("any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility")[95] or only by medical practitioners.[96] The juvenile PREA Standards also prohibit cross-gender pat-down searches of both female and male residents except in exigent circumstances.[97] Any cross-gender pat-down, strip, or body search must be documented. Additionally, the PREA Standards prohibit staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff must also be trained on "how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."[98] (See Ch. 9: Admission and Intake). [8]
  - **Facility and Room Searches.** Professional standards require staff to conduct facility and individual room searches with the "least amount of disruption and with respect for youth's personal property."[99]
- **Discipline.** Facility staff must ensure that disciplinary and behavior management approaches protect the safety of youth and respect their rights. Corporal punishment, such as the wanton infliction of pain, plainly violates residents' constitutional rights,[100] and industry standards such as the JDAI Detention Facility Assessment Standards, strictly prohibit the deprivation of basic rights as a form of discipline, including the right to meals and drinking water, a place to sleep, clean and sanitary living conditions, clean clothes, personal hygiene items, opportunity for daily showers and access to toilets, daily opportunity for exercise, daily education, family visits, telephone and in-person contacts with attorneys, receiving and sending mail, and access to reading materials.[101] Staff must also protect the due process rights of youth when responding to negative behaviors and imposing discipline. A fair disciplinary or behavior management system ensures that youth clearly understand the facility rules, allows them the opportunity to be heard, and explains the reasons for any sanctions imposed. To the extent that facilities impose major discipline such as administrative segregation or isolation (see above for discussion regarding such practices), staff are legally required to afford youth several due process protections, including notice of the alleged charges against them, an opportunity to challenge and present evidence, and the ability to appeal the final decision.[102] (See Ch. 14: Behavior Management). [14]

- **Grievances.** A grievance procedure is an important element of safeguarding youth safety as it provides them a means of addressing conditions issues and perceived injustices, enhances communication between staff and youth, and provides administrators information regarding policy violations and other issues that require attention. The basic elements of adequate grievance procedures include: 1) notice to youth regarding availability of grievances, 2) a clear and simple process for presenting grievances, 3) prompt investigation of grievances, 4) opportunity for youth to present grievances to impartial parties, 5) notice to residents regarding decisions, 6) a process to appeal decisions, 7) written records and final actions, and 8) appropriate staff discipline for substantiated grievances. Youth have the right to file grievances without staff retaliation.[103] Additionally, PREA Standards address grievance procedures, requiring that facilities "provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents." Standards also require that there be "at least one way for such reporting to a public or private entity not part of the agency." Staff must accept reports made verbally, in writing, anonymously and from third parties; provide residents with access to tools to make written reports; and provide staff a method to privately report sexual abuse and harassment of residents.[104] PREA Standards also prohibit time limits to file grievances regarding allegations of sexual abuse.[105]

Fair and Equal Treatment

All youth in custody have constitutional and federal rights to be treated equally and without discrimination.[106] Accordingly, facility staff should implement policies, procedures, and practices designed to ensure fair and appropriate treatment of youth, regardless of race, ethnicity, national origin, religion, disability, sex, gender identity, or sexual orientation. Areas on which facilities should focus include:

- **Non-Discrimination Policies and Practices.** Facilities should have written policies that prohibit all forms of discrimination and allow residents to report harassment or discrimination. Facility management should investigate and respond promptly to any such complaints and hold staff accountable for violating these policies. Retaliation against complainants of harassment or discrimination should be strictly forbidden. Staff should also be trained on the different types and consequences of harassment and discrimination and how to best prevent them.
- **Language Services and Cultural Competency.** To comply with Title VI of the Civil Rights Act of 1964 and Executive Order 13166, staff must take reasonable steps to ensure that LEP youth have meaningful access to facility programs and activities. Facilities should maintain adequate staffing to address the language needs of residents, including any necessary interpretation or translation services. PREA Standards specifically require facilities to "take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."[107] Orientation and other facility written materials should also be made available in the native languages spoken by residents and their families. Additionally, to the extent that facilities house youth with different ethnic and cultural backgrounds, staff should be trained in cultural competency, which OJJDP defines as the ability to "understand the world view of clients of different cultures and adapt practices to ensure their effectiveness."[108] Such training can help staff increase knowledge about cultures, address biases and stereotypes, and learn strategies for treating youth in culturally sensitive manners.
- **Religion.** Facilities must accommodate youth rights to religious exercise. Although the Supreme Court has held that facilities may restrict these rights on the basis of "valid penological interests,"[109] both the Religious Land Use and Institutionalized Persons Act of 2000 (applicable to state and local institutions that receive federal funds)[110] and the Religious Freedom Restoration Act of 1993 (applicable to federal and District of Columbia institutions)[111] prohibit facilities from imposing a substantial burden on exercise of religious beliefs unless the burden is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that interest. Accordingly, facility staff should take care when fashioning policies and practices that may impact religious observances, including religious or prayer services,[112] dietary practices,[113] and access to religious materials.[114]
- **Treatment of LGTBQI Youth.** Facility staff must treat LGBTQI residents equally with other youth, ensuring full access to programs and services and providing for their safety, as failure to do so may result in

legal liability.[115] Several PREA Standards govern the care of LGBTQI youth, including requirements that facilities do not automatically house LGBTQI youth solely on the basis of their actual or perceived sexual orientation or gender identity, or consider such identification or status as an indicator of being sexually abusive,[116] do not search or physically examine a transgender or intersex resident solely to determine genital status,[117] afford transgender and intersex residents the opportunity to shower separately from other residents, reassess bi-annually the placement and programming assignment for each transgender or intersex resident for safety,[118] and provide staff training on how to communicate effectively and professionally with LGBTQI youth.[119] Additionally, facilities should not use practices that harm LGBTQI residents, such as the labeling of or treatment as sexual offenders merely on the basis of gender identity or sexual orientation.[120] Reparative or conversion therapies designed to involuntarily change youth's gender identity or sexual orientation should also not be used, as they have been condemned by major health organizations such as the American Medical Association, American Academy of Child and Adolescent Psychiatry, and the American Psychological Association.[121] (See Ch. 19: Complex Issues and Vulnerable Populations). [15]

Privacy and Confidentiality

Facility staff must protect the privacy rights of youth residents. Most jurisdictions have laws that prohibit the disclosure of information contained in juvenile records (with specific exceptions), including records generated or used at detention and correctional facilities. These laws are generally designed with the intent of supporting youth treatment and rehabilitation by avoiding the creation or perpetuation of negative stigmas associated with being publicly identified as court-involved. In addition to complying with state and local statutes and regulations, facility staff must take special care to protect the confidentiality of health and education records; HIPAA and the Family Educational Rights and Privacy Act (FERPA)[122] (respectively) govern their disclosure.

One evolving issue in the privacy arena is staff use of social media to communicate with youth or monitor their present or past activities. Social media programs and applications such as Facebook, Twitter, and Instagram enable users to post writing, photos, videos, and other content in publicly accessible online forums. Although there appears to be no current case law directly governing the use of such media by staff, facilities would be well advised to carefully craft written policies and procedures that consider youth privacy rights. At a minimum, permitting staff to communicate with or monitor youth online could open the door for actions that cross professional or ethical boundaries.

Safe, Clean, and Humane Environment

Youth residents have rights to safe, sanitary and humane living environments.[123] Elements of an appropriate facility environment include:

- **Food, Clothing, and Shelter.** Residents have the right to adequate food, clothing, and living environments.[124] In addition to complying with requirements imposed by sanitation and health codes, facilities should meet industry standards that mandate a wholesome, nutritious diet for youth residents. JDAI Detention Facility Assessment Standards, for example, require the provision of at least three meals daily, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast, as well as healthy snacks in the evening.[125] Facilities should also provide youth with clean clothing and access to adequate personal hygiene and toiletry supplies. Living quarters should be kept clean and should have adequate ventilation, heating, cooling, and lighting.
- **Fire Safety.** Staff have legal responsibilities to take the steps necessary to prevent and respond to fires within the facility.[126] At a minimum, facilities should have functioning smoke detectors or similar monitoring devices, posted evacuation plans, at least two means of egress within occupied areas, identification and lighting of all exits, working and fully charged fire extinguishers, and first-aid kits and automated external defibrillators (AEDs). Additionally, facility staff should conduct regular fire drills and ensure that all hazardous and flammable items are properly secured at all times.
- **Emergency Preparedness.** Facility staff must be fully prepared for emergency situations that may affect their geographical location, including fires, natural disasters (hurricanes, earthquakes, tornadoes, floods), national security issues (terrorist threats or actions) and public health and medical emergencies. Accordingly,

facilities should develop plans to prepare for, respond to, and recover from such emergencies. Staff should review the OJJDP 2011 report entitled, *Emergency Planning for Juvenile Justice Residential Facilities*. This publication provides guidance on developing an emergency plan, budgeting for emergency planning and response, allocating staff responsibilities, establishing communications procedures, planning to protect critical infrastructure, preparing to shelter in place and to evacuate, providing mental health and medical care, training staff in basic emergency care, evaluating staffing needs, offering support to youth residents and their families, meeting the needs of staff and their families, and managing volunteers.[127] (See Ch. 19: Complex Issues and Vulnerable Populations: Facility Emergency Preparedness). [15]

- **Overcrowding.** Facility overcrowding is a serious issue that threatens the safety and quality of life of residents and staff alike. Operating facilities at over the standard bed capacity can place heavy burdens on staff and can lead to inadequate programming and services for residents, as well as increased rates of incidents. To prevent these issues, staff should work with system partners to ensure that the total population of the facility does not exceed capacity. Strategies include developing alternatives to detention, utilizing validated risk assessment instruments to guide placement decisions, and systematically reviewing cases to achieve appropriate lengths of stay. Nevertheless, if overcrowding occurs, staff remain responsible for providing the full gamut of legally required services—including education; recreation; mental and medical healthcare; and access to families, counsel, and the courts.

Conclusion

Staff in juvenile and adult detention and correctional facilities play a critical role in keeping youth residents safe, ensuring they receive services, and protecting their rights. As this chapter demonstrates, staff responsibilities are broad—ranging from providing youth with programming to maintaining a safe, clean, and humane facility environment. Although this chapter is designed to assist staff in understanding the legal and professional obligations governing their work, staff are nevertheless strongly encouraged to consult with legal counsel for further guidance, as requirements and duties vary by jurisdiction.

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[120] *Neal v. Shimoda*, 131 F.3d 818 (9th Cir. 1997).

[121] For an overview of these organizations' positions on conversion and reparative therapies, see American Psychological Association, 2008, *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel.* https://www.apa.org/pi/lgbt/resources/just-the-facts.pdf [22].

[122] 20 U.S.C. § 1232g.; Also, for a useful overview of FERPA in the context of juvenile justice, see Office of Juvenile Justice and Delinquency Prevention, 1997, *Sharing Information: A Guide to the Family Educational Rights and Privacy Act and Participation in Juvenile Justice Programs.* https://www.ncjrs.gov/pdffiles/163705.pdf [32].

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Ch.6 Adolescent Development

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Adolescence is a period of significant transformation from childhood to adulthood. The change during this period is equaled only by the growth and development that happens in infants. Adolescence is marked by tremendous physical, cognitive, emotional, and social challenges and growth. This chapter describes the myriad changes that occur in the bodies, minds, and lives of typical adolescents. Although there is a definite expected pattern of development, many adolescents encounter roadblocks along the way, whether related to differences in biology, environment, or a combination of both. This chapter addresses some of the challenges to appropriate adolescent development that may arise in the lives of many young people. Unfortunately, some challenges may contribute to the youth's involvement in unacceptable or illegal activities, which in turn change the path of that youth's development.

A transition is change and movement from one state to another. As disruptive and complicated as this can be, the most hopeful aspect of transition is the opportunity for choosing which path to take forward. A crucial role of society and its adults is to provide the greatest number of positive paths for adolescents to choose from, as they become the next generation of leaders and to minimize the factors that lead adolescents to more negative and destructive paths. One of the most important developments of adolescence is in the ability to make reasonable, rational choices for oneself. An adolescent's development cannot proceed appropriately without making choices and learning from good and bad ones alike.

When an adolescent enters the juvenile justice system, in most cases, the opportunity for daily choices is greatly curtailed. Movement, routines, behavior, activities, and social associations are all strictly prescribed and closely monitored. The typically adolescent traits of risk-taking, pushing boundaries, and self-expression are all discouraged (reasonably so) in facilities. How does this strange environment impact adolescent development? Is it possible for the critical changes in adolescence to occur in such a setting? It is similar to uprooting a tree and planting that tree in a different type of soil, with reduced sunlight, less water, and a different temperature. Is it reasonable to expect that tree to continue to produce its fruit as expected? This is not meant to argue that

confinement facilities are dark and barren places of deprivation, as many facilities provide great opportunities for growth and support for youth. However, many of the ingredients for healthy adolescent development are very difficult to provide in facilities, even with the best of intentions.

Even though the environment in facilities can be challenging for ongoing and appropriate development, that development does not stop. This chapter should stimulate thought about the role of confinement facility staff as a strong and positive force to guide young people to a more successful and meaningful life.

Theories of Development

Adolescence is the normal, distinct, and expected period of development between childhood and adulthood. In childhood, parents are responsible for regulating the behavior of their children. Adults are responsible for regulating their own behavior.[1] This shift in primary responsibility for behavior, and all that this entails, is perhaps the greatest task of adolescent development. Behavior in adolescence tends to be characterized by several different factors. Adolescents seem to be driven to experiment and take more risks. They are much more susceptible to the influence of their peers and make efforts to pull away from the influence of family. These behaviors help the adolescent develop his or her own personal identity and help an adolescent acquire the basic skills and experience necessary to move from relative dependence on parents to independence.

There are numerous theories that describe the process of human development, and specifically adolescent development. These theories are based on observations of behaviors and changes and attempt to outline and explain typical expectations, outcomes, and obstacles that occur. All human beings progress through stages and processes as they develop. These processes include the maturation of biological systems, cognitive abilities, personality, emotional regulation, and appropriate and healthy social skills. Development occurs in sequential stages—each stage building on previous stages. It involves interdependent physical, cognitive, emotional, and social factors. It is vitally important to be aware of the great diversity in the rate and specifics of development in adolescence; age or physical appearance are not necessarily valid indicators of development. Increasing amounts of scientific data provide a biological understanding of why adolescents behave in the ways they do.

One of the most influential theories of development is the concept of psychosocial stages from developmental psychologist Erik Erikson. He proposed eight stages in his 1950 book, *Childhood and Society* (and later expanded in further publications), which extend throughout life, from infancy to old age. Each stage is defined by the competition of two different forces creating a "crisis" that must be resolved to obtain the appropriate "virtue" from that developmental stage. According to Erikson's theory,

the resolution of these crises and acquisition of the necessary virtues depends in large part on the individual's own traits and abilities but also on the presence of vital social support from family, peers, and society. The major forces competing during the adolescent period are "identity versus role confusion," with the goal of obtaining "fidelity" when the conflict is resolved appropriately. In this context, fidelity implies an individual's ability to remain committed to a certain identity and belief system, even in the midst of conflicting values and demands in his or her life.[2] Most important, in the context of this chapter, is the understanding that an adolescent's major task is the formation of a solid identity and the ability to understand his or her place in the world as a productive and contributing member of society.

Positive Youth Development (PYD)

Another important development in the field of adolescent development and work with adolescents is the perspective of *positive youth development*, or PYD. This approach to understanding adolescence emphasizes the possibility of change and the idea that youth represent a resource to develop rather than a potential problem to be managed. This strengths-based perspective relies on the belief that if youth have mutually beneficial relationships with the people and institutions of their social world, then they will be able to create a life of positive contributions to their families, communities, society, and their own lives. PYD has developed from a variety of different sources, from academic research to the experience of youth workers. It has been strengthened and developed through contributions from various fields of sociology and developmental and community psychology.[3]

The PYD perspective stresses the capacity for change. It argues that change occurs most powerfully in the context of mutually influential relationships between an adolescent and his biology, psychology, family, culture, community, environment, and historical context. This perspective focuses attention on the strengths of adolescents and encourages what have been called the Five C's of PYD: competence, confidence, character, connection, and caring. PYD argues that the acquisition of these characteristics requires several interventions. These include positive and sustained adult–youth relationships, activities that promote skill building in youth, and opportunities for adolescents to participate in and lead community-based activities.[4]

The PYD approach to adolescents is not a program in itself. Indeed, many programs in confinement facilities have attempted to incorporate PYD principles in a manner that works in their particular contexts. It is very important to understand that this philosophy can provide a basis for personal, individual contact with adolescents even in confinement facilities. Each interaction that a staff member has with an adolescent in a facility has the potential to help build the Five C's in that youth's life. This is even more important in facilities, given that incarcerated adolescents often have poor relationships

with adults, disconnection with their communities, few opportunities to build skills, and little chance to participate in ongoing pro-social activities.

In addition to strengths, adolescents also have basic developmental needs that must be addressed adequately for positive growth and development to occur. These needs include physical activity, competence and achievement, self-definition, creative expression, positive social interactions, structure and clear limits, and meaningful participation.

Activity

It is important that any program designed to serve youth provides a means for the constructive channeling of energy through physical activity. There is a particular need for at least some involvement in sports and activities that allows for differences in strength, dexterity, and size. Adolescents are learning to operate their rapidly changing and maturing bodies, and they need space and opportunity to test out their new strength and skills. In addition, establishing habits of healthy exercise in adolescence is vital to lay the groundwork for ongoing physical health in adulthood. Adolescents are being driven biologically to begin to compete in life, and providing structured outlets for this sense of competition will help to prevent or counteract more negative manifestations of competition that can arise in confinement facilities. As an alternative to competitive activities, the New Games movement, introduced in the late 1960s and early 1970s, encourages participation in more cooperative, interactive games and activities. Although these games sometimes include competition, the more important focus of New Games is on participants playing together and having fun, rather than playing against one another in an effort to win, which serves to more effectively bring members of diverse groups together. (See Ch. 10: Effective Programs and Services). [2]

Competence

All human beings (and adolescents in particular) need to have their accomplishments recognized and valued by individuals they respect. The opportunity to develop skills and to succeed at activities is absolutely vital for youth to develop a sense of competence. Adolescence is perhaps the most important developmental stage in terms of establishing a sense of one's strengths and abilities and forming a more consistent self-image. Adolescents in confinement facilities may often get a clear message that they are far from competent and can easily take on an identity of being a failure and disappointment. On the other hand, through engagement in positive activities with positive feedback from adults, adolescents can begin to develop a sense of their ability to make a positive difference in their world.

Identity

Adolescents need to adjust to the new self that they are becoming. Rapid change requires time to absorb new ways of thinking, feeling, and reacting to others. It requires time to reflect on the meaning of new experiences in exploring a widening world and to integrate those experiences into a new self-concept. Adolescents, especially in the early and middle years of the stage, may still think concretely about themselves and their world and lack the ability at times to use more abstract and objective thinking about themselves. Adolescent emotion also heavily influences the ability to reason. It is extremely important for adolescents to form a more consistent identity so that they can begin to differentiate **who** they are from **what** happens to them and **where** they are.

Social Skills

Adolescents need positive social interactions with peers and adults. Youth need relationships with reassuring and informed adults who like and respect them for who they are. An effective staff member in a confinement facility must be able to respond sensitively to an adolescent's rapidly changing emotions and thoughts. Ideally, staff in facilities should strive to be role models of healthy, functioning adults, helping youth to navigate their own pathways in terms of values, beliefs, and personal integrity. Healthy interactions with peers provide support and companionship, while creating opportunities to deal with criticism and promoting identification, imitation, and individualization. Adolescents are also driven by increased sexual and emotional feelings to seek out romantic and sexual relationships, which can be extremely difficult to manage in confinement facilities. It is vital that staff members acknowledge that these feelings are there and to establish clear expectations of appropriate behaviors around such issues without suppressing or shaming youth.

Another vital aspect of socialization is the opportunity for adolescents to have fun. The typical adolescent often values time with friends over anything else, and these interactions are essential for developing all of the other basic needs of adolescence. As discussed later, the adolescent brain is wired to seek out peer interactions and is motivated very powerfully by these relationships. Confinement facilities are not typically known for being fun, but effective programs need to include opportunities for adolescents to have fun in the context of their social groups. Programming in a confinement facility that prohibits youth from interacting and socializing with one another (during meals, free time, recreational activities) inhibits the development of appropriate social skills. Needed during these activities are structure, direction, and supportive supervision by caring adults to ensure that youth interactions are healthy and appropriate.

Structure

Adolescents must have structure and clear limits with flexibility to accommodate their ever-increasing capabilities. Clear expectations help uncertain, self-critical youth by defining areas where they can legitimately have the freedom to explore, which allows for

safe experimentation with new emotions, sensations, and behaviors. Establishing expectations should become an increasingly participatory process so adolescents can gain experience in setting their own limits.

Engagement

Adolescents need to see themselves as participants and not merely observers. It is through this process of engagement that they learn to experience themselves as contributing members of their communities. Adolescents hate to be bored, and they often seek any kind of stimulation when they are bored. It is vital to keep adolescents in confinement facilities occupied and engaged in thoughts and activities to prevent them from creating their own excitement, which is usually not entirely positive. They should also be expected to plan and participate in activities that are more pro-social, allowing them to explore new interests and abilities and to develop a deeper sense of responsibility for making choices and engaging in their own lives.

The Onset of Puberty

Most people view adolescence as a particularly volatile and unpredictable time. Even the very definition of adolescence can be controversial and is interpreted in different ways. The lower limit of adolescence has traditionally been associated with the beginning of the teen years. However, the onset of puberty has become earlier for U.S. youth, and many states have lowered the age of responsibility for certain crimes in the past few decades. As more scientific evidence emerges about the developmental changes in a young brain, the upper limit of adolescence has also increased. The legal age of adulthood, with its benefits and responsibilities, is usually age 18. However, it is evident that the brain continues to develop vital and significant capabilities even into the mid-20s, suggesting that brain maturation does not reach adult capacity until then.[5]

Puberty is the process of sexual maturation that often signals the beginning of adolescence. The body is transformed from a child's body into an adult's body, with dramatic changes in size, appearance, and function. In the U.S., the average age of onset of puberty is for girls ages 10–11 years, and for boys ages 11–12. It typically takes 4–6 years for an individual to move through the stage of puberty. Puberty is characterized by the increased release of sex hormones, which are powerful signals to the body and brain to grow and develop. Physical growth is tremendous in terms of height, weight, and redistribution of fat and muscles. Secondary sexual characteristics also appear, including body hair, skin changes (acne), and body odor. The ability to reproduce and related sexual behavior also emerges during this time.[6]

As mentioned earlier, physical and sexual maturation occurs at different rates and in different ways for each individual. Some youth develop physically at much younger ages than others, which can cause significant difficulties for some young people. For example,

there is some evidence that girls who enter puberty earlier ultimately have shorter stature and a higher incidence of mental health issues.>[7] Boys who begin puberty early have been shown in some studies to have an increased risk of early sexual activity and engagement in risky behaviors. On the other hand, those youth who begin puberty later are also at risk of social stigma.[8] Even typical puberty can be very awkward and difficult for adolescents who are struggling to understand their new bodies and the new feelings that accompany this physical development. These changes may be especially hard to manage for youth in facilities, due to the relative lack of privacy from their peers and from staff who need to monitor normally private activities (showers, bathroom, changing clothes).

The physical changes of puberty are also accompanied by increased emotions and sexual desire. It is expected that adolescents will begin to seek out relationships and sexual activity, and confinement in a facility can significantly hinder this aspect of typical adolescent development. It is very important to consider strategies to help youth begin to develop an understanding of meaningful and healthy sexual and romantic relationships in the context of a confinement setting, more for educational rather than practical purposes. Development and expression of sexual orientation occurs throughout this period as well, and this process can be even more confusing and difficult for youth in settings that are segregated by gender. Sexual exploration, most often through masturbation, will also occur and should be addressed specifically by staff in terms of balancing privacy and the need for required visual monitoring by staff.

Perhaps one of the most important things to remember about physical development is that, although youth may look like adults, their cognitive and emotional development may not be as advanced. In fact, adolescents whose bodies have matured and developed may still think and feel much like children. This emotional immaturity can be confusing for them and the adults around them, leading to unreasonable expectations and frustrations. Physical growth does not necessarily have any correlation with how mature a young person is, mentally, cognitively, or emotionally.

The Healthy Adolescent Brain

Although puberty is associated with children developing into adults through adolescence, it appears that other changes occur during this time that are not necessarily related to sex hormones and that involve several other very important chemical and structural changes in the brain. Research into adolescent brain development has expanded greatly in the past decade, due in large part to the increased ability to observe and understand the functioning of the brain. Research tools such as functional magnetic resonance imaging (fMRI) and diffusion tensor imaging (DTI) enable scientists to observe and measure brain function and changes in ways that were not possible in the past. Researchers have also identified various chemicals in the brain called neurotransmitters that serve as messengers between neurons, which are the basic

building blocks of the brain and its functions. These messengers work by activating specific receptors on other neurons, similar to a key fitting into a lock.

This section describes some of the important structures and neurotransmitters in the brain that play a role in many typical adolescent behaviors. Brain research is still in its relatively early stages, and it is very difficult to interpret and predict behaviors based on neurochemical studies and imaging observations. However, this research, together with other remarkable studies that are combining behavior with functional brain studies, is helping us understand the behavioral and emotional changes that occur during adolescence.

Dopamine and the "Pleasure Center"

One of the most important neurotransmitters is dopamine, which plays a role in many different functions in the brain, including cognition (thinking and awareness), voluntary movement, sleep, mood, attention, memory, learning, motivation, and reward. Dopamine has been associated with the reward system in the brain, increasing feelings of pleasure and reinforcing activities that bring enjoyment. This chemical is released in a part of the brain called the *nucleus accumbens* (also called the "pleasure center") in response to food, sex, certain drugs (amphetamines, cocaine, nicotine, morphine), and stimuli that are associated with them.[9] Dopamine acts as a powerful motivational substance in response to anticipation of rewards as well.

Another part of the brain that is extremely important in the discussion of adolescent development is the prefrontal cortex, which lies at the front of the brain. The significance of the prefrontal cortex is that it is involved in the planning and regulation of complex behaviors and social interactions. It is felt to be the center of executive function in the brain, serving as the "CEO" of one's life. Executive functions include resolving internal conflicts, planning and organizing for the future, prioritizing needs and actions and beliefs, making goals and decisions, predicting outcomes, promoting impulse control, and managing social interactions.[10]

Beginning at around age 9, dopamine receptors start to undergo a significant redistribution in the brain. In early adolescence, which is typically defined as ages 10–13 for research purposes, dopamine activity in the prefrontal cortex of the brain is higher than at any other time in a person's life.[11] The changes that occur in the dopamine system during this time (redistribution and changes in concentration of receptors in various areas of the brain) result in a much more efficient dopamine transmission system. Stimuli that are rewarding to an individual are even more rewarding during this time; those rewards have much greater *salience*, or greater importance, relative to other factors.[12]

Risk Taking

This discovery matches behavioral observations of youth, who show higher scores in studies of sensation seeking, risk preference, and sensitivity to rewards. Scores tend to peak in mid-adolescence (ages 13–16) and then start to decline. This is manifested in a preference for short-term rewards over long-term rewards in young adolescents. There is increased dopamine activity in the pleasure center of the brain in young adolescents in response to risky behaviors, which means that risky behaviors stimulate the reward system in the adolescent brain. Adolescents attach much greater value to the rewards associated with risk-taking than either children or adults do. Further, there is also evidence that adolescents and adults may be able to perceive risks of certain behaviors similarly, but they tend to evaluate the rewards differently; adolescents feel a relatively increased power of rewards.[13]

These findings help to explain why adolescents tend to seek out risky behaviors. They simply feel more reward, not just from the activity itself, but also from the fact that it is risky. For example, an adolescent may choose to drive fast for several reasons. First, the thrill of driving fast likely has more importance for an adolescent than for an adult. In addition, the fact that driving fast has inherent risks offers an additional reward. It appears that adolescents are equally aware of the potential negative outcomes of driving fast as adults (potential to crash, receive a speeding ticket). However, the relative perceived importance of the rewards over the potential risks may lead the adolescent to drive fast more often than an adult would.

A recent study involving adolescents and driving conducted by Dr. Laurence Steinberg, a psychologist at Temple University, underscores another significant component of adolescent development: the influence of peers. Three groups of individuals—adolescents (mean age 14), young adults (mean age 20), and adults (mean age 40) were asked to play a video game in which they drove cars and received rewards for completing certain tasks that involved increasing risks. During the game, researchers monitored the activity of their brains using fMRI scans. The level of risky driving was comparable between the age groups when they played the game alone. However, when asked to play the game in the presence of peers, risky driving doubled in adolescents, increased by 50% in young adults, and showed no change in adults. The results from the fMRI showed that the presence of peers caused activation of regions of the brain that were not activated when performing the task alone. With peers present, there was increased activity in the pleasure center of the brain, and other neural circuits that are associated with the reward cycle.[14]

There is another powerful neurotransmitter called oxytocin whose impact is highly strengthened during adolescence. Oxytocin is a hormone and neurotransmitter that is essential for emotional and social bonding and that regulates the recognition and memory of social stimuli.[15] It is the hormone that is released in large amounts during childbirth and breastfeeding to stimulate bonding between a mother and newborn infant. Receptors for oxytocin proliferate in the adolescent brain, largely mediated by the

increase in sex hormones. The release of oxytocin results in heightened activation of brain regions associated with reward and social bonding. Thus, adolescents appear to interpret social acceptance by peers as with other types of rewards, due to the overlap in brain systems that process rewards and social stimuli.[16]

Peer Influence

This very powerful social aspect of adolescent behavior helps to explain the many different risks that increase in the presence of adolescent peers. Adolescent crime occurs much more often in the context of groups, as opposed to adults, who tend to commit crimes more often when they are alone.[17] The presence of another adolescent as a passenger in a car significantly increases the risk of a serious accident. Adolescents are more likely to be sexually active if their peers are and even if they just believe their peers are (whether or not this is not true).[18] One of the strongest predictors of an adolescent's substance use is the degree of his or her peer group's substance use.[19] For reasons likely related to the perceived rewards of antisocial behaviors, early adolescents (up to ages 13–14) find it more difficult to resist antisocial influences than they do neutral or pro-social influences. It is only after the age of 14 that adolescents typically start to show increased resistance to all forms of peer influence.[20] It is extremely important to recognize this vital biological and social force that significantly influences the behavior of adolescents, especially given who their peers are in juvenile confinement facilities. This also provides a powerful argument for establishing classification systems for youth in detention facilities that take into account the tremendous differences in social development for youth of different ages.

Emotion Processing

Another crucial component of the brain that contributes a great deal to an understanding of adolescent behavior is the limbic system. The limbic system is composed of several different structures, including the amygdala, and is responsible for key aspects of social processing. The function of the limbic system includes recognition of socially relevant stimuli (faces, for example), social judgments (appraisals of others, attractiveness, assessing the intentions of others, evaluating race), and social reasoning.[21] The amygdala—which makes up a small but vital part of the limbic system—processes emotions such as fear, anger, and pleasure and is responsible for determining what memories are eventually stored. This means that the amygdala plays a key role in determining which environmental stimuli are important to remember, largely from an emotional perspective.[22] There is significant overlap between the limbic system and regions associated with rewards in adolescents.

Automatic emotional responses, such as a fear reaction to seeing a snake slither across a path, are produced in the amygdala, which has numerous connections to other parts of the brain. Its connection to motor and sensory parts of the brain allow us to react to a snake by immediately jumping away or freezing in our steps without having to think

through our response. In turn, the connection of the amygdala to the memory and cognitive parts of the brain allow us to modulate our responses to a snake.[23] For example, this allows us to recognize the snake as a harmless garden snake and to reduce our initial emotional fear reaction.

Adolescent behavior is a reflection of the developmental imbalance between the more functionally mature limbic system (more emotional part) of the brain and the relative immaturity of the developing cognitive and executive function systems of the brain. The "thinking part" of the brain, consisting of neurons and called gray matter, reaches its peak thickness in the brain at age 11 in girls and 12 in boys. After that point, it begins to thin in the prefrontal cortex of the brain (as well as other regions) due to a process called *synaptic pruning*.[24] This occurs when the brain begins to eliminate unused connections between neurons and begins to reorganize and reinforce pathways that are used.[25] This occurs simultaneously with the restructuring of the dopamine and reward system

The process of synaptic pruning, which is essentially complete by age 16, reflects cognitive development in the adolescent brain.[26] By age 16, adolescents show marked improvements in understanding and reasoning, and they become capable of more abstract, deliberative, and hypothetical thinking. After this point, adolescents are equal to adults in terms of the basic cognitive abilities of measures of memory, verbal fluency, and logical reasoning.[27] However, when adolescents are asked to complete more complex cognitive tasks that require the coordination of more regions of the brain, they do not reach adult levels until much later.[28] It is very important to note that demonstrating cognitive capacities for understanding and reasoning does not mean demonstrating comparable levels of maturity of judgment, which is affected by both cognitive capabilities as well as psychosocial ones.

Emotion versus Cognition

In reality, this means that adolescents are able to understand and reason through the risks of certain behaviors, but when emotions are triggered, the relatively more mature limbic system will win over the relatively less mature cognitive system. The combination of the increased response to rewards, the strength of the emotional part of the brain, and the relative immaturity of the executive function or behavioral control part of the brain, leads adolescents to make decisions that are much more short-term in nature and more emotionally driven. For example, in one study, adolescents took longer than adults to respond when asked if certain dangerous activities (such as swimming with sharks or setting one's hair on fire) were "good ideas." Their functional brain scans during that time also showed that adults used the cognitive control regions of the brain much more efficiently than adolescents. When asked about nondangerous activities (eating a salad, taking a walk), adolescents and adults performed equally and their patterns of brain activation were similar.[29]

These different ways of thinking have been called "hot and cold cognition." Hot cognition is the mental process that occurs when emotions have been triggered and there is a more personal stake in the choices that are made. Cold cognition is more intellectual or hypothetical in nature. When faced with a pressing situation that personally and emotionally affects an adolescent, he or she will rely more on feelings and less on intellectual reasoning to make the decision. When the situation is more hypothetical, the adolescent is able to use more logical reasoning to make the choice. Decision-making in adolescents cannot be fully understood without considering the role of emotions and the interaction between thinking and feeling.[30] Adolescent decisions are unlikely to emerge from a logical evaluation of the risks and benefits of a situation. Instead, adolescent decisions are the result of a complex set of competing feelings—the desire to look cool, fear of being rejected, anxiety about being caught, or the excitement of risk.[31]

The complex interplay between the emotional and cognitive functions of the brain are also evident in difficulties that arise in communication with adolescents. Youth are not very skilled at distinguishing the subtlety of facial expression (excitement, anger, fear, sadness), which can result in miscues. That lack of distinction can result in miscues and inappropriate communication and behavior. There is increased involvement during adolescence of multiple brain regions in tasks involving the processing of emotional information. Youth are less likely to be able to activate multiple brain areas simultaneously, which makes it more difficult for them to think and feel at the same time in making choices.[32] These differences in processing information, both logical and emotional, make misperceptions and misunderstandings of verbal and nonverbal cues more likely in the adolescent brain.

Neural Changes and Integration

Another extremely important biological process that occurs throughout adolescent brain development is the steady increase in myelination of neurons. Myelination is the wrapping of nerve cells by an electrically insulating material called myelin. This enables the speed of messages along nerve cells in the brain to be much faster and more efficient. In addition, myelin helps to modulate the timing and synchronization of messages in the brain, again making nerve transmission much more effective. Myelinated neurons, called "white matter," initially allow improved and more efficient connections between certain regions of the prefrontal cortex. This allows improvements in certain tasks of executive function, such as improved future orientation, impulse control, planning, and the ability to consider multiple sources of information simultaneously.[33] Later, more connections are established between the prefrontal cortex and other regions of the brain, including the limbic structures and the pleasure center of the brain. This improved connectivityacross brain regions leads to improved coordination of emotion and cognition, reflected in improved emotional regulation as a

result of the increased connectivity of regions associated with processing emotional and social information (amygdala, nucleus accumbens).[34]

The course of adolescent brain development can be summarized briefly as a rebalancing of the socio-emotional components and the cognitive control system of the brain. The imbalance appears just before puberty, when the emotional (limbic) aspect of the brain —driven by dopamine and the reward system—increases its functioning dramatically. This occurs at a time when the ability of the brain to regulate and modulate the social and emotional feelings has not yet been equally developed. One researcher described this situation as "starting the engines without a skilled driver behind the wheel."[35] At the same time, the adolescent brain is primed by very powerful hormones to seek out relationships with and approval from peers.

Adolescents begin to acquire increasing cognitive skills as the thinking part of the brain —the gray matter—is pruned and reorganized. However, even with the improved ability to reason, adolescents are still greatly influenced by emotional components of situations and are not yet able to synthesize and weigh various bits of information to make better judgments. The higher coordination of the cognitive control system develops into the mid-20s, as more specialized and efficient connections are made within and between important centers of brain functioning.[36]

Nature and Nurture

It is important once again to stress the variability in development that occurs in each individual. However, the basic neurochemical changes are very similar and do occur in roughly the same order and time period. The study of adolescent brain development is in its very early stages, and the remarkable information that is available only scratches the surface of the complexity of the brain. The genetics of each adolescent likely play a major role in various neurochemical processes, even down to the molecular level, but research is just beginning in this area. The interplay of genetics and environmental factors is also extremely important but little understood.

One example of the role of the environment in development is the increasingly earlier onset of puberty in children in the U.S. over the past few decades. This is possibly related to changes in nutrition, as obesity has been linked to earlier puberty in girls. There is legitimate concern as well about the exposure to hormones in food and chemicals in the environment that may have an impact on puberty.[37] As discussed above, there is a powerful and not fully understood relationship between the sex hormones and other changes in the brain, and the ultimate impact of earlier release of sex hormones on brain development.

Brain Development and Substance Use

The processes discussed above are the typical stages of brain development. There can be serious assaults on this development from a variety of different environmental factors. One of the most important stressors to consider in the adolescent population in a confinement facility is substance use. There are apparently many factors that attract adolescents to substance use. The chemical and structural changes in the brain that occur during adolescence heighten the drive to seek new and rewarding experiences, and the rewards that they receive from these experiences are also much more intense. The immediate effects of substance use decrease impulse control and impair cognitive abilities in adolescents who already have relative deficits in those areas, compared to adults. Most substance use in adolescents occurs in the presence of peers, which increases the risk of the use itself as well as heightened risk of overuse.[38] The combination of substance use and peers also makes poor decisions and negative behaviors more likely. In fact, over half of adolescents in a confinement facility report that they were intoxicated at the time of their delinquent acts.[39]

The substance most commonly used by adolescents is alcohol, followed by marijuana.[40] The use of intoxicating substances increases tremendously during the teen years, putting teens at much greater risk for a variety of negative outcomes such as harmful effects on physiological, social, and psychological functioning; increased risk for future substance abuse and dependence disorders; and increased risk of delinquency, aggressive behaviors, risky sexual behaviors, and dangerous driving.[41] Although these relatively immediate effects can have a tremendously negative short-term impact on the lives of adolescents, the long-term effects are also extremely important.

Because of the dramatic development that occurs in the adolescent brain, the use of substances can have a significant deleterious effect and potentially alter the course of brain development. Studies show that there are marked differences in structure and function in the brains of youth who use alcohol, marijuana, or both. In particular, there are decreases in white matter (the paths of neurons that facilitate more efficient and complex communication between different parts of the brain), development in the prefrontal cortex, and impaired development of the coordination of brain processes. This may manifest as impaired development of the cognitive control system of the brain. The quality of the white matter that does develop is decreased in a direct relationship with the amount of alcohol used by that adolescent. The more an adolescent drinks, the poorer the quality of his or her brain tissue.[42]

When youth who use substances undergo neuropsychological testing to measure their brain functioning, the findings are remarkably negative. Adolescent substance users show a multitude of impairments: decreased retention of information, impaired attention, slowed information processing, decreased ability for future planning and abstract reasoning, lower language skills, decreased IQs, increased likelihood of repeating errors when solving problems. Many of these are higher cognitive functions that are expected to develop with the increase in white matter development and

connectivity in late adolescence. The long-term data are still limited, but it appears that some of these deficits may persist throughout life.[43]

Given the extremely high risks of substance use in adolescents, prevention and treatment for substance use are vital. One of the most important risk factors for initiating and continuing substance use or abuse that must be addressed is substance use in the youth's family. There is very likely a genetic component involved, as families with multigenerational use place the adolescent at much greater risk of developing a substance use disorder.[44] The environmental component cannot be overestimated either, and substance abuse in parents has multiple implications for the development of their children. These risks include the potentially devastating effects of *in utero* exposure to substances, higher rates of mental health disorders in parents with consequent risks to children, exposure and availability of substances to adolescents in those families, and increased risk of abuse and neglect related to parental substance use.[45] The fact that a youth's family has such an important impact on the potential for substance abuse underscores the need for increased engagement of families while youth are in custody.

The Impact of the Justice System

An adolescent's involvement in the justice system can also have a tremendous impact on his or her development. Under normal circumstances, increased risk taking, testing limits, and exploration of new experiences help the adolescent establish a new self-identity and create the basis for how he or she perceives the world. This phase of development requires a level of independence and freedom that adolescents in confinement facilities are rarely allowed.

In addition, there is much evidence that involvement in any confinement facility—juvenile or adult—can lead to negative labeling of youth (both self and other), increased negative views of authority and adults, and feelings of anger and hopelessness.[46] They are often removed for extended periods of time from their families, schools, and communities, resulting in impairment in those relationships that may have been troubled already. Confinement facilities necessitate close affiliation with others who may exhibit some of the same antisocial patterns and beliefs that contributed to a youth's negative behaviors. It is well known that a healthy and supportive relationship with an adult can be an enormous factor of resilience in adolescents.[47] Unfortunately, so many of the interactions that staff members in confinement facilities have with youth are at best very structured and at times directive and even punitive. Adolescents watch closely and learn how to engage in their world, and their interactions with peers and staff in confinement facilities may help to create a powerful template for social behavior for the rest of their lives.

The influence of social interaction is even greater for youth who end up rotating in and out of confinement facilities, as they are removed further and further from their

communities and potentially normative developmental influences. These adolescents are at increased risk of becoming chronic offenders who will likely transition into adult criminal behaviors later.[48] There are numerous critical junctures in development when appropriate interventions can push adolescents into a new trajectory. It is vitally important to understand adolescent development and to identify certain individual, social, educational, and familial components in that adolescent's life to be able to intervene in a manner that will hopefully prevent deeper involvement in antisocial behaviors.

The theories behind the development of chronic offenders and the multiple interventions that may change the course of that development are beyond the scope of this chapter. There are many excellent resources to help develop a stronger understanding of the factors and issues that impact a youth's development. The most important message for this chapter is that adolescent development is an extremely complex biological and social process that is affected—positively and negatively—by many physical and social factors. Understanding the process of youth development and responding in reasonable and rational ways to behaviors that are often frustrating and dangerous can lay the groundwork for adolescents to have better tools and to make better choices.

Theories of Delinquency

It is extremely important for any individual working with youth to have at least a basic understanding of the different theories of delinquency. This knowledge will hopefully provide the foundation on which to build a more thoughtful and reasonable approach to this difficult work. It is vital to anticipate and understand the actions of youth in a confinement setting to prevent practices and reactions that may be detrimental to both youths and staff alike. The emotional intensity that adolescence entails, particularly for those in a stressful setting, can only be handled appropriately when adults are well prepared. Adults need the anchor of knowledge and understanding of what is happening and possible reasons for it. This section explains some of the very basic components of delinquency theory, but there are entire textbooks and college courses that can provide greater insight into this very important topic.

Delinquent and criminal behavior has generally been approached from three different but related perspectives: biological, psychological, and sociological. The biological approach maintains that the origins of crime and delinquency are found within the physiological and hereditary makeup of the individual. The psychological orientation holds that illegal behavior is a function of the internal psychological traits and processes of the individual. The sociological theory explores delinquency in relation to society, social structure, and group behavior.

No single theory completely explains juvenile delinquency or its effective treatment.[49] For this reason, the emphasis on one theory over another is frequently tied to the perspectives of politicians whose understandings of delinquency are more often a function of rhetoric and appeals to public sentiments about crime. Currently, there is considerable controversy about the conflicting goals of the juvenile justice system. These conflicts are manifested in the laws, which differ from state to state, that define adolescent culpability. However, the federal government has supported in some ways a holistic and interactive approach to delinquency theory based on sound research practices.

Materials from OJJDP strongly emphasize the interaction between individual, family, and community variables. There are also systematic efforts to discover those factors in a youth's life that can be identified as causes or correlates of delinquency.[50] By identifying the individual variables that are linked to delinquent behavior, various theoretical approaches can be used to develop effective interventions. The OJJDP Comprehensive Strategy for delinquency prevention and intervention outlines strategies and principles relevant to all juvenile justice professionals, especially caregivers in facilities that confine youth.[51]

Human behavior is extremely complex and often unpredictable, and adolescent behavior takes this to the extreme. An understanding of criminal behavior in adolescence cannot be reduced to any simple theory or explanation, despite the ongoing efforts of society, media, and politicians to do so. Research consistently shows that a majority of adolescents commit some type of illegal offense, which one could argue places delinquency in the realm of *normal* adolescent behavior—the adolescent's biological and social drive to test limits and seek out new experiences.[52]

Patterns of Lawbreaking

Indeed, the prevalence and incidence of offenses start to increase in late childhood, with a peak in late adolescence. These rates then drop off as adolescents move into adulthood.[53] This pattern has led to the classification of offenders into adolescence-limited offenders and life-course-persistent offenders—those who continue to engage in antisocial behaviors into adulthood and throughout their lives. An understanding of the theory of delinquency can aid in developing a better perspective about why certain adolescents seem to move past delinquent behaviors and others do not.

Risk and Protective Factors

A multitude of risk and protective factors have been identified through research and practice in the development of delinquent behavior. These factors include individual traits such as the age at which the behavior begins, level of intelligence, and certain difficulties in self-regulation (emotional regulation and impulse control).[54] The latter may be symptoms of an underlying mental health disorder, which can also increase a

youth's risk of delinquent behavior.[55] These traits then very likely impact the youth's school performance, which is another significant factor in the development of delinquency. Parenting styles, family history of delinquency and attitudes towards delinquent behaviors, and potential abuse and neglect by parents and caregivers are also risk factors that may increase the likelihood of delinquent behavior. As discussed previously, a youth's peer group and social environment (including socio-economic status) have enormous influence on a youth's development and tendency to commit illegal acts.

Despite these various risk factors and theories that address them, the development of delinquent behavior in adolescence—similar to physical and emotional development—varies from one individual to another. Perhaps one of the most powerful and useful tools to understand delinquent behavior is the perspective of adolescents themselves. Arnold Goldstein has emphasized the importance of using the experiences of juvenile offenders as a valuable source of knowledge, which, when combined with theory and research, greatly improves staff understanding of youth.[56] This strategy stresses the importance of talking with youth and listening to their life stories. There are a variety of resources and writings that relate the experiences of a youth in confinement facilities.

Gangs

Gangs are an avenue for many adolescents to become involved with crime and delinquency. The theories used to explain gangs include many developmental, biological, psychological, and sociological factors previously mentioned in this chapter. Gangs are included here because of their significant contribution to delinquent behavior. Research shows that a youth's involvement in a gang increases the risk of violence much more powerfully than his or her association with antisocial peers outside of a gang. An adolescent's level of delinquency increases significantly with gang involvement and decreases if that adolescent leaves the gang, even if the youth was already engaged in delinquent behaviors. The risk of committing serious violent crime is also dramatically greater for youth in gangs.[57] For example, adolescents are 10 times more likely to commit homicide if they are in a gang.[58]

Despite the prevalence of gangs and their tremendous negative influence on adolescent development, there is little consensus even about the definition of a gang, including whether the involvement in criminal activity is necessary to be classified as a gang. Finding some agreement on the definition of gangs is a requirement for conducting further research and for developing more effective interventions to address the potentially devastating impact gangs can have in communities and the lives of the young people in them. Rather than subscribing to a specific definition, this chapter will use the OJJDP's assertion that a gang includes certain components: a self-formed and maintained group, united by mutual interests, that controls a particular territory, facility, or enterprise; uses symbols in communications; and is collectively involved in crime.[59]

Gang History in the U.S.

It appears that youth gangs appeared in the U.S. as early as 1783, with the end of the American Revolution. They likely developed and spread in New England in the early 1800s with the rise of the Industrial Revolution and its increasing urbanization. Gangs in Chicago and other large cities increased during the industrial era, and the accompanying immigration and population shifts that occurred during this time likely contributed to the growth of gangs during that era. It is also likely that gangs developed in the Southwest during the same period due to the social, cultural, and economic difficulties encountered by Mexican immigrants in the early 1800s. The evolution of gangs in the U.S. has not been consistent and has been characterized by certain periods of growth and decline.[60] The peak periods of the growth of gangs in the U.S. were the late 1800s, the 1920s, the 1960s and the 1990s.[61]

The youth gangs of the early 19th century were primarily formed around ethnic groups (Italian, Irish, Jewish).[62] Youth gangs still continue to be quite segregated ethnically, although there is a growing segment of gangs called "hybrid gangs" that are multi-ethnic and more loosely structured than gangs in the past. Currently, according to the FBI, 47% of gang members in the U.S. are Hispanic, 31% are Black, 13% are White, and 7% are Asian. It is estimated that 40% of gang members are under the age of 18 years, and less than 10% are females.[63]

Gangs continue to migrate from urban areas into smaller cities and suburban and even rural areas. They recruit new members and expand territories and make alliances (at times) with rival gangs to grow their profits from drug trade and other illegal activities. The technological advances of the past decade, as well as the availability of extremely powerful weapons, have allowed gangs even greater influence in conducting their criminal activities. There is evidence that gangs are encouraging adolescents to join the military to get military training that can benefit the gang once that youth returns to the community.[64]

Monetary rewards remain a very powerful motivation for gang involvement, as they have throughout gang history. Gangs have been intimately involved in the sale and distribution of drugs, which has served as an opportunity for many poor youth to attain wealth and a way forward in their lives. The activity of gangs has expanded dramatically into other forms of crime, include human trafficking, alien smuggling, weapons trafficking, prostitution, and white-collar crimes such as counterfeiting, identify theft, and mortgage fraud.[65]

According to the FBI (*2011 National Gang Threat Assessment*) gangs are expanding throughout many communities. They are becoming more violent and sophisticated in their criminal activity, and they are responsible for anywhere from 48-90% of violent crime in certain jurisdictions. It is estimated that there are about 1.4 million gang

members in 33,000 gangs across the nation, which represents a 40% increase in gang membership since 2009. There has also been an increase in the number of youth in gangs, partly related to the increased incarceration rates of older members and more sophisticated recruitment of younger children in schools and communities.[66]

Gangs and Adolescence

Youth are especially attractive targets for recruitment into gangs for several reasons. They tend to be more vulnerable and susceptible to recruitment tactics, in large part due to the heightened importance of peer influence during adolescence. The fact that minors may also receive less harsh punishment in the criminal justice system also makes them more attractive candidates for committing crimes on behalf of their older gang members. The National Gang Intelligence Center (NGIC) reports that juvenile gangs are responsible for the majority of crime in many jurisdictions throughout states across the country.[67]

The powerful sense of identity and belonging that come with being in a gang can be a compelling inducement to a youth that has not found acceptance elsewhere. Gangs can be vehicles for social interaction, safety, money and material goods, status, and achievement.[68] All of this occurs at a time when youth are developmentally breaking away from their families and looking to make new affiliations with peers and their community. The potential for involvement in exciting and risky activities can also be very attractive to youth.

There are also environmental, cultural, economic, and social factors that contribute to a youth's susceptibility to joining a gang. One theory emphasizes the “underclass” status of minority youth, which leaves them vulnerable to the attractions of opportunity and wealth that gangs can provide.[69] Some youth may also seek personal safety and well being from their membership in a gang. Identification with certain cultures or ethnicities may also contribute to the attraction of gangs to adolescents.

Risk Factors for Gang Membership

Long-term and ongoing research into adolescent involvement in gangs has revealed a number of risk factors in several different important domains: community, family, school, peer group, and individual characteristics. The most important risk factor in the community domain is living in a neighborhood in which the social integration or attachment is low. Family components that increase a youth's risk for gang involvement include poverty, absence of or poor attachment to parents, and poor parental supervision. Risk factors related to school are low expectations for academic success (in youth and parents), low commitment to school, and poor attachment to teachers. As with development of delinquency, association—especially unsupervised association—with delinquent peers increases the risk of gang affiliation. Individual risk factors for gang involvement include low self-esteem, numerous negative life events, symptoms of

depression, and access to or a favorable view of drug use. Adolescents who use drugs and are involved in delinquent behaviors (especially violent acts) are more likely to join gangs than youth who are less involved in delinquency or drugs. The greater the number of risk factors an adolescent has, the higher the risk of being involved in a gang.[70]

Gangs and Juvenile Facilities

Unfortunately, gang activity is present not only on the streets but also in confinement facilities. In the OJJDP's 2010 Survey of Youth in Residential Placement (SYRP), almost a third of the youth population admitted to some gang affiliation. A majority of youth (60%) reported that there are gangs in the facilities in which they are confined. The presence of gangs in a confinement facility can be challenging and disruptive in many ways.[71] Given the intensity of confinement and its sometimes crowded conditions, gang members often use their time in confinement to recruit new members. Some gangs (the Chicago Vice Lords, for example) have even formed inside confinement facilities.[72] Youth may feel especially vulnerable in a confinement setting and join a gang for protection.

Gangs contribute to the culture in confinement facilities in several other negative ways. The presence of gangs in a facility significantly increases the likelihood that a youth will be offered contraband. The percentage of youth living in units characterized by poor youth–staff relations are much higher in facilities with a gang presence. Youth are much more likely to report having been sprayed with pepper spray in units where gangs are present.[73] For reasons likely related to recruitment and exposure, confinement in a juvenile correctional facility is one of the strongest predictors of adult prison gang membership.[74]

Gangs are a primary concern for juvenile justice professionals because of the link they provide to drugs, criminal behaviors, and violence. The sale and distribution of illegal drugs is a big business, and corporate gangs are the organizations that run the business. Drugs are the product of the business. A system or mechanism is needed for the acquisition, distribution, and sale of the product. Sales territories must be established so that the salespersons can maximize distribution and sale of the product. Employees (sometimes referred to as "posse" or "crew") are recruited for each of these purposes. The illegal nature of the product means that danger is involved in its acquisition, distribution, and sale. Because of the dangers involved, weapons become a tool of the trade as a means of protecting employees and investment. High profit margins make violence a very effective way of safeguarding the business, and ready cash buy the most sophisticated and powerful weapons money can buy.

Gangs and Violence

Goldstein identified some factors that increase the amount of violence associated with gangs.[75] Violence is enhanced by the drug-related activities of the gang. Gang fighting

is more about selling drugs and economic territories than it is about traditional turf battles for many gangs. Territory does still remain an issue because of increased mobility. A disproportionately high number of gang members carry guns, and these guns are significantly more lethal and easier to use than previous weapons.

Violence is also linked to the increased number of gang members and to older gang members. First, the group has a tendency to encourage violence through a depersonalized process. Similar to mob violence, in which frenzied behavior can turn quickly into violent behavior, gang violence gains quick support when individual responsibility becomes lost in the group. Second, the increased number of gang members in general means that there are probably more sociopaths involved in the decision-making. This increases the likelihood that violence will become a part of gang strategies and that it will receive support from gang members. When the peer value system that fulfills or satisfies the basic psychological need for belonging also endorses violence, individuals will quickly accept the idea of violence.

Older gang members are more inclined to carry guns and to use violence and aggression as a way of maintaining their dominance in the gang. Furthermore, a common trait of gang members is the need for respect. Violence as a form of power, domination, and superiority satisfies many of the personal needs of those gang members who have low self-esteem. A childhood associated with abuse (physical, sexual, and emotional) and rejection produces anger and self-doubt. Violence is very effective for demonstrating strength, power, status, esteem, and authority within the gang.

A higher risk of violence for adolescents in gangs is not surprising, given their susceptibility to peer influence, the impaired ability to make rational decisions in stressful settings, and their still unformed capacity for higher cognitive function. These biological factors, combined with the external factors discussed above, make violence in gangs extremely likely for adolescents.

On a more positive note, some interventions and programs are making a positive impact on the issue of adolescents in gangs.[76] Intervention strategies address social skills, moral development, family preservation, school-based services, employment training, recreation, community involvement, and law enforcement. These strategies parallel the components of effective violence reduction programs for adolescents that focus on problem-solving skills, assistance to at-risk families, reduction of central nervous system trauma, controlled access to firearms, and enhanced racial and ethnic identity.[77]

Family Engagement

It is impossible to consider adolescent development outside the context of the family. Families provide youth with many critical values, perceptions, experiences, and beliefs. These factors have a dramatic effect on shaping the youth's behavior and on forming his

or her character. Each individual goes through life with a set of beliefs and understanding about the world. The underlying perspective informs every decision and action that individual takes. Beliefs are rooted in early childhood experiences and in the family's culture. They are almost always operating at an unconscious level, powerfully impacting behavior and decisions.

Self-Worth and the Family

Perhaps the most important trait a family can instill is a sense of self-worth. Self-worth is the internal picture a person has of himself or herself. The nature of this picture (whether positive or negative) is a crucial factor that influences a person's internal life and social life.

Youth who have a positive sense of self-worth tend to possess a feeling of importance and believe that the world is a better place because they exist. They have faith in their own competence, are able to ask for help, and appreciate the worth of others. Youth with a positive self-worth are able to maintain trust and hope.

Youth who have a negative sense of self-worth feel that they have little value and often expect to be cheated, put down, and unappreciated. These youth often project these negative feelings onto others, meaning they assume that others perceive them in the same way—as worthless. They then respond and behave towards others as if this were true, and they easily interpret interactions with others in this context. As a defense, they may hide behind a wall of distrust or anger. The lack of appropriate relationships leads to apathy and indifference. These adolescents will then often treat others poorly in anticipation of being treated poorly themselves.

Social Connections and Beliefs

Individuals develop patterns and means of communication with others in a family context. Communication is simply how we make and share meaning with others. Early interactions with family members, especially parents or other caregivers, form the basis for learning to express needs and feelings with others. In the family, one adolescent may learn that he or she must yell to be heard by distracted or busy parents. Another may have a belief that his or her parents are not interested in what he or she has to say and therefore does not trust other adults to listen. These beliefs and patterns of communication will be repeated with the adults in the confinement facility and can create misunderstanding and confusion for staff members who are being yelled at or mistrusted for no apparent reason.

Adolescents are also linked through family relationships to people and institutions of the larger society. Beliefs about an individual's relationship to others in the world are rooted in family culture and routines. It is within the family that beliefs about school and education, the government, law enforcement, religious institutions, and community

involvement are established. Adolescents enter their worlds with an abundance of assumptions and expectations that were passed on through the experiences of their parents and extended families. For example, if a child grows up in a family in which the police are perceived as untrustworthy, it is extremely likely that the adolescent will adopt that perception and behave accordingly.

Removing an adolescent from his or her family does not mean that youth will change his or her basic beliefs about and behaviors toward adults and institutions. However, this separation is an excellent opportunity for adolescents to engage in relationships and experiences that may challenge their long-held beliefs and allow them to expand their ideas about the world and others. Workers in confinement facilities have a significant opportunity to model healthy communication, set appropriate limits, and positively encourage adolescents who may have never experienced those gifts before.

It has become more widely accepted in the field of juvenile justice that families of juvenile offenders should be as involved as possible in the care of youth in confinement facilities.[78] The most obvious and compelling reason for this intervention is that most youth will return to their families and communities after their release from the facility, and facilities have an extraordinary opportunity to strengthen the family as a resource for the youth. Parenting skills training and family-intensive interventions work to empower the family to provide better guidance and supervision. This is best accomplished by involving the family from the beginning of the court or confinement process.[79] The relative isolation of the confinement facility from the public, as well as the power of the court to compel parental involvement can create a safe place where interventions can be made to improve family–child relationships (often the origin of the youth's problems).

There are immediate benefits that can be gained from involving families at every step of a youth's course through confinement. Family involvement has been shown to reduce anxiety, reinforce treatment, and provide a more effective means of communicating needs for youth in confinement.[80] Youth are often not able to accurately describe their medical and psychiatric histories, which can be vital to providing adequate medical and mental healthcare to them, and families can play a very important role in providing this information. Families are also a tremendous resource in helping to inform the juvenile justice system of the youth's educational needs.

There are also several, more long-term programs that train and support families to help address problem behaviors in adolescents. These therapeutic programs have been proven to reduce behavioral difficulties in youth, improve school performance, and ultimately reduce recidivism. These interventions include Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Multidimensional Family Therapy (MDFT). The focus of these interventions is to identify strengths and resources in families and to empower them to function in a healthier way. These programs underscore the need to

foster change in the dysfunctional workings of many families of adolescents in confinement in an effort to avoid simply returning adolescents from confinement back into the same system that helped to create the initial problem. (See Ch. 10: Effective Programs and Services). [2]

U.S. Supreme Court Rulings and Adolescent Development

In the past decade, there has been a dramatic shift in the way this country's legal system views adolescents, driven in large part by very important and groundbreaking rulings by the U.S. Supreme Court. These rulings relied heavily on the research from developmental psychology, presented earlier in this chapter, which supports the concept that adolescent brains do not have the same decision-making capacity as adult brains and are more heavily influenced by psychosocial and emotional factors. As a result, the Supreme Court has recognized the diminished culpability of adolescents in several rulings.

In 2005, in *Roper v. Simmons*, the Court abolished the death penalty for adolescents under the age of 18. The Court based this decision on several factors: the relative immaturity of the adolescent brain in decision-making, the undue influence that outside forces (including peers) have on adolescent decisions, and the fact that character is still forming in adolescents. The Court reasoned that adolescents are not able to engage in the same cost-benefit analysis as adults and would therefore not necessarily be deterred from committing crimes by the death penalty.[81]

The Court progressed further in the legal protection of adolescents in *Graham v. Florida* in 2010. This decision held that adolescents cannot be sentenced to life without the possibility of parole for offenses other than homicide. The findings of this case were extended in 2012 in the case of *Miller v. Alabama*, which prohibited automatic mandatory sentences of life without the possibility of parole in youth under age 18. Adolescents who commit homicide can be given a sentence of life without the possibility of parole, but the Court required that several factors must be considered before such a sentence is given: an adolescent's chronological age and its hallmark features of immaturity and inability to appreciate fully the risks and consequences of certain actions, and the family and home environment (from which a youth is presumably unable to remove himself or herself). The Court also put forth the concept that life in prison without the possibility of parole is especially damaging for youth, who will spend a much greater portion of their lives in incarceration compared to adults.[82]

Another case that highlights the growing legal understanding and acceptance of the diminished culpability of adolescents is *J.D.B v. North Carolina* in 2011. The Court's ruling held that the age of an alleged offender must be considered when determining whether the youth can knowingly waive his or her *Miranda* rights. Again, the Court relied on the fact that the cognitive abilities of adolescents are less well developed than those

of adults, and the perceptions of adolescents, due to their relative immaturity, may lead them to make poor decisions on their own behalf in the process of being detained and questioned.[83]

Youth and Accountability

These landmark cases offer an excellent summary of the major discoveries in adolescent development and how they impact a youth's culpability in delinquency. As discussed previously, youth differ from adults in many significant ways:

- Youth are not able to utilize newly developed cognitive skills as well as adults due to a sheer lack of experience and the decreased efficiency of their brains in processing and integrating information.
- Youth are more likely than either children or adults to make decisions and change behavior in response to influences from peers.
- Youth have not fully developed the ability for future orientation and are less likely to consider the consequences of their actions; they tend to give more weight to immediate benefits than to the risks of possible consequences.
- Youth have a decreased ability to control impulsive behavior due to the relative immaturity of the frontal lobes of their brains.
- A crucial part of adolescent development is the formation of an identity and self-concept.

None of this is to argue that youth should not be held responsible for their choices; it is meant to underscore the importance of intervening in the lives of youth in a way that will allow them to develop identities that do not include delinquent or criminal behaviors.

The confinement of youth can be profoundly disruptive to their development. This period of development is crucial in the formation of identity and the acquisition of a sense of competency in life. Confinement often interrupts educational progress and important social and family relationships, which puts youth at even greater risk. Confinement places into close proximity young people who have demonstrated significant difficulties in making good choices and behaving appropriately, all at a time when they are most susceptible to peer influences.

On the other hand, involvement in the justice system also brings youth into close contact with adults who have great potential to change their lives in a very positive way. Many youths in confinement facilities come from families and communities that have little appropriate structure and few resources to allow the youth to obtain the skills he or she needs to move forward in life. Through interventions to strengthen parenting and families, confinement facilities can transform the lives of youth. Through teaching and modeling pro-social and supportive communication and behavior, staff in confinement

facilities can help young people to develop a better understanding of their challenges and learn strategies to overcome them.

Impact of Trauma

Trauma can have an enormous impact on the development and behavior of youth. There is much evidence that youth involved in the justice system have a much higher rate of exposure to trauma than the general population.[84] Exposure to trauma may lead to the development of Posttraumatic Stress Disorder (PTSD), which can have significant emotional and behavioral symptoms that may impact on the young person's development and functioning. Statistics about the prevalence of exposure to trauma and rates of PTSD in confinement facilities are varied, largely due to differences in screening and research protocols. However, it is clear that trauma plays a significant role in the lives of many of the youth in the justice system.

It has been estimated that more than 90% of justice-involved youth have been exposed to some form of trauma.[85] The percentage of youth with a full diagnosis of PTSD ranges from one-third to one-half of all youth in confinement facilities, with rates of PTSD consistently higher in girls than boys. These rates are similar to those seen in mental health and substance abuse systems.[86] In addition, girls are more likely to report sexual and physical abuse than boys.[87] Data suggest that up to 75% of all youth in the justice system have experienced some form of severe victimization, which puts them at higher risk of developing significant mental health and medical problems.[88]

Exposure to trauma can be manifested in multiple cognitive, emotional, relational, and behavioral symptoms. In brain research on children who have been exposed to trauma, many of those symptoms have been shown to have biological correlates.[89] Trauma likely has an even more significant impact on the brains of children and adolescents (compared to adults, as they are still developing. It is important to understand the symptoms that arise from traumatic exposure in adolescents, as the behaviors and feelings they express may be misinterpreted and result in punishment rather than treatment. As a result, many youth in confinement facilities experience re-traumatization from harsh responses to their symptoms or from experiences of additional actual physical, emotional, or sexual abuse.

Results of Trauma

Youth with trauma exposure often display significant difficulties in their ability to regulate emotions and behavior, occasionally resulting in aggression or defiance. Research shows that youth exposed to trauma may have difficulty interpreting and expressing emotions; they may be very sensitive or withdrawn in response to negative emotions. In the context of a confinement facility, these responses place adolescents at

risk for appearing uncooperative, oppositional, and aggressive. They may also develop significant internalizing symptoms of depression and anxiety.[90]

Exposure to trauma may also result in impaired memory and cognitive functioning in youth. There is also evidence showing that executive functioning may be significantly decreased. These deficits decrease the ability of youth to process and integrate information and make more reasonable decisions.[91] Trauma also often causes decreased self-esteem and distorts a youth's view of himself or herself in the world. Youth who have been exposed to trauma may also have many difficulties in interpersonal relationships including attachment, trust, developing appropriate boundaries, expectations in relationships, and potential for re-victimization.

Biological Changes

Many recent studies have revealed multiple and different biological changes in the brains and bodies of children exposed to trauma. There are differences in several different areas related to impulse control, cognitive processing and integration, memory, emotional expression and processing, and overall neural integrity. There are also neuroendocrine changes that have been well documented, mostly including the levels of cortisol, which are a hormone related to stress and the body's response to stress.[92]

One of the hallmark symptoms of PTSD is a persistent change in levels of awareness and reactivity. This may result in irritable, aggressive, self-destructive, or reckless behaviors in response to perceived threats from the environment. People with PTSD tend to be hyper-vigilant and may appear to others to overreact to changes and stressors. They usually have significantly distorted perceptions and beliefs about themselves and the world around them, and perceived threats to their safety can be reminders of the trauma that they experienced.

Identifying Trauma

It is absolutely vital that staff in confinement facilities identify those youth who have PTSD or who have trauma exposure to avoid interactions that may activate a posttraumatic response or even re-traumatize them.[93] This knowledge is also very helpful in understanding what may appear to be irrational behavior and responses to even simple requests. Hopefully, staff can interact with mental health providers in facilities to identify these youth and create treatment plans and behavioral interventions that are effective in addressing their specific needs.

One major tool to help understand and prevent sexual trauma in confinement facilities is the Prison Rape Elimination Act (PREA) of 2003.[94] (See Ch. 8: Management and Facility Administration: Staffing Adequacy). [3]

Conclusion

Adolescence is characterized by tremendous growth and change. It is the passage between childhood and adulthood during which there are remarkable transformations in a youth's body and brain. These changes allow a youth to develop the skills and capabilities for becoming a competent and contributing adult in the world. Each phase of development entails certain risks; vulnerable youth can stray onto different and less hopeful paths by the many challenges they face. Although adolescent development usually occurs in a typical and expected manner; however, individual youth have their own strengths, difficulties, histories, and differences. Their uniqueness makes working with them both challenging and exciting.

This chapter has addressed numerous factors that contribute both positively and negatively to adolescent development. Each young person is a unique combination of biological, family, and social factors. Many of these characteristics are great strengths that will hopefully be identified and nurtured, by way of offering appropriate education, building stronger families, fostering healthy personal identity, and modeling appropriate social and interpersonal relationships in the face of sometimes powerful opposing forces.

It is a vital task of staff in confinement facilities to obtain a deeper understanding of adolescent development. Even typical youth behaviors such as pushing limits, taking risks, and exerting independence can be very hard to manage and contain. These behaviors will—and should, for the sake of development—continue in the context of confinement facilities. It is the role of the adults in these facilities to have and maintain the broader perspective to interpret behavior and guide the youth under their supervision and care in a positive direction.

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[11] https://www.ncjrs.gov/pdffiles1/ojjdp/227728.pdf
[12] https://medlineplus.gov/puberty.html

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Ch.7 Evolving Issues

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Internationally known futurist Edward Barlow, Jr. always began his presentations with this statement: "Eighty percent of what you need to know to be successful in your career is happening outside of your chosen field." Mr. Barlow reminds us that it is not enough to know about trends only in our own profession, but we must also understand the global trends that are changing the world. Events outside the field are changing the way juvenile detention centers, juvenile correctional facilities, adult local detention centers (jails), and adult correctional facilities (prisons) do their work.

For instance, since the 1980s, many of the poorest areas on the planet, including Sudan, South Sudan, and Somalia have suffered brutal civil wars and genocide. Thousands of men, women, and children have been murdered, died from the resulting famine and disease, or fled their homeland as refugees. Juvenile detention and corrections professionals might have had little awareness of the impact these distant events would have on their work lives.

Many churches and faith-based organizations reached out as humanitarians to the starving and disenfranchised refugees of this conflict and brought them to the U.S. In cities like Columbus, Ohio, Omaha, Nebraska, and Sioux Falls, South Dakota, the victims of these wars and rebellions were given an opportunity to start life over.

Over time, some of the children of the refugees became caught up in the juvenile justice system. Some had very limited English speaking ability. Communication between residents and staff became a challenge. In most juvenile detention and correctional facilities, resident handbooks are in English and Spanish, but in these communities, juvenile detention and juvenile correctional administrators published their handbooks in several different languages. Staff in these facilities received training on the different ethnic and cultural groups they were now exposed to in their jobs, but learning several languages was clearly beyond their reach. In addition, the Post Traumatic Stress Disorder (PTSD) these young people experienced challenged even the most experienced mental health professionals. The unintended consequences of bringing refugees out of a deadly environment into a much different world and culture had a significant impact on juvenile detention centers and juvenile correctional facilities.

In addition, documented and undocumented families from Central American nations and others continue to be swept up in enhanced immigration law enforcement. The crackdown on illegal immigration has resulted in more young people being held in the child welfare and juvenile justice systems, including with some private providers. There is a small fraction of youth held in juvenile detention facilities if they have been taken into custody for a delinquent or criminal act. In some cases, foreign-born youth who commit serious crimes may be tried as adults and serve their sentences in adult correctional facilities.

Prior to 2000, juvenile detention directors, juvenile correctional administrators, and wardens and superintendents of adult facilities would not have predicted that their facilities would serve a multi-

national resident population, but less than 15 years later, it is more common than not to have them doing just that.

Today, the administrators of confinement facilities for youth are fully engaged in strategic planning, which means they are regularly defining and redefining their facility's purpose, mission, vision, and goals and identifying the best strategies to accomplish these goals and realize their mission. Strategic planning involves identifying and allocating precious resources.

Planning cannot be done in a vacuum. Administrators must understand that their facilities are a microcosm of the larger society; this applies to both the employee culture and the resident culture.

Environmental Scanning

One approach administrators should use is "environmental scanning." Brown and Weiner define environmental scanning as "a kind of radar to scan the world systematically and signal the new, the unexpected, and the major and the minor."[1] Management consultant, Ray Gagnon said, "There's no doubt that defining the future for an enterprise is one of the most important obligations of leadership. There's also little doubt that actually conducting the strategic planning process by which this takes place is one of leadership's most challenging activities."[2] According to James L. Morrison, the goal of environmental scanning is to alert decision makers to potentially significant external changes in time to formulate a response. Consequently, the scope of environmental scanning is necessarily broad.[3]

Environmental scanning requires an analysis of the organization's mission, vision, strengths, weaknesses, customers, organizational wellness, employee turnover, and financial performance. The next level of analysis should be the larger profession or business to which the organization belongs. Understanding public attitudes about the profession, analyzing recent passed and failed legislation at the local, state, and federal levels, monitoring trade associations and what vendors are planning for the future all contribute to an a better understanding of the environment. It is also useful to identify key competitors, their performance, and competitive advantages. Juvenile detention and correctional facilities and adult facilities that serve youth should be aware of developments in the public and private sectors; creative ideas happen in both. An analysis of the external environment considers direct and indirect influences from the social, technological, economic, environmental, and political arenas (STEEP).

Scanning can take many forms. Some employees do a very passive or informal environmental scan as they read newspapers and magazines, listen to programs on the radio or television, or surf the internet. Unfortunately, the information learned from this passive approach is seldom incorporated into the strategic planning process, which means that events and trends that signal changes are often ignored or completely missed.

Active environmental scanning focuses on data, trends, and information from not just the immediate business or industry, but the larger global environment. For some organizations, scanning is more ad hoc and may focus on a specific issue that is a priority for the organization. As part of more regular planning process, some organizations periodically refresh their regularly scheduled environmental scanning process. Other organizations, however, are continuously scanning the environment to share with the administration and management information can be incorporated into the ongoing strategic planning process. Obviously, most juvenile detention and juvenile correctional facilities do not have the resources to conduct continuous environmental scans. Morrison states, "The rationale undergirding active scanning is that potentially relevant 'data' are limited only by your conception of the environment. These data are inherently scattered, vague, and imprecise and come from a host of sources. Since early signals often show up in unexpected places, your scanning must be ongoing, fully integrated within your

institution, and sufficiently comprehensive to cover the environments important to your decision makers."[4]

The National Institute of Corrections (NIC) Information Center assists correctional policy makers, practitioners, elected officials, and others interested in corrections issues.[5] Information Specialists who have professional experience in corrections provide expert research assistance with full access to materials in the NIC library collection.

The NIC Information Center began environmental scanning of social, technological, economic, and corrections issues in the late 1990s. The purpose of the scanning was to provide information and data to aid in the development of NIC programs. The related report—*Environmental Scan 2012: 7th Edition*—has become a valuable resource for juvenile and adult correctional administrators. Staff from the Information Center review corrections publications, as well as more popular newspapers, magazines, and websites and regularly monitor publications and reports from local, state, national, international, and independent sources.[6] Some of the report's findings are described later in this chapter.

Another very valuable resource is the Annie E. Casey Foundation's *KIDS COUNT Data Book*. This annual report tracks trends along four domain levels based on what children need to survive. Those domains are economic well-being, education, health, and family and community. The findings from the *Data Book* will also be described in greater detail later in this chapter.

The number of scanning resources available on the Internet is virtually limitless, but the following are some that may be of value when considering a more global view of the future:

Arlington Institute http://www.arlingtoninstitute.org/ [2]

Brain Reserve http://www.faithpopcorn.com/ [3]

Now and Next https://www.nowandnext.com/ [4]

Pew Research Center https://www.pewresearch.org/ [5]

Shaping Tomorrow http://www.shapingtomorrow.com/ [6]

Strategic Business Insights http://www.strategicbusinessinsights.com/ [7]

The Tomorrow Project http://tomorrow-projects.com/ [8]

The World Future Society https://www.worldfuture.org/ [9]

Trend Watching https://trendwatching.com/ [10]

Evolving Issues for Confinement Facilities

As previously stated, the evolving issues in confinement facilities for youth relate to those issues that are happening outside those facilities. Although there may be some issues that are evolving within the confinement facilities for youth, in the majority of cases, the forces that are creating and shaping significant changes are coming from the outside. The remainder of this chapter will review some of the issues that will directly impact confinement facilities for youth.

Birth Rates

Tracking birth rates is an important way to identify early trends for many different fields. Baby food companies, children's clothing companies, pediatric healthcare organizations, toy manufactures, and theme parks are among the enterprises that closely monitor changes in birth rates. Most school districts, cities, counties, and states use this information in their strategic planning efforts. Juvenile detention and correctional facilities can easily find current trends for their state and locality by consulting the local health department and national websites. The birth rate forecasts dynamic aspects of the population as it matures, such as the future demand for the workforce in various sectors of the economy.

The U.S. birth rate hit an all-time low in 2012, with 63.0 births per 1,000 women ages 15–44. In 2011, the birth rate was 63.2. This represents the fifth consecutive year when the birth rate has declined and the lowest year since the government started keeping records in 1909.[7]

Falling birth rates create challenges for the economy and future labor pools, as there will be fewer young workers in about 20 years. Since 2007, U.S. birth rates have been below the level required to maintain a constant population. In 2013, the Wall Street Journal reported that "low fertility means less growth in a country's population, barring a pickup in immigration. Fewer people can mean fewer workers to propel the economy and a smaller tax base to draw from to pay the benefits due retired Americans."[8]

Peter Drucker, regarded as one of the foremost management leaders in the world, wrote about declining birth rates, saying that "politically, this means that immigration will become an important—and highly divisive—issue in all rich countries. It will cut across all traditional political alignments. Economically, the decline in the youth population will change markets in fundamental ways. Growth in family formation has been the driving force of all domestic markets in the developed world, but the rate of family formation is certain to fall steadily unless bolstered by large-scale immigration of younger people. The homogeneous mass market that emerged in all rich countries after the Second World War has been youth-determined from the start. It will now become middle-age-determined, or perhaps more likely it will split into two: a middle-age-determined mass market and a much smaller youth-determined one. And because the supply of young people will shrink, creating new employment patterns to attract and hold the growing number of older people (especially older educated people) will become increasingly important."[9]

The *Wall Street Journal* went on to report, "Birth rates for women in their early 20s declined to a new record low between 2011 and 2012. The average age of a U.S. mother at first birth rose, again, to 25.8 years old, from 25.6 years in 2011."[10]

The decline in the U.S. and global economies is causing many young people to delay getting married, to postpone having children, or to have fewer children. Many young couples simply cannot afford the cost of a family. In addition, there are also more young women in the workforce.

Teen Pregnancy

Teen births have shown significant declines over the last several decades. The decline began after 1991, falling by nearly half (61.8 births per 1,000 youth ages 15–19 in 1991 to 31.3 in 2011). There were over 329,772 births to teen mothers ages 15–19 in 2011, the lowest number since 1946, when 322,381 births to teens were recorded. For younger girls ages 10–14, the rate declined from 1.2 in 1970 to 0.4 in 2011.[11]

The Annie E. Casey Foundation's *KIDS COUNT Data Book for 2013* reported that, "at 56 births per 1,000 teenage girls, the teen birth rate for Latinos was the highest across major racial and ethnic groups. Although it remained high, the 2010 rate for births to Latino teens was the lowest on record."[12]

According to the National Vital Statistics Reports from the Centers for Disease Control and Prevention, birth rates for teens ages 15–19 declined from 68.3 in 1970 to 31.3 in 2011. Between 2010 and 2011, the teen birth rate declined 8%.[13] The 2012 birth rate for this group is estimated to be even lower. If 1991 teen births had prevailed from 1992 through 2011, there would have been an additional 3.6 million births to females ages 15–19.[14]

Implications for Youth Confinement Facilities

As previously stated, a declining birth rate can mean fewer future workers. With people living longer, the costs for entitlement programs such as Social Security and Medicare will also increase. With fewer people in the workforce, competition for talented workers will increase. Work in a correctional setting is not always seen as a desirable job, which means that juvenile and adult correctional programs will have to improve their recruiting strategies and find ways to keep older employees in the agency.

The *KIDS COUNT Data Book for 2013* states, "Teenage childbearing can have long-term negative effects for both the mother and newborn. Teens are at higher risk of bearing low-birthweight and preterm babies. And, their babies are far more likely to be born into families with limited educational and economic resources."[15] Because of all of the associated problems of teen pregnancy, the declining rate is encouraging and is evidence that prevention programs and contraceptive approaches are working, but more can be done.

Confinement facilities for youth are well positioned to do more to provide sex education programs for residents. The regular programming for youth should incorporate sex education for young men and young women. Often, idleness is a serious problem in confinement facilities. Programs that inform youth of the importance of pregnancy prevention are a constructive use of time that is not scheduled for other programs.

Programs that teach youth who are already parents about positive parenting skills are of critical importance. Several facilities have adopted programs at work in hundreds of high schools that use animated dolls to teach teens about childcare. Teaching young fathers about their responsibilities to their children can be very beneficial for both parent and child.

Poverty

According to the American Community Survey conducted by the U.S. Census Bureau, between 2000 and 2012, the percentage of people in poverty increased from 12.2% of the population to 15.9%. The number of people living in poverty increased from 33.3 million to 48.8 million.[16]

The poverty rate in 2012 for children under age 18 was 21.8%, the highest of any age group and the highest for children since the survey began in 2001. The poverty rate for people ages 18–64 was 13.7%, while the rate for people ages 65 and older was 9.1%. These poverty rates were unchanged from 2011.[17]

The Census Bureau's Report, *Child Poverty in the United States 2009 – 2010: Selected Race Groups and Hispanic Origin*, found that the poverty rates for White children and Asian children were lower than the national average of 22%, while those for African American children (38.2%), Hispanic children (32.3%), and children of two or more races (22.7%), were all higher than the national average.[18]

The *KIDS COUNT Data Book 2013* reported that the 2011 child poverty rate was 23%, and for those under age 3, it was 26%. From 2005 to 2011, the Casey Foundation reported that the child poverty rate rose from 19% to 23%, which represents an increase of three million children. The poverty rate for children age 5 and younger is 26%.[19]

Children growing up in poverty have the odds stacked against them. Poverty has an adverse impact on a child's cognitive development and his or her ability to learn. A recent study from the University of Wisconsin at Madison found that "the research using brain scans suggests children in low-income families have a slower rate of growth in two key brain structures: the parietal lobe that serves as the network hub of the brain, and the frontal lobe, one of the last parts of the brain to develop. By age 4, children in families living with incomes under 200% of the federal poverty line have less gray matter—brain tissue critical for processing of information and execution of actions—than kids growing up in families with higher incomes, according to the research…One of the things that is important here is that the infants' brains look very similar at birth," professor and researcher Seth Pollack said. "You start seeing the separation in brain growth between the children living in poverty and the more affluent children increase over time, which really implicates the postnatal environment."[20]

Children growing up in poverty experience deprivation on several levels. Their nutrition does not meet minimum daily requirements. Healthcare is often unavailable or unaffordable. Sleep deprivation is not uncommon. Children who live in poverty may also live in violent or unsafe communities or neighborhoods. Educational materials that stimulate the brain are lacking. Even when parents are working, employment may not be secure or temporary. Many parents are forced to work several part-time jobs that still fall short of providing a stable income with benefits. Parents may themselves be lacking an education, which makes finding gainful employment even more challenging. The recession of recent years has exacerbated unemployment and poverty. The *KIDS COUNT Data Book 2013* reported that, in 2011, nearly one-third of all children in the U.S. (23.8 million) lived in families where no parent had full-time, year-round employment. Half of all Native American children (51%) and African American children (49%) had no parent with full-time, year-round employment in 2011, compared with 25% of White children and 39% of Latino children.[21]

Implications for Youth Confinement Facilities

Administrators and staff in confinement facilities for youth see the adverse and destructive impact of poverty on youth every day. Low educational achievement scores, healthcare issues, a lack of social skills, and family stress are a few of the challenges residents will need to overcome to avoid relapsing into delinquent behavior after their release.

Confinement facilities can play a pivotal role in helping to inform youth of the importance of an education, life skills, and how to find and keep a job. Providing youth with high-quality healthcare—including dental care—can be of great value to a young person. Ensuring that youth understand where help is available in their communities and how to access it can be of considerable value to youth and their families.

Facility staff should understand the environment to which the youth will return. Working closely with the reentry or aftercare worker, facility staff can focus on program strategies that will build on community strengths and address community weaknesses. In some cases, the community or neighborhood may be so poverty stricken or unsafe that the youth would need other housing arrangements. Facilities that do not have reentry or aftercare workers may need to design a system that collects pertinent information and improves coordination and collaboration among juvenile probation officers, social services caseworkers, mental health professionals, and others to help young people through this difficult transition.

Education

Peter Drucker has said the "Next Society" will be a knowledge society. "Knowledge will be its key resource and knowledge workers will be the dominant group in its workforce. What is different this time is the need for the continuing education of already well-trained and highly knowledgeable adults.

Schooling traditionally stopped when work began. In the knowledge society it never stops…Conversely, knowledge rapidly becomes obsolete, and knowledge workers regularly have to go back to school. Continuing education of already highly educated adults will therefore become a big growth area in the Next Society."[22]

In the 21st century, formal education begins in preschool programs, where children can receive a strong start that will help them in their later education. Yet, the Casey Foundation found that, "from 2009 to 2011, more than 4.3 million 3- and 4-year-olds were not enrolled in preschool, representing more than half (54 percent) of all children in that age group."[23]

High-performing preschool programs for children ages 3–4 prepare these children for the challenges and opportunities they will experience in elementary and secondary education. Probably the most famous of preschool programs is Head Start, which began in the mid-1960s with President Lyndon Johnson's War on Poverty. Head Start is intended to help children of low-income families by providing a comprehensive program to meet children's educational, emotional, social, health, nutritional, and psychological needs. Nearly 50 years later, Head Start is respected as one of the most successful government-initiated programs for children. But, as the Casey Foundation pointed out, many children—especially 3-year-olds—continue to be left out of preschool opportunities, which worsens their likelihood of future socioeconomic success. The rate of children *not* enrolled in preschool programs is considerably higher for Latinos (63%) and Native American children (58%), compared to White and African American children (54%) and for Pacific Island and Asian children (48%).[24]

As children move through their education, certain milestones can forecast a child's academic future. "Proficiency in reading by the end of third grade is a crucial marker in a child's educational development. In the early years, learning to read is a critical component of education. But beginning in fourth grade, children use reading to learn other subjects, and therefore, mastery of reading becomes a critical component in their ability to keep up academically. Children who reach fourth grade without being able to read proficiently are more likely to drop out of high school, reducing their earning potential and chances for success."[25]

In the 21st century, competency in mathematics is critical to success in every career. In many respects, automation has made math skills even more important. How proficient a young person is in math has a direct bearing on his or her earning power. The Casey Foundation reported that, "among public school students, math proficiency levels in eighth grade and reading proficiency levels in fourth grade were quite similar in 2011, but there was greater improvement in eighth grade math achievement. Nationwide, two-thirds (66 percent) of public school eighth graders scored below proficient math levels in 2011, compared with 72 percent in 2005."[26]

When race was factored in to the data for eighth graders, 87% of African Americans, 83% of Native Americans, 80% of Latinos, and 57% of Whites were below proficiency levels for math. All groups did show improvements between 2005 and 2011. There was a 7% improvement for Latino eighth graders.

Poverty impacts math proficiency as well. While 53% of eighth graders from higher-income families were below proficiency in math, 83% of children in the eighth grade from low-income families were below proficiency.

Not finishing high school on time or dropping out has a huge fiscal impact on the individual over the course of his or her life. "In 2011, median annual earnings for someone without a high school diploma ($18,800) were 70 percent of those of a high school graduate ($26,700), and 39 percent of the median earnings of someone with a bachelor's degree ($48,300)." Nationally, twice as many African American students do not graduate compared to non-Hispanic White students.[27]

Adolescents who dropout or leave school and do not have a job are at great risk of living in poverty as adults and being challenged by other socioeconomic and behavioral problems. These youth are often referred to as "disenfranchised" or "disconnected." There are approximately 1.5 million such youth (8% of the juvenile population). Native American, African American, and Latino youth had the highest rates of not finishing high school and being unemployed.[28]

The educational levels of parents also directly impact their children; parents who have more education are better able to provide for their sons and daughters. Conversely, children in homes where parents have not completed high school are at greater risk of not being ready for school, which compromises their future educational achievement. "In 2011, 15 percent of children lived in households headed by an adult without a high school diploma. This represents 11.1 million children, compared with 12 million in 2005…More than one-third (37 percent) of Latino children lived in households headed by someone without a high school diploma. That's more than two and a half times the rate for African American children (14 percent) and more than six times the rate for non-Hispanic white children (6 percent)."[29]

Implications for Youth Confinement Facilities

Implications for staff. Day care and preschool programs are important for all children. A facility administrator needs to be aware of the impact of work schedules on facility staff. A change from 8- or 10-hour shifts to 12-hour shifts will have an effect on an employee's children. Single parents find it extremely difficult to find day care and preschool programs that will provide services on an extended schedule.

Implications for youth. Education programs for youth in confinement facilities need to have the very best teachers if the youth are to overcome their academic challenges. In some states, juvenile justice departments and local juvenile detention facilities are required to use local public education districts; in other states, state and local agencies may outsource the educational program. Regardless of the approach, confinement facilities for youth are in a position to make up for academic lost ground. Preparing youth for reentry is of critical importance, and preparing youth to return to school is an important part of reentry. The facility administrator and school principal must work as partners with a shared vision and commitment to provide unconditional support to a youth's academic growth.

Providing parenting skills training for youth in confinement facilities, as previously mentioned, must include discussion groups on the importance of preschool programs for 3- and 4-year-olds and the benefits to them of having a parent with at least a high school diploma.

Healthcare for Children and Youth

Insurance Coverage

Children living in poverty or low-income families often have no health insurance coverage, are less likely to have a regular healthcare provider, and are less likely to receive care when it is needed, according to the Annie E. Casey Foundation. Delayed treatment often results in hospitalization. Without health insurance, these families are exposed to treatment costs they cannot afford. There is the hope and expectation that the federal Affordable Care Act will reduce the number of uninsured by providing coverage for many families and children who are currently unprotected. In 2011, 7% of the nation's children lacked health insurance; 17% of Native American children and 13% of Latino children were more likely to be uninsured than non-Hispanic White children (5%), African American children (6%), and Asian/Pacific Islander children (8%).[30]

Dental Care

A seldom-discussed area of children's health is dental care. The PEW Charitable Trusts conducted a study of dental care for the nation's children and found that "each year in the United States, tens of millions of children, disproportionately low-income, go without seeing a dentist. This lack of access to dental care is a complex problem fueled by a number of factors, with two different dentist shortages compounding the issue:

- An uneven distribution of dentists nationwide means many parts of the country do not have an adequate number of these practitioners. As a result, access to care is constrained for people in these communities regardless of income or insurance coverage.
- The relatively small number of dentists who participate in Medicaid means that many low-income people are not receiving dental care."[31]

Even children who are receiving Medicaid are not getting dental care as required. Most dentists believe children should be seen every six months; however, PEW reported that 14 million children enrolled in Medicaid did not receive any dental service in 2011. According to the most recent comparison, in 2010, privately insured children were almost 30% more likely to receive dental care than those who were publicly insured through Medicaid or other government programs, even though low-income children are almost twice as likely as their wealthier peers to develop cavities.[32]

Many dentists do not accept patients who are covered by government-funded programs like Medicaid, citing low payment rates and the burden of bureaucracy. However, as the PEW Trust learned, the low reimbursement rates and the bureaucracy are just a small part of a complex issue. The actual shortage of dentists—especially in rural areas and poverty stricken areas—is the crux of the problem. There are simply not enough dentists to meet the demands of the country. Dental schools, dental associations, and other advocacy groups are requesting that state legislatures expand the role of midlevel dental assistants. It is believed that this is a more practical approach and has been shown to be very effective in the practice of medicine with the creation of physician's assistants and nurse practitioners.

Teen Mortality

Teen mortality rates report that automobile and other accidents are the leading cause of death for children and youth ages 1–14. Accidents account for 32% of all childhood deaths. Recent research on the human brain has shown that the adolescent brain is underdeveloped until the early 20s. Because the brain is not "fully wired," teens are especially likely to be involved in risk-taking behaviors. Mortality numbers confirm this. The Casey Foundation found that "in 2010, accidents, homicides, and suicides accounted for 73 percent of deaths to teens ages 15 to 19."[33] Mortality rates for African American and Native American children and teens were considerably higher than for children and youth in other racial groups. The good news is that death rates for children and adolescents have declined. (See Ch. 6: Adolescent Development) [11]

Substance Abuse and Other Risks

Alcohol and substance abuse take a heavy toll on today's adolescents. Seven percent of the youth ages 12–17 have abused drugs or reported they were dependent on drugs or alcohol during the previous year. It should be noted that this is a 1% decline from 2005 and 2006. Asian/Pacific Islander and African American teens were the least likely to be dependent on or abuse alcohol or drugs.[34]

Lastly, providing healthcare to such an at-risk population is a matter of public health. Fifty years ago, this would not have been mentioned, but in the 21st century, the facts are clear—the people who find themselves caught up in the juvenile and criminal justice systems have histories of risky behaviors, which often results in sexually transmitted diseases and other blood-borne diseases, such as hepatitis B and

hepatitis C. These can be transmitted inside the facility and can spread to the community if youth are not treated. Public safety includes protection from contagious disease, as well as protection from crime.

Implications for Youth Confinement Facilities

The U.S. Supreme Court case, *Estelle v. Gamble*, found that the failure of correctional administrators to provide for the healthcare needs of inmates constitutes cruel and unusual punishment and that deliberate indifference to serious medical needs of prisoners constitutes unnecessary and wanton infliction of pain, all of which is prohibited by the 8th Amendment.[35]

Some administrators of confinement facilities for youth may challenge the idea of providing comprehensive healthcare to its residents. This may be especially true of youth in juvenile detention facilities and in jails where comprehensive healthcare may be scarce and very expensive. However, the jurisdiction involved has the responsibility to provide healthcare, even when those in custody are children and youth, regardless of the type of facility in which they are being held. Confinement facilities have the unique ability to provide comprehensive services, because they have a "captive audience."

Even in mid-sized urban areas, where medical schools are located, partnerships between universities and juvenile detention and correctional facilities or local jails have been created to provide pediatric healthcare to confined adolescents. Interns and resident doctors can gain considerable experience working with youth in confinement, while the facility gains well-supervised and affordable healthcare.

Teams in mobile dental units meet the needs of patients by traveling through low-income and poverty-stricken neighborhoods providing dental care. These fully equipped mobile dental offices are often available to correctional facilities, saving the time and expense of transporting youth and adults to an outside office.

It is highly likely that confinement facilities for youth will need to provide more medical and healthcare services in the future.

The Changing World of Juvenile Justice

The juvenile justice system in the U.S. has always been a changing landscape. Juvenile justice is not always high on the priority list of legislators, governors, or the public. The first juvenile court was established in Cook County (Chicago). More than a century later, that same juvenile justice system continues to reinvent itself with help from outside organizations, advocacy groups, and concerned legislators. Scandals, abuses, deaths, and official misconduct have resulted in litigation, legislative changes, and reforms. Since 2000, encouraging signs point to the dawn of a new day for juvenile justice services. Will these changes shape the juvenile justice system of the 21st century? Will the changes become the new normal for children who come in contact with the juvenile justice system? Only time will tell, but given the magnitude of recent changes, the chances are that many of them will be permanent.

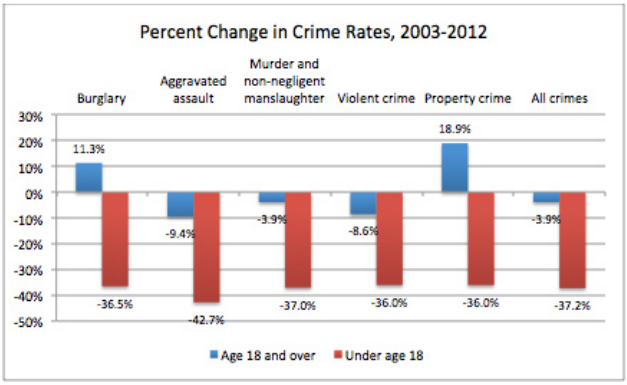
In the mid-1900s, there was a public outcry that the juvenile justice system was soft on crime and young "super predators" would be roaming the streets preying on the innocent, the elderly, and the vulnerable. These fears were driven by headlines of tragic crimes and increases in juvenile arrests. Governors campaigned on platforms that promised juvenile reforms and overhauls of the juvenile justice system. Those who claimed the juvenile justice system was a failed experiment demanded that the age of jurisdiction in the juvenile court be lowered at the top end and that more juveniles be treated as adults. Legislators passed laws that established automatic waivers for certain crimes, regardless of the juvenile's age at the time of the offense. In several states, prosecuting attorneys demanded and got the authority to

prosecute youth as adults. The authority of the juvenile court judge to decide on waiver to adult court was greatly minimized through *statutory exclusions* (e.g., automatic waivers or offenses that have been excluded from juvenile court jurisdiction) and *prosecutorial waivers* (e.g., the prosecutor alone decides in which court he or she will file certain cases).

The super predators did not arrive as forecast, and recent trends give reason for hope that the juvenile justice system has weathered yet another "get tough" storm.

FBI Uniform Crime Report—Juvenile Arrests

The FBI Uniform Crime Reports (UCR) is regarded as one of the leading indicators of crime and arrest trends in the nation. In *Crime in the United States 2012,* 10-year arrest trends for all ages declined by 9.1% between 2003 and 2012. For people over age 18, arrests dropped 3.9% in the same period. Arrests for youth under age18 plunged 37.2%.[36]



Source: FBI, "Crime in the United States, 2012."

When comparing arrests for specific crimes, the differences are even more dramatic. According to UCR 2012 report, murder and non-negligent manslaughter decreased 3.9% for those ages 18 and over, and 37% for those younger than 18. Aggravated assaults decreased 9.4% for those 18 and over, but dove 42.7% for juveniles. Arrests for burglary for those under 18 dove 36.5%, but increased 11.3% for those 18 and over. Arrests for all violent crimes was down 8.6% for those 18 and over, but dropped 36.0 % for those younger than 18. Property crime arrests increased 18.9% over the ten-year period for people 18 and over, but declined 36.0% for those under 18.

The overall decline in juvenile crime of 37.2% meant that from 2003 through 2012, there were 521,969 fewer juvenile arrests.

The 2012 UCR also found that juvenile arrests also declined between 2011 and 2012. There was a 10.4% drop in arrests of those under 18, while arrests for those 18 and over only declined by 0.9%. Only arrests for embezzlement suspicion increased for those under 18.[37]

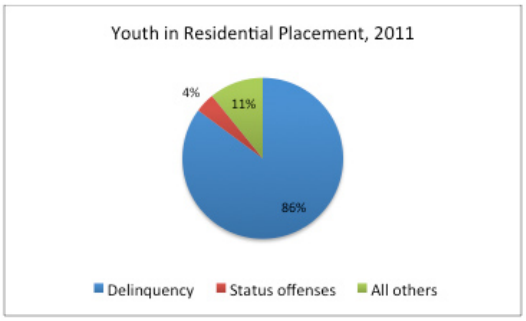
Declining Institution Populations in Juvenile Facilities: Is Dependence on Juvenile Institutions Declining?

Population trends and rates since 1997 are encouraging. In 1997, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) initiated a system to capture information regarding children and youth in custody. This survey, referred to as *The Census of Juveniles in Residential Placement* (CJRP), collects information from secure and nonsecure juvenile facilities every two years. The CJRP defines a juvenile as a person who is younger than 21 years of age and in a residential facility as a result of his or her

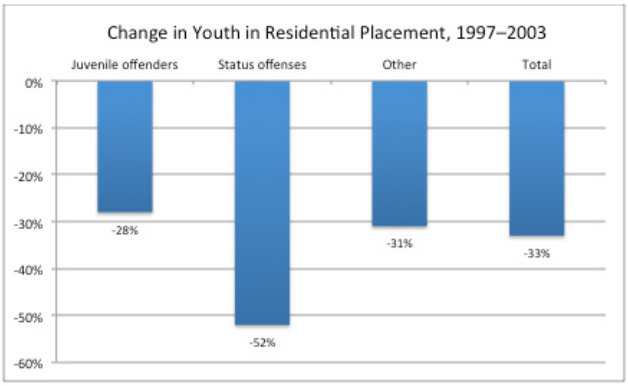
involvement with the juvenile justice system. It includes delinquent offenders and status offenders, both pre- and post-adjudicated. The CJRP does not count youth who may be in an adult jail awaiting a trial in adult criminal court or those who have been sentenced as adults and are in jail or prison. The survey also excludes federal facilities, mental health and substance abuse treatment facilities, and facilities for children and youth who have been abused. Jurisdictional age and the management of youth in state-run facilities varies significantly, making comparisons among the states very difficult.

The most recent one-day census was taken on February 24, 2010, and recorded 79,165 youth in 2,259 facilities. Since 1997, the number of juvenile offenders in juvenile detention and juvenile correctional facilities fell by 33%. The number incarcerated for status offenses plunged 52% in the same period, according to OJJDP.[38]

Young people ages 16 and 17 represented about 26% of the total number of youth ages 10–17 in 2010. However, youth ages 16 and 17 accounted for more than 50% of all arrests for youth under age 18, 40% of the juvenile court cases, and more than 50% of the juveniles in residential placements.



Delinquent offenders represented 86% of all residents in juvenile placement. Status offenders represented approximately 4% and all other residents (youth who were 21 and older, and those uncharged and not adjudicated for an offense) equaled about 11% (because of rounding, the total is more than 100%).



In actual numbers, the number of youth in residential placement declined by 37,536 between 1997 and 2010. This is a 33% decrease in the actual number of youth in residential facilities. The number of juvenile offenders dropped by 31,037 (31.4%), and there were 3,226 fewer youth in residential care for status offenses—a decrease of 52%. Other residents declined by 3,273 (28%).

In 2010, the custody rate for youth was 225 for every 100,000 youth in the U.S. population. OJJDP defines the custody rate as the count of youth in custody per 100,000 youth in the population ages 10 years through the upper age of a state's juvenile court jurisdiction. The overall custody rate varies among the states. In 2011, it ranged from a high of 575 in South Dakota to a low of 53 in Vermont. Nationally,

the detention rate is 65 for juvenile detention facilities and 154 in commitment programs (e.g., group homes, juvenile correctional centers, ranches)—2.4 times the detention rate.[39]

By comparison, the population of youth ages 10–19 increased between 2000 and 2010 by 1,969,575 (4.8%).[40] This makes the decrease in juvenile arrests and youth confinement facility placements all the more encouraging.

Public vs. Private Facilities

Although there are more private than public facilities, public facilities hold a greater number of youth. Public and private facilities differ slightly in the populations they serve. Public facilities hold more youth who are being detained. Over 75% of those youth held for violent offenses are held in public facilities, as are 70% of the delinquent youth. Public facilities, on the other hand, hold fewer than 30% of the status offenders. Drug offenders are nearly evenly divided between private and public facilities.[41]

Technical Violations and Status Offenders

Between 1997 and 2000, the number of detained youth decreased by 26% for person offenses, 47% for property offenses, and 45% for drug offenses. The declines were not as low, however, for youth in residential facilities for public order offenses and technical violations. Pubic order offenses declined 21%, but technical violations only declined 6%. Private facilities held 26% more youth for technical violations in 2010 than in 1997. The Annie E. Casey Foundation found that 40% of the detentions and commitments are "due to technical violations of probation, drug possession, low-level property offenses, public order offenses and status offenses."[42] In other words, a significant number of youth are incarcerated for offenses that do not constitute a clear risk to public safety.

Technical violations are more often a function of the juvenile probation department and juvenile court. Because fewer youth have been arrested and processed through the juvenile court system, one might expect a commensurate drop in technical violations. The National Juvenile Justice Coalition's campaign, Act 4 Juvenile Justice, has pointed out that the Juvenile Justice and Delinquency Prevention Act (JJDPA) has not been significantly updated in over 20 years, despite the impressive gains in juvenile justice research and evaluation.[43] In particular, the Valid Court Order Amendment allows for the continued incarceration of children and youth for status offenses. A major review by Congress of the JJDPA would find that much has changed in juvenile justice in two decades. It is critical that these changes and advances be incorporated into the JJDPA to sustain a decreased reliance on youth incarceration.

The dramatic decline in the number of status offenders in juvenile residential care is an encouraging sign. After four decades of pushing to remove status offenders from juvenile detention and correctional facilities, it appears that there has been a genuine change in the belief that incarceration is good for status offenders. The number of youth in residential facilities for status offenses reached its lowest level in 2010. The number of status offenders in public facilities declined 46% between 2001 and 2010. In private facilities, the number increased in 2006, but then declined almost 38% by 2010. More work still needs to be done before the mission is truly accomplished, but there is no denying that the juvenile justice system is making progress in the removal of status offenses from facilities that serve youth.

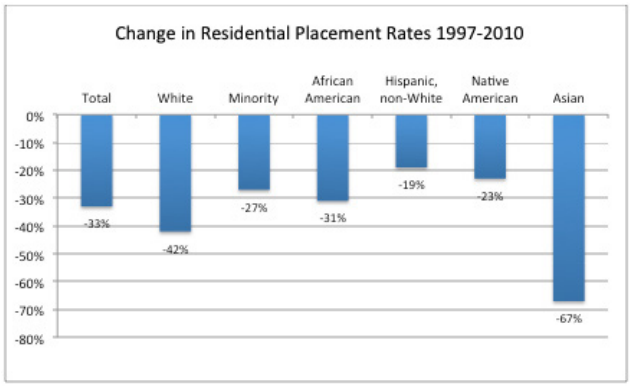
Girls and Young Women in Residential Placement

Girls and young women make up 13% of the youth in residential facilities. Although the number of females in residential placement declined, young women maintained the same percentage overall. One-third of the females who are in residential placements are in private facilities. The vast majority (72%) of young women in placement for status offenses are in private facilities. Of those young women held for non-trafficking drug offenses, 55% were in private residential placements. Young women with less

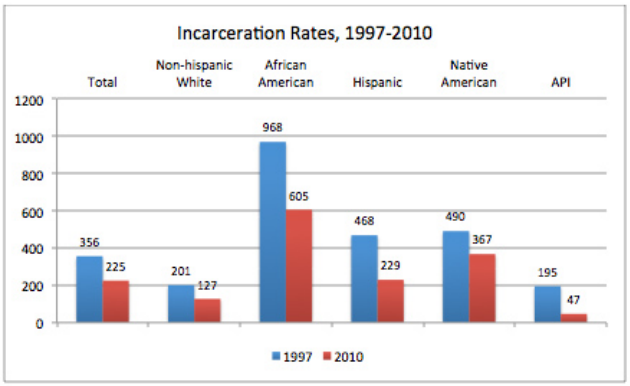
serious offenses were more likely to be placed in a private residential facility. Eleven percent of the females in residential care were status offenders in 2010, which was a decline from 21% in 1997. In spite of this progress, technical violations and status offenses were more common among females in placement than males.

The Challenge of DMC: Disproportionate Minority Care

Although there have been substantial gains made in reducing the number of youth in residential care, the overrepresentation of minorities—especially African American youth—remains a major challenge for the juvenile justice system in the U.S. In 2010, there were more than 47,000 minority offenders in residential placements in juvenile facilities across the country, which is 68% of the custody population nationwide. African American youth accounted for 41% of all youth in custody.[44]



The number of youth in residential placement dropped 33% between 1997 and 2010. The number of White youth declined 42% compared to a decrease of only 27% for minority youth. For African American youth, the decline was 31%, for Hispanic youth it was 19%, for Native American youth it was 23%, and for Asian youth it was 67%. The rate of incarceration (youth in confinement per 100,000 in the population) also declined.



In 1997 the incarceration rate was 356. In 2010 it dropped to 225. For African American youth, the rate changed from 968 to 605. The rate for Non-Hispanic White youth shifted from 201 to 127, and for Hispanic youth it declined from 468 to 229. For Native American youth, the rate declined from 490 to 367. Lastly, one of the largest declines was in the Asian and Pacific Islander population where the rate dropped from 195 to 47.[45]

Although the decline in all these rates is very welcome news, the fact remains that African American youth are still five times as likely to be confined as their White peers. Latino and Native American youth are between two and three times as likely to be confined. To address the DMC issue, researchers and policymakers must look beyond incarceration rates and examine the entire juvenile and criminal justice

system, from prevention through arrest and disposition. To study only one piece of the juvenile justice system—the incarceration factor—and not delve into the decision-making around arrests, trial, adjudication, and disposition is irresponsible. Very few juvenile detention superintendents, juvenile correctional facility directors, jail administrators, or wardens have "gate keeping authority." DMC will be addressed when police agencies, prosecutors, and judges embrace the fact that this is a systemic issue and not an institutional issue.

Implications for Youth Confinement Facilities

Many elected officials, adult and juvenile detention and corrections professionals, and youth advocates are surprised and encouraged by the declining numbers of youth in juvenile detention and correctional facilities. However, some in the juvenile justice system warn that the data are inconclusive; all of the trend information needs to be complete before a final analysis is possible. Still, the evidence is compelling; public policy on the incarceration of youth is changing in most states. Juvenile justice research is now better than it has ever been. Discoveries about the adolescent brain have played a significant role in shaping some decisions of the U.S. Supreme Court. Evidence-based practices are imprinted on nearly every new program and federal grant for youth and adult offenders. Technology provides new pathways for understanding what works and why. However, challenges remain. Over a third of America's incarcerated youth are in custody for offenses that pose little risk to public safety. There are considerable differences in the handling of juvenile offenders between states, which means that "justice by geography" is still a reality. Minority children and youth continue to be overrepresented in institutions compared to their proportion of the general population. All interested stakeholders must continue to closely monitor national and state incarceration trends in the quest to remove youth from confinement when it is not required for public protection.

Legislative Trends

After many years of get-tough legislation intended to make the juvenile justice system more like the adult criminal justice system, there is evidence that some legislative bodies are beginning to rethink some of the laws that were enacted in the past 20–30 years.

The National Conference of State Legislatures (NCSL) report, *Trends in Juvenile Justice State Legislation: 2001-2011*, states:

> Today, more and better information is available to policymakers on the causes of juvenile crime and what can be done to prevent it. This includes important information about neurobiological and psychosocial factors and the effect on development and competency of adolescents. The research has contributed to recent legislative trends to distinguish juvenile from adult offenders, restore the jurisdiction of the juvenile court, and adopt scientific screening and assessment tools to structure decision-making and identify needs of juvenile offenders. Competency statutes and policies have become more research-based, and youth interventions are evidence-based across a range of programs and services. Other legislative actions have increased due process protections for juveniles, reformed detention and addressed racial disparities in juvenile justice systems.[46]

The NCSL making such a statement signals a tipping point.

The report pointed out that recent U.S. Supreme Court cases such as *Roper v. Simmons*, *Miller v. Alabama*, and *Graham v. Florida* were greatly influenced by the research on the adolescent brain. This has resulted in 12 states and the District of Columbia changing laws related to a sentence of life without parole for juvenile offenders.[47]

The NCSL reported another major trend as 38 states have now raised the maximum age of juvenile court jurisdiction to 17, with 10 additional states setting the upper limit at 16. States are moving away from lowering jurisdictional ages.[48]

Reforms have also been taking place in the waiver of youth to adult courts and direct file laws. In the last ten years, many legislative bodies changed the law related to treating youth as adult criminals, leaving only the most serious offenders to the adult courts. Still other states returned authority to juvenile court judges to determine what is in the best interest of the youth and public safety. Some states have implemented "blended sentences," meaning that a youth tried and convicted in adult court can begin serving the sentence in the juvenile system. In many cases, credit is earned for time served while the youth is incarcerated in the juvenile facility. In other states, legislation has changed the direct file authority of prosecuting attorneys for less serious felonies. There is no doubt that the changes that are being made regarding the transfer of youth to the adult courts reflect a trend toward keeping youth in the juvenile justice system.

Other reforms are also addressing youth competency, due process and procedural issues, legal counsel, indigent defense, and confidentiality and expungement of juvenile records. Several states have taken aggressive steps to implement evidence-based programs that are clearly based on sound research and evaluations. Alternatives to incarceration and community-based services are being revitalized and funded with money saved as juvenile institutions are being downsized.

Juvenile Justice: The De Facto Mental Health Agency

The majority of children and youth who get caught in the web of the juvenile justice system have some type of mental health disorder. In the past ten years, more emphasis has been placed on the mental health needs of juvenile offenders by providing proper assessment and screenings and treatment services. State legislative bodies are making the connection between mental health disorders and juvenile offenders. The next step is for elected officials to adequately fund community-based mental health services for young people with serious mental health issues **before** their behavior brings them into the juvenile justice system. Juvenile detention and correctional facilities must not be the de facto community mental health program. It is simply not the mission of these facilities, nor is it that of adult facilities. Adult jails and prisons have a hard enough time providing mental health services for the adults in these facilities, much less youth—who often have greater needs and challenges. (See Ch. 9: Admission and Intake, Ch. 10: Effective Programs and Services, and Ch. 15: Service and Treatment Plans) [12]

DMC Demands Effective Legislative Oversight

Some states have taken steps to require "minority impact statements" for proposed legislation related to crimes, sentencing, probation, and parole. The impact statements will help legislators understand the effect the legislation may have on minorities.

A number of states have taken steps in the past decade to redefine the juvenile detention mission and reduce the number of youth who are transferred to adult jails and prisons. The nationally recognized Juvenile Detention Alternatives Initiative (JDAI), created by the Annie E. Casey Foundation, has demonstrated that the use of juvenile detention can be safely reduced with proper intake screening and risk assessment. Many legislative bodies have recognized this as one aspect of a viable approach to managing the state's juvenile detention population and to controlling costs.

Simply looking at the numbers and demographics of incarcerated youth will not have a lasting impact on reducing minority contact and confinements. Communities, neighborhoods, schools, and community-based agencies must collaborate with the juvenile justice system to create significant and durable

changes. Attempting to reduce DMC without addressing poverty, unemployment, school suspensions, dropping out of school, and other challenges is not a systemic approach.

Aftercare and Reentry

State legislators have focused on aftercare and reentry legislation that creates community-based services to help youth successfully return to the community. Many younger legislators and younger judges were in college when some of today's reforms were in their infancy. They are open to new ideas and understand the importance of research-driven decision-making. By investing in community-based reentry programs and alternatives to incarceration, legislators in the majority of states are now seeing the fiscal impact of their decisions as juvenile residential facilities are closed or returned to the state for other purposes. By encouraging multi-agency collaboration and coordination, legislators can witness the transformation of a juvenile justice system that is better able to serve youth while preventing juvenile crime. (See Ch. 18: Transition Planning and Reentry). [13]

Implications for Youth Confinement Facilities

Legislative bodies are better informed on the issues of youth now than in the past. Given credible, evidence-based data, many state legislatures understand what works and what does not work in juvenile justice, leading to better legislation. The laws passed in many states in the last decade indicate a movement toward better programs and services and away from harsh laws and programs that have not proven effective. Only time will tell if current trends will continue. Keeping legislators informed of the changing trends with regard to youth in confinement facilities is a proactive step to ensure the pendulum does not swing in the wrong direction.

Social Media and Juvenile Justice in the Age of Technology

Government agencies—especially those in the human services fields—have not kept up with technological advances of the last 25 years. Kathleen Feely, Vice President of Innovation, Annie E. Casey Foundation, and CEO of Case Commons, Inc. wrote, "While the private sector has been transformed by the web-based technology revolution of the 1990s, government human services have not. Instead, human services technology—and child welfare technology, in particular—is mired woefully in the past, to the detriment of caseworkers and administrators struggling with out-of-date systems and at great cost to vulnerable children and families."[49] Employees who are serving youth in confinement facilities at all levels can easily be included in this group. Feely refers to this as the "chasm between human services policy and technology."

This technology discussion needs to go beyond the hardware, software, and latest device. Products change overnight. How the technology is blended with the policies that drive the facilities that hold youth is more important than the hardware and software that actually do the work. How technology can support effective and supportive services for youth and families is of critical importance to those who work in confinement facilities for youth.

Mobile devices that will have virtually unlimited access to vast amounts of information, in real time, will expedite the communication of data within an organization and to approved recipients. But the government lags behind the business world. This can only serve to frustrate and turn away highly talented younger workers. The technology field is changing so rapidly that governmental agencies—with their complicated procurement rules and limited budgets—cannot begin to compete with the private sector or maintain state-of-the-art equipment.

In April of 2011, the Annie E. Casey Foundation launched a new initiative called *Case Commons,* which uses a web-based application to link children in foster care with services that they need. The program's

main vehicle, called *Casebook: A 21st Century Tool for Family-Centered Practice,* uses social networking to help child welfare workers document, organize, and convey wide-ranging information vital to the child. If this system can be used in child welfare settings, it could be helpful in youth confinement settings as well. Mobility will be the key to the system's success.[50]

The technology discussion must also include the ethical questions that will be asked of professionals in the field. How ethical is it to monitor the social networking sites and pages of clients? With fingertip controls, how can agencies protect confidential data, including HIPAA protected information? Breaches of confidential data have occurred and are cause for concern. What is the potential damage that could result from an employee making a video of a fight in a youth facility that is then posted to a domain or sent to a television network?

Implication for Youth Confinement Facilities

Administrators of facilities that confine youth must be prepared to answer these questions and to partner with information and technology professionals to insure that the rights of youth and victims are protected while also protecting an agency from costly litigation.

Technology that lacks safeguards for privacy protection can be a very serious problem. Achieving balance between the best tools to help youth and to protect confidential information is critical to successfully managing an organization. It is critical that all facilities that serve youth have plans for managing cyber-attacks or breaches of confidentiality. Through thoughtful planning and discussion, an administrator can better protect information and manage critical events.

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Ch.8 Management and Facility Administration

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Although confinement facilities are complex organizations that vary in purpose, size, and structure, the elements of effective management are universal. Certain strategies and practices promote success, whether a facility serves a few or many residents, and whether its function is as a juvenile detention center, a juvenile correctional facility, or an adult facility that also serves youth. The same principles, policies, and practices can work in federal, state, county, or regional systems, as well as in private and public operations. Regardless of the size and structure of the facility, effective performance begins with a clear vision and mission.

Vision and Mission

A cogent mission statement is the first step toward setting a clear direction and gaining a measure of control in the uncertain and changing environment of juvenile justice. Fully and clearly defined purposes become the foundation for decisions and consistent policies. A strong mission statement includes beliefs, values, and expectations about what will happen to confined youth in a particular facility.

The National Juvenile Detention Association (NJDA) definition captures the essence of juvenile detention.[1] That definition addresses the seven essential characteristics of juvenile detention identified by the American Correctional Association (ACA), Juvenile Detention Committee: temporary custody, safe custody, restricted environment, community protection, pending legal action, helpful services, and clinical observation

and assessment.[2] Those elements can serve as the basis of a comprehensive juvenile detention program and a mission statement. (See Ch. 2: Types of Facilities: Juvenile Detention). [2]

In 1992, the Academy Division of the National Institute of Corrections (NIC) (formerly referred to as the National Academy of Corrections [NAC]) assembled 30 juvenile detention and corrections experts to address the issue of vision and mission statements for juvenile detention and corrections. The NAC report from that meeting noted the common perspectives of the participating juvenile justice practitioners, particularly the high levels of consensus about the need for intervention **before** youth become institutionalized. The vision and mission statements promulgated by that group are still pertinent. They read as follows:

Vision Statement

> Our vision is that every child experience success in caring families and nurturing communities that cherish children and teach them to value family and community. Our vision is guided by the fact that our decisions and actions affecting children today determine the quality of our life tomorrow.

Mission Statement

> The mission of the juvenile corrections and detention system is to provide leadership for change for youth, family units, and communities. It operates by creating legitimate, alternative pathways to adulthood through equal access to services that are least intrusive, culturally sensitive, and consistent with the highest professional standards.[3]

These statements illustrate the broad underlying purpose of juvenile confinement facilities. They can serve as a foundation for a facility to develop its own mission statement—within its jurisdiction and as part of the juvenile justice system. They recognize the challenges faced by the young people the system serves. They point out the importance of professionals in that system asserting their influence in guiding the future

actions of facilities and programs to better serve youth. They stress the importance of practices being built on evidence-based research. And, they emphasize the value that juvenile justice experts place on intervention to enhance the future for youth. A facility's mission statement flows from the organization's fundamental values, beliefs, and expectations regarding the treatment of youth and goals for their successful future. That mission statement will then influence the policies and procedures.

The External Environment

A central task for facility administrators is to address challenges from the external environment, including such issues as overcrowding or downsizing, commitments that are inappropriate or involve vulnerable or demanding youth, and lack of adequate resources. These issues may undermine the best-designed programs; however, they can be overcome through a variety of management tools, including:

- Reliable information on population trends, delinquency and crime rates, and demographics.
- Sound planning.
- Admission criteria that are clear and understandable.
- Mechanisms for prompt or regular review of detention or commitment decisions.
- Availability of an adequate array of non-secure alternatives—such as a continuum of care. Mechanisms for timely disposition, transition, and release—including adequate community and residential resources.
- A means to constantly monitor the facility population and to ensure that court scheduling, placement assessment and referral, and transportation are timely and do not become obstacles to transition and release. (See Ch. 18: Transition Planning and Reentry). [3]

All of these techniques demonstrate the importance of the relationship between the confinement facility and the broader juvenile or adult criminal justice environment, including courts, probation and parole, placement agencies, law enforcement, and transporting authorities.

One way to meet the challenges and overcome the problems of managing a confinement facility is to build coalitions. Building coalitions means making connections with individuals, groups, organizations, and agencies that can make a difference. Sometimes coalitions are forged through formal means—reports on goals, accomplishments, and shortcomings of the program; speeches and brochures that interpret the philosophy and goals of the program; tours and educational events that open the facility to the community; and advisory boards, committee membership, and public meetings that involve key people from outside the organization. Coalition building is also achieved informally—responsiveness to inquiries from the community; sensitive handling of telephone calls and letters from parents, victims, and concerned citizens; and regular contacts with judges, commissioners, legislators, and other key decision makers.

Although the examples of coalition building presented above apply to the local level, the process is just as critical on the state and national levels. Facility practitioners can build coalitions with one another; with representatives from other parts of the juvenile and criminal justice system and from different levels of government; with the research and academic communities; and with leaders of churches, businesses, corporations, and foundations. Coalitions that have a purpose can help to build support and promote positive change.

Responsibilities of Facility Management

Among the responsibilities of facility managers are four key tasks: 1) development and communication of sound policies, procedures, and standards; 2) acquisition, allocation, and monitoring of resources; 3) selection, training, and development of staff; and 4) evaluation of organization performance and planning for the future.

Policies and Procedures

Effective policies and procedures are discussed in detail later in this chapter. Those written guidelines can help ensure consistent practice.

Resource Management

Resource acquisition, allocation, and monitoring are critical to building a successful program. The physical plant and operating funds are primary resources. Design and maintenance of the physical plant must acknowledge the relationship between space and the objectives of the facility. In addition, designated funding sources and the public in general must be willing to pay the costs of security, safety, health, and well being. Facility administrators have the obligation to define what constitutes adequate funding and to make the case for its allocation. They also have the responsibility to manage those funds with rigorous efficiency and integrity. (See Ch. 3: Physical Plant Design and Operations). [4]

Competent Staff

Competent, conscientious staff are more important than any other element for ensuring quality and achieving the mission of any confinement facility. The most important tasks for management are selecting and training staff. Through the hiring process, administrators and managers seek to identify people with the knowledge, skills, and qualities of character needed to achieve the purposes of the facility. Training supports the development of knowledge and skills, expands understanding of the aims of the organization, and integrates staff into the process of sustaining the values and accomplishing the goals of the program. (See Ch. 4: Developing and Maintaining a Professional Workforce). [5]

Evaluation and Planning

The management responsibilities of evaluation and planning are two sides of the same issue. Evaluation asks how well the organization is doing; planning asks what the organization can improve for the future. Both functions are based on understanding what constitutes organizational performance. A highly performing organization is successful in the following five areas:

- **The organization's relationships to its environment.** How effective are the relationships with the court and with placement or parole agencies? Are admission criteria in place and respected? Can

some measure of predictability and control be exercised over admissions and release? What are the organization's relationships with external stakeholders (e.g., law enforcement and educational institutions)?

- **Acquisition and use of resources.** Is the organization able to secure and retain financial and human resources? Is the building or physical plant adequate in size and design? How well does the building or physical plant serve the purposes of safety, security, health, and development? Is funding adequate and managed efficiently? Are the staff scheduled and assigned to work effectively?
- **Internal processes.** How many clients are being served? Do activities support goals? How well do support services such as purchasing, food service, and clerical work function?
- **Achievement of purposes and goals.** Are the purposes of safety, security, health, and development or rehabilitation being met? To what extent are there escapes, injuries, assaults, or other indicators of performance failure?
- **Satisfaction of clients and employees.** To what extent do youth and staff feel safe? Do youth feel that the staff cares about them? Do employees show signs of trust, respect, and loyalty? What is the state of employee morale? How effective are processes for communication, problem solving, and conflict resolution among youth and staff? To what degree are opportunities afforded for innovation, self-expression, and autonomy?

Leadership and Capacity Building

Building Leaders from Within

Effective leaders have many valuable qualities, one of which is the **willingness** and the **ability** to build current and future leaders from within the organization. Willingness requires having confidence enough to not be threatened by developing leaders within the organization. It entails recognizing the skills and potential in others and acknowledging their benefit to the facility. The ability to build leaders within the facility, like most leadership traits, is learned. Cebula and colleagues discuss this notion:

When employees are able to put their talents, skills, and knowledge to use, frustration and complacency are rare. Continuous learning also includes giving staff opportunities to build self-confidence through practice. Leaders who build self-confidence in their staff give them the foundation to deal with unexpected events and to make the tough choices this field often requires. Higher performing leaders know that building an organizational culture based on openness and trust encourages employees to suggest how to improve processes, propose innovative ways of dealing with issues and problems, and engage in improving the organization's effectiveness.[4]

Developing employees involves helping them to achieve their goals at the organizational, unit, or individual levels. It is important to remember that people meet different personal needs as they realize their goals. Some people need to stretch and prefer a challenge, knowing that they may not fully succeed but that they will grow and progress. Some people need more readily achievable goals to foster confidence, raising the bar as objectives are reached incrementally. An effective leader must be aware of and sensitive to those individual needs and work styles and consider them in coaching and mentoring their employees. (See Ch. 2: Types of Facilities [2] and Ch. 4: Developing and Maintaining a Professional Workforce) [5]

Coaching helps leaders increase their effectiveness. And, when they coach others, "they can increase the capacity of the organization by bringing out the best in people: their willingness to be responsible for results, their engagement in solving problems, and their ability to deal with change and complexity."[5] Coaching skills are enhanced by three primary techniques.

1. Listening without judgment helps to improve trust and encourage communication.
2. Asking powerful, open-ended questions rather than directing or giving advice helps to challenge staff members to examine their behavior.
3. Setting up a system of accountability can lead to changes in old behaviors that are ineffective and establish long-term goals that staff adopt as their own.

In addition to coaching, mentoring is an important technique in developing leaders within any organization. Mentoring can be described as the "transfer of knowledge about the work, the organization, and the network of contacts within it from an experienced, knowledgeable person to someone who has less knowledge."[6] Mentoring may be formal or informal. Informal mentoring occurs when two individuals agree to work together with the goal of leadership development. Formal mentoring involves structure and may include specific goals, schedules, and oversight. Some juvenile and adult correctional agencies establish formal mentoring relationships for new employees or for new supervisors or managers. That system benefits both the new staff member—through the guidance that is provided—and the established staff member—through opportunities to practice leadership skills and to examine the organization and his or her own knowledge. In some cases, professional organizations may provide mentors. This underscores the value of networking with professional organizations (e.g., National Partnership for Juvenile Services [NPJS], ACA, Council of Juvenile Correctional Administrators [CJCA]), through which a professional may acquire knowledge from peers. (See Ch. 1: Historical Perspective) [6]

Participation in Professional Organizations and Networking

Building and using networks helps leaders at all levels become more effective. Upper-level leaders who learn to develop networks when they are novice supervisors or as they progress through middle management have the benefit of that support system, because they have access to resources at the leadership level. They can turn to the relationships they have developed through professional and interpersonal networks to address challenging issues. Also, through those professional networks, leaders are positioned to be aware and take advantage of current research and innovations and embrace effective practices tested in other facilities and programs.

Staffing Adequacy

Confinement facilities are unique organizations in that they never close; they must be staffed by trained, competent staff 24 hours a day, seven

days a week. This makes the need to develop individual leaders—as well as leadership capacity in all employees—even more important. Facilities must have assigned leader decision-makers on duty at all times, and, if the facility has a system for developing them, leaders will be available to make decisions on a routine basis or in unusual, critical situations. In addition to recognized leaders, the facility must also have a sufficient number of qualified line staff who have received training in an accepted juvenile justice curriculum and in facility-specific expectations. The staffing plan must meet accepted staff-to-youth ratios. Those ratios may be based on a variety of factors, which the Prison Rape Elimination Act Standards (PREA) delineate specifically:

> (a) The agency shall ensure that each facility it operates shall, develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staff levels and determining the needs for video monitoring, facilities shall take into consideration:
>
> (1) Generally accepted juvenile detention and correctional/secure residential practices;
>
> (2) Any judicial findings of inadequacy;
>
> (3) Any findings of inadequacy from Federal investigative agencies;
>
> (4) Any findings of inadequacy from internal or external oversight bodies;
>
> (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
>
> (6) The composition of the resident population;
>
> (7) The number and placement of supervisory staff;
>
> (8) Institutional programs occurring on a particular shift;

(9) Any applicable State or local laws, regulations, or standards;

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(11) Any other relevant factors.

(b) The agency shall comply with the staffing plan except during limited and discreet exigent circumstances, and shall fully document deviations from the plan during such circumstances.

(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete circumstances, which shall be fully documented. Only security staff shall be included in these ratios."[7]

PREA Standards serve as a useful tool in clearly enumerating a range of factors to consider in establishing a staffing plan. PREA Standards must be adhered to; however, to ensure safety and security of both staff and youth while delivering specific treatment programs, a facility may need to exceed those standards. For example, a facility that serves sex offenders may need to increase staffing to provide adequate supervision and programming. A juvenile correctional facility that has a robust treatment component may need a staffing plan that includes a strong clinical staff in addition to the security staff outlined in the PREA requirements.

Long before PREA Standards were finalized, the NJDA promulgated a position statement on staffing adequacy by supporting "regulation, policy, procedure and practice ensure a minimum ratio of one staff to no more than eight (1:8) juveniles during the day, and a ratio of one staff member to no more than sixteen (1:16) juveniles during the night."[8] That position statement intentionally emphasized the need for those ratios to reflect minimal numbers to ensure the safety and security of the facility and the provision of necessary programming for juveniles. (See Ch. 9: Admission and Intake: PREA Screening). [7]

Evaluating Performance of the Facility and the Staff

There are two basic types of performance management in a confinement facility: Management and evaluation of 1) the performance of the entire facility or one of its components, such as a particular treatment unit or the school program, and 2) the performance of individual staff members. Both types of evaluations are important and are interrelated; their goals and objectives are mutually dependent.

Performance Management and Organizational Performance

The use of performance measures is important for any organization, and it is critical for a publicly funded program. Accountability in the use of tax dollars is the responsibility of the facility, its parent agency, and of each employee. "Few public sector programs are evaluated systematically to determine whether they are achieving their objectives and doing so in a reasonably efficient fashion. Informal judgments of program effectiveness and efficiency tend to be subjective, based on anecdotes of program success or failure, the glowing testimonials of program proponents, or the harsh criticisms of program opponents."[9] Accountability and, as a corollary, productivity in a public agency have been defined as "responsiveness to the needs, desires, and resources of the community, client, user, or customer."[10] In confinement facilities that serve youth, this refers to the expectation of improved public safety through effective confinement and the transformation of youth into contributing, law-abiding citizens through the prudent use of resources. And, the "needs, desires and resources of the client, user, or customer" refers to the needs of young people and their families for such services as treatment and education and successful reintegration home, while considering their skills, abilities, and personal and environmental assets.

To measure the performance of an entire facility or one of its components, leaders must help staff set meaningful, specific, measurable, and achievable goals. Goal setting should be a shared activity that provides participants—including all members of the staff—with a clear understanding of their purpose. "It is not the responsibility of management to set goals. Rather, it is management's responsibility to

create an atmosphere where workers set their own goals and feel committed to achieving them."[11] In addition to establishing organizational goals, the group must also determine how those goals will be measured. Measurement consists of tracking both process or tasks and products or accomplishments. For example, a school program in a facility might count the proportion of youth who attend class at least 90% of the days held, which would be a process measurement. Then, they might count the number of youth who pass their GED exam, receive enough credits to graduate, or enroll in college and complete a full semester. Those would be product measurements. The two types of measurements complement each other and contribute to the success of the facility. Reliable measures of performance in organizations that serve people in any way are rare, and measures of group performance are even rarer, despite the need to evaluate group performance. It is arduous but important to develop relevant criteria to use in evaluating the performance of a group, unit, or facility. The fact that measuring and evaluating a facility's performance is difficult should not be an obstacle to doing so.

Performance of Employees

A more familiar type of evaluation for most practitioners is the measurement of individual employee performance. Unfortunately, all too often, many managers view employee evaluation as an interruption of their primary duties, rather than an essential one of those duties, and, as a result, conduct it in a perfunctory manner, if at all. If a manager fails to recognize the importance of honest feedback and tries to avoid the sometimes emotional process of evaluating performance, neither the employee nor the organization benefits. Employees should expect constructive criticism, guidance, and training for their continued growth and development as professionals.

An effective performance-evaluation system begins with a comprehensive job description on which the evaluation criteria are based. A job description should include the major objectives of the particular position and then list specific tasks to be completed in accomplishing each objective. For example, an objective might be "to maintain safety and

security for detained youth." Tasks would then be identified for the employee(s) in that position for that objective. In this example, tasks could include such things as, "complete visual, random room checks of all confined youth no less frequently than every 15 minutes" or "complete head counts of all youth before and after any group movement within the facility or its grounds." In addition, the accomplishment of those tasks would be documented in specific ways. The first task might require the completion of room check logs, and the second task might require the completion of unit logs that document head counts. (See Ch. 4: Developing and Maintaining a Professional Workforce: Hiring Professional Staff). [5]

Related to job descriptions are performance plans, which refine the job description and provide levels of ratings, which relate to the employee's performance. The performance plan uses the major objectives from the job description and defines levels of assessment. For example, if an objective in the job description is to provide quality programming for confined youth, the performance plan would designate the kind and the amount of programming (dosage) to result in a rating of "exceptional," "above standard," "standard," "below standard," "and unsatisfactory" on a five-level scale. An "exceptional" rating may be achieved if "the employee keeps youth engaged in mentally and physically stimulating activities for the entire programming period and introduces at least six new programming activities during the one-year evaluation period. When surveyed, youth report a positive response to these activities." An "above-standard" rating may be earned if the "employee keeps youth engaged in mentally and physically stimulating activities for at least 75% of the programming period and introduces at least three new positively reviewing activities." A standard rating may be earned if "the employee provides moderately stimulating programming on all shifts but introduces no new activities." A below-standard rating may be earned if the employee fails to provide programming on some shifts and introduces no new activities." And, an unsatisfactory rating may be earned if "the employee fails to provide programming on most shifts." Of course, there are limitless variations, but it is important for performance objectives to be as specific as possible and relate to the mission and goals of the facility.

In addition, performance plans should be negotiated between the supervisor and the employee. In general, all employees in a particular job category would have identical or similar performance plans that are individualized based on the employee's experience, performance goals, and training needs. Performance plans should be reviewed at least annually and updated as needed.

The final step in employee performance management is the actual performance evaluation. Often, agencies have a designated form for evaluating performance, but that form should allow for the flexibility to consider the employee's performance plan. In evaluating employee performance, "most criteria fall into the following general categories: output quality, output quantity, work habits and attitudes, accident rates, learning ability, and judgment and problem-solving ability."[12] Many performance evaluations "tend to concentrate too much on subjective personality traits or on the peripheral aspects of the worker's performance (e.g., attitude, punctuality, orientation to managers) and not enough time examining the degree of attainment of specific outcome criteria for the job."[13] Closely tying the performance appraisal to specific expectations in a negotiated performance plan can also mitigate the impact of the "halo" or "horns"effect. The halo effect occurs when an employee receives unreasonably high ratings based on such things as past performance, pleasant personality, or friendship. The horns effect occurs when an employee receives arbitrarily low ratings based on a tendency to disagree with management, membership in a poorly performing team, or weak past performance.

A successful employee performance appraisal occurs when the supervisors and employees have jointly developed performance plans that spell out specific tasks to be accomplished, based on major objectives that draw from the mission of the facility. That job description informs a performance plan that is negotiated by the employee and supervisor and that clarifies the levels of performance required for designated ratings. The evaluation is based on the performance plan and includes quantifiable measurements that are fair and are perceived as being so. Such a system should not result in surprises at the annual evaluation. It is

advisable to meet at least one time mid-year to review the performance plan to help keep the employee on track and focused.

Labor Law Issues

Union and Nonunion Staffing

Confinement facilities may have unionized or nonunionized staff; there are advantages to each model. However, the most significant issue in an effectively operating facility is not whether or how the staff is represented, but whether there is a positive culture that encourages collaboration between management and direct care staff and between staff and youth. Unions have tended to oppose differential treatment of employees based on varying levels of productivity, employee reductions, civilianization, contracting out government functions, innovations in personnel deployment, and use of technology when the result is considered disruptive or threatening to employees.[14] On the other hand, "in some instances, adversaries have become allies with major productivity gain achieved through the cooperative efforts of management and organized labor."[15]

One successful superintendent at the country's largest juvenile detention center in Cook County, Illinois, has worked well with employee unions by viewing them as partners and "bringing them to the table." Teresa Abreu says that believing that there is a shared goal—"a safe and secure environment for kids"—has helped her and facility employees to address concerns and deal with real or potential conflicts.[16] Abreu reports that the union representatives often have very good ideas, and it is helpful to have them involved in as many issues as possible. They are experienced workers who can provide insight and identify issues that management may not see. Unions and the collective bargaining agreements that they negotiate with management can help establish clear rules for employees, can help ensure fairness and due process when management fails to consistently do so, and can encourage management to meet with and address difficult issues with employees that they might otherwise be able to sidestep.

Union representatives in high functioning facilities also acknowledge that it is important to have a healthy working relationship with management. Shop Steward George Sanchez, of Cook County states that it is important to "remember that each side has an assigned role and it is a professional relationship, not personal."[17] Sanchez points out that a union can be an asset to employees in representing their position by presenting their perspective to management and helping to examine a situation in comparison to similar situations. Both Abreu and Sanchez agree that a disadvantage of unionization is that the political aspect of the union can lead to losing sight of the ultimate goal of the facility as serving youth. In addition, the average union member might say they want more of a voice, especially when the union is large and influential, and some employees feel that if they do not get their individual needs met, the union is not representing them. A union has to represent all of its membership. It has to consider long-term needs that may only be achieved by short-term sacrifices. To serve its membership, the union may need to compromise in the short term and work with management in the process. Unions can protect their employees from capricious and unfair decisions by management while cooperating to achieve shared goals.

Many facilities operate in jurisdictions that have no or limited union involvement. When these facilities are government operated, and there is typically a civil service system that provides protections for employees, based on federal and state statute and case law. Even when there is no collective bargaining agreement, employees have protections under the Fair Labor Standards Act (FLSA), the Family Medical Leave Act (FMLA), the Americans with Disabilities Act (ADA), and civil rights laws enforced by the Equal Employee Opportunity Commission (EEOC). In addition, states and localities have related laws and ordinances that protect employees. Generally, states have employee indemnification laws that shield government employees who do not act with maliciousness or negligence. Those laws vary, and it is wise for practitioners to be familiar with protections available in their own states. Even in the absence of union representation, employees have rights, and they should be aware of those rights while meeting the obligations of their jobs.

FLSA Exempt Salary, Hourly, and Contracted Employees

Another element of facility staffing is the use of salaried employees, employees who are paid by the hour, and contracted employees. Generally, administrators, managers and—usually—supervisors are paid by salary and are classified as "exempt" under the FSLA. The exempt status basically means that those employees are not eligible for pay at a time-and-a-half rate for hours worked above 40 each week. The U.S. Department of Labor classifies jobs as either exempt or non-exempt based on a number of factors, including salary level and professional or administrative duties. Under the FLSA, exempt employees have " 'no rights at all' " other than the right to receive "the full amount of the base salary in any work period during which s/he performs any work."[18]

Employees who are non-exempt under the FLSA are entitled to be paid time and one-half for every hour they work above their regular work period, usually a seven-day week. Normally, overtime pay is due after an employee works 40 hours in the workweek. Most employees in a juvenile or adult confinement facility are classified as non-exempt and must be paid overtime. That includes direct care staff, many supervisors, clerical employees, and support staff. It is often necessary to have employees work extra hours to ensure that a facility is adequately staffed.

Some agencies also have part-time employees who work a limited number of hours or who work exclusively in place of full-time employees who have time off. Those part-time employees are limited by law and policy in the number of hours they may work and generally are not allowed to accrue overtime pay.

Many facilities also use contract employees to meet specific staffing needs. There may be services that do not require a full-time employee, and it is more cost-effective to contract for that service. For example, a small confinement facility may need only occasional or part-time psychiatric services, and—rather than hire a psychiatrist as an employee with a salary and accompanying benefits—that facility may contract only for the number of hours of service provided. In many cases, entire programs within a facility may be contracted such as food services or

custodial services. Again, that relieves the facility of the costs of hiring employees. When contracting for any type of service, it is important to balance the monetary value of the contract with the benefits of having committed, loyal employees as part of the organizational team.

Foundations for Sound Facility Operations

Policy and Procedure Manual

Experience has shown that direct care staff members who work with youth are best able to perform their jobs and provide the services those youth most need when they work in an environment that includes:

- A clear mission statement.
- Goals and objectives.
- A departmental code of ethics.
- Written standards that meet requirements for state or national accreditation or certification.
- Comprehensive training and continuing education.
- An ongoing program of personnel evaluations.
- Written policies and procedures.

What Is a Policies and Procedures Manual?

The NIC discussed the importance of all juvenile and adult correctional agencies having "clear and concise written directives for staff, offenders, and the community. Given the issues of administrative liability, accreditation standards, case law, and the need to support professional behavior, written policy and procedure is a necessity."[19] That NIC statement goes on to say that "well-written policy and procedure is the core of modern correctional operations. It informs and governs staff behavior, sets clear expectations, and confirms that the administration has performed its role. It is also the basis for staff supervision, training, and supporting a defense when things go wrong."[20] Policy should be based on defensible rationale and legitimate correctional outcomes, such as safety, security, sanitation, resident programs, and legal rights. Sources of policies may be established standards such as those promulgated by the

ACA. Policies must address applicable case law in the jurisdiction. The procedures that accompany written policies offer more detail to help the practitioner implement the policy.

A policy and procedure manual contains the department's or the facility's mission statement, goals and objectives, code of ethics, and guidelines that facility staff require in performing both their routine and nonroutine tasks. The manual is intended to be a tool that makes the job of the confinement facility professional easier. It contains an accumulation of information handed down from previous juvenile professionals—information that the field believes is good practice.

What are the benefits for staff?

Staff members in confinement facilities for youth are entrusted with the responsibility of supervising troubled young people and must have common sense and knowledge about interacting with challenging youth in a secure environment. Acquiring a good command of the information in the policies and procedures manual is the first step for staff to gain that knowledge and fulfill their responsibilities.

Specifically, a policy and procedure manual may provide:

- **Parameters for making decisions.** Facilities usually develop written policies that govern the use of discretion in decision-making. Within the policy guidelines, staff members are able to make informed decisions about relating to and providing for the juveniles. Guidelines help ensure that staff will not handle juveniles based on personal values, working conditions, or other factors that may lead to arbitrary decisions.
- **An overall picture of the connection between one unit and another** and between each unit and the facility's mission. As staff members see their part in the picture, they will be more willing to work as a team and be more accountable for their own actions.
- **A method for communicating more effectively** with other staff, board members, families, youth, placing agencies, and other involved

agencies and individuals. The policies and procedures manual provides a common language and reference points.

- **Consistency in the program,** especially among the staff in their actions and behaviors. Consistency is crucial for the safety and the mental well-being of the youth and staff.
- **Assurance of compliance** with legal requirements, including respect for the legal rights of youth in custody.
- **Protection from liability,** audit exceptions, and criminal procedures. The threat of liability is reduced when staff members function in a proactive manner, using sound principles.
- **Assurance that emergency procedures will be carried out effectively**.
- **Protection from any sanctions** for noncompliance that may be built into the personnel policies of the agency.

Definitions

Policies. In general, a policy reflects the facility's philosophy about a particular issue. For example, each facility should have policies that cover a range of issues, from the security of the building (key and tool control, the use of official vehicles, and emergency procedures) to the discipline of youth (rules and regulations for resolving minor violations).

Policies are statements of the general course of action a facility wishes to take. They give staff the reasons and the directions needed to function effectively in the facility. Policies tend to be general and goal oriented. For example, a policy statement on "Visitation" might read:

> "To encourage healthy family and community ties and to increase the likelihood that a youth will succeed after release, visits with family members and others who may have a positive influence are encouraged. Visits shall occur in a manner that allows maximum contact between the youth and the visitor while ensuring the safety and security of the facility."

In a few limited instances, however, an item of specific information, such as a time or location, may be of such importance to the understanding of

the policy that it should be included in the policy statement. Timing in an emergency is critical; therefore, emergency procedures should be highly specific, although staff members may have to make some on-the-spot judgments. In most instances, however, such detail should be left out of the policy statements and included only in related procedures.

The policy answers the question, "what?" as if to say, "This is what we stand for, this is what we do." The format of the policy and procedure manual may have a statement of Purpose or Rationale component for each policy or that may be included in the policy statement. The purpose answers the question, "Why?" "It is the rationale and basis for the policy, documenting that it is grounded in more than preference or administrative whim."[21]

Procedures. A procedure is the detailed, step-by-step description of the sequence of activities necessary to implement the policy and achieve the stated goals. The procedure answers the questions who?, where?, when?, and how? In the example above, the procedures would describe who is able to confine the youth, where the youth would be confined, how long the youth can be confined, how the confinement should be documented, and what information should be recorded.

Because procedures usually involve a series of actions to be performed by certain responsible persons under certain circumstances, include the following information in the procedure:

- The steps involved in completing the action in the order in which they occur.
- The individual (by title) or operational unit responsible for the actions described by the procedure.
- The times and locations relevant to the operating procedure.
- The relevant forms to be completed.
- The form of communication involved (telephone, written notice, etc.) in completing the procedure.
- When and to what extent discretion is allowed.

- Provisions for handling major problems or emergencies that may occur during the implementation of the procedures.

In addition to the policy and procedure, a section that lists "References" is often included. References provide the background and sources behind the policy and serve as supporting documentation. References might include information like a national or state standard or a court order.

Content Sources for the Policy and Procedure Manual

Ideally, the development of policies and procedures should flow from the fundamental agency philosophy. That philosophy generates the facility's vision and mission discussed above. Therefore, before the first draft is written or before the manual is revised, the agency leadership should set aside time for defining and reviewing organizational philosophy, vision, and mission.

A workable philosophy statement should include:

- The purpose of the facility.
- The facility's responsibility to its youth, the funding sources, the community, and other agencies and organizations with which it has a legal or professional relationship.
- The short-term, intermediate, and long-term goals or the direction in which the facility is or should be headed.

In general, policies and procedures are also based on a variety of other sources, including:

- The facility's charter or bylaws.
- Existing written policies and procedures.
- Administrative rules, regulations, and memoranda.
- Recommendations of staff, unions, and youth (when appropriate).
- Existing but unrecorded practices.
- Problems encountered in the past.
- Local codes for fire, building, safety, sanitation, and health.

- Standards issued by a variety of groups, including the ACA, National Commission on Correctional Health Care (NCCHC), American Bar Association (ABA), American Medical Association (AMA), the American Academy of Pediatrics (AAP), Juvenile Detention Alternatives Initiative (JDAI); the Performance-based Standards (PbS) of CJCA, the U.S. Attorney General; state agencies; and others.
- Model policies and procedures manuals from the ACA, other states, agencies, or institutions.
- Issues identified in audit reports.
- Suggestions from the community and involved agencies.
- Legal and professional requirements, including:
  - Court decisions that determine the legal criteria for facility operations. Because courts in various areas may rule differently on particular issues, it is advisable to rely on decisions from State and Federal courts in one's jurisdiction, keeping in mind that federal law supersedes state law.
  - Federal statutes and administrative rules and regulations relevant to the operation of confinement facilities that serve youth.
  - State statutes and administrative rules and regulations relevant to the operation of confinement facilities.
  - National and state corrections standards.

Key Content Areas

Although policy and procedure manuals will differ slightly in their format, ACA identified the following four areas commonly addressed: administration, support services, programs, and security.[22]

Administration includes:

- General facility administration.
- Fiscal affairs, including purchasing.
- Personnel services.
- Public information.

Support services include:

- Food.
- Health care.
- Laundry.
- Supplies and storeroom.
- Maintenance.
- Communication—mail, visiting, telephone.

Programs include:

- Court liaison.
- Intake and admission procedures.
- Programming—education, recreation, counseling, nutrition, reading, communications, religious, medical, and health care services.
- Release preparation.
- Community volunteers.

Security includes:

- Security and control.
- Youth supervision.
- Rules and discipline.
- Emergency preparedness.

These four areas can be further sub-divided into sections of the policy and procedure manual. Major sections of the manual may be selected to meet the needs of the facility's operation. Often facilities use the table of contents from the related standards manual—usually ACA or state standards—to set up a policy manual to ensure that policies and procedures are written to meet those standards. Policies and procedures are then written on each topic within the major headings.

A policy and procedure manual should be a fluid document that evolves as issues arise or change. All policies and procedures should be reviewed on a regular basis—at least annually—and updated as necessary.

The Policy and Procedure Format

A number of jurisdictions use the following format, which is based upon ACA standards, to provide structure for the development of facility policies and procedures manuals.

Administration. The administration section formally sets the direction for the facility and includes admissions, goals, staff patterns, and critical program accountability. Sections cover the following topics:

- **Vision, mission, and values.** Policies should clearly state the philosophy and goals of the organization, which flow from the overall mission.
- **Policies and procedures.** Procedures should be set forth that detail staff access, training, and opportunities for revising policies and procedures.
- **Incident reporting.** A system should be in place to ensure the timely reporting and documentation of such issues as major behavior violations, emergency medical situations, threats to the security of the facility, and professional misconduct. Additional procedures should be in place to report child abuse allegations, address sexual abuse allegations as required under PREA, respond to new crimes, and preserve evidence of crimes that may have occurred within the facility.
- **Organizational staffing.** The facility should define staff responsibilities, assign staff to units to promote efficiency, and provide a clear chain of command.
- **Population accountability.** Maintain a daily population roster as an accountability system that notes changes in the population status or in the physical or emotional condition of youth.
- **Referral, screening, and placement of youth.** Procedures should define placement criteria so that youth are placed in the least restrictive level of supervision. Placement may involve the use of a risk-assessment tool. The requirements of PREA should be considered in screening and classification decisions.
- **Program reporting.** An effective information system must include the opportunity for reporting and monitoring the program activities

at every level of the organization. Reporting may include shift reports, monthly reports, or statistical reports.

Fiscal Management. General accounting practices should be detailed, including a specific protocol for small and large purchases and an annual audit process of all facility finances. Guidelines should delineate how resident funds and cash income are to be handled within the facility. Strict accounting procedures should be in place to protect the integrity of those handling such funds. Also, information should be available on employee liability insurance, insurance for volunteers, and vehicle insurance.

Personnel. Although most facilities are part of a larger organization (e.g., county or state government), personnel guidelines should include compensation and benefits, performance evaluations, codes of ethics, and an employee grievance process. Employees should be aware of procedures to access personnel files, and they should receive training in how to report harassment in the workplace.

Facility Management. Guidelines should be in place to demonstrate compliance with zoning and building ordinances. In addition to specific procedures on how the facility space is to be used, policies should define the following:

- **Rated bed capacity.** Procedures should address the licensed, rated bed capacity of the facility, which provides optimum operation for a safe, secure environment and meets the standard for conditions of confinement. Procedures should clearly define strategies to maintain the rated capacity of the facility and offer guidelines when that capacity is exceeded. Procedures should address sleeping arrangements, activity areas, dayrooms, population movements, and staff responsibilities when the facility is under or over capacity.
- **Facility utilization and access.** Clear procedures should detail use of the facility's resources (e.g., recreation equipment), specific access, and perimeter control.
- **Hazardous chemicals and materials control program.** Standards should be in place to coordinate the identification, use, and storage of

any hazardous chemical within the facility. Potentially hazardous materials may be found in maintenance areas, storage areas, the kitchen, the arts and crafts area, and general supply. All containers of hazardous chemicals should be properly labeled and inventoried. Material safety data sheets contain manufacturer's cautions, ingredients, and usage guidelines should be prominently displayed on each container. Strict control should be in place to prevent unauthorized access by the youth. All staff should be trained in the use of hazardous materials.

- **A cleaning or housekeeping schedule.** Procedures should detail a schedule for routine and specialized cleaning of every area in the facility, detailing the responsibilities of direct care staff, maintenance staff, and youth.
- **Risk management program.** Regular inspections of the facility should review the hazardous chemicals and materials control program, health standards throughout the facility, fire prevention measures, and facility maintenance. Findings should be reported to the director and key staff responsible for addressing these concerns. Routine inspections ensure ongoing compliance with critical quality of life issues.

Security and Control. The security and control sections of the policy and procedure manual should address the following topics:

- **Perimeter control and surveillance.** Procedures should identify staff and visitor access, control of contraband, guidelines to address visitor problems, and public access to the facility (e.g., tours).
- **Key control.** Staff should be assigned security keys according to specific work assignments. Key control should include a process for signing regular inventories in and out on each shift.
- **Searches.** To maintain security of staff and the population, frisk searches of the resident population or strip searches, when needed, should occur as established by protocol that has been reviewed by legal counsel. The use of strip searches should be restricted, and the policy and procedure manual should include specific guidelines for the protection of the youth and staff. Search policies should include

schedules for regular room and property searches, guidelines for the use of metal detectors, and procedures for handling uncovered contraband.

- **Fights, disturbances, and use of force.** Specific procedures should be established to address emergencies related to behavior, using only the minimum amount of force necessary to control a youth or situation within the facility. Guidelines should detail the use of mechanical and humane restraints, including authorization for use, duration of use, and documentation of use. Safe physical management approaches, use of facility and external resources available to address major disturbances should be included in training.
- **Escape and absence without leave (AWOL).** Guidelines should be established to identify measures that prevent escapes or attempted escapes. In the event of a completed escape, procedures should detail staff response, guidelines for apprehending escaped youth, notification of administration, and guidelines for returning to normal programming.

Emergency Procedures. An emergency procedures section of the policy and procedure manual should be posted at each work site and easily accessible to staff at all times—physically, electronically, or in both forms. Emergency procedures should detail the fire and other emergency evacuation plan, routinely documented drills, emergency notification procedures for facility administration, the community response, and specific guidelines for natural disasters (e.g., snow, tornado, earthquake, and flood). Annual training for staff and review of these procedures with the local fire marshal can help ensure staff readiness. Procedures should identify responsibilities for all staff members during an emergency situation. (See Ch. 19: Complex Issues and Vulnerable Populations: Facility Emergency Preparedness). [8]

Healthcare. The mental and medical healthcare sections in the policies and procedures manual should address the following topics:

- **Access to medical and mental health services.** All facility staff should be aware of the process of access and notification for routine

and emergency medical care.

- **Health hazard and exposure control plan.** Employees have a right to know about potential health hazards associated with their work. However, information available to employees may not include specific facts about health hazards or risks protected under the Health Insurance Portability and Accountability Act (HIPAA).[23] An exposure control plan should include policies, procedures, and responsibilities involved in eliminating or minimizing employee exposure to hazards. Employees should have access to applicable safety information and appropriate personal protective equipment to avoid potential risks. These are federally mandated guidelines.
- **Health services delivery.** All staff should be aware of and trained in the initial medical screening process and youth access to medical services, including sick call. Specific procedures and training should occur for the distribution of medication.
- **Suicide prevention plan.** A detailed plan reviewed by mental health and social service professionals should address levels of risk identified during the initial screening. For each level of risk, staff should be trained in behavior indicators, monitoring guidelines, housing guidelines, referral guidelines, counseling, and reporting notification.
- **Communicable disease precautions.** Procedures should address the prevention and handling of any potential communicable disease within the facility.
- **Medical emergency response.** Staff should be trained in cardiopulmonary resuscitation (CPR) and standard first aid.
- **Staff health responsibilities.** All facility staff members must meet proper health guidelines as specified in policy. Food service handlers must meet special guidelines.

Communications. The communications section in the policies and procedures manual should address the following topics:

- **Internal staff communication.** Procedures should include staff guidelines for primary communication within the facility. Clear lines

of communications and authority ensure timely reporting during emergency situations.

- **Resident communication.** Procedures should address youth access to staff, the court, their attorney and probation officer, mail, and telephone. Detailed visitation guidelines should also be in place.

Youth Rights and Responsibilities. Policy should grant youth personal, programmatic, and environmental rights, including the right to nutritious meals, the right to exercise, the right to be housed in a safe environment, the right to be treated fairly, and the right to privacy. The youth rights and responsibilities section of the policies and procedures manual should address the following topics:

- **Youth complaints.** Policy should detail a youth's right to file a grievance about services, and should offer youth at least one level of appeal.
- **Reporting rights.** Written policies should describe multiple means of reporting allegations of abuse in a safe manner and should protect the individual from retaliation. That includes the reporting of sexual abuse as required by PREA.
- **Responsibilities.** Staff should communicate the general responsibilities of youth during the orientation process.

Resident Behavior Management. Policy should address the following guidelines to properly manage resident behavior:

- **Orientation.** An orientation process should include general youth rules, expected behavior in different areas of the facility and at different times of the day, access to medical services, staff-youth relations, and access to all basic youth rights.
- **Encouraging positive behavior.** The behavior management program may include specific behavior levels in achievement, offering privileges and opportunities at each level. Youth should be well informed of what options they have related to their positive behavior within the facility.

- **Discipline.** Policy should include specific training and guidelines for staff on verbal intervention, the use of time out, and the use of minor and major behavior consequences. Due process hearings are required for major facility infractions prior to imposing discipline. The use of isolation, which refers to separating youth from other residents during non-sleeping hours by placing them along in a room or cell, and should be used only when no other means can reasonably be used to accomplish the safety and security of the youth and staff. (The use of isolation is under intense scrutiny at present; therefore, the current thinking about what constitutes best practice is in flux.) Policies and procedures should identify specific reasons for use, options for early release, and strict staff monitoring guidelines
- **Program variety.** Staff and residents should be aware of schedules and opportunities to access a variety of programming features, such as education, religious services, libraries, social services, and recreation.(See [9]Ch. 15: Service and Treatment Plans [9] and Ch. 18: Transition Planning and Reentry). [3]

Youth Records. Procedures should detail a record management and accountability process that includes official records content, signatures, monitoring of record content, release of information, and confidentiality.

- **Admissions and intake.** Procedures should address the initial legal authorization for confinement, the process for medical and mental health screening, and a youth's basic rights during the admission and intake process. The youth orientation should include immediate access to medical services, the nature of the charge, the opportunity for a phone call, and details of the intake process. Procedures should detail property control.
- **Food services.** Procedures should detail access and the use of dietitian-certified cycle menus. Specialized procedures for training food services staff should include food service preparation and handling, meal service, and equipment control.

Optional Materials. Policy and procedure manuals may also include materials of administrative interest, such as organizational charts, personnel rules and regulations, and copies of relevant forms. These

optional addenda should be carefully selected so that the manual does not become a catchall of miscellaneous or marginally valuable materials.

Evaluating Policies and Procedures

Before policies and procedures are finalized or placed in the manual, they should be evaluated for their effectiveness. In terms of **policies**, the following test questions may be helpful:

- Does this policy conform to overall agency philosophy?
- Does this policy conform to the general policy guiding a special operational unit?
- Is this policy consistent with other policies, or are there contradictions?
- Is this policy repetitious, unnecessary, or trivial?
- Does this policy conform to relevant laws, codes, and standards?

In terms of **procedures**, further checks should be made by acting out the various steps involved (when needed) and by asking the following questions:

- Is the information needed to carry out the procedure complete?
- Are the steps in a logical sequence?
- Could the procedure be simplified or made more efficient?

Format of Policy and Procedure

There are many possible variations in the format for presenting policy statements and procedures. Any format must include certain key elements and facts. The following list includes information that should be included and placed either in a masthead or in the body of the document:

- A classification or policy number that uniquely identifies and distinguishes each policy and procedure.
- A date to indicate when the policy was issued or revised.
- An indication of whether the policy or procedure supersedes another policy or procedure document, memorandum, or directive.

- A chapter title that covers a particular area, such as "Budget and Finance" or "Personnel."
- A subject title that describes or identifies the specific subsection of the chapter, such as "Budget Request and Justification" or "Personnel Records."
- A signature that indicates that the policy or procedure has the approval of an issuing authority.
- A citation that references the official document, law, regulation, or opinion (including the specific article, chapter, or section) that served as the foundation of the policy. The appropriate authority for the policy could be a federal or state law, regulation, or guideline; a court decision; an attorney general's opinion; or an executive order.
- A briefly stated purpose or goal of the policy.
- An indication of the division, department, or personnel to whom the policy is directed.
- A list of definitions for key terms and phrases that have a specific meaning in the policy or procedure or that could be misinterpreted.
- A statement that indicates when the policy will be put into effect and how frequently it will be reviewed and updated.

Performance-Based Policies

When policies, procedures, or standards are not based on performance or results, they fail to connect to identifiable practice and fail to help the facility improve that practice. A 1993 Office of Juvenile Justice and Delinquency Prevention (OJJDP) study pointed to the lack of a clear relationship between complying with standards and improving conditions of confinement, reflecting the need for further study in this area. [24] After that study, the field recognized the need for outcome or Pbs to improve accountability and the quality of data and to enhance conditions of confinement for youth. In 1995, OJJDP funded the CJCA to develop and implement PbS in juvenile jurisdictions and facilities.[25] The ACA has also promulgated PbS for several of the facility and program types for which it sets standards and is in the process of updating other standards manuals to a performance-based format.

Pbs is designed to ensure regular and consistent data collection, to use that data to develop performance reports and outcome measure analysis, and to create a facility improvement process that focuses on conditions of confinement for youth. When a facility has adopted PbS, its policies and procedures should be modeled after those standards so that daily practice and expectations are motivated by continuous improvement efforts. Experience with PbS has indicated that this internal quality assurance approach can lead to safer conditions for youth in custody and the promotion of public safety, offender accountability, and rehabilitation. (See Ch. 17: Quality Assurance). [10]

Who Develops the Policy and Procedure?

The manual is usually developed by the facility's administration. However, to ensure that the manual is useful and meets legal and professional standards, it is important to have input from a range of stakeholders, including the governing body; its legal consultant; its human resources advisor; its fiscal and budget specialists; its citizens advisory board or other community volunteers; and key representatives from the court, probation, child welfare, local colleges or universities, law enforcement, and medical and mental health agencies. In addition to these subject matter experts, policies and procedures should have input from staff at all levels and even—where appropriate and possible—from the facility's youth.

How are the Policies and Procedures Communicated?

After policies and procedures are developed, written, and signed by the appropriate person, they become the basis for all activities and programs carried out in the facility. For this reason, communicating the policies becomes essential for putting them into effect. Administrators need to be sure that many avenues of communication are used, especially when they change policies or introduce new ones. These avenues might include individual memos, posted memos, email distribution, staff meetings, supervisory sessions, or formal training sessions. There also should be a special announcement of the policy or policies on the effective date.

The policy and procedure manual must be easily accessible to all facility staff and other relevant parties. A small agency may find it feasible to issue a copy to each staff member. In most cases, however, if the manual is large, the cost of printing a large number of copies may be prohibitive. The agency can provide access to electronic copies of the manual by using agency intranet systems or issuing manuals to staff on data storage devices. At the very least, distribution should include the following:

- Each agency working directly with the facility.
- Each administrator and section chief within the facility and all staff in the section.
- At least one copy in each area of the facility including the school, the mental health office, and the medical office or clinic.
- Several additional copies in a central location for staff and public access.

Usually, staff members who receive a manual must sign for the manual. In most facilities, direct supervisors are responsible for ensuring that their staff members are familiar with the contents of the manual, particularly with those sections that relate directly to a staff member's tasks and duties. However, the facility administrator has the ultimate responsibility for training on new and revised policies and procedures. Direct care workers should receive initial as well as ongoing in-service training on the content of the policies and procedures manual.

Process for Making Changes

Because the manual provides the framework for facility operations, the policies and procedures need to be sound, realistic, and current, which means that the manual is never a finished document. Sometimes, agencies will discover changes in the philosophy that guides existing policies and procedures. Sometimes—especially with changes in the administration or with shifts in the current belief systems—facility mission statements, goals, and policies that reflect those goals also shift. For example, the goals of the juvenile justice system historically have fluctuated with regard to the philosophies of justified punishment (let the punishment fit the crime) and *parens patriae* (the State takes the place of the parents). In

addition, current legislation and case law may require changes in specific procedures. When the philosophy of a department or facility changes, policies and procedures may also need to be changed.

Furthermore, as laws change, as legal decisions are made, and as research reveals new and better ways to run the facility or relate to the youth, the administration (with input from the staff) needs to revise the policy and procedure manual. In fact, every facility should have a policy for ongoing review and revision of their policy and procedure manual on both an annual and an ad-hoc basis. At least once a year, the administration and all staff should review the manual formally. Non-administrative staff, especially, should be urged to provide criticism and suggestions for its improvement, because only through active staff participation of everyone does the manual become a truly useful aid or guidebook. Supervisors need to ensure that each staff member is familiar with the facility's procedures for making changes, additions, and deletions.

During the review, policies and procedures should be rewritten if they are not clear, complete, or representative of what the staff are actually required to do in certain situations. Other policies and procedures that have become outdated should be removed. Also, policies that reflect new or expanded agency operations and practices should be written, evaluated, and added to the manual.

After the revisions are completed and approved, all staff must be notified immediately about changes. Bulletins should be distributed to all staff, telling them which pages in the manual have been revised, removed, or added. Staff should be asked to sign a form indicating that they have received the updates. These measures ensure that all staff members are aware of changes, revisions, and deletions as soon as they are made.

In the final analysis, putting what a facility does into writing is a definite and necessary stage in the development of a quality program. The policies and procedures manual must be treated as a living organism, responsive to change, growth, and refinement. The review process ensures a level of

continuing creativity and flexibility in identifying and meeting the needs of the staff and youth.

Policy Cycle

The policy cycle is more than writing or developing policies and procedures. The cycle includes additional steps to ensure that policies and procedures are meaningful and workable for a specific facility; are consistent with accepted juvenile justice philosophy, theory, research and practice; and retain relevance and applicability. To maximize the manual's effectiveness and relevance, staff must be trained on its contents, and thoroughly understand how to implement the manual's directives.

The implementation of policies and procedures requires monitoring by administration or, if available, outside reviewers to ensure that practice is consistent with policy—that the written policy is doing what it is intended to do. Daily monitoring requires administrators to review documents, observe activities, and interview both youth and staff. Administrators should expect implementation of new or revised policies to take time and consistent effort. Customary practices and habits do not change readily. To facilitate that process, it is important to involve staff in the development of policies to the extent possible. And, it is essential that staff understand the purpose and rationale behind each policy and procedure to achieve their buy-in. Monitoring of implementation may also be done through an established, structured quality-assurance process using individuals or bodies that are either internal or external to the facility. (See Ch. 17: Quality Assurance) [10]

A parent agency or facility may also conduct a formal or informal policy analysis through which individual policies are scrutinized to determine whether there are other alternatives to that policy and procedure. If statute, case law, or research findings recommend changes to practices outlined in written policies, a formal analysis can be of help in determining more appropriate, permissible, or effective approaches. For example, when research on suicide in juvenile confinement facilities became available in 2009,[26] many juvenile facilities in the country revised their suicide prevention policies to limit isolation and ensure that

youth were observed more frequently than had previously been the case. As discussed above, the entire policy and procedure manual should be reviewed annually, and individual policies and procedures should be analyzed more frequently—if necessary—as new information becomes available.

Adult facilities that serve youth will follow the same procedures described here in implementing and updating their policy manual. In addition, it is important that those facilities also have specific policies and procedures that address any and all issues involving youth, including instructions for staff members who work directly with those youth. Those policies and procedures may be in a separate manual or in a distinct section of the facility's general manual.

Effective Communication

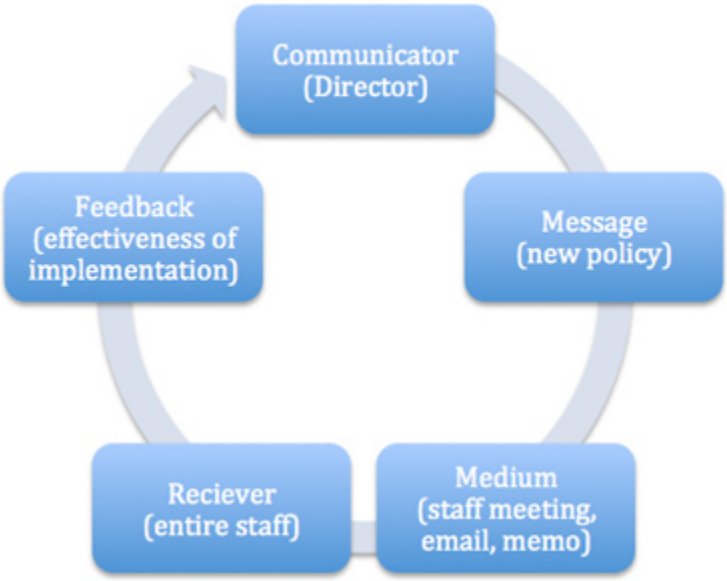
Effective internal and external communication is essential in a confinement facility of any kind. "Organizational survival is related to the ability of management to receive, transmit, and act on information. The communication process links the organization to its environment as well as to its parts."[27] It is important to establish numerous lines of communication, both formal and informal. Communication should occur vertically between management level staff and line staff and horizontally, among or within workgroups. Communication must be two-way and open.

Vertical communication may be downward or upward. The former type "flows downward from individuals in higher levels of the hierarchy to those in lower levels. The most common forms of downward communication are job instructions, official memos, policy statements, procedures, manuals, and other publications."[28] An effective organization needs upward communication as much as it needs downward communication. In such situations, the communicator is at a lower level in the organization than the receiver. Direct care staff members can offer feedback on the effectiveness of a policy and procedure when it is implemented on a trial basis. Based on that feedback,

the procedure may be modified to achieve its stated purpose. For example, a facility's grievance procedure states that youth may submit grievance forms to any staff member of their choice, assuming that a youth will feel safe delivering those forms to at least one staff member. But, the direct care staff members recognize that youth often distrust that system and recommend that a locked grievance box be available where youth can place completed forms. That information can result in a process that is more effective for both youth and for the facility.

Horizontal communication is often overlooked in structuring facility operations, which can result in silos of activity wherein specialty groups do not integrate and, as a result, youth are not fully served. For example, unless key staff who work in the facility's education and mental health units, and staff in the living units (who spend upwards of 40 hours each week with the youth) share information regularly, youth needs may go unmet or be dealt with inappropriately. Or, unless routinely and timely communication occurs across the various components of the facility, security breaches may occur. As communication improves within or among groups in a facility, confidence is enhanced and communication increases even further.

The effective communication process includes "who says what, in what way, to whom, with what effect?" Those elements break down as the **communicator** sends the **message** through a selected **medium** to the **receiver** and gets **feedback**.



When the structure does not include a feedback loop, the communicator or sender cannot know how effectively the message was received or how it was interpreted. Too often, confinement facilities use communication systems that are exclusively downward, which do not provide feedback. That can be frustrating for the sender and cause confusion for the staff. That frustration can be aggravated when the medium used to communicate does not readily allow for feedback. Memos, written policies and procedures, and emails, as methods of communication, may not provide feedback unless the sender—usually an administrator—actively solicits it. Feedback must occur if internal communication is to be effective. And, it is important to be alert to "noise," or factors that distort the intended message. Noise can occur in any of the elements of communication—in the sender, the message, the receiver, or the feedback. Noise can occur in written communication that is ambiguous and unclear. Noise may occur through nonverbal communication. Nonverbal factors include such things as head, face, and eye movements; posture; distance; gestures; and tone of voice. It is important to be aware of one's nonverbal cues and not let that distort or confuse the intended message.

Effective communication requires appropriate timing and means of delivery. Ideally, material will be communicated in more than one way with enough advance notice for the receiver to fully absorb and utilize the information. Advance notice is not always possible, but every effort

should be made to at least ensure the message was received as intended. Using multiple instruments and tools of communication can help to ensure understanding and is always advisable. Information may be relayed in a staff meeting where minutes are taken; copies of those minutes go to each attendee either in hard copy or electronically. Follow-up of formal communication occurs through informal means, such as staff meetings or memos, to see if staff understand what is expected of them.

External communication is also an important aspect of effective leadership. The facility director or a designee should be assigned to provide official information to community stakeholders and the media. Press releases or press conferences are useful ways to respond to questions or concerns about ongoing or crisis-related issues. Media relations should also be cultivated when the facility is not in an emergency situation and there are positive events and news items. An astute administrator develops relationships with members of the local media and calls on those professionals when there is a human-interest story. It is wise to reach out in a proactive way to representatives of the local press rather than expect them to make the contact. Media outlets often want ideas for stories and can easily be persuaded to provide positive publicity. When an administrator fosters relationships with members of the media, they are more likely to treat the facility honestly and fairly if and when problems arise. A representative of local media on the facility's advisory board or council can be helpful in this process.

In addition to the media, a wise leader will maintain open lines of communication with other community stakeholders such as judges, law enforcement officials, school district administrators, religious leaders and community groups. Operating in an insular, secretive manner fosters mistrust. Open and straightforward communication with the public can facilitate support and advocacy for the youth at the facility. One way of developing that kind of support is through a citizen advisory board or council that brings together a group of interested parties to advocate on behalf of the facility and the young people it serves. The fact that such a group is advisory does not negate its potential influence. Listening to a citizen board's advice does not necessarily translate into compliance, but it

can bring new ideas and a fresh perspective. This will only work, however, if the administrator is willing to listen while reminding the board that its function is advisory rather than governing.

Finally, the most critical communication that a facility leader engages in and encourages in his or her staff is communication with family members. It is important for youth to maintain contact with the people who are important to them during periods of confinement. Family members, particularly parents or guardians, often feel that they are held responsible for their child's problem behavior. When the facility staff deal with family members in a supportive and non-judgmental manner, that family is more likely to reinforce the facility's efforts on behalf of the youth. Effective family engagement can help a youth successfully reenter the community after release. Family engagement should occur through flexible and generous visitation, phone, and mail policies and procedures. (See Ch. 12: Healthcare [11]; Ch. 15: Service and Treatment Plans: Engaging Families and the Community). [9]

Critical Incident Debriefing

A final aspect of sound accountability in facility operations is the need for critical incident debriefing to review any errors that may have occurred and to promote improvement going forward. It is a reality that human beings learn in many different ways, including visually, auditorily, and through action (experientially). People can also learn indirectly from the experiences, mistakes, and failures of others. A critical incident "can involve any situation or event faced by emergency, public safety personnel (responders) or employees that causes a distressing, dramatic or profound change or disruption in their physical (physiological) or psychological functioning."[29] Debriefing following a stressful incident can "mitigate fall-out and enhance recovery and sustainability in the event of an acute or short-term, man-man or natural workplace stoppage."[30] Debriefing is also recommended for events that are less dangerous in nature but which create a disruption for the facility.

Critical incidents that result in psychological trauma can result in either immediate or delayed emotional and physical reactions. They may "include such diverse symptoms as shock, denial, anger, rage, sadness, confusion, terror, shame, humiliation, grief, sorrow and even suicidal or homicidal ideation."[31] A trained, crisis response specialist must conduct such a debriefing. Timing is important to achieving effectiveness. Initial debriefing may occur soon after the event, but it will likely need to be followed by multiple subsequent sessions, usually with individual staff members. A facility or its parent agency should have clinical staff available or a contract or other arrangement with an agency or clinician who will be available for debriefing a crisis incident.

In addition to considering the psychological or emotional damage experienced by staff involved in critical incidents, youth may also experience trauma. The emotional and mental health needs—both acute and ongoing—of those youth must be addressed as well. In addition to debriefing the critical incident with youth to examine what occurred, it is essential to provide group and individual clinical intervention to address the emotional impact on each youth. Those clinical services should occur as soon as possible after the incident. In addition, staff and clinical consultants should attend to subsequent behaviors and reactions of youth to ensure that their ongoing mental health needs are addressed through appropriate treatment services.

Debriefing following incidents that are deviations from normal operations should also occur to analyze the event and better prepare for the future. The key questions in that debriefing session are:

- What did we do well?
- What did we do poorly?
- What did we learn from this?
- How can we do better the next time?[32]

There must be established rules for such a debriefing session. Everyone must check his or her ego "at the door." All staff members—including management—must be comfortable talking about errors they might have

made, be ready to provide constructive criticism, and be willing to accept it.[33] The debriefing session must have a designated leader, who might be selected specifically for that assignment from either within or from outside the facility. The facility director or other administrator might also lead the session. In that case, the leader must maintain an atmosphere of safety and openness for all participants. A facilitator who was not involved in the incident has the advantage of being perceived as fair and objective. The leader should present a process to the participants. The session should have attainable goals and should ensure that thorough notes are taken and subsequently distributed to all participants. The leader should use group work techniques to encourage participation and draw out quieter staff members. Most important, the debriefing session must not be used as an occasion for assigning blame or creating divisiveness. It is an important aspect of ensuring facility and staff accountability and should be an opportunity for team growth and cohesiveness.

Facility Security

Security (secure) is defined as: "being free from danger or risk of loss; safe, free from fear or doubt, anything that gives or assures safety."[34]

Security is an intricate and essential component of every confinement facility. Historically, security was limited to locks, blocks, and bars. As the field of juvenile and adult corrections has grown, security has also moved beyond the "hardware" definition of security and incorporated the notion of safety of the confined youth. Today, security is incorporated in budgets, specific policy and procedure manuals, training seminars, and the daily operation of every shift.

Facility security is a combination of personal security, youth security, and building security. In addition to the security issues discussed in a facility's policy and procedure manual, the following suggestions may be helpful.

Personal Security

The notion of personal security may seem unimportant at first, but the most basic of security precautions starts at home, before the employee

even gets to the job.

Clothing. When uniforms are not required, the articles of clothing an employee chooses for the job are important. Just as one would not wear a tuxedo to change motor oil, an employee should not wear certain articles of clothing to work. The following concepts apply:

- Tight-fitting clothing may restrict movement in crisis situations.
- Loose-fitting clothing may get in the way during emergency situations or be easy for a youth to grab and hold.
- Revealing clothing may elicit from youth inappropriate advances and comments or distract other staff from doing their job.
- Slogans on T-shirts can be very troublesome. The agency's policies and procedures manual should offer guidance, but staff should not wear clothing that contains words or graphics that advertise or promote alcohol, drugs, sex, violence, or political positions.
- Clothing should be comfortable, neat, clean, and professional.

Hair and Hygiene. The length and style of a staff member's hair may affect job performance. Long hair (shoulder length and longer) worn loosely may interfere with vision, specifically peripheral vision. Long hair may also be grabbed more easily by a youth and tangled in his or her fingers. If the employee chooses a longer hairstyle, the hair should be pulled back and secured. However, shorter hairstyles are often recommended. Good personal hygiene is also very important to demonstrate professionalism and individual and professional pride. Poor hygiene can result in ridicule from both youth and staff.

Accessories. Employees should be familiar with agency policies and procedures on wearing jewelry on the job. Jewelry is also potentially dangerous.

- Necklaces are the most dangerous because of the ease with which they can be grabbed by a youth, damaged, broken, or used for strangulation. The same principles apply to neckties and scarves.
- Pierced earrings pose a significant danger of being ripped out.

- Rings pose a danger to both youth and to staff. Large rings and rings with raised stones or insignias can scratch or cut youth or other staff members during restraint maneuvers.

Whenever possible, staff should wear minimal jewelry. It is recommended that any jewelry should be small, not raised or exposed, and not valuable. Staff should understand that they wear jewelry at their own risk.

Position. The position that a staff member takes when interacting with youth is essential. Staff should always know where the nearest exit is located and how to get help in case of emergency. It is wise for the staff member to keep his or her back to the wall or at least keep youth in the line of sight to prevent them from getting behind the staff person. Staff should also be careful not to allow youth to surround them and not to become separated by youth from other staff working on the unit. (See Ch. 14: Behavior Management [12]and Ch. 16: Behavior Observation, Recording, and Report Writing). [13]

Shoes. Shoes should be comfortable, fit securely, and have rubber soles for good traction. Leather-soled shoes tend to slip when staff need a strong foothold. Clean athletic shoes are very effective but should not be worn unlaced or untied. Inappropriate and potentially hazardous footwear include sandals, flip-flops, loafers, high heels, and combat boots.

> Note that the initial letters from these items—clothing, hair and hygiene, accessories, position, and shoes—spell CHAPS, which makes it easier for employees to remember a checklist for personal security.

Youth Security

Youth security is the most important component of facility security. A line worker will be with the youth at least eight hours per shift. In some facilities, staff work ten- or twelve-hour shifts or even back-to-back eight-hour shifts. In addition to knowing the facility's policies and procedures, employees should also know the individual youth under their supervision.

The more staff members know about the youth they supervise, the better they will be able to ensure youth safety. Furthermore, staff should know the rules that govern youth behavior to enforce the rules consistently and create and support a secure environment. The following basic guidelines apply to youth security:

Smell. Alert staff use their sense of smell as they make the rounds (routine checks) among the youth. Staff should immediately investigate smoke from cigarettes, fire (paper, clothing, or electrical), marijuana, or anything else that can burn.

Observe. The critical part of youth security in any type of confinement facility is observation of the youth. Every youth will have a particular pattern of behavior, and any deviation in this pattern should prompt the staff's increased attention. Suicidal thoughts, intimidation by other youth, depression, and other factors associated with confinement cause youth to act differently. Any deviation from an established behavior pattern should be reported immediately to a supervisor, social worker, or mental health professional. (See Ch. 16: Behavior Observation, Recording, and Report Writing) [13]

Youth often intimidate each other for various reasons and in many different ways. Several youth crowding around a single youth usually indicates some form of intimidation, and it is staff's responsibility to investigate and intervene appropriately. Gang members often try to recruit new members, exact revenge against rival gang members, or enforce gang rules on recruits who do not conform. In an adult facility, despite the requirement of sight and sound separation, there may still be times when youth are in the presence of adult offenders. In those instances, staff should always be present and closely observe and limit any interactions between youth and adults.

In addition, the alert staff will always be looking for anything out of the ordinary in a youth's clothing. Unusual bulges may be caused by contraband and should be investigated immediately. Staff should also notice a youth's movement and body positioning, which could also indicate that the youth is concealing something under his or her clothing.

Because youth in confinement facilities possess numerous risk factors, self-mutilation and youth-on-youth assaults are an unfortunate part of life in a confinement facility. Surveys by the Bureau of Justice Statistics (BJS) also reveal that staff-on-youth sexual assault is even more prevalent than youth-on-youth.[35] Staff should always be observant of a youth's physical appearance and affect for this reason and should ask questions and investigate whenever they suspect that a youth has been injured or abused or may be in fear of harm.

Listen. One of the greatest tools a staff member has, other than vision, is the sense of hearing. Staff should always be listening for plans of illegal activity, such as assault or escape. Eavesdropping on youth conversations is viewed by youth as a sign that staff mistrust them, but security requires that youth in confinement facilities forfeit some of their privacy. Listening closely to what youth are saying will help to keep staff informed of youth plans and activity. Staff should make it clear to all youth that listening is a part of the job.

Youth will often tell each other about some illegal or harmful activity in a voice loud enough for the staff to hear. In these cases, preventive action should be taken. When staff members develop a relationship that is based on mutual honesty and when staff demonstrate genuine concern for the young people they work with, the youth will often come directly to them to offer information about planned illegal activity. Listening for key words and tone of voice—not just surface content—will also alert the staff about how youth are feeling or what they are experiencing. Such listening during telephone calls with parents and others will tell staff if the youth is upset, depressed, or angry.

The alert staff will get to know the normal sounds of the institution. An increase or decrease in noise levels may be an indication that something is happening. Other sounds offer clues about the proper functioning of security equipment. For example, security locks usually have a distinctive click when they shut, or hand-held room monitoring devices may beep to indicate that a check has occurred.

Explore. Walking around the area where youth are present is called "exploring." While exploring, the alert staff will use the senses of smell, sight, and hearing as described above. Exploring should be random and frequent. Staff presence should not be predictable or anticipated. Certainly, when a staff member feels something is wrong, he or she should explore and take appropriate action to prevent or resolve an incident.

> Note that the initial letters from these items—smell, observe, listen, and explore—form the acronym SOLE, which makes it easier to remember youth security.

Building Security

The last component of facility security is building security. All staff members must be familiar with all aspects of the physical plant itself. Building security includes the following:

Building. Every employee must know the physical layout (floor plan) of the facility. In the event of an emergency, all employees must know how to get from any point to any other point using the most direct path. Fires, bomb scares, and other emergencies that require building evacuation must be practiced on a regular basis. Staff must also know where emergency equipment is stored and what is contained in closets, offices, and rooms.

For the safety of the staff and youth, all employees should know:

- Where the boiler room and maintenance areas are located.
- Where hazardous materials are stored.
- Where electrical panels and controls are located.
- Where exit doors are located and whether they are clear of hazards and obstructions.
- Where basic maintenance tools (screwdriver or pliers) are located.
- How to shut off water supplies to rooms or commodes.
- How to loosen a stuck (water control) valve.

- How to summon maintenance staff on weekends and evenings.

It is always a good idea for the staff member to walk through the facility, or at least the area of his or her responsibility, prior to beginning a shift.

Utilities. In the event of emergencies, staff should know where all utility shutoff controls are located—for example, the main shutoffs for water, gas, electricity, and lights as well as the alarm panels for fire and door alarms. Staff should know where the emergency generator is located and how to operate it. The telephone numbers of utility companies should also be readily available to all staff in case of emergencies.

Illumination. Lights are critically important for safety and security. All staff should know the location of the switches for all lights needed for security. All staff should also be familiar with the emergency generator for lighting. Emergency flashlights should be readily available in strategic locations throughout the facility.

Locks and Keys. Security always depends on adequate, well functioning locks. All staff members must know the purpose for every key on the set they carry. In the event of an emergency, staff should know where the keys are for various "off limits" sections of the facility. All locks must be in proper working order. If a staff member discovers a lock that is in disrepair, that should be reported immediately to the designated maintenance staff person. Keys should be checked at the beginning of every shift to ensure that they are all accounted for and that they are in good condition (not cracked or bent).

Doors and Windows. The most frequent breaches of security come from unlocked doors and windows. Many people use the doors and windows during the day, including maintenance workers, probation officers, social service staff, and administration. However, it is every staff member's responsibility to make sure that doors and windows are secure at all times. It is a good habit to physically check each door and window as one walks by. It is always best practice for a line staff or the shift supervisor to check them prior to every shift.

Individuals. Many individuals are in the facility at various times during the day and night. All staff members on duty must be aware of the location of youth, staff, and visitors in the facility, particularly in their own area of supervision. The following are helpful strategies:

- Each employee should have some form of identification.
- Visitors should have some form of identification so that line workers can determine who belongs in certain parts of the facility and who does not.
- Head counts are suggested at regularly scheduled intervals, including after each group movement in the building or on campus, after shift changes, and after evacuations or fire drills.

Notations. Because of the amount of information facility staff need to track, careful note-taking is essential. If an employee notices faulty equipment, fixtures, or other hazards in the facility, he or she must make written notation (often in the form of a Work Order) to inform fellow staff, administration, and maintenance staff as soon as possible. Staff should regularly document head counts, youth schedules, activities (e.g., court, social worker interview, medical services), locations of staff or visitors, and youth disciplinary actions, using the agency's forms and following the facility's policies. Most facilities have requirements for regularly recording occurrences during the shift by making log entries. Doing so helps to effectively communicate important information about a group or an individual to other staff on subsequent shifts. Those logs notes are also a record for supervisors, mental health clinicians, and others who need essential information to meet a youth's needs and to ensure the smooth operation of the facility. Staff must record their information leaving his or her shift, in addition to any information they provide verbally. Even if the staff member's notations are just feelings based on observing or listening, they should be noted to inform other staff. (See Ch. 16: Behavior Observation, Recording, and Report Writing) [13]

Grounds. The alert staff member must also be familiar with the grounds (outdoor area) of the facility. The most basic perimeter security should include a patrol of the outside yard before the youth enter the area. Staff

should check for contraband that may have been thrown over the fence or planted (hidden).Facilities may also have surveillance cameras to monitor perimeter security. Staff must know directions (north, south, east, and west) to describe the location of an incident or problem, to give directions about an escaped youth, or to pinpoint the location of a stranger approaching the outside of the facility.

> Note that the initial letters from these items—building, utilities, illumination, locks and keys, doors and windows, individuals, notations, and grounds—spell BUILDING, which makes it easier to remember building security.

Searches

Searches are an integral component of a facility's overall security program. By conducting searches judiciously and conscientiously, facility staff can help to provide an environment that is safe and to minimize incidents. There are several types of searches that may be conducted in a confinement facility. Some searches are intended to discover any contraband that may be concealed. In addition, regular searches can serve as a deterrent to youth who might be otherwise tempted to bring contraband into the facility. (See Ch. 9: Admission and Intake). [7]

Searches must always be conducted in accordance with the facility and the parent agency's rules, regulations, policies, and procedures. Those policies and procedures must adhere to state and local laws and to relevant case law. Administrators should become familiar with current statutes and case law and be aware of any changes that could impact policy. Search policies and procedures must be written specifically to provide clear guidance to staff and to ensure that a youth's constitutional rights are not disregarded. Policies and procedures should designate when searches occur, who is responsible for conducting them, and how they must be documented.

Types of searches and guidelines for each of them include:

Frisk Search. The frisk search, or clothed-body search, is a thorough pat-down of a youth's body and outer clothing. The frisk search does not require a youth to remove any clothing, except a coat or jacket and, sometimes, shoes. A frisk search should be conducted anytime that a strip search is not allowed, either by case law, statute, or policy. Generally, youth should be frisk searched immediately upon entry to the facility for admission, upon return to the facility from outside, after contact visits, and in some cases subsequent to movement from one area of the facility to another, such as return from school or recreation. PREA Standards prohibit cross-gender frisk or pat-down searches in juvenile facilities except in exigent circumstances.[36] A frisk search may also be accompanied by a wand search.

Wand Search. A search using a magnetometer, often referred to as a "wand" search, involves the use of a hand-held device that detects metal. That device may be used alone or in conjunction with other types of searches. Wand searches do not involve touching the person and are not intrusive, so they are often used to search visitors at confinement facilities.

Strip Search. Strip searches are more invasive and are subject to closer scrutiny. Court rulings regarding strip searches of youth in juvenile facilities have varied around the country, and it is essential that the facility policy be consistent with the relevant court's rulings and state statute. Court rulings and well-crafted policies often require that strip searches may only be conducted when staff have reasonable suspicion that contraband may be found. Reasonable suspicion is a legal standard that "exists when a reasonable person under the circumstances, would, based upon specific and articulable facts, suspect that contraband will be found or that a crime has been or will be committed."[37]

Rules regarding strip searches of youth in adult facilities vary, depending on whether the youth has been transferred or certified as an adult for purposes of prosecution or whether that youth is considered a juvenile under state statute. In the latter case, the youth may still be under juvenile court jurisdiction and subject to relevant juvenile facility PREA Standards.

Administrators and line staff members in adult facilities that serve youth should be familiar with both juvenile and adult PREA Standards and ensure that policies, procedures, and practices are in compliance.[38]

Some juvenile facilities conduct strip searches on all youth immediately upon admission; others have more limited criteria, such as the seriousness of the admitting offense. Limitations are often the result of court rulings or legal advice mandating or recommending the "reasonable suspicion" criteria. Adult facilities that serve youth often have a single procedure for their inmates, regardless of their age; they commonly strip search both youth and adults in the same way. However, some adult facilities also adhere to the "reasonable suspicion" criteria for all inmates, either at the time of admission or at other times.[39]

When the admission staff of a juvenile or adult facility are authorized to conduct a strip search, they should observe following guidelines for the protection of both the staff and the youth:

- A strip search may occur only by staff members who have had training on how to conduct a strip search.
- Only staff of the same gender may conduct strip searches. Policy may require that two staff members be present for all strip searches.
- Strip searches must be conducted in a private area of the facility.
- Staff must maintain a professional demeanor throughout the process.
- Youth should be asked to remove all of their clothing, and staff should refrain from inappropriate comments and staring.
- Staff must not touch a youth during a normal strip search.
- Strip searches must be documented as required by agency policy, including documenting the justification for the search, such as reasonable suspicion. Justification may include unusual, visible, or partially visible bruising when fully clothed, and cuts or marks or other concerns that could indicate abuse; a medical professional should examine the youth. Strip searches may require administrative approval, which also should be documented.

Body-Cavity Search. Body-cavity searches are extremely invasive, should rarely be necessary, and should occur only within strict guidelines. If a body-cavity search must be conducted, the following guidelines should be followed:

- Only a licensed healthcare provider with authorization from the responsible physician **and** facility administrator should ever conduct a body-cavity search.
- The facility's policy and procedure must require that body-cavity searches be allowed **only** if there is reasonable suspicion that contraband will be found.
- Body-cavity searches may only be performed by same gender medical staff and must be conducted in private. It is generally advisable that two professionals be present during a body-cavity search.
- The primary role of facility healthcare staff is to serve the health needs of their patients. Conducting body-cavity searches for contraband can create an ethical conflict. Therefore, some agencies' policies require that body-cavity searches be conducted by outside professionals or someone on the facility staff who is medically trained but not involved in a therapeutic relationship with the juvenile.
- Body-cavity searches must be documented as required by agency policy, including the justification for the search, such as reasonable suspicion.[40]

Inventory Search. The inventory search is a thorough search of a youth's clothing or personal property that they have brought into the confinement facility at the time of admission, visitation, or official activity outside the facility. The youth's property is itemized, and the written inventory is stored securely with the property until the youth is released. Youth should be asked to sign the property inventory sheet to confirm that all items brought into the facility are listed in the inventory.

Room, Cell, or Dormitory Search. The living quarters of confined youth should be searched regularly to discover any hidden contraband and to deter efforts to conceal unauthorized items. Such searches shall also address maintenance needs such as the operation of doors, locks,

lights, plumbing, intercoms, and graffiti or other damage. The facility should have a regular schedule for such searches (such as daily) and should conduct random searches as well. In doing random searches, staff must not discriminate or appear to discriminate against any individuals or groups.

Searches of the living quarters should generally be conducted by two staff members with the youth present or in the vicinity, to avoid false accusations by youth that a staff planted items or damaged property. Searches of the living quarters should be documented on the facility's designated forms, including notification of maintenance personnel of any needed repairs.

Perimeter Check or Grounds Search. Searches outside the building or buildings (for a campus-based facility), should also occur regularly and after any unusual occurrence at the facility. Minimally, perimeter checks should always occur before youth are allowed to go outside for recreation. A staff member should visually inspect the security fence and the ground near that fence for any potential contraband. If the employee discovers any contraband or damage or if it appears that there has been an intruder or that fencing or equipment has been tampered with, he or she should report it to administration and to maintenance staff.

Vehicle Search. Before any youth is transported in an official vehicle, the transporting officer should search that vehicle to ensure that no unauthorized objects or potential contraband is present.

Staff should document all searches of property and youth as specified in facility policy and procedure and in accordance with any statutory or other legal requirements.

(See Ch. 9: Admission and Intake). [7]

Conclusion

Leadership in a confinement facility that serves youth requires a range of skills that are developed through training, experience, supervision,

coaching, and mentoring. Effective facility management and administration requires ongoing attention and dedication to broad issues such as the establishment of a philosophy and mission, resource management, evaluation and planning, and staff and leadership development. However, an effective facility administrator must also emphasize operational details such as the implementation of a current, comprehensive policy and procedure manual and a safety and security program. The effective administrator must be engaged with the staff and with confined youth while also maintaining active communication with outside stakeholders. No leader can succeed without the involvement and participation of key individuals and groups. The success of a facility and its programs requires commitment from its administration as well as internal and external participants.

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Ch.9 Admission and Intake

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Admission and intake into confinement facilities that serve youth varies considerably, depending on the type of facility. The function of each type of facility within in the justice system determines the range of activities and types of services available. This chapter discusses admission and intake as both an event and as a process in 1) juvenile detention facilities, 2) youth correctional facilities, and 3) adult confinement facilities that hold youth on both a short-term (jail) and long-term basis (prison). This chapter presents a separate section for each scenario.

Admission and Intake to Juvenile Detention—An Event and a Process

Decision to Detain and Legal Authority

Admission to juvenile detention is an event that involves the act of taking physical and legal custody of a juvenile on the basis of the statutory authority specified in the juvenile code of a particular state. Admission is a legal matter involving the physical transfer of custody of the juvenile into a detention facility.

According to the National Juvenile Detention Association (NJDA):

Juvenile detention, as part of the juvenile justice continuum, is a process that includes the temporary and safe custody of juveniles whose alleged conduct is subject to court jurisdiction, who require a restricted environment for their own and the community's protection while pending legal action. Juvenile detention may range from the least restrictive community based supervision to the most restrictive form of secure care.

The critical components of juvenile detention include:

- Screening to ensure appropriate use of detention.
- Assessment to determine the proper level of custody, supervision, and placement.
- Policies that promote the safety, security and well being of juveniles and staff.
- Services that address immediate and/or acute needs in the educational, mental, physical, emotional and social development of juveniles.[1]

This definition is intentionally broad to blend the concepts of nonsecure detention alternatives with secure confinement. However, the focus of this chapter and this publication is on *facilities* that confine youth not the confinement *continuum* defined in the NJDA definition. It is also important to address the screening and assessment *process* that must occur as well as the policies related to the admission and intake *event*. (See Ch. 2: Types of Facilities). [2]

Practices and policies used in determining whether the detention facility has the legal authority to admit a youth to detention vary by jurisdiction and may involve a screening or assessment instrument. There may also be specific written admissions guidelines. There may simply be an informal requirement that any youth brought to a detention facility by a law enforcement officer, subsequent to the alleged commission of a delinquent offense, shall be admitted. Or, a youth may be detained based on an order from a judge. The legal authority to detain, as well as other admissions-related matters is often based on state statute. The facility's written admission and intake policies and procedures should include the following:

- Determination that the youth is legally committed to the facility.
- Complete search of the youth and his or her possessions.
- Inventory and disposition of personal property.
- Shower and hair care.
- Issue of clean clothing.
- Issue of personal hygiene articles.
- Medical, dental, mental health, and safety screenings.
- Assignment to a housing unit.
- Recording of basic personal information to be used for the mail and visiting lists.
- Assistance to youth in notifying their families or guardians of admission and procedures for mail, phone calls, and visiting.
- Provision of written orientation materials to the youth.[2]

Admission to juvenile detention in many jurisdictions does not occur until a risk assessment has been completed. The risk assessment instrument (RAI) is generally designed and validated for a particular jurisdiction to determine two primary factors: 1) the youth's risk of reoffending pending adjudication if not detained and 2) the youth's likelihood of appearing for a court hearing without secure detention in the interim. An RAI may also be completed at various times—at the time of referral to court, prior to and to aid in dispositional decisions (such as out-of-home placement), and in preparation for release from a facility or program. Risk assessment often precedes or occurs in conjunction with needs and strengths assessments and risk management decisions, which help to identify and employ methods for inhibiting risk factors and enhancing protective factors.

Screening using a validated RAI must meet three primary goals:

1. Objectivity—the need to base detention decisions on neutral and objective factors rather than on the screener's subjective bias or opinion about an individual youth.
2. Uniformity—the application of criteria equally to all youth referred for the detention decision.
3. Risk based—the measurement of specific detention-related risks posed by the youth.[3]

The application of these key concepts helps to ensure fairness and equality, to minimize racial bias resulting in disproportionate minority detention, and to achieve cost-effective services by not confining youth unnecessarily, while still enhancing public safety

Not all jurisdictions, base the decision to detain on a risk assessment or other screening tool. Many jurisdictions have written guidelines for admission to detention on which decisions are based, often including such things as the seriousness of the alleged current delinquency offense.

Many jurisdictions simply detain any youth with an alleged delinquency offense who is brought to the facility by law enforcement or any youth who is ordered detained by the court. Such facilities lack any real control over the number or type of youth they hold, which may result in unnecessary overcrowding. These same facilities may be required to house low-risk youth together with high-risk youth, often resulting in deteriorating behavior and attitudes among the former. Facilities may not have the option of diverting youth to nonsecure alternative programs that can serve low-risk youth more effectively and less expensively. In many detention facilities, the authority to make the decision to detain is generally defined in statute and assigned to the court. (See Ch. 2: Types of Facilities), [2]

Many jurisdictions around the country have been visionary in the management of their juvenile detention facilities and other resources for at-risk youth and have participated in detention reform efforts. These efforts have included the development and implementation of RAIs to support detention decisions that more successfully meet the needs of the community as well as individual youth.

Initial Information Gathering

Staff responsible for the admission and intake process should focus attention immediately on the youth to establish contact and to determine the youth's physical and mental condition. Staff should also use the transporting officer as a source of information. As part of the transfer of custody, detention staff should ask the officer if there is any vital information about the youth that the detention facility staff should be aware of or that would affect the youth's immediate safety.

Juvenile detention staff members often face situations at intake that present significant challenges. An intoxicated youth is a prime example. Direct care detention staff members generally lack the expertise to determine whether a youth may be admitted safely or if that youth requires medical care, such as detoxification, before admission to detention. It is important to know what a youth may have consumed, in what quantity, and over what period of time.

Only adequately trained medical personnel should manage detoxification. Detention facility staff members are usually not trained to evaluate a youth's need for medical care or to provide the necessary intervention. In the best situations, the detention facility has trained medical and mental health staff available at all times to determine whether a youth is safe to admit and to provide necessary care such as detoxification from alcohol or drugs. In the absence of such staff, a detention facility should provide written policy and procedure accompanied by training to guide staff decision-making. However, in many institutions, the policies, procedures, and training do not exist, forcing juvenile detention staff to make some very important decisions based on their own instincts.

Preliminary Safety and Security

The first moments of the admission process are important to establish the legal authority to detain the youth, to make an initial assessment of his or her physical and mental condition, and to begin establishing a rapport. It is also a time to begin implementing security measures. For example, conducting an immediate frisk search will assist in making sure that a youth has no contraband or weapons that could be used to hurt himself or herself or others. The transporting

officer may have already completed a frisk search, but the detention facility staff should also do so.

Any kind of search is invasive and a potential violation of the youth's sense of well-being. Continuously orienting a youth to the admission process and explaining what is going to happen next may mitigate feelings of violation. This technique reduces fear and anxiety, while placing the admission staff member in a nonthreatening and helpful role during an important security function.

As part of the frisk search, the detention worker should have the youth remove coats and other outer clothing and anything from his or her pockets so those items may be inventoried and secured.(See Ch. 8: Management and Facility Administration: Searches). [3]

Rapport and Information Gathering

The *process* of admitting a youth to detention is equally important. Although admission procedures are often hastily completed under adverse conditions, admission is critically important, because it is the first encounter the facility staff have with the youth and the youth with the staff. It is the first impression, it sets the tone for the entire stay in detention, and it is likely to affect outcomes. There is an art to engaging youth in the detention process. Each detention facility should establish clear policies and procedures to ensure that the admission experience is as positive as possible.

Confinement in detention is a complex situation, placing troubled youth together in a restricted environment with high levels of uncertainty. The risk of problems is very high for both the youth and staff. The mission of juvenile detention is the health, safety, and well-being of both the youth and the staff, and achieving these objectives requires good information, which is the foundation of good decision-making. To get this information, staff must be able to establish positive rapport with the new juvenile to ask the questions that will uncover the key bits of information.

The first moments after the youth comes through the door are critically important, because they set the tone—which is why well-trained and skilled staff should be assigned to perform admission and intake duties. It is a mistake to assume that the process consists simply of a list of tasks to be completed. The quality of the intake process is just as important as the duties involved.

For an effective process, staff must quickly establish that they are concerned for the youth's well-being. Rapport and information are the twin goals at admission and intake and are entirely complementary. To make sure that the process operates as effectively as possible, staff must gather good information. Staff decisions about what is in the best interest of the youth are no better than the information they acquire, and to get good information, staff members have to be able to establish rapport very quickly.

Effective detention facilities establish procedures to ensure that staff have as much information at admission as possible from the arresting officer or other individual delivering the youth to the facility. It is also important to acquire as much information as possible from the youth. Although delinquent youth are often remarkably candid, it is important to obtain information that can be very embarrassing to discuss, such as history of violence, drug use, depression and other mental health concerns, suicidal behavior, evidence of victimization, and sexually transmitted diseases.

Therefore, the better the relationship, the easier it is for the youth to be truthful and forthcoming with staff.

Admission Interview

The information-gathering process should begin with informal conversation. Through a relaxed and casual exchange, staff can uncover and address many of the youth's fears and apprehensions that can cause serious anxiety. After this initial informal conversation, the youth moves on to the more structured admission interview. During this process, the interviewer will collect much of the information necessary to manage the youth during his or her stay at the facility. One helpful technique is to establish **positive patterns of responding.**

To establish positive patterns, it is helpful to have some accurate information about the new detainee before his or her arrival at the detention facility or immediately thereafter, from the youth's facility file, from the agency's computer-based record, or from the transporting officer. Throughout the initial information-gathering process, the admissions staff member asks questions that confirm existing facts about the youth. In other words, staff should ask simple, non-threatening questions that require a simple yes or no answer, with the intention of getting mostly yes answers.

An example of a confirming question is: "You are 15 years old?" (Staff may have that information in the record.) Using the information available, staff should construct as many simple "yes" questions as possible to get the youth into the pattern of affirmative responses.

Next, the staff member asks questions that require very short and simple answers. "Where do you live?" "How many brothers and sisters do you have?" "What are their names and ages?" "What school do you attend?" "What grade are you in?" The positive pattern of responding is emphasized as youth continue to answer questions successfully and cooperatively. As this occurs, staff should reinforce this cooperative behavior through increased interaction, informal conversation, eye contact, smiles, and attention. This establishes the relationship and helps to build trust.

Once cooperation is established, staff can ask tougher questions to find out the key pieces of information that are critical to safeguarding the youth during his or her stay in the institution. Specific tools or instruments are used for that purpose to ensure that all vital topics are addressed. In addition, instruments that have been validated for a juvenile population (often normed for the specific jurisdiction) provide useful information. These instruments are designed to identify such issues as current feelings, emotional states, unusual behaviors, and potential for physical harm by asking questions such as, "Have you ever hurt yourself?" or "Have you ever tried to commit suicide?" Other questions relate to drug and alcohol abuse, such as "Do you use alcohol?" and "If so, how much, and how often?"[4] (See Ch. 5: Rights and Responsibilities [4], Ch. 12: Healthcare [5], and Ch. 15: Service and Treatment Plans). [6]

Admission Documents

Admission intake form. Each facility has documentation that must be completed as part of the admission process. Required paperwork usually includes questionnaires or instruments (see Admission Screening and Assessment), designed to gather information about a youth's physical

and mental health, drug and alcohol use history, suicide potential, and risk for violence or victimization. In addition, a general admission or intake form should be completed for every juvenile admitted to the detention facility and should contain at least the following information:

- Name, age, sex, date of birth, and place of birth.
- Race or ethnic origin.
- Name of person to notify in case of emergency.
- Date and time of admission.
- Social history.
- Special medical problems or needs.
- Personal physician.
- Height, weight, hair color, and eye color.
- Address and telephone number.
- School and grade.
- Employer, if applicable.
- Driver's license and Social Security and Medicaid numbers, if applicable.
- Name and relationship of the person with whom the youth lives.
- Parent or guardian's name, address, and telephone number.
- All identifying marks, scars, and tattoos.
- Name of the probation officer, if applicable.
- Religion.
- Referral (person that brought the youth to admission).
- Name and signature of the admitting official.
- Offense (charge indicated on police record, petition, court order, or bench warrant).
- Assigned identification number from the admission log book.
- Name of the person authorizing admission.[5]

Case record. The youth's case record is established at admission. All entries made into the case record should be dated and initialed or signed. If the case record is computer based, the staff member entering the information should include his or her own identifying information. At a minimum, the case record should include the following information:

- Initial intake information.
- Individual plan or program.
- Documented legal authority to accept the juvenile.
- Record of court appearances.
- Completed screening and assessment forms.
- Medical history.
- Signed receipt from the youth indicating acceptance of the facility's rules and policy handbook.
- Signed informed consent form.
- Notations of temporary absences from the facility.
- Visitors' names and dates of visits.
- Record of telephone calls made and received.
- Progress and counseling reports.
- Daily behavior logs.
- Grievance and disciplinary reports.

- Referrals to other agencies.
- Psychological and/or psychiatric evaluations.
- Educational assessments.[6]

Confidentiality laws and regulations may require that a juvenile's case record consist of more than one file. For example, the Health Insurance Portability and Accountability Act, 1996 (HIPAA)[7] establishes privacy requirements that generally mean that only medical professionals may access much of a youth's medical information. A medical file should be established and safeguarded from access by non-medical staff. In addition, a facility may establish a legal file with documentation of court information and admission authorization that is maintained centrally and separately from the unit file that contains such things as screening and assessment information, behavior and disciplinary reports, and daily logs. Any files or records from prior admissions must be readily accessible at the time a youth is readmitted to a juvenile detention facility. The case record consists of all official files compiled on behalf of a youth in detention.

Admission Screening and Assessment

Targeted screening and assessment. In addition to the facility's basic admission or intake form, other screening and assessment paperwork must be completed as part of the admission process. Grisso and Underwood, noted experts in juvenile screening tools, describe the process as relatively brief and "designed to identify youth who are at increased risk of having disorders that warrant immediate attention, intervention or more comprehensive evaluation. Screening, therefore, is a triage process, often employed with all youth entering a particular component of the juvenile justice system."[8] Screening is usually brief (10 to 30 minutes) and is not intended to provide psychiatric diagnosis. Screening is designed to suggest where there is a need for further assessment and indicate relatively immediate responses, such as suicide watch. All youth admitted to juvenile detention should be screened.[9]

Grisso and Underwood defined assessment as "a more comprehensive and individualized examination of the psychosocial needs and problems identified during the initial screening…and recommendations for treatment intervention."[10] Assessment is more time consuming and expensive and requires the expertise of a mental health professional. Assessment is usually reserved for a subset of screened youth.

Behavior screening. A behavior screen, which inquires about recent changes in behavior patterns in relation to social stressors, allows staff to make informed judgments about the youth's potential adjustment to the facility and its programs.

Suicide screening. All youth must be screened for suicide potential "immediately upon confinement and housing assignment."[11] Suicide screening policies must include referral for further mental health assessment as indicated by the screen.

Drug and alcohol screening. A drug and alcohol use screening is important for all youth as part of the admission process. Staff need to be alert to possible withdrawal symptoms or other drug-related effects. The effort extended in establishing rapport with the youth will pay off greatly at this point to help the youth respond honestly during this screening.

Initial medical screening. Comprehensive detention intake incorporates an initial medical screening that gathers basic, preliminary information such as recent hospitalization or other medical care, recent injuries or illnesses, current medications, allergies, and the name of the youth's primary healthcare provider. This screening is often completed by a non-medically trained staff member who can then provide the information to the medical staff for further assessment.

Other specialized forms or screening instruments are used to determine a youth's needs and to ensure youth and facility safety and security. Those instruments effectively and efficiently screen for issues such as substance abuse, symptoms of disorders, problems/strengths/needs, and cognitive abilities.

PREA screening. The Prison Rape Elimination Act (PREA) requires intake screening for a detainee's potential as a perpetrator or a victim of sexual abuse. PREA Standard 115.341 states:

a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

b) Such assessments shall be conducted using an objective screening instrument.

c) At a minimum, the agency shall attempt to ascertain information about:

1) Prior sexual victimization or abusiveness;

2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;

3) Current charges and offense history;

4) Age;

5) Level of emotional and cognitive development;

6) Physical size and stature;

7) Mental health or mental disabilities;

8) Intellectual or developmental disabilities;

9) Physical disabilities;

10) The resident's own perception of vulnerability; and

11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Some of this information is already obtained as part of the standard admission and intake process.[12]

In addition to the requirement that each youth admitted to a confinement facility be screened during intake (defined in the PREA Standards as within 72 hours of arrival,) PREA Standard 115.342 requires:

e) The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.[13]

There are validated instruments available for this required assessment.[14] Detention is intended to be short term. Timely completion of the mandatory PREA screening and assessment can be a challenge. Staff at the detention facility should use the critical period of admission to obtain at least initial self-report evidence along with any other details that may be immediately available, such as anecdotal information from prior admissions. The full screening must then be completed as expeditiously as possible to ensure appropriate classification as well as to offer essential services. The PREA screening is part of the admission *process* and must be completed within 72 hours. Other detention screening can and usually does occur within the first 24 hours. (See Ch. 12: Healthcare: Sexual Behaviors and the Prison Rape Elimination Act) [7]

Classification and Housing

In some contexts, "classification refers to the process of determining at what level of custody an offender should be assigned."[15] Generally, the RAI is used to help make that determination, and the youth may be placed in a nonsecure detention alternative program based on an objective assessment of risk of reoffending or of absconding. In this chapter, however, classification refers to placement in particular housing units and programs within the juvenile detention facility.

Most juvenile detention facilities use some kind of classification system at admission. From the perspectives of conditions of confinement and legal liability, juvenile detention facilities have a constitutional mandate to protect the safety of youth in detention, which generally means the establishment of a classification system that identifies and separates violent youth from nonviolent or vulnerable youth. That separation primarily affects housing assignment and sleeping arrangements. It does not require an entirely separate program during waking hours.

When all rooms in a detention facility are single occupancy, initial classification is somewhat simplified. Unless the facility is over its rated bed capacity, each youth is assigned to an individual room. However, if the number of detainees exceeds the capacity of the facility or of a living unit, special housing arrangements must be made. If the facility has double- or multiple-occupancy rooms, or the need to double bunk in single-occupancy rooms arises due to overcrowding, the detention facility must have a clear system of classification to ensure the safety of residents and the facility. That system must be designed to protect low-risk, nonviolent, or vulnerable youth from others who are identified as potentially violent.

Even if a detention facility has all single-occupancy rooms and does not exceed its rated bed capacity, it should still implement a classification system that addresses each youth's individual issues and needs. Just as teachers assess new students to determine the level of their schoolwork, detention facility staff are responsible for determining how a new detainee fits into the group living environment of the detention facility. Classification systems are used to assign detainees to particular programs and housing units. A classification system should evaluate the following information:

- Sex and age.
- Physical characteristics.
- Prior sexual victimization or abusiveness.
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex.
- Nature of the offense.
- Prior offense history.
- Behavioral reports and summaries from prior detentions.
- Social history.
- Psychological assessment.
- Conversations with admitting police officers.
- Information from probation officer or caseworkers.
- Status of gang membership.
- Physical indicators of violence (scars from fights or gunshots).
- Reports from other agencies.
- Self-reported data.

This information acquired during the admission process is also used to alert program staff to the need for additional information and assessment.

At admission, the first classification decisions are housing or group related. In medium or large facilities that have more than one housing unit and various program groups, classification usually involves the following issues: 1) separation of violent from nonviolent detainees, 2) separation of male from female detainees, and 3) separation of detainees based on level of sophistication and maturity. Classification may also be based on objective criteria such as age or size or on more arbitrary conditions such as mental maturity. Additional classification decisions are based on the number and range of programs offered at the detention facility and the varying needs of detained youth.

Another distinction among the youth held in custody is their status vis-à-vis the court. The role of juvenile detention facilities in the juvenile system has typically been to hold youth that are awaiting court adjudication or a long-term placement. In most states and jurisdictions, the function of detention has broadened; it is used as a post-adjudicatory placement as a consequence or punishment for delinquent behavior. This use has expanded as other secure placement options, such as antiquated training schools, have been closed or downsized.

Detention facilities have also become de facto mental health placements. The mental health system is often unable to meet the needs of dual diagnosis youth—those youth who have histories of delinquency along with mental health issues or serious drug or alcohol abuse problems. Detention facilities are often required to accept these youth based on their delinquency

charge and then must step up to the challenge of addressing mental health or substance abuse concerns. Detention facilities end up providing diagnostic and treatment interventions on a crisis basis, while arrangements are made for a more appropriate placement and corresponding treatment. The need to address these diverse issues begins at intake through appropriate classification. (See Ch. 2: Types of Facilities) [2]

Because detention staff usually have very little information about youth at the time of admission, the distinction between violent and nonviolent offenders is often based solely on the current offense. This can be misleading; some violent youth are charged with nonviolent offenses. In these cases, admitting staff members run the risk of mistakenly mixing violent and nonviolent detainees, with potentially detrimental results. In the absence of adequate information at admission, all new detainees should be housed in single-occupancy rooms until more information is assembled. When the facility exceeds capacity or when multiple-occupancy rooms are involved, the risk is increased. At this point of intake, accurate self-reported information is critical.

Property Inventory, Showers, and Searches

Inventory. The property inventory is an essential part of the admission process. Explaining clearly how the facility will safeguard the youth's property helps establish the interviewer and the institution as being trustworthy. The detention staff must list in detail any items that the youth has in his or her possession at admission, including the youth's clothing when that youth changes into facility clothing. The youth should be asked to sign the inventory form and be given a copy of it. Securing and storing the inventory in the presence of the youth will increase the youth's trust.

Showers. Youth admitted to detention should be required to shower before being placed in the housing unit to ensure the hygiene and health of the new youth as well as other youth in the facility. The shower should include the youth thoroughly shampooing his or her hair. Some facilities require that all youth use head lice shampoo during their admission shower. Although that may be a good precaution, head lice shampoo does not guarantee that the youth will be free of lice or nits. In either case, medically trained professional should follow up with a thorough examination for head lice.

After the youth showers, he or she should dress in facility clothing. A youth also receives basic hygiene items and is informed of the facility's system for replenishing those items.

Searches. Searches are a legitimate part of the admission process, because they ensure safety and order in the detention facility by controlling access to contraband. Several types of searches are used in confinement facilities, including inventory search, frisk search, strip search, body-cavity search, room or cell search, perimeter search, and vehicle search. The first two searches are always part of the admission and intake process. The other types of searches are conducted in detention facilities as required and authorized by state statute, applicable case law, and policy.

The **inventory search** is a thorough search of a youth's clothing or personal property brought into the detention facility at the time of admission, visitation, or official activity outside the detention facility. The youth's property is itemized, and the written inventory is stored securely with the property until the youth is released.

The **frisk search**, or clothed-body search, is a thorough pat-down of a youth's body and outer clothing. The frisk search does not require a youth to remove any clothing, except outer clothing such as a coat or jacket and, sometimes, shoes. A frisk search may also be accompanied by a wand search using a metal detecting, hand-held device.

The **strip search** and the **body-cavity search** are much more invasive and are subject to closer legal and professional scrutiny. The courts and professional associations have set guidelines for strip searches and body-cavity searches.[16] A line staff runs a substantial risk when conducting a strip search without the authorization of the facility administrator or supervisor. A common guideline adopted by courts and agencies in determining the appropriateness of admission strip searches is whether there is reasonable suspicion that contraband will be found. Facility policy, procedure, and training should define and explain "reasonable suspicion," including examples. Strip searches should always comply with applicable statute, case law, and agency policies; facility staff members should be familiar with those.

Strip search. When authorized to conduct a strip search, the admission staff should observe these guidelines for the protection of both the staff and the youth:

- Only specifically-trained staff may conduct a strip search.
- Only same gender staff may conduct strip searches. Policy may require that two staff members be present for all strip searches.
- Strip searches must be conducted in a private area of the facility.
- Staff must maintain a professional demeanor throughout the process.
- Youth should be asked to remove all of their clothing, and staff should refrain from inappropriate comments and staring.
- Staff must not touch a youth during a normal strip search.
- Strip searches must be documented as required by agency policy, including the justification for the search, such as reasonable suspicion. Documentation may include notations about unusual bruises, cuts, marks, or other concerns that could indicate abuse. This information should be passed on to the appropriate medical professional.

Body-cavity search. If a body-cavity search is to be conducted, staff should follow these guidelines:

- Only a licensed healthcare provider with authorization from the responsible physician *and* facility administrator should ever conduct a body-cavity search.
- The facility's policy and procedure must require that body-cavity searches be allowed *only* if there is reasonable suspicion that contraband will be found.
- Body-cavity searches may only be performed by same gender medical staff and must be conducted in private. It is generally advisable that two staff members be present during a body-cavity search.
- The primary role of facility healthcare staff is to serve the health needs of their patients. Conducting body-cavity searches for contraband can create an ethical conflict. Therefore, some agencies' policies require that body-cavity searches be conducted by outside professionals or someone on the facility staff who is properly trained but not involved in a therapeutic relationship with the juvenile.[17]
- Body-cavity searches should be extremely rare and must be documented as required by agency policy, including the justification for the search, such as reasonable suspicion.

(See Ch. 8: Management and Facility Administration: Searches) [3]

Orientation and the Resident Handbook

As a final step in the admission process, the youth should be oriented to the expectations of the facility. It is recommended that this orientation be done through a verbal review of a resident handbook, which contains information about the facility rules, sanctions, and rewards available for cooperative behavior; the youth's rights including visitation, mail, telephone use, and grievance procedure; how to access services such as medical, mental health, and clergy; and facility programs such as education, recreation, and volunteers. The handbook may be supplemented with video information, but neither should replace the process of a staff member explaining the rules verbally to the youth. The resident should sign a statement indicating that he or she has received a copy of the handbook and understands the staff member's explanation. During the orientation process, staff should be sensitive to the youth's educational level. If help reading the handbook is necessary, it should be provided in a nonjudgmental manner that does not embarrass the youth. If the juvenile does not speak English, an orientation should be conducted in the juvenile's native language and, if possible, a copy of the written handbook should be provided in that language as well.

An adequate amount of time is necessary for the orientation to be thorough and effective. The admission staff may not have time to complete that process thoroughly with their other duties. Therefore, orientation is often assigned to a direct care worker in the living unit to which the youth is assigned.

Special Concerns at Admission to Detention

Fear and apprehension. When youth come to detention and are clearly apprehensive and fearful, staff should take the time to convey several important messages to them. First, staff should explain that they are concerned about the youth's health, safety, and well-being, and should show concern directly by asking them how they feel and what has happened to them. Such expressions of concern are important in establishing a sense of trust on the part of new detainees. It is also important to verbally walk youth through the whole admission process when they are apprehensive. Staff can reduce a young person's sense of uncertainty by simply telling them in detail with calm reassurance what is going to happen next, at each step in the admission and intake process. Fear and apprehension are typical feelings for a youth admitted to a detention facility for the first time. And, an adolescent may attempt to mask that fear through anger or hostility.

Hostility. Hostile or belligerent youth behavior presents a number of different problems. If the youth's hostility is verbal bravado and not a physical assault, the admission staff member need not change strategy. The strategies that work with apprehensive youth apply to most other types of youth as well. Some of the more difficult youth require staff to be more patient and persevering in this approach. Establishing the positive patterns of responding discussed above can be helpful in dealing with a hostile youth.

To ensure an effective admission process, staff must get past the youth's anger and calm the youth so that the admitting staff member can ask the questions on the admission intake form and complete other necessary paperwork. For example, an admitting staff member can persist in

asking questions without becoming personally involved with the insults or name calling commonly associated with hostile youth. Staff must put that kind of expression of anger in its proper perspective. When a youth is truly angry, hostile, and belligerent, staff should expect venting. When this venting occurs, staff need to calm the youth to achieve necessary goals—establishing the relationship, getting good information, and making sure that the youth is successfully integrated into the program.

Anger and hostility at admission is not uncommon and should be expected. That emotional response may be the natural result of harsh and punitive treatment by an arresting officer. Such an interaction can escalate an already tense situation. However, many law enforcement officers are very skilled in defusing a youth's antagonism. A youth may also behave uncooperatively and aggressively because of being angry with himself or herself for committing an offense that resulted in arrest. The youth could be upset with parents, teachers, or peers for reporting an incident. If the detention staff responds in a calm and neutral manner, recognizing that the youth's reaction is not personal and perhaps not unreasonable, the intake can proceed.

Some institutions require or allow staff to confront anger and uncooperative behavior to immediately try to establish control, authority, and power—which may explain why so many detention facilities use solitary confinement or locked-room confinement as part of the admission process. Using confrontation with verbally inappropriate and hostile behaviors is unnecessary as a means of establishing control or authority. Doing so can aggravate a situation. A youth will notice the cinder block and concrete construction, the security hardware and locks, the wire glass, the metal doors, the steel handcuffs, or the security furniture. Control and security permeate most detention environments so pervasively that staff do not have to remind a youth who is in charge. Furthermore, it is rare for a youth to physically challenge the staff or the facility's security at the time of admission.

Depression and suicidal behavior. Another condition that requires each staff member's special attention is despondency or depression. Although despondency occurs at the opposite end of the emotional spectrum from hostility, the despondent or depressed youth can be more dangerous than the overtly hostile youth. During the admission process, staff must watch for signs that alert them to the risk of self-inflicted injury. As discussed earlier in this chapter, all youth must be screened for suicide potential during the intake process, "immediately upon confinement and housing assignment."[18] For purposes of suicide screening, the admission process may involve more than one staff member. There may be a staff member who is responsible for making the legal decision to detain and a different staff member assigned to complete the suicide and other specialized screening instruments. If the initial screening signals a suicide risk or if the staff learns that a youth has tried to hurt himself or herself, the facility must have policies and procedures in place that ensure a follow-up assessment by a mental health professional. If a suicide screening indicates that the youth is a risk for potential self-harm, staff should observe the youth constantly until a mental health professional conducts an assessment. (See Ch. 11: Mental Health) [8]

Admission and Intake to a Youth Correctional Facility—An Event and a Process

Admission and intake to a juvenile correctional facility differs from juvenile detention admission, as the two types of institutions have different roles and purposes within the juvenile justice system. However, juvenile correctional facilities also have necessary tasks to accomplish as part of the event and process of admission.

The juvenile correctional facility usually has much more information about committed youth than detention facility staff have, and a great deal of that information is available prior to admission. Ideally, the juvenile correctional facility has information on each youth *prior to* that youth's arrival. Most youth placed in a juvenile correctional facility are transferred there from a juvenile detention facility where screening and assessment should have already occurred. In many states, youth come to a juvenile correctional facility from an intake and diagnostic unit. The juvenile court, a youth's probation officer, case manager, the detention facility, and others may provide formal information about a youth before he or she is transferred for long-term commitment. The availability of information on each committed youth helps the facility to individualize the admission process and facilitates prompt provision of essential programs and services.

The American Correctional Association (ACA) recommends that the facility's written policies include at least the following:

- Determination that the juvenile is legally committed to the facility.
- A thorough and complete search of the juvenile and of his or her possessions.
- Inventory, storage, or disposition of personal property.
- Shower and hair care, if necessary.
- Issue of clean, laundered, properly fitting clothing, as needed.
- Issuance of personal hygiene articles.
- Medical, dental, and mental health screening.
- Assignment to and brief tour of the housing unit.
- Recording of basic personal data and information to be used for mail and visiting lists.
- Assistance to youth in notifying their families of their admission and procedures for mail and visiting.
- Assignment of a registered number to the youth.
- Provision of written orientation materials to the juvenile and verbal or multi-media orientation to the facility and program.[19]

Legal Authority

Although the decision to accept a youth to a juvenile correctional facility is much less complicated than to a juvenile detention facility, the facility must still ensure it has written legal authority to accept each youth. That documentation may arrive in advance of the youth's transfer, or it may accompany the youth. Legal authorization to place a youth in a juvenile correctional facility is usually in the form of a court order committing the youth. That order may be for commitment to a specific facility but is more often an order of commitment to the state agency responsible for long-term juvenile correctional facilities.

Depending on the state, the agency that receives the court's commitment order will then assign the youth to a specific facility. Placement decisions are based on a variety of factors that may include:

- Geography—the desire to place youth close to his or her home and family.
- Gender—facilities that program specifically for males or females.
- Security—ranging from maximum to staff secure.
- Treatment needs—such as programs to serve sex offenders.

Information Gathering

The event of admitting a youth to a juvenile correctional facility is similar to what occurs in a juvenile detention facility. The staff members involved should employ similar techniques, which are intended to defuse any potential anxiety or hostility. Staff have the opportunity at this point to ease a youth's fears and build trust. These are skills that staff can learn and develop and that can help to reduce problem behavior during admission. However, the court has committed these youth to a juvenile correctional facility, and the youth know in advance that long-term, secure confinement has been mandated for them. They have generally been in a detention facility or diagnostic unit prior to transfer and are more accustomed to institutional practices and expectations than those youth being admitted to a juvenile detention facility. A juvenile correctional facility is the most restrictive placement option in a juvenile justice system. Although many youth placed in a detention facility are experiencing their first out-of-home placement, many youth entering a juvenile correctional facility have had previous placements, making the commitment experience less intimidating for them.

Just as with the detention admission process, establishing rapport while gathering information can and must be done simultaneously. As with intake in detention, this process creates the initial impression and sets the tone for the youth's subsequent adjustment. Each juvenile correctional facility should establish clear policies and procedures to ensure that the experience is a positive one.

Systematic information gathering helps to ensure youth safety, facility security, and that the juvenile correctional facility is providing services and treatment designed to meet each youth's individual needs. As indicated above, this process may begin before the youth arrives. All information about a youth must be included in the youth's facility case record. In some state systems, youth may have a permanent case record that follows them to any placement to which the agency assigns them. When this is the practice, the juvenile correctional facilities are able to use that information in making classification decisions and developing treatment and service plans. (See Ch. 15: Service and Treatment Plans). [6]

Even if the facility receives written information on a committed youth in advance of placement, or if the facility receives a traveling file with extensive historical material, each youth must have a case record established at intake that contains information about the youth prior to placement, currently and on a continuing basis. The youth's individual service or treatment plan is based on all available information. The file will incorporate details about the youth's progress in achieving the goals and objectives in that plan.

The case record should include current health and medical information that may be recorded and maintained securely and available only to appropriate medical staff. The case record will include the youth's service or treatment plan (or both), educational information such as testing and credit details, and behavior logs that are linked to the service or treatment plan. Other information, such as family history, drug and alcohol use history, and treatment history will also be in in the case record.

Preliminary Safety and Security

Similar to the detention admission process, it is imperative that the admission event includes tasks that will aid in ensuring safety and security. Primary to that goal are searches of the youth and his or her property. As with admission to detention, an immediate frisk search should occur to make sure that the youth has no contraband or weapons that could be used to hurt himself, herself, or others. The frisk search is often accompanied by a wand search, using a metal detecting, hand-held device. A more invasive strip search or body-cavity search should only be conducted in accordance with applicable statute, case law, and agency policy.[20] As with youth admitted to juvenile detention, a strip search or a body-cavity search of a youth entering a juvenile correctional facility may occur only if there is reasonable suspicion that the youth may be concealing contraband. The case law regarding strip searches or body-cavity searches in juvenile correctional facilities is less clear than in juvenile detention facilities. However, juvenile PREA Standards that address strip searches are applicable to both types of juvenile facilities.

As with admission to juvenile detention, any kind of search is invasive and a potential violation of the youth's sense of well-being. A youth's feelings of violation may be mitigated by continuously orienting a youth to the intake process and explaining to the youth what is going to happen next. This technique reduces fear and anxiety, while placing the admitting staff member in a nonthreatening and helpful role during an important security function.

When a youth is admitted to a juvenile correctional facility his or her personal property is usually delivered securely and is not in the youth's possession. Even so, any personal property that a youth arrives with should be inventoried in his or her presence and stored securely.

Basic Needs

All youth should be required to shower and wash their hair upon admission if they are entering the facility from the community. Some facilities allow youth to forego that requirement if they are transported directly from another secure facility.

Some facilities allow youth to wear their personal clothing, but most require a uniform. Juvenile correctional facilities require youth to wear uniforms for several reasons—to ensure hygienic clothing; to avoid any inappropriate expressions through the choice of clothing, such as gang colors; to help identify a youth, such as requiring all youth in a particular unit to wear the same color tee shirt; and to eliminate theft or trading of clothing items. During intake, youth are issued uniform clothing that is clean and that fits properly. Youth should not be required to wear shabby or damaged clothing. A youth also receives basic hygiene items and is informed of the facility's system for replenishing those items.

Screening and Assessment

Although the juvenile correctional facility usually has information on a committed youth in advance of his or her arrival, it is important to conduct an initial screening or assessment on all youth for consistency and to have a baseline from which to establish service and treatment plans. Screening is a relatively brief effort conducted, as described by Grisso and Underwood, to obtain information indicating the need for immediate attention.[21] Initial screening usually occurs before a youth is committed to a juvenile correctional facility, and the facility should focus on the need for subsequent assessments. These may include suicide assessments; drug and alcohol assessments; current medical and dental assessments; updated mental health assessments;

vocational interests, if appropriate; educational assessment; religious background and interests; recreational interests; and other assessments as needed.[22] In addition, a PREA Screening and Assessment must be completed on all newly admitted youth.[23]

Classification and Housing Assignment

Similar to a juvenile detention facility, a juvenile correctional facility must make classification and housing assignments based on each youth's treatment and safety needs and on the facility's specialized programs. Typically, facilities have a written classification plan or policy that contains detailed procedures to aid in decision-making related to a youth's placement within the facility. These may include but are not limited to:

- Method of determining level of risk presented by the youth.
- Type of housing required.
- Criteria for youth participation in facility and community programs.
- Criteria for changing the status of the juveniles with procedural safeguards when there is an increase in custody level or transfer.
- Staff authorized to make classification or reclassification decisions.

Institutional classification systems frequently identify factors related to the need to separate specific youth from one another. Classification helps staff make decisions regarding placements of youth in housing units, in beds within these units, or for classroom assignments. Information to be considered would include whether the youth has any known enemies in the facility, whether he or she has any delinquent associates or is affiliated with a gang, whether the youth has family members in the facility, or whether he or she has a history of sexually acting out or victimization.

Facility size is a factor in making housing assignments, as are the levels of security available in the facility. Many juvenile correctional facilities initially assign all new residents to a separate unit for reception and orientation. Youth remain there for a set period of time, often one week to one month, before being assigned elsewhere in the facility. The subsequent placement is determined, at least in part, on the more thorough screening and evaluation that is conducted while the youth is on orientation status. ACA Performance-based Standards recommend that youth be provided with programming, including education, during their reception period, if that orientation occurs in a separate location or lasts more than one day. Written orientation materials should be provided in the youth's own language; a translation should be provided, as needed. If a literacy problem exists, a staff member should assist the youth in understanding written material.[24] Staff should take care to not embarrass youth who may be insecure about their ability to read.

Classification must consider youth and facility safety and security, so efforts must be made to separate violent youth from nonviolent youth. A juvenile correctional facility has more time than a detention facility does to review factors related to a youth's potential for violence or vulnerability to being victimized. Reliance on relatively superficial factors such as the commitment offense, without other evaluative tools, should not occur. In addition to the completion of screening and assessment by juvenile correctional facility staff and mental health providers, classification decisions should consider such things as:

- Information about a youth's prior sexual victimization or abusiveness.

- Any gender nonconforming appearance or manner or self-identification as lesbian, gay, bisexual, transgender, or intersex.
- Behavioral reports and summaries from prior placements.
- Prior offense history.
- Information from probation officer or caseworkers.
- Prior offense history.
- Status of gang membership.
- Physical indicators of violence (scars from fights or gunshots).[25]

Of course, a primary factor in making classification decisions is gender. If a facility is coeducational, male and female residents should be housed separately, and programming must be gender sensitive.

ACA standards recommend that "living areas are primarily designed for single-occupancy sleeping rooms; multiple-occupancy rooms do not exceed 20% of the bed capacity of the unit."[26] It is recommended that juvenile correctional facilities have single-occupancy rooms available for certain, identified youth, even if the facility also has multi-occupancy rooms or open dorm housing. At the least, single-occupancy rooms should be provided for:

- Youth with serious medical disabilities.
- Youth suffering from severe mental illness.
- Youth with physical disabilities that impair functioning as defined in Americans With Disabilities Act (ADA) standards.
- Youth who represent threats to the safety of others, self, or the facility, including sexual predators, youth who engage in self-harm and seriously aggressive or assaultive youth.
- Youth likely to be exploited or victimized by others.

The admission and intake event can positively impact the youth's attitude towards his entire stay at the facility. The process should be conducted professionally but sensitively. It is the first opportunity that the staff has to establish a healthy and constructive relationship with the youth and, done well, it can produce information that can assist the staff in addressing the youth's needs and treatment issues effectively.

Admission and Intake to an Adult Jail—An Event and Process

The admission of youth to adult jails is an exception to typical practice; juveniles are normally placed in juvenile detention facilities. The ACA's *Core Jail Standards* prohibit the "confinement of juveniles under the age of eighteen [to an adult jail] unless a court finds that it is in the best interest of justice and public safety that a juvenile awaiting trial or other legal process be treated as an adult for the purposes of prosecution, or unless convicted as an adult and required by statute to be confined in an adult facility."[27] However, all states have laws that allow for the use of confinement in adult jails for young people who are otherwise statutorily or chronologically considered juveniles. Young people end up in adult corrections systems in three basic ways: age of jurisdiction laws, transfer laws, and blended sentencing laws.[28] (See Ch. 2: Types of Facilities) [2]

Age of jurisdiction laws establish the age at which a youth is automatically under the jurisdiction of the adult court. Those laws vary among the states, but trend reports in the first decade of the 21st century indicate an increase in that age. Data from 2012 indicate that 38 states set the maximum

age for juvenile court jurisdiction at 17. Ten other states set the age at 16; two states set that age at 15. New York is one such state, where youth aged 16 and 17 are automatically tried in the adult system. Still, the 2012 numbers indicate a recent trend in a growing number of states toward keeping more youth in the juvenile system.[29]

Transfer laws allow a young person below the age of adult jurisdiction to be transferred, waived, or certified to the adult court system. That transfer may occur through a judicial waiver or decision, through prosecutorial discretion, or by categorical exclusion from the juvenile system based on the offense. In some jurisdictions, waiver to adult court will occur "if a youth engages in a crime while involved in a gang or some other behavior, that makes the case eligible for transfer to the adult court."[30]

Blended sentences are allowed in some jurisdictions where a juvenile disposition may be imposed on a youth but, if that youth does not succeed, he or she may be transferred to the adult corrections system on that same conviction.[31]

The Juvenile Justice and Delinquency Prevention Act (JJDPA) seeks to limit the incarceration of juveniles in adult jails. And, when juveniles are held in adult facilities, the JJDPA rules prohibit their contact with adult inmates. However, those regulations do not extend to young people transferred to the adult court.[32] Juveniles who are admitted to adult jails must be separated from adult inmates at all times by sight and sound. However, if that same young person has been certified for processing as an adult, sight and sound separation is not mandatory unless state law or other regulations require this. Nevertheless, many jurisdictions offer similar protections for transferred youth held in adult jails as they do for youth still considered to be juveniles under the law.[33] These protections often begin at the time of admission and intake.

Decision to Admit and Legal Authority

As with juvenile detention, admission to an adult jail is an event that involves the act of taking physical and legal custody of a juvenile on the basis of the statutory authority of a particular state. The adult jail must ensure that the youth meets the legal requirements for admission, either as a youth transferred or certified to the adult court or as a juvenile charged as an adult under state statute. Generally, the jail is notified that a juvenile will be transferred subsequent to the filing of charges in adult court or based on a court order of certification. Youth who are below the state's age of adult jurisdiction and who are subsequently certified or who are charged as adults may be placed in a juvenile detention facility first, pending legal action. They may also be booked directly into jail when charged with specific, serious offenses. When a youth is delivered to an adult jail for admission, that jail must confirm the youth's status and ensure that the necessary legal paperwork is in order, either before or at the time of admission.

Preliminary Safety and Security

Although safety and security are critical components of any confinement facility, there are unique aspects of those concerns in dealing with youth. For example, newly admitted youth should be "separated from the general population during the admission process."[34] Conducting an immediate frisk search will ensure that a detainee has no weapons or contraband, which could be used to harm himself or others. The transporting officer may have already completed a frisk search, but the jail staff must also do so. As discussed in the previous sections on admission to

juvenile detention and juvenile correctional facilities, any kind of search is invasive and has the potential for violating the youth's sense of well-being. Feelings of violation may be mitigated by continuously orienting a youth to the intake process and explaining to that youth what is going to happen next. This technique reduces fear and anxiety, while placing the admitting staff member in a nonthreatening and helpful role during an important security function. The jail staff must consider the youth's emotional maturity during the booking process and, particularly, while conducting the search. Staff should conduct searches calmly and professionally to mitigate a youth's heightened anxiety.

Property Inventory, Showers, and Searches

Inventory. As with juvenile facilities, the property inventory is an essential part of the jail admission process. Explaining clearly how the facility will safeguard the youth's property helps establish the booking officer and the jail as being trustworthy. The youth's personal items are also removed and inventoried at that time. The jail staff must document any items that the youth has in his or her possession at admission, including the youth's clothing, when that youth changes into facility clothing. The youth should be asked to sign the inventory form and should receive a copy of it. Securing and storing the inventory in the presence of the youth will increase the youth's trust.

Showers. Youth admitted to jail should be required to shower before being placed in the housing unit to ensure the hygiene and health of the new youth as well as other youth in the facility. The shower should include the youth thoroughly shampooing his or her hair. Some facilities require that all youth use head lice shampoo during their admission shower. Although that may be a good precaution, head lice shampoo does not guarantee that the youth will be free of lice or nits. In either case, a medically trained professional should follow up with a thorough examination for head lice.

After the youth showers, he or she should dress in facility clothing. A youth also receives basic hygiene items and is informed of the facility's system for replenishing those items.

Searches. Searches are a legitimate part of the admission process, because they ensure safety and order in the jail by controlling access to contraband. As in juvenile facilities, several types of searches are used in adult jails, including inventory search, frisk search, strip search, body-cavity search, and cell search. The first two searches are always part of the admission and intake process. The other types of searches are conducted in jails as required and authorized by state statute, applicable case law, and facility policy.

The **frisk search**, or clothed-body search, is a thorough pat-down of a youth's body and outer clothing. The frisk search does not require a youth to remove any clothing, except outer clothing such as a coat or jacket and, sometimes, shoes. A frisk search may also be accompanied by a wand search using a metal detecting, hand-held device. As part of the frisk search, the booking staff member should have the youth remove coats and outer clothing and remove anything from pockets, to be inventoried and secured. An additional precaution often includes requiring the youth to remove shoes, and allowing the youth to leave on shirt, pants, undergarments, and socks. [35]

The **strip search** and the **body-cavity search** are much more invasive and are subject to closer legal and professional scrutiny. However, federal statute and, often, state statute and agency policy

place limitations on strip searches, particularly searches of juveniles. Admissions officers in adult jails must be familiar with and comply with relevant case law, statutory requirements, and agency policy regarding strip searches and body-cavity searches.

Strip search. When authorized to conduct a strip search, the admission staff should observe these guidelines for the protection of both the staff and the youth:

- Only specifically-trained staff may conduct a strip search. That training should address issues related to a youth's age, maturity, and vulnerability.
- Only same gender staff may conduct strip searches. Policy may require that two staff members be present for all strip searches. That practice serves as a protection for the youth against undue invasion of privacy and for the staff against false accusations.
- Strip searches must be conducted in a private area of the jail.
- Staff must maintain a professional demeanor throughout the process.
- Youth should be asked to remove all of their clothing, and staff should refrain from inappropriate comments and staring.
- Staff must not touch a youth during a normal strip search.
- Strip searches must be documented as required by agency policy, including the justification for the search, such as reasonable suspicion. Documentation may note unusual bruises, cuts, marks, or other concerns that could indicate abuse and that should be examined by a medical professional.

Body-cavity search. If a body-cavity search is to be conducted, staff should follow these guidelines, which policy and procedure should indicate:

- Only a licensed healthcare provider with authorization from the responsible physician *and* facility administrator should ever conduct a body-cavity search.
- Body-cavity searches must only be allowed if there is reasonable suspicion that contraband will be found.
- Body-cavity searches may only be performed by same gender medical staff and must be conducted in private. It is generally advisable that two staff members be present during a body-cavity search.
- The primary role of facility healthcare staff is to serve the health needs of their patients. Conducting body-cavity searches for contraband can create an ethical conflict. Therefore, some agencies' policies require that body-cavity searches be conducted by outside professionals or someone on the facility staff who is properly trained but not involved in a therapeutic relationship with the juvenile.[36]
- Body-cavity searches must be documented as required by agency policy, including the justification for the search, such as reasonable suspicion.

Information Gathering, Orientation, and Paperwork

As is the case when admitting a youth to a juvenile detention facility, jail staff responsible for the admission and intake process should focus attention immediately on the youth to establish contact and to determine his or her physical and mental condition. Documentation should be as thorough and detailed as possible. Staff should also use the transporting officer as a source of information. As part of the transfer of custody, jail staff should inquire of the officer if there is

any vital information about the youth that the jail staff should know about or that would impact the youth's immediate safety.

Adult jails face situations at intake that present significant challenges when admitting youth. Although a youth may be facing adult criminal charges, that youth is still—chronologically, emotionally, and developmentally—an adolescent. Jail staff must consider that fact in effectively obtaining the information necessary to book the youth and make classification, housing and programming plans. Because youth are usually transferred from a juvenile facility, the jail will often receive some basic information that is not available for inmates arrested and brought directly to the jail.

As with juvenile detention facilities, the information gathering *process* is equally important as the *event* itself. A jail generally will ensure that the youth does not co-mingle with adult inmates during this process. Depending on the size of the jail, there may be one employee responsible for obtaining most intake information, or there may be several.

Medical and mental health staff may be available to get health history and mental health history and evaluate the youth's current state of mind. That process helps in determining immediate placement upon completion of the intake process.

Court services personnel may interview a youth regarding school, employment, and housing status. Normally, court services personnel determine whether persons would qualify for release on their own recognizance. However, a youth typically would not qualify for this type of release.

Booking and jail services personnel will verify information on the police report or probable cause statement provided at the time of the arrest or intake. These staff will also verify demographic information such as date of birth and address and request other information such as emergency contacts. Jail staff should offer an orientation to the youth, including an explanation of his or her rights, such as the grievance procedure, visitation, mail, telephone access, access to medical and mental healthcare, and available services and programs. Information should be provided about sexual abuse and any related services offered. The orientation should address the rules of the facility and sanctions for violating those rules. It is recommended that the youth read these rights and rules and sign an acknowledgement of having done so. Again, it is important for jail staff to consider the youth's age and level of maturity while gathering information and providing an explanation of expectations. Staff should consider the youth's literacy level and should verbally describe any written material as well. If the youth does not speak or read English, the orientation information should be available in a written translation. Regardless of language, staff should verbally review the orientation materials with each youth to make sure youth understand the content.

It is recommended that adult jail staff use the same techniques in interviewing youth as described for youth being admitted into a juvenile detention facility. Using positive patterns of responding will encourage the youth to behave more cooperatively and to be more truthful and forthcoming with information.

The booking personnel will also fingerprint and photograph each admitted youth, as required by local policies.

Admission Screening and Assessment

Youth admitted to adult jails undergo screening and assessment similar to youth entering a juvenile detention facility. This may occur during the booking process and be completed by the same officer who completes the legal admission. Or, specialized staff members may do the screening and assessment. As with juvenile detention, in addition to the facility's basic admission or intake form, other screening and assessment paperwork must be completed as part of the admission process. Screening and assessment instruments are used to aid in making classification and housing assignments.

Targeted screening and assessment. Again, as Grisso and Underwood describe, screening is "a relatively brief process designed to identify youth who are at increased risk of having disorders that warrant immediate attention, intervention or more comprehensive evaluation."[37] All youth admitted to an adult jail should be screened.[38]

Assessment is "a more comprehensive and individualized examination of the psychosocial needs and problems identified during the initial screening…and includes recommendations for treatment intervention."[39] Assessment is more time consuming and expensive and requires the expertise of a mental health professional. Assessment is usually reserved for just a subset of screened youth.

Suicide screening. All youth must be screened for suicide potential as part of the jail admission and classification process. A booking officer usually does initial suicide screening, unless mental health staff are available at all times for that purpose. Suicide screening policies must include referral for further mental health assessment as needed.

Drug and alcohol screening. A drug and alcohol use screening is important for all youth upon admission. The interviewer and staff need to be alert to possible withdrawal symptoms or other drug-related effects. The effort extended in establishing rapport with the youth will pay off greatly at this point if the youth is honest during this screening.

Initial medical screening form. Comprehensive jail intake also includes an initial medical screening that gathers basic, preliminary information such as recent hospitalization or other medical care, recent injuries or illnesses, current medications, allergies and the name of the youth's primary healthcare provider. This screening is designed to be completed by a non-medically trained staff member. The information is then provided to the medical staff for further assessment.

Other specialized forms of screening for issues like substance abuse, symptoms of disorders, problems/strengths/needs, and cognitive abilities may be conducted to determine a youth's needs and to ensure youth and facility safety and security

PREA screening. PREA requires intake screening for a jail inmate's potential as a perpetrator or a victim of sexual abuse. PREA Standard 115.41 states:

a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates.

b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

c) Such assessments shall be conducted using an objective screening instrument.

d) The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

1) Prior sexual victimization or abusiveness;

2) Whether the inmate has a mental, physical, or developmental disability;

3) The physical build of the inmate;

4) Whether the inmate has previously been incarcerated;

5) Whether the inmate's criminal history is exclusively nonviolent;

6) Whether the inmate has prior convictions for sex offenses against an adult or child;

7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

8) Whether the inmate has previously experienced sexual victimization;

9) The inmates' own perception of vulnerability;

10) Whether the inmate is detained solely for civil immigration purposes.

e) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

In addition to the requirement that each youth admitted to an adult jail be screened during intake, PREA Standard 115.42 requires:

a) The agency shall use all information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments for residents with the goal of keeping separate those inmates at high risk of being sexually victimized from the those at high risk of being sexually abusive.[40]

A validated instrument should be used for the PREA assessment. The adult jail should use the critical period of admission to obtain at least initial self-report evidence regarding a youth's potential risk or vulnerability. The full screening must then be completed as expeditiously as possible to ensure appropriate classification and housing as well as to offer essential services. The PREA screening is part of the admission *process* and must be completed within 72 hours. Other detention screening can and usually does occur within 24 hours.

Classification and Housing

Similar to juvenile detention, "classification refers to the process of determining at what level of custody an offender should be assigned."[41] Information acquired during preliminary screening, and possible subsequent assessment, is used to make initial housing and programming decisions. A jail often has an inmate management unit that ensures that classification determinations are made at admission. That unit will then reassess at predetermined intervals and confirm or reconsider a youth's classification.

The jail's classification system should consider objective factors such as gender, age, violence tendencies, and vulnerability.

At admission, the first classification decisions are related to housing or group. Just as with juvenile detention, in medium or large jails that have more than one housing unit and various program groups, classification usually involves the following issues: 1) separation of violent from nonviolent detainees, 2) separation of male from female detainees, and 3) separation of detainees based on level of sophistication or on some arbitrary assessment of age, size, and mental maturity. Additional classification decisions may be based on the number and range of programs offered. However, due to the relatively small proportion of youth inmates, most jails are only able to separate them from adults without being able to separate sub-groups of youth inmates.

Special Concerns and Challenges

Sight and sound separation of juveniles. JJDPA requires that states establish "rules on 'sight and sound' regulations in managing juveniles in jails."[42] However, those "rules around the management of juveniles who might end up in jail do not extend to youth who may be transferred to the adult court, and tried in the adult justice system."[43] Nevertheless, with the advent of PREA, most jails make every reasonable effort to keep youth separated from adult inmates. PREA Standard 115.48 addresses that issue:

> Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing less than 24 hours while completing the assessment.[44]

Safely keeping youth separated from adult inmates while upholding their right to not be segregated involuntarily under this PREA rule creates a particular challenge for jails. Even large jails usually have only a small number of youth inmates. It is not cost-effective to have entire housing units dedicated to this small group. Some jails have implemented procedures to ensure the safety of youth without segregation. For example, the Washoe County Jail (Nevada) provides "24-hour direct supervision to maintain reasonable separation between juveniles and adults; the tier time (free time out of cell) schedule dictates that at no time will adult inmates be out with the juvenile inmates; and meal services are directly supervised by the unit deputies."[45] Physically isolating youth may have a detrimental emotional impact and heighten a youth's potential for self-harm.[46]

Gang affiliations. Many juvenile inmates housed in adult jails are affiliated with gangs in the community. Youth gang members are especially susceptible to social pressure to maintain a hardened persona while incarcerated and may succumb to expectations to act out in violent ways.

It may be necessary to house juvenile members of rival gangs separately from each other, in addition to separating youth from adult inmates.

Transportation. Best practice is to transport youth separately from adult inmates. Transporting youth to and from court hearings or other outside appointments can present scheduling and staffing challenges for jails and their parent agencies.

Education and other programming. Ensuring that youth in adult jails have access to programs equivalent to those available to adult inmates can be difficult. Youth should be able to participate in any and all activities, unless those programs are clearly inappropriate for an adolescent. Youth should be able to participate in religious programming and meet with the jail chaplain or other clergy. Youth should be able to access the jail library, television, and any other free-time opportunities. Juveniles must have comparable access to visitation including, if possible, contact visits. Most important, given their age, youth must have access to comprehensive educational programming. These programs and how youth may take advantage of them must be explained during the admission process.

Depression and suicidal behavior. As with youth who are admitted to a juvenile detention facility, those admitted to an adult jail are at heightened risk for suicide. It is important for jail staff to be aware of a youth's affect and behavior and note any signs that may indicate the risk of self-inflicted injury. As discussed previously, all youth must be screened for suicide potential during the intake process, "immediately upon confinement and housing assignment."[47] The facility must have policies and procedures in place that ensure a more in-depth assessment by a mental health professional when the initial suicide screening indicates a suicide risk, or if the staff learn that a youth has tried to hurt him or herself or if staff have any related concerns. If suicide screening indicates that the youth is at risk for self-harm, the youth should be observed constantly until he or she is assessed by a mental health professional. (See Ch. 11: Mental Health) [8]

During the admission and intake process, staff can help to establish a sense of safety for the youth and communicate the facility's expectations. Completed competently, the process can minimize behavior problems and can enhance the jail's overall programs for youth inmates.

Admission and Intake to an Adult Prison—An Event and a Process

Admission and intake of youth to adult prisons varies greatly across the country, based on statutory and policy differences among individual states and between states and federal prison systems. These variations include state laws that determine the age of adult jurisdiction. In addition, state and federal prison agencies take different approaches for philosophical or practical reasons, often subsequent to research on adolescent brain development, "showing that brain maturation is a process that continues through adolescence and into early adulthood."[48] Specifically, research verifies three aspects of adolescent brain development that create challenges for adult prisons. (See Ch. 6: Adolescent Development) [9]

- ***Short-sighted decision-making.*** Research confirms that adolescents have a less developed sense of future consequences of their actions.
- ***Poor impulse control.*** Research also tells us that "adolescents are both less sensitive to risk and more sensitive to rewards—an attitude that can lead to greater risk-taking."[49]

- ***Vulnerability to peer pressure.*** Here, research indicates that susceptibility to peer influence lessens as the young person ages.

Research on brain development seems to verify what veteran practitioners have long known: Younger offenders comprise a very small proportion of the population in adult prisons, but they present significant and unique challenges. Corrections systems often lack age-appropriate services and supports. Youth have less access to rehabilitation and to the family support that is so important to their success upon release. Youth may be negatively influenced by the stigmatization or labeling effects of being a convicted felon. Youth often have a sense of resentment and injustice when tried in adult court. And, youth are susceptible to "peer deviance training"—learning criminal mores and behavior while incarcerated with adults.[50] All of these factors should be considered in the decision-making process that occurs during admission and intake of a juvenile to an adult prison. Although juvenile and adult corrections professionals have generally opposed the placement of minors in the adult corrections system,[51] all states and the federal government currently allow this placement to occur in some fashion. (See Ch. 2: Types of Facilities). [2]

Decision to Confine and Legal Authority

The decision to admit a youth to an adult prison is similar to that of a juvenile correctional facility. The youth is tried and convicted in adult court, and the court commits that youth for a period of time to an adult corrections facility. Typically, the court commits the youth to the state's department of corrections or the federal Bureau of Prisons (BOP), and that agency makes the decision regarding placement. A youth is then placed in a particular institution and to an assigned unit within that institution. Some jurisdictions separate inmates by age using designated facilities for younger inmates. Some jurisdictions have units designated for youth within larger facilities. In general, the state department of corrections or the BOP makes the decision to admit a youth to the prison, subsequent to the court's order. The admission staff needs to verify that each new admission is legally committed to the adult correctional system by court order, statue, or compact agreement. The prison must accept the youth, but prison administrators must often make housing decisions within constraints, such as available beds.

Some states have entirely separate facilities designated for youthful inmates, although how they define their populations may vary. Often those facilities house inmates up to age 25. Most adult prisons are large enough to designate separate housing units for juveniles to adhere to federal mandates that there be sight and sound separation. Level of security may also be a factor in making housing assignments. Many adult correctional facilities initially assign all new residents to a separate unit for reception and orientation. Youth remain there for a set period of time, often one week to one month, before being assigned elsewhere in the facility. That subsequent placement is determined, at least in part, by the more thorough screening and evaluation that is conducted while the youth is on orientation status. Youth are generally provided with programming, including education, during their reception period if that orientation occurs in a separate location or lasts for more than a few days. Written orientation materials should be provided in the youth's own language or should be translated. If a literacy problem exists, a staff member should assist the youth in understanding written material.

Information Gathering and Paperwork

To make effective decisions regarding placement and services for youth in an adult prison, comprehensive information must be obtained. Techniques that work with youth admitted to juvenile confinement facilities are equally effective in acquiring necessary, reliable information from a youth entering a prison. Although the youth is in an adult corrections environment and has been convicted of an offense in the adult court system, that youth is still emotionally and developmentally an adolescent. That youth may have feelings of fear, apprehension, and hostility similar to those that a youth entering a juvenile facility for the first time might have. Using the positive patterns of responding described earlier in this chapter can be useful in the information-gathering phase in a prison setting as well.

Youth who are prosecuted in the adult criminal justice system are usually confined for lengthy periods prior to conviction and sentencing, and they are accustomed to confinement. However, a youth sentenced to prison knows that he or she may be among adult felons and will be justifiably apprehensive and uncertain. That anxiety can be lessened when staff members are knowledgeable about such issues as adolescent development. Just as with the admission process in a juvenile confinement facility, establishing rapport while gathering information can and must be done simultaneously.

Systematic information gathering helps to ensure that the prison provides services that can most effectively meet each youth's individual needs while also ensuring youth safety and facility security. As indicated above, that process may begin before the youth arrives. Information from the juvenile justice system, the jail where the youth may have been housed, court pre-trial services, or adult probation should be obtained in advance of the youth's placement, or as soon as possible. At a minimum, the following information should be obtained on each new admission: name; address; social security number; date of birth; height, weight, eye, and hair color; race and ethnic origin; next of kin and emergency contact information; and a listing of scars, tattoos, or other identifying marks.[52]

Preliminary Safety and Security

Similar to the process of admission to a juvenile correctional facility, it is imperative that the admission event includes tasks that will aid in ensuring safety and security. Primary to that goal is the need to keep young offenders separated from the adult population. This may be accomplished through early detection, observation, and escorts.[53] It is particularly important to comply with the PREA Standard requiring the sight and sound separation of youth from the adult population.[54] The sooner the institution is aware that a youth will be placed there, the more prepared that facility can be to meet that youth's needs. Ideally, the institution will receive some information about the youth in advance; however, that information may not be available until the youth arrives. Placing youth in observation cells where they are directly visible to staff can help to keep a youth inmate safe. And escorting the youth to his or her cell or elsewhere, particularly during the intake and reception process, offers an additional level of safety.

Also critical to ensuring security are searches of the youth and his property. Staff should conduct a frisk search to ensure the youth has no contraband. And, as with other juvenile and adult confinement facilities, the prison officer must always conduct that search, even if the transporting officer states that the youth has been searched. The initial frisk search must be conducted immediately upon entry into the prison and may be accompanied by a search with a hand-held, metal detecting wand. A more invasive strip search will also likely be conducted, in accordance

with applicable statute, case law, and agency policy. Body-cavity searches are rarely conducted and must also be done in accordance with applicable statute, case law, and facility policy.

As discussed above, any kind of search is invasive and a potential violation of the youth's sense of well-being. This can be traumatic when the youth is already feeling a heightened sense of anxiety, vulnerability, and weakness. Being subjected to a strip search or a body-cavity search could intensify a youth's fears, sense of hopelessness, and potential for self-harm. Any feeling of violation may be mitigated by continuously orienting a youth to the intake process and explaining what is going to happen next. This technique reduces apprehension and anxiety, while placing the admitting staff member in a nonthreatening and helpful role as an important security function is completed.

If a youth admitted to an adult prison has personal property, that property is usually delivered securely and is not in his possession. However, any personal property that a youth arrives with should be inventoried in his presence and stored securely.

Basic Needs

All youth should be required to shower upon admission. The youth may also be required to have a haircut, be photographed and fingerprinted, and have DNA testing, in accordance with statute, case law, and agency policy.

During intake, youth are issued uniform clothing that is clean and that fits. Youth should not be required to wear shabby or damaged clothing. Along with clothing, a youth receives basic hygiene items and is informed of the facility's system for replenishing those items.

Screening and Assessment

The state department of corrections, the BOP, and the prison to which a juvenile is assigned usually have information on a sentenced youth, similar to what is received by a juvenile correctional facility. However, it is important to conduct initial screening and assessment on all inmates for consistency and to have a baseline from which to establish service and treatment plans. The unique needs of juveniles make this process even more important. Initial screening and assessment has usually already occurred before a youth is committed to an adult prison. The prison should focus on updating any prior information and completing additional assessments particular to the adult prison. Those assessments may include suicide assessment; drug and alcohol assessment; current medical and dental assessments; updated mental health assessment; vocational interests (if appropriate); educational and vocational assessment; religious background and interests; recreational assessment; and other assessments as needed. In addition, a PREA Screening and Assessment must be completed on all newly admitted youth as required.[55]

Screening and assessment in an adult prison is usually completed during a period of orientation and is not part of the initial intake event. That period may last for a few days to a few weeks. Specialized staff members usually do the screening and assessment. The prison's basic admission paperwork must be completed upon entry, but other screening and assessment paperwork must be completed as part of the admission and orientation process. In many institutions, youth receive the same screening and assessment regimen as adult inmates. In some cases, additional or different tools will be used to focus specifically on the needs of the adolescent inmate.

Targeted screening and assessment. As stated above, screening is concise and identifies immediate concerns or needs that require intervention. All youth admitted to an adult prison should be screened.[56]

Assessment is a more detailed and individualized examination of the psychosocial needs and recommendations for treatment intervention.[57] Assessment is more time consuming and expensive and requires the expertise of a mental health professional. Assessment in a long-term setting such as an adult prison should also occur with each admitted youth.

Mental health screening. In-depth mental health screening and assessment of youth in adult institutions is particularly critical. ACA standards address this issue: "All intersystem and intra-system transfers will receive an initial mental health screening at the time of admission to the facility by a trained or qualified mental healthcare professional. The mental health screening includes, but is not limited to:

Inquiry into:

- whether the offender has a present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and outpatient psychiatric treatment
- whether the offender has a history of treatment for substance abuse

Observation of:

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- to the general population
- to the general population with appropriate referral to mental healthcare service
- referral to appropriate mental healthcare service for emergency treatment."

Mental health screening and assessment is an important aid in making classification and housing assignments. ACA standards also require a mental health appraisal within 14 days of admission that is more detailed and may require input from a psychiatrically and medically trained mental health professional, as this appraisal includes history and need for psychotropic medication.[58]

Drug and alcohol screening. A drug and alcohol use screening is important to determine service and treatment needs.

Initial medical screening form. Comprehensive prison intake also incorporates an initial medical screening that gathers basic, preliminary information such as recent hospitalization or other medical care, recent injuries or illnesses, current medications, allergies, and the name of the

youth's primary healthcare provider. This screening may be completed staff member that is not medically trained, and the information is then passed on to the medical staff for further assessment. More often, a medical professional will complete medical screening in a prison.

Other specialized forms or screening instruments may be used to determine a youth's needs and ensure youth and facility safety and security. These instruments can effectively and efficiently screen for issues such as substance abuse, symptoms of disorders, problems/strengths/needs and cognitive abilities.

PREA screening. The same PREA Standards that apply to adult jails are also applicable to adult prisons. Adult prisons must screen all inmates in accordance to PREA Standards 115.41 and 115.42 as discussed above. Therefore, "All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates." And, "Intake screening shall ordinarily take place within 72 hours of arrival at the facility."[59]

A validated instrument should be used for the PREA assessment. It is important for the prison to use the critical period of intake to obtain at least initial self-report evidence regarding a youth's potential risk or vulnerability. The full screening must then be completed as expeditiously as possible to ensure appropriate classification and housing as well as to offer essential services. The PREA screening is part of the admission *process* and must be completed within 72 hours. Other detention screening can and usually does occur within 24 hours.

Orientation, Classification, and Housing Assignment

Some states place new offenders in a separate facility or a separate unit for reception and orientation. That placement may last anywhere from a few days to a few weeks. In addition to the screening and assessment described above, this time is used to orient the youth and to make classification decisions and housing assignments.

Prison staff should offer an orientation to the youth, including an explanation of his or her rights, including the grievance procedure, visitation, mail, telephone access, access to medical and mental healthcare, and other available services and programs. Information should be provided about sexual abuse and any related services offered. The orientation should also address the rules of the facility and sanctions for violating those rules. It is recommended that the youth read these rights and rules and sign an acknowledgement. Again, it is important for prison staff to consider the youth's age and level of maturity while gathering information and providing an explanation of expectations. Staff should consider the youth's literacy level and should verbally describe any written material as well. If the youth does not speak or read English, the orientation information should be translated.

National standards establish requirements for the housing of youth inmates. PREA Standards are discussed above and mandate sight and sound separation. The ACA standards also address the housing of this population. "If youthful offenders are housed in the facility, written policy, procedure, and practice provide that they are housed in a specialized unit for youthful offenders except when:

- a violent, predatory youthful offender poses an undue risk of harm to others within the specialized unit; and/or
- a qualified medical or mental-health specialist documents that the youthful offender would benefit from placement outside the unit.

Written policy, procedure, and practice provide for the preparation of a written statement of the specific reasons for housing a youthful offender outside the specialized unit and a case-management plan specifying what behaviors need to be modified and how the youthful offender may return to the unit."[60]

Because only a small proportion of a prison's population is comprised of youth, implementing a comprehensive classification system is challenging. Nevertheless, the adult prison must address the particular needs of youth in making classification decisions. ACA standards require that the institution establish "classification plans for youth that determine level of risk and program needs developmentally appropriate for adolescents. Classification plans shall include consideration of physical, mental, social, and educational maturity of the youthful offender."[61] These plans are based on the entirety of information obtained on the youth at the time of commitment, and the screening and assessment information that is acquired after admission.

Strip Searches on Youth in Juvenile and Adult Facilities

Fundamental Differences between Juveniles and Adults

The U.S. Supreme Court and federal statute have established that youth are different from adults; juvenile detention and corrections facilities and adult jails and prisons must account for these differences when deciding to conduct strip searches on the youth in their custody.

Over the past several years, a series of U.S. Supreme Court cases has changed the constitutional landscape and established that the fundamental differences between youth and adults should translate into youth being treated differently than adults in the juvenile and criminal justice context. In *J.D.B. v. North Carolina*, the Court found that, when determining whether a youth can knowingly waive *Miranda* rights, law enforcement officials must consider a youth's age, "because childhood yields objective conclusions" that allow law enforcement to take the child's age into account.[62] The Court also established that youth are constitutionally different from adults in the sentencing context,[63] noting the developmental differences between youth and adults, including that youth have a lack of maturity, are more vulnerable to outside influences, and do not have as well formed character or personality as adults.[64]

In addition, several federal statutes—including PREA and the JJDPA—have recognized that youth are different than adults and have created separate standards for youth who are placed in juvenile detention facilities and for those in adult jails and prisons.

Strip searches for youth have been addressed in various contexts, such as schools, juvenile detention and correctional facilities, and adult jails and prisons. As a federal district court noted, this case law reflects a "constitutional spectrum" under which "the standard for analyzing strip searches of children at [a juvenile detention facility] falls somewhere between the standards that govern searches of adult prison inmates and searches of school children."[65] It follows that the idea of a "constitutional spectrum" would also apply to children placed in adult jails and prisons.

Strip Searches in Juvenile Detention Centers

Case Law

In *Bell v. Wolfish*, the United States Supreme Court evaluated 4th Amendment claims regarding searches involving prisoners. The court noted that the test of reasonableness under the 4th Amendment is not capable of precise definition or mechanical application, but rather requires balancing the need for the particular search against the invasion of personal rights that the search entails. It is also necessary for courts to consider the scope of the particular intrusion, the manner in which it is conducted, the justification for initiating it, and the place in which it is conducted.[66]

Although the U.S. Supreme Court has not ruled on a standard for strip searches in juvenile detention facilities, several lower courts have addressed this issue and recognized the differences between youth and adults. For example, when the court in *Mashburn* noted that the standards for juvenile facility strip searches fell on a "constitutional spectrum," it took into account that children have a more acute vulnerability to the intrusiveness of a strip search. The court explained that strip searches of children raise unique concerns, because youth "is a time and condition of life when a person may be most susceptible to influence and to psychological damage."[67]

Two district courts have found that strip searches were unreasonable or conducted without reasonable suspicion. In *Moyle v. County of Contra Costa*, the district court in Northern California found that a detention center's blanket policy to perform strip and visual body-cavity searches without having a reasonable suspicion that such searches would produce contraband or weapons was unconstitutional.[68] Instead, the court required that reasonable suspicion to search a youth "depends on the facts known at the time of the strip search."[69] A similar blanket strip search policy was rejected in *T.S. v. Gabbard*, where the detention center stated that the purpose of the search was "not to discover contraband," but, "to document any obvious signs of injury, illness, infection or abuse," even if the detention staff did not have reasonable suspicion that the youth may have an underlying medical condition or injury.[70] The court found no evidence to justify the extensive scope of and serious invasion of personal privacy and that less intrusive alternatives should meet the facility's legitimate interests.[71]

However, other courts have upheld strip searches of youth in juvenile detention facilities if those searches are based on a reasonable suspicion that a strip search was necessary. In *Justice v. City of Peachtree City,* the Eleventh Circuit court held that "law enforcement officers may conduct a strip search of a juvenile in custody, even for a minor offense, based upon reasonable suspicion to believe that the juvenile is concealing weapons or contraband."[72] The Second Circuit court held that a strip search performed upon a juvenile's initial admission into a detention center was reasonable under the 4th Amendment, but that subsequent searches (in this case the juveniles had been strip searched eight additional times)—absent any reasonable suspicion that the juveniles had acquired contraband—were unreasonable.[73]

Several other courts have also addressed the intrusiveness of the strip search. In *Smook v. Minnehaha County,* the Eighth Circuit held that a juvenile detention center policy of requiring partial removal of clothing during searches of juvenile detainees, regardless of the seriousness of the charged offense or the existence of suspicion was reasonable under the 4th Amendment and that the defendants were entitled to qualified immunity.[74] Similarly, in

Mashburn, the court held that strip searches *can* be conducted without reasonable suspicion, but the "scope of the detention facility's strip search must account both for the need that justifies the search and the acute vulnerability of the searched child. Although general institutional security concerns may justify a brief strip search to inspect for contraband that would be hidden by a child's underwear, a greater showing of need is required to justify keeping a child undressed to conduct an extensive search of areas that can be searched while the child is partially or fully clothed."[75]

Standards

Beyond case law, both national and state standards exist with regard to strip searches on juveniles in juvenile detention centers. At the national level, the *Juvenile Federal Performance-Based Detention Standards Handbook* explains that juvenile detention facilities can conduct strip searches that are "conducted in a manner that preserves constitutional rights[, and t]he searches and the contraband found are documented."[76] However, body-cavity searches are "only conducted by qualified health care personnel outside of the facility, authorized by the facility director, and followed up with an incident report."[77]

In addition, the federal PREA Standards provide guidance on strip searches of youth in juvenile detention facilities. The PREA Standards prohibit "cross-gender strip searches and visual body cavity searches except in exigent circumstances or when performed by medical practitioners."[78] The juvenile standards also specifically "prohibit cross-gender pat-down searches of both female and male residents except in exigent circumstances."[79] Any cross-gender pat-down, strip, or body search must be documented.[80] The PREA Standards also specifically address searches of transgender or intersex youth by prohibiting staff from "searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status."[81] Finally, the state agency must train facility staff on "how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."[82]

Each state also has standards that deal with strip searches on youth in juvenile detention facilities. Many states require juvenile detention centers to have written procedures to address intake searches and searches performed on juveniles returning from activities outside of the facility. For example, California, Oregon, and several other states require facilities to have written procedures that discuss the use of strip searches in the facility.[83] Other state standards permit blanket strip searches of youth when they are admitted and after returning to the facility from off grounds, but all other strip searches must be based on reasonable suspicion or belief that the youth is carrying contraband or other prohibited material.[84] Another common provision in state standards is that the search on a juvenile must be conducted by a staff member of the same sex.[85]

Juveniles in Adult Facilities

Each year, an estimated 250,000 youth in the U.S. under age 18 come into contact with the adult criminal justice system.[86] Youth can be held in adult jails and prisons under several circumstances, including if their case is prosecuted in adult court under state or federal transfer law,[87] under very limited conditions while their case is pending in juvenile court,[88] or if the youth reaches the age of the state's majority, but still falls under the extended jurisdiction of the juvenile court.[89]

Related research on youth in adult jails and prisons shows that the "inherently harmful, humiliating, and degrading"[90] nature of strip searches may affect youth more than adults and that youth are uniquely vulnerable while they are held in these facilities. First, youth in adult jails and prisons face a high likelihood of physical and sexual assault;[91] a vulnerability that lasts throughout the youth's sentence if they are placed in an adult prison before reaching the age of 18.[92] The very thought of youth standing naked and vulnerable in front of a group of adults offends the conscience; however, for youth in adult jails and prisons who have been transferred to adult court, the strip search process is the first time that they may be seen by adults with whom they will be spending months, if not years, housed together. A strip search may further increase the youth's sexual vulnerability and feelings of weakness, perhaps heightening the youth's fear of entering the facility. Second, youth in adult jails and prisons are much more likely to commit suicide when compared to the general population[93] and have some of the highest mental health needs.[94] Being subjected to a strip search could increase a youth's feelings of despair or hopelessness.

Case Law

In *Florence v. Board of Chosen Freeholders*, the U.S. Supreme Court addressed the constitutionality of strip searches in adult jails, finding that "security imperatives involved in jail supervision" allow jail officials to strip search detainees absent a reasonable suspicion of the existence of contraband.[95]

However, the *Florence* decision is not likely to apply to youth in adult jails or prisons for two reasons. First, in *Florence*, the Court made clear that its support of a blanket strip search policy was limited to circumstances in which the individual would be placed directly into the jail's general population following the search and did not address "the types of searches that would be reasonable in instances where, for example, a detainee will be held without assignment to the general jail population."[96] This distinction is important for youth, as both the JJDPA and PREA require the separation of youth from the general population in adult jails and prisons. For youth who are under the jurisdiction of the juvenile court for a delinquency offense, the JJDPA requires that youth can only be placed in adult jails under very limited circumstances under six hours for processing or up to 48 hours for youth in rural areas awaiting an initial court hearing).[97] Even in these limited circumstances, youth must be sight and sound separated from adults in adult jails.[98] For youth who are under the age of 18 and under adult court jurisdiction, PREA Standards require that youth cannot be placed in a housing unit in an adult prison, jail, or lockup where the youth will have contact with adults in common spaces, shower areas, or sleeping quarters.[99] When not in housing units (for example, in a cafeteria or recreation room), youth must be "sight and sound" separated from adults unless they are directly supervised by staff.[100] Therefore, youth in adult jails and prisons will rarely be placed in the general population of jails and prisons and will be instead placed in isolation or a smaller, youth-specific unit.

Second, *Florence* is particularly distinguishable with regard to youth in adult prisons. The essential operational and population differences between jails and prisons make the immediate safety concerns pertaining to strip searches in the jail setting less relevant in the prison setting. When compared to adult prisons, adult jails have a much higher population turnover and a significantly shorter intake and evaluation process.[101] Jails also serve as a buffer to the adult prison system and typically deal with individuals who are being brought in directly from the street with issues such as "possible drug ingestion prior to entering jail."[102] Given these differences, the concerns

raised in the jail context—many of which center around the original intake of the individual into the facility—are not applicable in prisons.

Since the *Florence* decision, a district court directly addressed the issue of strip searches of youth in adult jails. In *Trujillo v. City of Newton, Kansas*, the federal district court of Kansas held that the strip search of a juvenile booked at an adult detention center was constitutionally permissible, because "the strip search was sufficiently based upon the *reasonable suspicion* that Plaintiff had concealed drugs on her person."[103] Therefore, the *Trujillo* court utilized a higher standard—reasonable suspicion—for a youth in an adult jail than *Florence*, which would have permitted the strip search of an adult held in the same facility, even without reasonable suspicion of contraband.[104]

Standards

A review of state standards found no statutes that clearly delineate between strip searches on youth in juvenile and adult facilities. However, with adult jails and prisons, this information may be addressed in a facility's internal policies, which can be difficult, if not impossible, to access publicly and may vary even within a jurisdiction (different jails within a state or even within a county could have different policies). This lack of information and transparency can lead to inconsistent treatment and potential harm for youth in adult jails and prisons during the strip search process.

Conclusion

The final statement about the admission process is a very simple one. Staff in either juvenile or adult facilities, for the short or long term, are working with human beings who need the same things that juvenile and adult corrections professionals would want if they were locked up in a strange place—compassion and respect. To the extent that facility policies are designed to emphasize the use of kindness and humanity, and to the extent that facility staff members are taught to handle youth with empathy and understanding, according to the guidelines in this chapter, the intake event and the admission process will be successful.

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[94] Daniel C. Murrie, Craig E. Henderson, Gina M. Vincent, Jennifer L. Rockett, and Cynthia Mundt, "Psychiatric Symptoms Among Juveniles Incarcerated in Adult Prison," (*Psychiatric Services* 60, no. 8., 2009).

[95] *Florence* at 1512.

[96] Ibid., 1523–1524.

[97] OJJDP, *Guidance Manual for Monitoring Facilities Under the Juvenile Justice and Delinquency Prevention Act of 2002,* (Washington, DC: October, 2010): 13–16.

[98] Ibid., 23–24.

[99] 28 CFR Part 115 (2012), see also U.S. Department of Justice, *National Standards to Prevent, Detect, and Respond to Prison Rape: Executive Summary*, 4–5, https://ojp.gov/programs/pdfs/prea_executive_summary.pdf [32].; Campaign for Youth Justice, *Fact Sheet - No Excuses: The Prison Rape Elimination Act (PREA*).

[100] Ibid.

[101] Daron Hall (Sheriff, Davidson County), *Commentary: Jails vs. Prisons*.

[102] Ibid.

[103] *Trujillo v. City of Newton, Kan.*, No. 12-2380-JAR (D. Kan. July 2, 2013) (emphasis added).

[104] Compare *Trujillo v. City of Newton, Kan.*, No. 12-2380-JAR (D. Kan. July 2, 2013) ("[T]he strip search was sufficiently based upon . . . reasonable suspicion that Plaintiff had concealed drugs . . .

.”), with *Justice v. City of Peachtree City*, 961 F.2d 188, 193 (11th Cir. 1992) (“[O]fficers may conduct a strip search of a juvenile in custody . . . based upon reasonable suspicion to believe that the juvenile is concealing weapons or contraband.”).

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Ch.10 Effective Programs and Services

Author:

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Beyond ensuring public safety, the intent of the juvenile justice system has historically been to rehabilitate youth engaged in delinquent behavior. It can be argued that for many youth the issue is one of habilitation rather than rehabilitation. Many justice-involved youth never had the nurturing and direction needed by all children and youth, and so the purpose with these youth is to provide them with access to positive, pro-social experiences and opportunities to develop new skills.

Rehabilitation or habilitation is considered to be so significant a goal that the Juvenile Justice and Delinquency Prevention Act (JJDPA) urges state advisory groups and state agencies to provide funding for "programs for positive youth development that assist delinquent and other at-risk youth in obtaining: (i) a sense of safety and structure; (ii) a sense of belonging and membership; (iii) a sense of self-worth and social contribution; (iv) a sense of independence and control over one's life; (v) a sense of closeness in interpersonal relationships."[1]

In the Coalition for Juvenile Justice report entitled, *Positive Youth Justice: Framing Justice Interventions Using the Concepts of Positive Youth Development*, Jeffrey Butts, Gordon Bazemore, and Aundra Meroe agree. They say that positive youth development (PYD) is an approach that recognizes the need for young people to have access to appropriate supports and opportunities through which they may develop the knowledge and skills they need to become positive and productive members of society and that

"the concepts and principles of positive youth development (PYD) [articulated in the Title II of the JJDPA] offer valuable guidance for the design of interventions for youthful offenders."[2]

In addition, programs and program activities—particularly those that successfully promote PYD—have been linked to improved conditions of confinement, reduced problems in crowded facilities, improved resident and staff safety, and increased resistance to liability.[3]

Rationale for Programming

Youth in confinement bring with them considerable anxiety and hostility. Some are withdrawn, while others are extremely aggressive. Some are so disturbed that they do not dare show their true feelings. They are upset, and confinement can make them more upset. Many carry with them feelings of hostility toward adults, authority, and society in general. Others have experienced trauma and adverse childhood experiences that contribute to many of these overt behaviors. Some have a strong identification with older delinquents and antisocial goals. Putting an anxious and angry youth in a group of other anxious and angry youth—or with adults in the case of youth being charged and prosecuted as adults—can only serve to compound problems unless proper measures are taken.

Confinement facilities that serve youth have the obligation to hold youth, curb their impulsive behaviors, and work to mend their social ills. This mending partially consists of controlling behavior so that youth do not harm themselves or others. It also involves assisting youth in changing distorted views of themselves and their situation and in developing worthwhile goals.

Programming for youth is an effective and productive approach to accomplishing the many goals of confinement. Even unexceptional and limited programs serve to reduce the number of problems youth experience in confinement. The following benefits of programming (articulated in the original Desktop Guide for Good Practice in Juvenile

Detention, 1996), continue to be benefits of programming today, regardless of the type of facility in which youth are confined.

- Good programs keep confined youth so busy that they do not have time to think of ways to negatively vent hostility. Youth give less thought to harming themselves, others, the building, and equipment and more thought to the positive outcomes of the program.
- Through programs, youth are placed in many social situations that serve to alter their distorted views of themselves and their situation. Youth with issues of self-control should be identified early. The more aggressive and impulsive behavior of youth is controlled partly by the rules and expectations of the program activity, partly by the close supervision of staff, and—when they are confined in juvenile detention or correction facilities—partly by the opinion of their peers.
- A variety of situations give more opportunity for a quick evaluation of a youth's strengths and shortcomings. Programs provide for interaction among the youth and staff. Without interaction, it would be difficult to spot the withdrawn youth. Many times, a certain activity allows the staff to penetrate a youth's wall of hostility toward adults. Any activity may be the start of a rehabilitative process for a withdrawn youth. Although not all facilities that confine youth (specifically juvenile detention and adult jails) may be geared to rehabilitate youth, they can be the place where the rehabilitation process begins.
- Confined against their wishes and afraid of their surroundings, their associates, and their future, many youth experience increasing tension. Good programs provide an array of activities and opportunities for the release of emotional and physical tensions.
- Delinquent youth often have little regard for their ability and worth and lack confidence in themselves. Good programs can help them discover hidden abilities, develop new skills, learn basic facts, and develop new feelings about their ability and responsibility to improve. They can come to a more positive and realistic appraisal of themselves and their capabilities.
- The success of staff working in a confinement facility is greatly dependent on their ability to effectively engage in a genuine and

caring relationship with youth. It cannot be overemphasized that programs are one of the best means available for establishing such a relationship.

- A direct, overly assertive approach by a staff member causes distrustful youth to back away and set up a barrier between him or herself and the adult. When a staff member "comes in the back door" by being a teammate in a recreational activity, giving reassurance during a craft project or school work, or helping members of the group to achieve a common goal, he or she is able to share good feelings with the youth. The youth and staff member are working together and doing what is appropriate, before either one realizes it. Effective and positive staff–youth relationships are critical.
- One of the greatest benefits of high-quality programs may be that they help the staff member see confined youth for who they are rather than for what they have done.

In sum, there are both ethical and practical reasons to implement programs and activities for youth in confinement. Not only does putting a group of youth together with little or nothing to occupy their time serve as a recipe for a host of problems, it also represents a lost opportunity to achieve the overall goal of the juvenile justice system—to rehabilitate delinquent youth.

Goals for Programming

According to a National Institute of Mental Health publication entitled, *The Teen Brain: Still Under Construction*, research in the area of adolescent brain development tells us the human brain is not fully developed until youth are in their early twenties.[4] This means that adolescence is an opportune time, developmentally, to invest in strategies that are consistent with the principles of PYD. (See Ch. 4: Developing and Maintaining a Professional Workforce; [4]Ch. 6: Adolescent Development) [5]

To ensure healthy development and support positive outcomes for youth, program activities must be goal oriented. For every type of activity, physical or nonphysical, a number of goals should be established that

participating youth can achieve. Such goals should be inherent in almost every activity that staff and youth engage in. If they are not, the purpose of the activity is questionable. The goals are:

- Providing for a release of emotional tension.
- Creating a constructive outlet for physical energy.
- Teaching fundamentals of recreational and other activities.
- Giving the youth self-confidence in healthy pursuits.
- Teaching fair play, rule following, and teamwork.
- Providing a socially acceptable outlet for hostility.
- Giving the youth a better understanding of himself or herself.
- Developing new interests and skills to be continued after release.
- Keeping the youth busy by providing a structure for the day.
- Developing good health habits and a healthy physique.
- Breaking down resistance to adults and adult standards and expectations.
- Permitting observation of the youth's behavior, which aids in social diagnosis.

The following serves as a more comprehensive explanation of the goals and their meaning to everyday work with youth in a confinement setting. Review each of the goals of any activity, whether recreational, instructional, or skill building, and see if the activity will answer the following questions in a positive manner.

- Are the youth involved both emotionally as well as physically? Are the youth really enjoying the activity? Are they involved to the extent that they have forgotten temporarily about their problems and anxieties?
- Are staff challenging youth physically? Are the youth exhausting their physical energies in the activity?
- Are the abilities of individual youth being evaluated? Are youth learning the fundamental skills of the game or activity? Are they being taught and coached in the correct methods of play? Are staff able to identify handicaps the youth might have while considering the individual's lack of knowledge or skills?

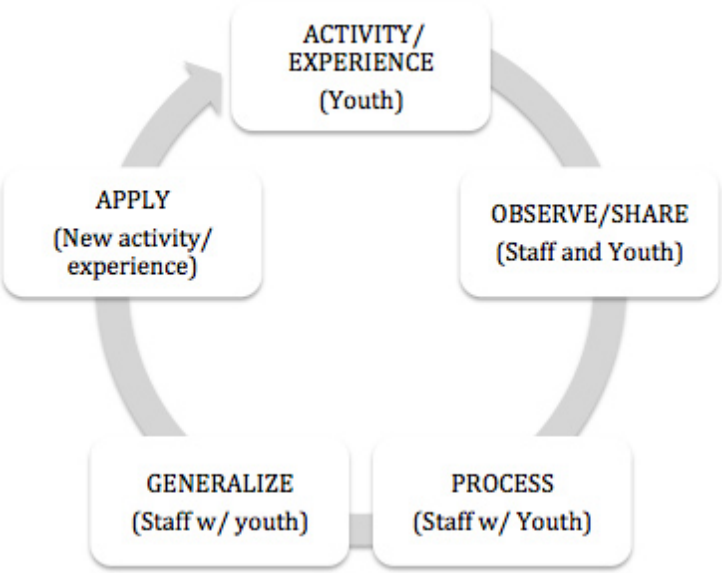
- Are staff supporting youth in building self-confidence? Are the youth being encouraged to learn and improve and become more confident of their abilities? Are the youth experiencing a feeling of accomplishment? Do staff praise the youth for their efforts as well as their achievements?
- Are the rules of each game being taught? Are the youth being shown (and do they understand) how the game can be better when the rules are followed? Do youth see the importance of working as a team and what is lost when they are playing as individuals? Do staff explain and set examples, guiding youth toward fair play? Do youth witness a cooperative relationship among staff?
- Does the activity allow for a release of aggressive feelings? Do staff avoid creating resentment toward the activity by not putting youth in positions that are embarrassing or humiliating?
- Do youth see themselves as being successful in the activity? Are staff providing proper levels of competition that increase confidence and eliminate feelings of insecurity?
- Are the youth being taught new forms of recreation? Are youth developing good attitudes toward various skills and activities? Have staff developed the skills and created interest among youth that will encourage continued participation upon release?
- Do staff keep the youth so busy that they do not have time to think of ways to vent their hostilities on staff, equipment, or each other? Is there a balance of both active and inactive recreation to keep youth either physically or mentally involved throughout the day?
- Are youth experiencing a feeling of well-being, and do they understand it to be the result of fitness and abilities acquired through the program? Do staff impose realistic standards and expectations to avoid any potential physical harm to the youth?
- Through actions and interactions with youth, do staff gain the respect of youth and will this lead to respect for other adults? Do staff follow the same rules and regulations the youth are expected to follow—win, lose, or draw? Do youth see staff members as part of their team, trying to help and cheering for them to win, rather than as uninterested adults carrying out their duties? During leisure time, class sessions, or competition, do staff convey the feeling they are

interested in the youth? Can youth rely on staff to "always be fair" rather than "always be right?"

- Are staff observant of a youth's change of attitude and interest throughout the day? Do staff notice and record the comparative levels of skill and knowledge in each activity? Are staff sensitive to changes in peer relationships? Do staff engage in varying youth-adult interaction and notice how this variety alters youth–adult relationships? Is there enough stimulation and freedom in activities for the above characteristics to reveal themselves?

Engaging in goal-oriented activity is a natural part of the work that staff do. However, staff must be alert and attentive and engage in active processing with youth of what they have learned from any programmatic activity. David A. Kolb, an American psychologist and educational theorist, wrote a book entitled, *Experiential Learning: Experience as The Source of Learning and Development,* in which he first presented a theory for experiential learning.[5] The diagram below provides a visual depiction of Kolb's model of experiential learning, demonstrating how it might be applied to the processing of activities with youth. The diagram is followed by descriptions of each step of this processing.

EXPERIENTIAL LEARNING MODEL



Activity. Staff decide upon an activity for engaging youth, decide on what goals youth are expected to meet or achieve by participating in the activity, and youth participate in the activity or exercise.

Observation. Staff observe how youth engage with one another during the activity. Youth will naturally observe one another. Staff allow youth to share their experience and observations. Staff share their observations.

Process. Upon completion of the activity, staff intentionally, either formally or informally, process with youth what happened during the activity (e.g., How did you/everyone do, get along? Did you accomplish your goal or complete the activity? How did you or why weren't you able to accomplish your goal or complete the activity? What worked or didn't work? What was easy or difficult about what you just did, etc.? What, if anything, did members of the group do contribute to the success or lack of success in completing the activity?)

Generalize. Staff discuss with youth what they learned from the experience. This is an opportunity to help youth identify and develop important life skills such as teamwork, communication, goal setting, and coping with frustration. In connection with the activity, staff discuss with

youth what happened and what skills they used or might have used to be successful.

Apply. Staff ask youth what they learned from the activity and how this could help them achieve other goals or be successful in other areas of their lives. Did they learn a new skill? How can they use what they learned in other experiences in their lives?

The first two steps of this Experiential Learning Model—Activity and Observation—are naturally occurring as the participants decide on and engage in the activity. The last three steps—Process, Generalize, and Apply—should be part of the schedule and plan for most any of the activities facilitated by staff, not just an after thought. For example, if there is one hour in which to conduct an activity, 15–20 minutes of that hour should be set aside for these last three steps.

There are a number of resources available to assist staff in better understanding the different ways to process learning from an activity.[6] In addition, a variety of training tools, such as the *Debriefing Thumball* and *Debriefing Wheelies*, may be used by facilitators to assist them in asking appropriate debriefing questions. These tools can serve to keep the debriefing process from becoming boring and routine for both the program staff and the youth. These resources can be found at any number of training supply websites and warehouses.

Programming grounded in experiential learning and a PYD approach does not require a specific curriculum, and it is not complicated. However, it does require that staff be intentional in planning activities and experiences for youth, establishing goals for what youth will learn from the experience or activity, and then processing youth learning upon completion of that activity.

Evidence-Based and Best Practice

In recent years, a great deal of emphasis has been placed on the use of evidence-based practice in the development and implementation of justice-system interventions and programs. However, there are many

different definitions used for this term. In addition, evidence-based practice and best practice are terms that are often used interchangeably but that have two distinct meanings.

The Austin/Travis County Reentry Roundtable, Evidence-Based Practice Committee, in its "Frequently Asked Questions: Evidence-Based Practices in Criminal Justice Settings" offers the following comparison:[7]

Evidence-Based Practices	Best Practices
• Emphasis on empirical research • Control of confounding variables through random assignment • Consistency of findings • Cross-site replication	• Conventional wisdom • Repeatable procedures that have proven themselves over time • Not necessarily proven through rigorous research

In other words, evidence-based practice has been subjected to research that is grounded in scientific methods such as the use of control or comparison groups, conducted on multiple programs across various sites and evaluated over an extended period of time. Best practice is based on ideas that are generally accepted to be true by experts in the field but may not have been proven through research.

The National Institute of Corrections (NIC), as part of its project on "Reducing Offender Risk," highlights eight principles for effective interventions, which are summarized below.

1. **Assess Risk/Needs.** Assessing offenders' risk and needs (focusing on dynamic and static risk factors and

criminogenic needs) is essential for implementing the principles of best practice.

2. **Enhance Motivation.** Research strongly suggests that "motivational interviewing" techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.
3. **Target Interventions**
    1. **Risk Principle.** Prioritize supervision and treatment resources for higher risk offenders.
    2. **Need Principle.** Target interventions to criminogenic needs (needs causing or likely to cause or lead to criminal behavior).
    3. **Responsivity Principle.** Be responsive to temperament, learning style, motivation, gender, and culture when assigning offenders to programs.
    4. **Dosage.** Structure 40% to 70% of high-risk offenders' time for 3 to 9 months.
    5. **Treatment Principle.** Integrate treatment into full sentence/sanctions requirements.
4. **Skill Train with Directed Practice.** Provide evidence-based programming that emphasizes cognitive-behavior strategies and is delivered by well-trained staff.
5. **Increase Positive Reinforcement.** Apply four positive reinforcements [rewards] for every negative reinforcement [punisher] to support behavior change.
6. **Engage Ongoing Support in Natural Communities.** Realign and actively engage pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.
7. **Measure Relevant Processes/Practices.** An accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice.
8. **Provide Measurement Feedback.** Providing feedback builds accountability and maintains integrity, ultimately

improving outcomes.

https://nicic.gov/theprinciplesofeffectiveinterventions [6]

Evidence-informed practice, which may be considered a mixture of evidence-based and best practice, involves using the best available research combined with theory and practical knowledge. This approach to practice is based on an understanding that existing research may not be specific to practice with all individuals or groups or in all contexts or settings and that appropriate adjustments may need to be made based on these unique factors.

Both evidence-based and evidence-informed practice require a theory of change that describes the specific interventions to be used in bringing about is the desired outcome(s); both will have or be in the process of developing a program or procedural manual and training materials specific to the program components and protocol. Evidence-informed programs and practices, as those that are evidence based, should be involved in ongoing evaluation and continuous improvement activities for the purpose of building evidence of effectiveness.[8]

Both evidence-based and evidence-informed practice are approaches that are also being applied to criminal justice decision-making. In June, 2008, the NIC entered into a partnership with the Center for Effective Public Policy for the purpose of building a system-wide framework for evidence-based decision making for local criminal justice systems. "A Framework for Evidence-Based Decision-Making in Local Criminal Justice Systems" is in its third edition and available at the NIC website.[9]

Program Fidelity

As greater emphasis is placed on the use of evidence-based practice and programs, **fidelity** is a term used more frequently with juvenile justice interventions.

"Fidelity," as defined in the Merriam-Webster Dictionary, is "the degree to which something matches or copies something else.[10] The OJJDP, in its Model Programs Guide Glossary of Terms, says that fidelity is "the degree to which a program's core services, components, and procedures are implemented as originally designed. Programs replicated with a high degree of fidelity are more likely to achieve consistent results."[11]

James Bell Associates in its "Evaluation Brief: Measuring Implementation Fidelity" identifies five dimensions, briefly summarized below, that should be considered when assessing the fidelity of program implementation.[12]

1. **Adherence.** The extent to which program components are delivered as specified by the program model, including such things as program content and activities and delivery methods.
2. **Exposure.** The amount of the program delivered in relation to the amount prescribed by the program model. This includes things such as the number of sessions or contacts, the progression, frequency, and duration of sessions, and participant attendance.
3. **Quality of delivery.** The manner in which a program is delivered. This includes things such as provider enthusiasm, confidence, and respectfulness, and the ability to respond to questions and communicate clearly. Provider training and preparedness also impact quality of delivery.
4. **Participant responsiveness.** The engagement of participants in the program, e.g., level of interest, perceptions about the relevance and usefulness of program content, the level of enthusiasm, and willingness of participants to join in discussions and activities.
5. **Program differentiation.** This refers to the process of identifying the components of the program that are essential for producing positive, desired outcomes.

The Brief also identifies a number of ways in which fidelity may be assessed. These include:

- Self-reports of providers and participants.
- Participant surveys.

- Observations of program delivery.
- Data collection.
- Fidelity assessment provided by the program developer.[13]

Although fidelity is important, it does not mean that a program or curriculum cannot in some ways be adapted or modified. However, adaptations should be well thought out and intentional, as not all adaptations are good ones, and no adaptations should be made to the core components of any program. To effectively determine the impacts and outcomes of any intervention—regardless of whether it is evidence based—fidelity of implementation should be a consideration, and a plan for monitoring fidelity should be a part of program development or adoption.

Types of Program Adaptations

- **Acceptable adaptations**
  - Changing language—Translating or modifying vocabulary.
  - Replacing images to show youth and families that look like the target audience.
  - Replacing cultural references.
  - Modifying some aspects of activities such as physical contact.
  - Adding relevant, evidence-based content to make the program more appealing to participants.
- **Risky or unacceptable adaptations**
  - Reducing the number or length of sessions or how long participants are involved.
  - Lowering the level of participant engagement.
  - Eliminating key messages or skills learned.
  - Removing topics.
  - Changing the theoretical approach.
  - Using staff or volunteers who are not adequately trained or qualified.
  - Using fewer staff members than recommended.[14]

Types of Programs

Cognitive Behavioral Interventions

The application of evidence-based principles elevates the role of staff working in a confinement setting to include responsibility for facilitating pro-social change in youth. For many, this is a significant departure from prior expectations that focused heavily on the importance of safety, security, and the use of strategies based on punishment. The use of evidence-based principles moves staff beyond simply meeting a youth's basic needs and offers them the opportunity to build relationships with youth, teach and enhance skills, and manage youth behavior in a safer, more effective manner. **The most effective programming combines behavior management systems and cognitive behavioral interventions to improve facility safety and influence pro-social change.**

Cognitive behavioral interventions come from two separate psychological theories. Cognitive theory holds that the way a person thinks determines his or her behavior. Behavioral theory says that the environment in which a person finds him or herself also affects the behavior. This blending of cognitive and behavioral theory in working with delinquent youth is based on the belief that much of the behavior that gets youth in trouble stems from a combination of faulty thinking and limited pro-social skills. An individual's thinking in a situation is triggered by what is happening in the environment combined with the person's assumptions, attitudes, and beliefs. That thinking then drives a person's feelings, behavior choices, and consequences. The cognitive behavioral practitioner believes offenders are responsible for their behavior choices, and their thinking is learned and has been reinforced throughout their life. Staff that use a cognitive behavioral approach work to assist youth in identifying unhelpful thinking and the things that trigger that thinking, as well as teaching alternative thinking to support the individual's ability to respond in a pro-social manner.

The term "cognitive behavioral intervention" does not refer to a specific product or brand of intervention. It is grounded in the simple belief that

our thoughts determine our behavior. The emphasis for detention programs with a cognitive foundation is to take daily interactions with youth and use them as teaching opportunities—opportunities to teach youth new skills, raise awareness around antisocial thinking, and provide a way for them to substitute more rational thoughts through which to understand their situation.

There are two distinct types of cognitive programs: cognitive skill training and restructuring of cognitive events. The two are complimentary, and in developing programs for youth in confinement there is value in incorporating both. Harvey Milkman and Kenneth Wanberg assert that "the two approaches are built on two pathways of reinforcement: (1) strengthening the thoughts that lead to positive behaviors and (2) strengthening behavior due to the positive consequence of that behavior. The former has its roots in cognitive therapy, the latter in behavioral therapy."[15] The authors agree that both of these approaches are necessary to form the foundation of a cognitive behavioral approach.

Cognitive Restructuring

The cognitive model focuses on the belief that the way someone interprets and thinks about a situation influences his or her behavior choices. Therefore, if detention staff want to change behavior, the focus should be on looking beyond the acting-out behavior a youth demonstrates and on assisting the youth in examining his or her thoughts prior to the behavior. The use of cognitive restructuring in detention involves staff teaching youth to identify the thoughts that occur prior to the problematic behavior. Once those are identified, the priority is to coach the youth to develop more appropriate and realistic thoughts and practice these when similar situations arise. Interventions in cognitive restructuring are based on the notion that youth have learned patterns of thinking that are not helpful and that place them at risk for criminal behavior. A simple tool staff can use to understand and teach this concept is the "thinking chain." The text in below represents the concept that thinking, feeling, and behavior are connected and sequential; the thoughts we have in a situation determine our feelings, which determine our behavior choices, and then ultimately produce consequences.

Situation ---> Thinking---> Feeling ---> Behavior---> Consequences

Referenced above is the thinking chain taught in the Rational Behavior Training (RBT) program used in DuPage County, Illinois, and replicated in numerous detention facilities across the U.S. Following the chain, behavior originates from thinking that is specific to whatever the situation is or what Aaron Beck referred to as "automatic." The danger of automatic thinking is that it is often unconscious, accepted as reality, and therefore goes unchallenged by the person.[16] Behavior, according to Beck, is also influenced by a person's core beliefs—those more deeply-held attitudes shaped over a lifetime. Core beliefs are patterns of general beliefs about the world, how people believe they should be treated and treat others. These core beliefs influence the way a person handles a situation. When youth experience negative consequences, the behavior management program should require staff to review the thinking chain with the youth. Often, discrepancies between behavior and core beliefs exist.

In facilities that use this approach, the main teaching tool used by staff is called a thinking report or, in the case of the DuPage County program, a Rational Self Analysis (RSA). The RSA has sections to help the youth outline the current situation, thinking, and behavior, as well as future alternatives that would result in better outcomes. An example of an RSA can be found here. [7]

Reviewing an RSA or a thinking report is a joint process where staff and the youth work together. The role of the staff member is to facilitate the discussion and assist the youth in identifying errors in thinking; the young person completes most of the work in this process. A youth taking responsibility for thoughts and the behavior choices that are a consequence of those thoughts is the desired outcome of the process. The discussion involves three parts (Note: the RSA reflects two separate thinking chains). The first is the situation as it happened (sections A-C3) and then how this changes when the thinking is replaced with more helpful alternatives (sections D3-E3).

1. First, reviewing the situation as it occurred and encouraging a review of events that set the behavior chain into motion. This involves identifying a list of at least five thoughts that occurred in the situation, labeling the feelings that resulted from those thoughts, and discussing the behavior choices and consequences.
2. Next, identifying the "hot thoughts," those that most strongly influenced the behavior (automatic thoughts) and helping the youth determine if those thoughts were helpful or harmful to the outcome (section D2).
3. Finally, staff coaching the youth to come up with more helpful and realistic thoughts to use in a similar situation in the future. Staff work with the youth to "restructure" or change his or her thinking to include more helpful alternatives. As a result, the alternative thoughts create a new chain of events focused more on healthier feelings, different behavior choices, and the more likely positive outcomes.

This approach assumes that behavior is rooted in thinking and helps to illuminate the possible distortions in the way we may see or understand situations. These distorted views affect one's ability to appropriately respond to situations. **It is the responsibility of confinement staff to help youth see beyond their behavior and examine the thinking that occurs prior to that behavior.**

Cognitive Skill Building

The second type of cognitive behavioral intervention involves the staff member teaching, modeling, and reinforcing social and problem-solving skills. The skills lacking among youth in confinement settings range from basic communication to more advanced anger management and problem solving. A good behavior program has positive expectations and rewards youth as they demonstrate appropriate behavior. As a part of cognitive restructuring, staff want the "self-talk" of the youth to focus on desirable outcomes instead of on what to avoid. For example, instead of "don't swear" a program should teach youth how to talk with others appropriately (e.g., voice tone, eye contact, positive word choice).

An important consideration is the baseline skill level a youth may bring to this process. Youth come from diverse families and backgrounds, many of which may not support what others believe to be appropriate societal expectations. Given the range of youth experience, programs should not expect youth to demonstrate skills they do not have. Effective programs consistently review expectations, teach the desired skills, and provide reinforcement when youth demonstrate these skills to increase the frequency of this behavior. This can be done on an individual basis or within a group setting. It may be helpful to have youth with more time and experience in the program teach or demonstrate the desired behaviors to youth that are new to program.

The Boys Town curriculum, *Teaching Social Skills to Youth,* is focused on behavior and provides several models for teaching skills and correcting skill deficits.[17] The curriculum provides a structure for teaching both individually and in a group setting. It emphasizes the relationship between a youth and his or her environment and cites the Antecedent–Behavior–Consequence model. This model stresses that no behavior occurs in a vacuum. If a behavior or skill re-occurs, it is because it has been reinforced. In other words, people do what they do because it makes sense to them. As professionals, we may not understand the behavior a youth chooses, but the youth gets something from it or the behavior has previously produced the desired results for them. Using this more developmental approach in a confinement setting requires a focus on what is rewarding to the individual about his or her behavior and attempting to meet this need through more pro-social means.

Reinforcing social skills requires an approach that accomplishes two things. It rewards positive skills and corrects misbehavior. The correction of misbehavior should be consistent with well-established principles of behavior modification. A consistent and immediate response from staff is far more important than the heavy handedness of a punishment. Confinement facility programs should create environments where positive behavior choices are both acknowledged and encouraged. The use of verbal praise and other incentives are powerful tools to influence positive behavior choices. (See Ch. 14: Behavior Management). [8]

Programs should have multiple means to reward appropriate behavior. Rewards should include immediate, short-, and long-term incentives. The goal is not to pamper youth; it is to help them change this behavior. To be effective in encouraging positive behavior requires that staff immediately link positive consequences to desired behaviors and not dismiss these behaviors as simply what is expected. Bernard Glos Ph.D., former Superintendent at the DuPage County Juvenile Detention Center, consistently reinforced this message in his training of new detention staff with the saying, "Never take any positive behavior for granted." This shift in thinking assists staff in recognizing that reinforcing positive behavior always has priority over correcting negative behavior. This does not mean that inappropriate choices should be overlooked or not have consequences; however, recognizing positive behavior is consistent with what we know about reinforcement. The behaviors we acknowledge are repeated.

A cognitive behavioral approach increases the professionalism of confinement staff. The role of staff changes from that of an observer or enforcer to that of an active participant in encouraging positive change. Staff work with youth and challenge them to identify high-risk situations and thinking and to think and behave differently. Staff do not accept problematic behavior or make value judgments about youth, but challenge youth to do better. Staff model pro-social skills, and youth practice them. Encouraging positive skills until these become internalized and automatic is the priority. Programming (teaching thinking–behavior connections) and behavior management systems (reinforcing behavior) can be combined to meet the goals of improved facility safety and to influence pro-social change. The positive behavior change a youth experiences changes the way he or she thinks about a situation.

Perhaps the strongest benefit of cognitive behavioral programming is the shift in staff culture that occurs when staff practice the model. A belief in the basic value of people—that change is possible and that work is meaningful—along with a team orientation, is essential for success. The facility becomes a community based on mutual respect, caring, and

responsibility. The values and expectations of staff do not differ from the values and expectations of youth.

Focusing solely on eliminating opportunities for misbehavior does youth a disservice by eliminating the opportunity for them to respond appropriately to difficult situations. Staff cannot foresee and prevent every opportunity for misbehavior. When staff depend only on consequences for negative behavior, the likelihood of problem behavior increases. This approach is reactive and punitive, with a limited focus on teaching. A focus on thinking provides staff the ability to get beyond a youths' inappropriate act. It enables staff to help youth examine their perceptions and take ownership of their choices. Staff must recognize the importance of empowering youth to use own their thoughts and decisions. When released from the confinement setting, youth are better prepared to make difficult decisions.

Moving from an environment that has previously focused on managing and providing consequences for misbehavior, to one where positive behavior is taught, expected, and reinforced, can be challenging. This change in culture requires a significant commitment from facility staff, as they are the ones in closest contact with the youth. Engaging staff in the process of changing the culture is key and "…starts with showing that you C.A.R.E. [18]

- **Communication.** Staff in any organization are often suspicious of change (e.g., what is causing the change?; how long will it last?; what affect will it have on me and on my job?). Engaging direct care staff in the process of decision and choice making related to the change provides them with an opportunity to ask questions, share ideas, and begin to own the process of change. "Informal frontline employees can be great assets in linking their coworkers to the [change in] organizational culture, but only if they feel part of the change and understand how it will benefit them."

- **Accountability.** Facility administrators must consistently hold themselves and others in the facility accountable for behaving in a manner that supports the change in culture. Staff will need time to learn and understand the changes in programming and the behavioral expectations for youth, as will the youth. Coaching for staff as they begin to implement the desired changes will be key.
- **Rewards and Recognition.** Another key is to reward and recognize the efforts of staff in supporting this new culture. Although acknowledging that change can be difficult, facility administration should visibly recognize those who are supporting the change, highlighting their specific efforts and publicly thanking them for their investments.
- **Environment of Innovation.** Direct care staff will be keenly aware of the struggles that both they and the youth experience as programmatic and other changes are implemented. This situation can provide unique opportunities for innovation. Staff may have valuable suggestions that should be considered about the changes that are being implemented. Feedback from staff (an idea or suggestion box) would allow administration the opportunity to review and consider staff input and acknowledge staff for their ideas and contributions.

Life Skills and Independent Living Programs

Programs that focus on the development and internalization of basic life skills can also be highly beneficial for youth in confinement facilities. These programs serve as a way to assist youth in preparing to return to the community and teach skills that may have a positive impact on a youth's behavior and progress in the facility. The implementation of life skills programs can occur in a wide range of youth confinement settings that include juvenile detention and corrections, as well as adult correctional facilities. Facilities that place a strong emphasis on a youth's successful reentry to the community typically invest in the process of teaching basic life skills and related social skills.

The primary goal of life skills programs in confinement facilities is to assist youth in developing specific skills that will provide the basis for a productive life as a contributing citizen in the community. The major areas that may be addressed in life skills programs include the following:

- Educational skills.
- Vocational skills.
- Employment skills.
- Social skills.
- Anger management/conflict resolution skills.
- Cognitive reasoning and personal accountability skills.
- Daily living skills.

The successful implementation of effective life skills programs in confinement facilities that serve youth is largely dependent upon a number of factors. The impact of the professionalism, knowledge, and commitment of the staff that provide instruction and guidance to youth in life skills programming is critical to the overall success of the program. An enthusiastic, committed, and caring staff member who consistently demonstrates the desire to assist youth in their personal development is more likely to engage youth in the scheduled programs than a staff that merely goes through the motions. In addition, the facility administration needs to consistently support the life skills programs by ensuring that they have adequate resources and by acknowledging and encouraging the staff and youth who participate in the program.

Life skills programs should use an established curriculum that staff should implement in a consistent manner. Program topics should be based in reality with a positive focus to have the maximum positive effect and impact. Youth and staff should be actively involved in the delivery of the program topic, stressing participation and planning strategies that are tied to reentry issues as well as pertinent facility issues. Because youth in confinement settings typically have short attention spans, lectures that do not provide for or encourage youth participation and interaction should be avoided whenever possible. (See Ch. 18: Transition Planning and Reentry). [9]

Life skills programs, like other facility programs, should be evaluated on a regular basis to ensure that the goals and objectives of the program are being achieved. Staff and youth should have input into evaluation of the program. This input can be gathered using structured interviews, surveys, and comment and suggestion forms. Information gathered from the evaluations can be used to improve the program.

Effective life skills programs in confinement facilities can provide youth with valuable tools that may not only assist in their successful reentry to the community but can have a positive impact on their adjustment and degree of progress within the facility.

Independent living programs can be highly beneficial as part of the reentry process for some youth. Independent living programs are primarily designed for older youth who, for any reason, are unable to return to a stable, appropriate home environment. As an alternative, these youth are provided with living accommodations in the community along with ongoing support provided by staff with the correctional jurisdiction or a contract agency. Life skills programming assists them in living independently and successfully in the community. Youth receive instruction and guidance in areas such as securing and maintaining employment, household budgeting and management, education, health and wellness, and accessing community resources.

While in the independent living program, youth typically receive varying degrees of case management services and supervision from the supervising jurisdiction's reintegration staff (parole, probation, aftercare, reentry). Financial support and other resources may also be provided by the supervising jurisdiction or other entities with the ultimate goal of having the youth attain the skills necessary for self-sufficiency and subsequently transition from the independent living program to release from formal supervision. Failure to meet the expectations or contract provisions of the independent living program can result in a range of consequences for the youth up to, and including, removal from the program and return to the youth confinement facility or other placement.

Family Involvement

Effects of Youth Confinement on Parents

Most often, when people think about the confinement experience and programs in confinement facilities, they immediately focus on the youth who has been confined. The confinement experience can be traumatic for any youth, but especially for those who have not been confined before. Being afraid for personal safety and property, being upset by the separation from home, and having feelings of isolation or failure are common. Through the implementation of effective programs, many of these negative feelings can be dealt with and turned into constructive learning experiences.

However, the confinement experience does not touch only the youth. Often, the youth's parents will be as unfamiliar with confinement as the youth. Parents worry about their son's or daughter's safety, well-being, and property; they wonder how long confinement will last; they have to learn how to make their way through a complex justice system; and they worry if the experience, including the possible cost of confinement, will result in any new economic hardships for the family. Many parents also wonder where they have "gone wrong" when they see their child under lock and key. Some parents throw their hands up in disgust over their child's conduct, and a few may even abandon their children, hoping that the courts will now provide care for their delinquent child.

A child's confinement can create a new set of problems for parents and guardians. These problems go beyond the need to hire an attorney, appear in court, and meet with confinement facility staff, probation or aftercare officers, social workers, and psychologists. The youth may be the oldest child in the family with duties and responsibilities in the home that will need to be taken over by younger siblings. In some cases, the youth may have been providing a source of income for the family, and the confinement decision can have an adverse economic impact on the family.

This is an excellent opportunity for staff at the facility to engage in and play a leadership role in working with the parents of the youth. The

confinement facility may be the first point of contact between the parent or guardian and the juvenile justice or criminal justice system. Facility staff should be prepared to offer information, assistance, and support not only to the youth, but also to the youth's family members. (See Ch. 18: Transition Planning and Reentry: The Role of Family Engagement and Visitation). [10]

Programs and Services for Parents

The old saying, "strike while the iron is hot," is most relevant at this time. When a youth is confined, there is an excellent opportunity to engage the youths' parents or guardians in any intervention and treatment planning. Parents should be recognized for having the unique historical perspective they have on the youth's development and experiences and should be viewed as partners in the intervention process. All too often, parents are excluded as potential contributors to an effective treatment intervention for the youth. Parent involvement is also important to successful planning for reentry.

Many parents and guardians recognize that they need to develop new parenting skills and choose to attend parenting education courses and family counseling sessions. Some even seek individual counseling. Appropriately trained facility or other staff may also offer crisis intervention, family counseling, parent self-help groups, and substance abuse programs for the parents of addicted youth.

Group counseling with parents, in which a qualified facilitator meets with several parents for 60 to 90 minutes per week, has been shown to be highly effective in helping parents manage the confinement crisis and strengthen their parenting skills. During these self-help sessions, parents have the opportunity learn from each other and identify approaches that can be applied in their home situations. They may receive guidance from other parents who have successfully handled similar problems. Often, the facilitator does not need to do more than convene the meeting and support the group in discussing whatever issues may be of concern to them. Parents identify with other parents, particularly in this type of crisis

situation. As a result, parents may be willing to try new approaches in working with their children.

Parent groups can include the parents of confined youth, as well as those of previously confined youth. Facilitators may also wish to engage probation officers or aftercare workers in the group discussions. In this way, probation or aftercare staff can continue these groups in the community to support those parents whose children remain under formal supervision after release.

Other forms of family group counseling have also been successful. Using the skills of trained substance abuse counselors, parents can be educated on critical issues related to substance abuse. They can learn to identify the signs and symptoms of a substance abuse problem in their children and identify resources available to address the problem. In the process, parents may also realize they have a substance abuse problem of their own and seek help for themselves.

In some cases, crisis intervention counseling and victim awareness can be useful to parents, particularly when the victim is another member of the family or when the parents themselves are the victims. Involving parents in these kinds of group processes can benefit the family.

Although the length of stay for youth in juvenile detention facilities is often short, compared to post dispositional correctional placements, these short-term facilities should still offer programs and services to strengthen families and provide assistance to parents as needed. Parents will respond to an environment of genuine care and help. A nonthreatening, "we care" attitude, combined with a self-help process, may help parents manage their children in a more positive and constructive manner.

Family programming begins with family-friendly visitation policies. Confinement facilities that serve youth should make family visitation available as frequently as possible, preferably not less often than least twice weekly. Family members should be able to make arrangements for special visits when work, childcare, or other unavoidable scheduling

conflicts prohibit them from visiting during regularly scheduled visitation times.

The Annie E. Casey Juvenile Detention Alternatives Initiative (JDAI) facility assessment standards recommend the following related to visitation:[19]

1. Youth may visit with parents/guardians, adult relatives, and family friends. Staff encourages visitation with the youth's (male or female) own children, and the parent/child relationship is facilitated through phone and mail contact and appropriate visiting space. Younger relatives (siblings or cousins) may visit with approval of the youth's counselor or probation officer. Written policies clearly describe the approval procedure for special visitors.
2. Family visiting occurs on several days of the week. Staff posts a schedule of visiting hours and rules.
3. Families may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.
4. Visits are at least one hour in length and are contact visits. Staff imposes noncontact visits only when there is a specific risk to the safety and security of the facility.
5. Staff does not deprive youth on disciplinary status of visits as a punishment. Youth on disciplinary status may have visits with family members unless such visits would pose an immediate threat to the safety and security of the facility.
6. Staff may supervise the visiting area, but may not monitor conversations, absent a reasonable suspicion that a crime, escape, or threat to safety or security may occur.
7. If staff conducts searches following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice.
8. Written policies, procedures, and actual practices ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is

bringing in contraband. Staff posts the search policies so visitors are aware of the rules.

9. Visitors are able to ask questions or register complaints about the treatment of youth. Facility staff or administrators promptly reply to such questions or complaints.
10. There are regular family forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices.
11. Transportation arrangements are made available to assist visitors in getting to and from the facility if the facility is not otherwise accessible via public transportation.

Additional Programming

Volunteer and Mentoring Programs

Volunteers and mentors are people who donate their time and effort to enhance the facility's services, activities, and operations. Volunteers and mentors are selected on the basis of their skills or personal qualities, without regard to disability, race, sex, or national origin.

Some common examples of services that volunteers and mentors can provide are recreation, counseling, education or tutoring, and clerical duties. The following issues are important regarding the use of volunteers and mentors:

- Volunteers and mentors should be at least 21 years of age and should have appropriate training or licensing, when required.
- All volunteers and mentors should know and follow the policies and procedures for the facility and for the volunteer and mentor program.
- Volunteers and mentors should receive some form of identification that designates the individual's name and status with the agency.
- Volunteers and mentors should operate under the same insurance and liability rules and regulations as facility employees.
- A job description for each volunteer and mentor position should be developed, and volunteers and mentors should go through an interview process, similar to that for facility employees.

- The prospective volunteer or mentor should provide at least three references, one of which is work related, and sign a release of information.
- Criminal background and child abuse and sex offender registry checks should be conducted before assigning a volunteer or mentor to any program responsibility that involves direct interaction with youth. Follow-up checks should be scheduled along with staff background checks or other inquiries.
- Once a volunteer or mentor is approved, the facility should create a personnel file and have the volunteer sign a confidentiality statement regarding juvenile information.
- All volunteers and mentors should receive the same orientation and review of facility policies and procedures as paid staff members and should be encouraged to participate in any training that is regularly offered to employees of the agency, space allowing.
- The facility administrator should formally recognize and acknowledge the contributions that volunteers and mentors make to the youth and to the facility.
- All volunteers and mentors should be supervised. Violations by volunteers or mentors of agency policies and procedures should be dealt with in a fair and impartial fashion.
- Whenever possible, volunteer and mentor services should be included in the annual budget prepared by the facility.

Students working at a facility in a designated internship or practicum should operate under an intern or practicum agreement established between the facility and the educational program or institution, not under the volunteer and mentor program policies and procedures.

A report on volunteer and mentor services should be prepared annually and submitted to the facility director to complete a program evaluation and needs assessment.[20]

Balanced and Restorative Community Justice (BARJ)

Since the mid-1990s, the Balanced and Restorative Justice (BARJ) Model has been a viable alternative to the popular get-tough approach to crime

that became prevalent in the late 1980s. Although BARJ constitutes a philosophical structure rather than a specific program, it provides a solid framework or foundation for the development and implementation of effective, helpful programs in confinement facilities that serve youth. By applying the principles of BARJ to program development, facilities can move from a retributive or punitive focus to one of restoration and positive growth.

The basic principles of restorative justice are as follows:

- Crime is injury.
- Crime hurts individual victims, communities, and juvenile offenders and creates an obligation to make things right.
- All parties should be a part of the response to the crime, including the victim (if he or she wishes) the community, and the juvenile offender.
- The victim's perspective is central to deciding how to repair the harm caused by the crime.
- Accountability for the juvenile offender means accepting responsibility and acting to repair the harm done.
- The community is responsible for the well being of all its members, including both victim and offender.
- All human beings have dignity and worth.
- Restoration means repairing the harm and rebuilding relationships in the community and is the primary goal of restorative justice.
- Results are measured by how much repair was done rather than by how much punishment was inflicted.
- Crime control cannot be achieved without active involvement of the community.
- The juvenile justice process is respectful of age, abilities, sexual orientation, family status, and diverse cultures and backgrounds—whether racial, ethnic, geographic, religious, economic, or other—and all are given equal protection and due process.[21]

These principles provide the foundation for the "balanced approach," which addresses the three main goals of accountability, competency

development, and community safety. It is in these three areas that facilities can develop and implement specific programs for youth that are consistent with BARJ. Although the types of programs will differ depending on the pre-adjudication or post-dispositional function of the facility, all facilities can implement effective programs that are consistent with the BARJ philosophy.

The **Accountability** goal addresses the need for the youth to accept responsibility for his or her behavior and attempt to repair the harm to others or to the community as a result of the behavior. Taking ownership for one's behavior and making amends to the victim(s), represents restoration as opposed to punishment, which is retributive in nature. Accountability, in BARJ terms, provides a learning opportunity for youth not typically found in the use of punitive sanctions.

Facility administrators that address the goal of accountability should develop and implement programs for youth that focus on their accepting responsibility for the behavior that caused harm and specifically communicating that ownership to those who were harmed. Depending upon the facility structure and environment, accountability-focused programs could include family group conferencing, restitution, face-to-face meetings or mediation, and verbal or written apologies. Engaging victims can be a powerful tool in addressing the accountability goal but needs to be carefully planned and supervised. When developing and implementing programs that engage victims, care must be taken to avoid any further trauma or harm to the victim or the youth. Youth in detention and not yet adjudicated may be provided programs that are generic in nature rather than based upon the specific offense.

The **Competency Development** goal addresses the need for youth to develop new skills that will enable them to function more effectively and positively in the community. Many facilities implement effective programs that address this goal area. Programs that focus on developing social skills, life skills, anger management, empathy, cognitive behavioral training, communication skills, work or academic skills, or problem solving can be tailored to meet the BARJ competency development

expectation. Unlike the accountability goal, both pre-adjudicated and post-dispositional youth can benefit from effective competency development programs.

The **Community Safety** goal addresses the need for youth to return to the community after accepting responsibility for the harm they have done and developing new competencies to prevent further harmful behavior to individuals or the community at large. Rather than focusing on removing the youth from the community and imposing punishment to achieve community safety, BARJ focuses on strengths-based approaches and graduated sanctions designed to assist youth in becoming more responsible citizens. Facilities should initiate the reentry process at the very beginning of the youth's stay and integrate BARJ focused programs with an individualized reentry plan throughout his or her placement as part of the overall treatment and service plan. The goal of community safety can be achieved through the development and implementation of effective BARJ programs for youth.

Community Service Programs

Community service is most often referred to in the context of a sentence following disposition or adjudication of guilt. Community service is frequently used as a substitute for restitution.

When a youth has been found guilty, a judge will often impose a specific number of hours of community service in lieu of confining the youth. In these cases, the community service usually benefits governmental or nonprofit agencies in the community. In most cases, the person providing a community service is under probation or other appropriate juvenile justice staff supervision.

What makes community service for youth in confinement facilities unique is that the youth remain in secure care throughout the period of community service unless the court or jurisdictional authority determines otherwise. Therefore, projects that can occur inside of facilities should be considered over projects that require the youth to be transported elsewhere. The fact that youth are in secure care should not be a barrier

that will keep them from doing community service work during their period of incarceration.

Some examples of community service that can be accomplished within secure confinement facilities are the following:

- Helping civic and nonprofit groups with mass mailings. Youth in confinement can fold and stuff envelopes as a community service project. The facility should not allow youth to be involved in political campaigns or work for political candidates, because this would constitute a conflict of interest. The facility administrator and staff should be aware of potential conflicts and disclose them whenever possible.
- Becoming certified in cardiopulmonary resuscitation (CPR) and first aid. Although this is not a direct community service project, knowledge of these skills can be of help to the community later on.
- Creating artwork and crafts projects for senior citizen centers, nursing homes, and municipal buildings. Many young people in confinement are very talented. However, they need to be encouraged to use and demonstrate these talents. By sharing works of art with people in nursing homes, hospitals, and senior citizen centers, youth can feel they are enhancing the quality of life for others. Municipal buildings —such as county buildings, city halls, and libraries—often welcome artwork done by youth. The artwork can be displayed as a separate project or as part of a larger exhibit, with recognition that the contributions came from justice-involved youth. Through this approach, the public may begin to understand that many youth caught in the web of juvenile delinquency or criminal behavior are also very talented, capable, and worthy of investments made in them.
- Participating in seasonal activities to provide support to needy families and children. These types of activities can be accomplished in cooperation with the giving campaigns of civic organizations.

Youth in confinement facilities can make positive and useful contributions to their community even while in secure care. The recognition of their talents and their willingness to give can raise the youth's self-esteem and

increase the public's understanding of these youth. Creativity and innovation are all that is needed to develop a strong community service program in a facility. Community service is a low-cost program with great potential benefit for the community, the facility and the youth.

Religious Services

ACA standards provide clear direction related to religious services. Guaranteed by the U.S. Constitution, access to religious services must be available to confined youth. The ACA standards provide definitions of services and information on access to religious services by the youth, and the requirements for staff.[22] They also require written policies and procedures that govern the institution's religious services programs.

Although the ACA standards highlight the importance of a religious services program, they do not discuss the specific nature or content of such a program.

What is the purpose of religious services for youth?

- To offer culturally-neutral values that may enhance human growth and offer a perspective that looks beyond cultural materialism, while acknowledging the disparity of justice in our world and society.
- To meet adults who bridge the gap between social control demands and the youth's need for affirmation as a human—adults who "walk their talk."
- To instill the challenge of "living all we are intended to be" rather than "settling for what we can get away with."
- To encourage youth to explore their spiritual capacity for growth and change.
- To provide opportunities for youth to articulate or ritualize their faith.
- To teach youth to pray and to create opportunities for prayerful moments.
- To provide for the spiritual needs of the residents as an integral component of holistic treatment.
- To provide encouragement and support at a time when youth are in trouble.

What benefits, if any, do youth receive from participation in religious services?

- It provides youth with comfort.
- It may provide youth with interaction with volunteers of diverse religious backgrounds. Detained youth are accustomed to broken promises, especially from people who do things because they get paid. Volunteers come because they want to come, and even if the visit comes only once per month, it is predictable.
- It provides youth with a nurturing of spirituality.
- It provides youth with a general emotional catharsis, which may be useful from an institutional management standpoint that if instigated by detention staff, might be questionable from an ethical standpoint.
- It gives youth ideas and messages to ponder.
- It provides youth with the opportunity of choice (to attend or not to attend).

Who is most effective in sharing religious thought with youth?

- Someone who obviously likes people, and youth in particular.
- Someone who is nonjudgmental.
- Someone who seriously cares for youth and will continue to visit even when the response is less than desired.
- Someone who listens first, who "walks with" second, and who proclaims last.
- Someone of faith who lives what he or she professes; youth can spot hypocrisy.
- Someone who is open to youth's spiritual needs and does not try to convert them or threaten them with "fire and brimstone."
- Someone who shares faith and who tries to build a relationship first —which takes time and patience.
- Someone who is comfortable with "unfinished products."
- Someone who is comfortable being an adult in a youth setting, not being a "buddy."
- Someone who can say "no" without rancor, accusation, or challenge and who speaks from a sense of self-limits that are rooted in values

rather than rules.
- Someone who is consistent in sharing his or her faith and who comes as scheduled.
- Someone who respects the youth, such as campus ministers, clergy, or volunteers.

What are the most effective ways of sharing religious thought with youth?

- Through careful sharing in small groups, seldom through large groups.
- Through experiential learning exercises.
- Through the words of their culture's spiritual leaders.
- Through offering the choice not to participate.
- Through a time for personal prayer.
- Through religious education formats that address youth issues and teach youth faith skills.
- Through role playing that helps youth learn how to put spiritual principles into practice in their lives.
- Through song. Youth who have the talent or the yearning to share their voice in song can be deeply affected by having the chance to sing.

What is the most effective way of developing spiritual growth in youth?

- Modeling spiritual principles without being "syrupy" or offensive.
- Offering meaningful and participatory worship experiences, scriptural study that relates to life issues, involvement in service projects (serving at soup kitchens or building wheel chair ramps), and retreats.

In some facilities, the person responsible for religious services is called the chaplain. In larger institutions, the chaplain may hold a full-time paid position funded by the institution or by the local religious community. For example, Youth for Christ organizations frequently include local juvenile facilities in their ministry. In smaller facilities, religious services may be provided by one or more members of the local clergy who commit their

time and services on a voluntary basis. The Reverend Ken Ponds' questions also addressed the role of the chaplain in the facility.

What should be the relationship of the chaplain to the administration of the facility?

- There should be a tension present, which is obvious to all and which is respectful. The chaplain should not seek to obstruct or be a tool for institutional management. The integrity of the chaplain has only a fleeting chance in the eyes of the youth; the chaplain must be perceived as being his or her own person.
- The best situation would have several denominations assist with the compensation of the chaplain to remind both the chaplain and the institution that the chaplain truly serves.

What role does the chaplain play for youth and for the staff who serve those youth?

- Support and an opportunity to vent for all.
- Reinforcement to treat one another humanely.

According to Jeong Woong Cheon and Edward Canda, "Adolescence is a particularly intense period of ideological hunger, a striving for meaning and purpose, and desire for relationship and connectedness…In particular, youth spirituality is regarded as young people's developmental search engine for connectedness, meaning, and being in touch with what is most vital to one's life…"[23] For many youth in confinement, access to religious and spiritual services and programs may serve to address this striving and meet these needs.

Recreation Programs

One critical aspect of programming is that it must provide a means for the constructive channeling of energy (physical activity). There is a special need for involvement in noncompetitive sports and activities that allow for differences in strength, dexterity, and size. Recreation has the potential for raising a youth's self-esteem and for supporting the establishment of

positive relationships between staff and youth. Handled poorly, it may also have a negative effect in these relationships.

Noncompetitive Activities

Even though most juvenile delinquents are risk-takers, for a variety of reasons, they are generally not involved in organized sports or athletic programs. Because most confinement facilities have a gym and most juvenile offenders have had experience playing basketball, basketball frequently becomes the predominant form of recreation. In addition to sometimes excluding female youth, basketball becomes a convenient recreation strategy that requires minimal involvement and planning on the part of staff.

If the primary goal is maximum involvement of youth in a recreation program, youth must be encouraged to participate. One very effective way to increase participation is through the use of noncompetitive games. These activities are highly inclusive and nonthreatening. They provide staff with numerous opportunities encourage and praise youth. As youth become more trusting and confident, they are more likely to cooperate with others, follow the guidance and direction of staff, and engage in more vigorous physical activities. If approached gradually, noncompetitive games can lead youth into more demanding or challenging recreational activities, such as physical fitness and aerobics.

The New Games movement, which promotes the use of noncompetitive games, began in the late 1960s. These types of games can and have been used successfully with youth in confinement settings.[24] Noncompetitive sports and activities allow for differences in strength, dexterity, and size, encouraging all participants to engage in play. (See Ch. 14: Behavior Management). [8]

Physical Fitness

It is almost impossible to enjoy good health and achieve optimum physical fitness without a planned program of regular exercise. Therefore, physical fitness in youth confinement facilities should include a planned

and supervised program designed to maintain a healthy and appropriate body weight and keep a youth's muscles well toned. Proper daily exercise is important to better health, a longer life, and a greatly improved quality of life. Exercise has also been proven to alleviate depression and decrease anxiety.[25]

Facility staff can initiate and develop a recreation program to fit the facility's philosophy and mission. A recreation program that works well combines old-fashioned physical fitness (calisthenics, running, and weight training) with a variety of sports and games.

A physical fitness program should be approached sequentially. Youth should have an opportunity to work up to vigorous and strenuous exercise routines. At every opportunity along the way, staff should encourage and reinforce participation, effort, accomplishment, and the healthy feelings associated with physical exercise. The sequential nature of a program should include stretching exercises, calisthenics, aerobics, running or jogging programs, and weight training (stationary machines as opposed to free weights). A staff member trained in exercise physiology or physical education should supervise physical fitness programs.

Vigorous exercise is an important component of a good recreation program. The difference between a vigorous therapeutic recreation component and a military style boot camp is not the level of hard work or the expenditure of energy on exercising and physical fitness. Therapeutic recreation programs are not intended to demean, humiliate, or degrade youth by having a staff member yell at and harass them in a stereotypical drill-sergeant fashion. It is not within the legitimate role of youth confinement facilities to attempt to add to the pain and suffering inherent in being forcibly separated from home and society.

A physical fitness program should include a planned program of resistance training for everyone. Staff should make it enjoyable and never talk negatively about anyone's physical condition or appearance. An overweight youth should be given exercises with high repetitions to help burn fat. A walking and jogging program is also recommended. In

addition, staff should advise youth about the advantages of maintaining a healthy diet versus eating junk food and fast food.

As important as good physical fitness is, youth should never be forced to participate in an exercise program, but should be encouraged to become involved. The effort is most important. Encouragement and praise are always needed, especially for youth with a poor self image. Most youth respond in a positive way to physical activity, and their behaviors often improve in other parts of the program. Continued participation should be contingent on positive behavior in all areas of the daily program. As structured team games, sports can provide numerous learning experiences for youth. Sports, sports, and more sports should be offered to all youth in a comprehensive recreation program—which means there should be variety in the activities available to youth. By offering as many types of sports as possible, there is a greater chance that each youth will find one suited to his or her interests and abilities.

Before engaging in any sports, staff should teach youth the rules and work on the basic fundamentals for that particular sport. Sports in which youth may participate include basketball, football, floor hockey, softball, volleyball, weightlifting, running, aerobics, golf, handball, and soccer. Protective gear, flexible equipment, and special foam balls make many of these sports safe for a wide range of youth, usable in co-educational situations, and appropriate for play indoors in a gym, recreation room, or large dayroom.

Leisure Time

Youth in confinement facilities are typically high-risk youth who need structure. However, leisure time is an important component in all confinement programs. How and when leisure time is scheduled and used is important. Many facilities run a very structured program schedule that allows youth little free time. Others subject youth to excessive hours of television or card playing because of insufficient staff and other resources, overcrowding, or a belief that programs reward youth for their delinquent behavior. This latter approach does not qualify as constructive leisure time activity.

Staff must understand their responsibilities for programming and must adequately supervise youth at all times. High-quality programming also requires adequate space and equipment

Leisure-time activities should be chosen with thought and care and scheduled for a specific time within the daily schedule. Facilities may schedule leisure-time activities in the afternoon or evenings during the week and anytime during waking hours on the weekends. Such activities might include watching television or videos, listening to music, playing video games, reading books or magazines, writing letters, studying, playing board, table, or card games. Staff should be vigilant to ensure that card games do not involve any form of gambling.

Some facilities have a game room, which may provide access to additional leisure time activities for youth. Game rooms provide an opportunity for youth who do not enjoy sports to engage in other types of recreation, such as ping-pong, foosball, pinball, and air hockey. Many facilities also have media libraries where youth may access books for recreational reading and computers for listening to music or for playing instructional games or solving puzzles. The resources available in media centers or libraries, while recreational, also serve to complement the facility's education program.

Staff interactions with youth during leisure time should be ongoing. It may take place in the dayroom, gymnasium or game room, or it may involve a simple talk about the youth's day. Regardless, staff involvement in leisure time activities with youth can contribute to improved levels of mutual respect and positive working relationships.

Infrastructure to Ensure Successful and Sustainable Programs

Regardless of the type, size, or budget of the facility, it is imperative that facility administrators provide a solid foundation and support for the development and implementation of quality programs for youth in confinement. This includes ensuring that staff are well trained and prepared to deliver programming and that there are adequate resources

(space, equipment, supplies) to support those programs. Local churches, service clubs—such as Kiwanis, Rotary and Lions Clubs—volunteer groups, and local philanthropic organizations are often willing to provide financial and other forms of support for youth programs wherever they are delivered. Active leadership and ongoing commitment shown by facility administration can demonstrate to staff and youth that these programs are a priority and will be supported in the future.

To be viewed as a legitimate organizational priority, programming should be articulated in the facility mission, vision, and guiding principles. In addition, programming should be included and fully described in the facility policy and procedure manual. Program manuals, lesson plans, and other materials should be regularly reviewed and updated; they should be consistently available to staff for them to effectively implement the program. Administrators should evaluate and hold staff accountable. Failure to do so can send the message to staff and youth that programs are really not a priority, which can negatively impact the level of commitment, success, and sustainability of programs for youth. Quality programs foster positive changes in youth and contribute to a more productive and positive environment for both youth and staff.

Reentry

The vast majority of youth released from confinement facilities will return home. The process of reentry is focused on ensuring that young people making this return home have access to the supervision, services, and supports they may need to be successful. In a *Juvenile and Family Court Journal* article entitled, "Reentry and Removal: Implications for Juvenile Confinement Facilities," authors David Roush, James Moeser, and Timothy Walsh say that "JOR [Juvenile Offender Reentry] encourages citizens, government agencies, social services organizations, and community-based organizations, such as faith-based organizations, to make reentry the highest priority in programs and services to youths in juvenile confinement facilities."[26] The authors go on to say that "a systematic involvement of community-based programs throughout incarceration enhances the likelihood of successful community

reintegration. The public knows and trusts these community-based programs, and their involvement with the juvenile confinement facility enhances the public's cooperation with reentry programs."[27]

Reentry planning should be part of the overall intervention planning for youth in confinement and as such should begin at the point of placement in any type of confinement facility. The key word in this statement is "planning," as release from confinement does not by itself ensure the successful reentry of youth into those communities. The ultimate goal of all reentry planning and service delivery is total reintegration of the youth into their families, schools, and workplaces. Successful reintegration includes achievement of positive youth outcomes (e.g., educational achievements, employment, civic involvement) and increased public safety (e.g., reductions in recidivism). (See Ch. 18: Transition Planning and Reentry). [9]

According to Shay Bilchik, there are five key areas emerging in youth reentry policy and practice:

1. Integrating the science of adolescent brain development into the design of reentry initiatives.
2. Ensuring that reentry initiatives build on youths' strengths and assets to promote pro-social development.
3. Engaging families and community members in a meaningful manner throughout the reentry process.
4. Prioritizing education and employment as essential elements of a reentry plan.
5. Providing a stable, well-supported transition to adulthood that helps to create lifelong connections.[28]

Each of these elements is a critical area for consideration by those individuals and organizations planning for reentry and services for youth.

Since 1987, OJJDP has been funding activities, evaluation, and research specific to the development of aftercare programming for juvenile justice-involved youth. The result of these investments has been the development of an Intensive Aftercare Program (IAP) model.[29] The IAP model identifies the following five principles for reentry program development.

1. Preparing juveniles for progressively increased responsibility and freedom in the community.
2. Facilitating interaction and involvement between juveniles and the community.
3. Working with offenders and targeted community support systems (families, peers, schools, employers) on those qualities needed for constructive interactions that advance the juveniles' reintegration into the community.
4. Developing new resources and support services as needed.
5. Monitoring and testing the capacity of juvenile offenders to receive—and the community to provide—services and support.

These principles can be used to guide justice system personnel and community service providers—either of which may provide reentry and aftercare programs—in the development of services for youth as they transition to the community.

In addition to this Guide, there are many resources available for use in planning reentry programs.

- The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG) [11] contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.[30]
- The National Reentry Resource Center [12] provides education, training, and technical assistance to states, tribes, territories, local governments, service providers, nonprofit organizations, and corrections institutions working on offender reentry.[31]

Conclusion

Youth in confinement facilities are some of the nation's most troubled and troublesome youth. The time they spend in confinement and what

they do during this time are crucial. For many of these youth, their belief in themselves has been shattered and distorted. They are confined against their will, and the earlier supportive relations in the home and community are altered or severed as they pass beyond locked doors.

Programs may be structured differently from one facility to another, depending on such things as the facility size and purpose, the availability of financial and other resources—including staff—and any number of other factors. Whatever the structure or format, programming is critical to the ability of staff to effectively manage the behavior of youth. Programming provides youth with constructive activities and staff with opportunities to engage with youth, to help them learn new skills, and to feel better about themselves and their abilities.

Programming must be available to all youth at the facility, and confinement facility staff must see as their mission addressing youth and public protection and affording youth maximum opportunities for individual growth and change.

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Ch.11 Mental Health

Author:
Lisa Boesky, PhD. [1]

"Something is wrong with this kid. I don't know what it is, but he's definitely going to have a hard time being locked-up here."

—Juvenile Correctional Officer

Youth with mental health disorders continue to enter and remain in juvenile detention, corrections, and adult jails and prisons. Some of these youth are mildly disturbed; others have a serious mental illness. Their ability to function in a facility can be compromised by:

- Severe attention and concentration problems.
- Serious mood disorders.
- Histories of repeated trauma.
- Unusual and bizarre thinking.
- Self-destructive behavior.
- Low intellectual functioning.
- Issues related to alcohol or other drug use.
- Aggression and violence.

Youth in custody with mental health disorders are a mixed group. Within the same week, staff may work with youth who have ADHD and struggle with rigid rules and stimulating living units, youth who hear voices, those who smear their feces on walls, and those who try to take their own lives.

The numbers of incarcerated youth are decreasing, dramatically in some states. The remaining population of juveniles in custody tends to be the most 1) violent, 2) criminal, 3) mentally ill, and 4) challenging to treat. This is a difficult and potentially dangerous combination, and one of the biggest challenges currently facing facilities that house juveniles.

How Many Youth in Custody Have a Mental Health Disorder?

The exact number of juveniles in custody with mental health disorders is currently unknown, however, research consistently shows that incarcerated youth suffer from significantly more mental illness than youth in the general population. Studies of youth in custody have found 63% to 92% met formal criteria for a mental health or substance use disorder.[1] When one of the studies removed conduct disorder and substance use disorders, almost half of youth still met criteria for a mental health disorder. The need is great for large-scale, standardized studies on incarcerated youth with mental health and substance use disorders to identify exactly how many are suffering and the nature of their conditions.

Suicide thoughts and attempts are more frequent among youth in custody; extreme levels of irritability and aggression are common, and self-injury is not unusual.[2] Gang members have high rates of mental health disorders, and youth with learning disorders are three times more likely to become gang members.[3] Many incarcerated youth have been exposed to serious, sometimes life-threatening trauma during childhood and adolescence.

Participation in outpatient mental health therapy is common among this population, and close to one-fifth has been hospitalized in inpatient mental-health facilities—with some youth requiring multiple hospitalizations.[4] Youth in correctional facilities and youth in psychiatric hospitals share more similarities than differences, and juvenile justice staff may often feel as if they are working at a mental health facility.[5]

Juvenile Justice Facilities Are the New Default "Mental Health" Facilities

Accessing quality mental healthcare has become increasingly difficult for adolescents, especially those from low-income communities or those who exhibit delinquent or aggressive behavior. Residential "treatment" options for youth with serious mental health disorders have shrunk; many psychiatric hospital programs for adolescents have closed. Of those remaining, many are hesitant to accept youth with criminal or violent histories—some refusing outright to admit them. Even when juveniles are admitted, brief inpatient stays are the norm.

Long waiting lists and ineffective outpatient treatment is typical. When their mental health deteriorates, mentally ill youth frequently engage in behaviors—some minor, some serious—that bring them to the attention of law enforcement. The juvenile justice system has become the default placement for many youth with mental health disorders who do not receive appropriate psychological and psychiatric treatment in the community. This is particularly true for minority youth who are over-represented in the juvenile justice system and under-represented in the mental health system. A government report found that "the unnecessary detention of youth who are waiting for mental health treatment is a serious national problem."[6] When families of youth with mental health disorders were surveyed, over one-third reported that their children were placed in juvenile justice facilities because needed services were unavailable.[7] In addition, "zero-tolerance" school policies and an increase in school resource officers have resulted in more youth with mental health disorders being referred to the juvenile justice system for behaviors that in the past were handled by teachers and school administrators.[8]

Common Mental Health Disorders Among Incarcerated Youth

Following are the most common mental health disorders seen among youth in custody. See the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) for detailed descriptions of each condition;[9] subsequent sections explain how each mental health disorder specifically manifests among incarcerated youth.[10]

- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Posttraumatic Stress Disorder (PTSD)
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder
- Major Depression
- Persistent Depressive Disorder or Dysthymia
- Disruptive Mood Dysregulation Disorder (DMDD)
- Bipolar Disorder
- Specific Learning Disorders (Learning Disabilities)
- Intellectual Disability (previously known as Mental Retardation)
- Fetal Alcohol Syndrome (FAS)

Youth can become psychotic (e.g., lose touch with reality; have difficulty differentiating fantasy from reality) if suffering from schizophrenia, bipolar, depression, or substance use disorders.

Most incarcerated youth with mental health disorders suffer from two or more impairing conditions simultaneously. The assessment and treatment of these juveniles becomes more clinically complex with each additional disorder. Plus, having co-morbid mental health disorders during adolescence can also raise juvenile offenders' risk of recidivism during young adulthood.[11]

Because of intense suffering or problems functioning in day-to-day activities, some incarcerated youth require specialized mental health services, despite not meeting criteria for a formal mental health disorder, according to the DSM. Use of the DSM is the main way, but not the only way, to determine which juveniles suffer from

psychopathology. The National Institutes of Mental Health (NIMH) has moved away from DSM categories and is developing a new classification system of mental disorders that is potentially very relevant to the mental health struggles seen among incarcerated youth.

Substance Use and Co-Occurring Disorders

Studies of youth in custody have found rates of substance use disorders ranging from 37%–86%.[12] Therefore, a significant number of youth require formal treatment for their problematic use of alcohol or other drugs. Co-occurring disorders refers to the simultaneous presence of both a mental health and a substance use disorder. One study found that one in ten incarcerated youth had depression, bipolar, or schizophrenia and a substance use disorder;[13] rates of substance use disorders co-occurring with conduct disorder and ADHD are likely even higher. The assessment, treatment, and management needs of juveniles with co-occurring disorders are different and more complex than those who suffer from only one condition. Individuals with co-occurring disorders have been shown to have:[14]

- Higher rates of future criminal behavior.
- Relationship problems.
- Higher rates of depression.
- Poor compliance with psychotropic medication.
- Higher rates of hospitalization.
- A lower likelihood of successfully completing treatment.

Juveniles with co-occurring disorders are also at increased risk of dying by suicide.[15]

Head Injury and Brain Trauma

Many incarcerated juveniles have had experiences in which damage to their brain could have occurred: physical fights, car accidents, a blow to the head as a child, being shaken as a baby, falling from trees or down stairs, excessive drug use, being beat up, jumped by gang members, and others.

Some incarcerated youth experienced trauma to their brain before birth; during pregnancy, their mother:

- Used alcohol or other drugs.
- Did not receive appropriate prenatal care.
- Was malnourished.
- Was infected with an illness.
- Gave birth prematurely before the youth's brain was fully developed.
- Experienced birth complications (e.g., decreased oxygen to baby's brain).

Studies show that one in four to almost one in five incarcerated youth suffer from traumatic brain injury.[16] Most of these injuries are unidentified.

Incarcerated juveniles with damage to the front part of the brain, where the "executive" functions reside, typically have difficulty:

- Planning ahead.
- Accurately judging situations.
- Controlling their emotions.
- Prioritizing what to pay attention to.
- Controlling their behavior.

Therefore, these youth have a hard time:

- Following rules or directives.
- Delaying immediate gratification.
- Behaving appropriately when obstacles and challenges are present.

- Keeping their emotions under control.
- Learning from consequences or past mistakes.

In response to their negative behavior, youth in custody with head trauma frequently lose privileges and spend time in isolation. Some are restrained; many end up in the adult system. Decision-makers are typically unaware of juveniles' brain damage, therefore, the misguided perception that these are "bad" kids making "bad" choices drives placement and programming decisions.

Comprehensive neuropsychological assessments are rarely obtained for incarcerated youth, primarily due to the high financial cost and minimal access to neuropsychologists. A relatively brief neuropsychological screening should be conducted with youth who exhibit persistent aggressive or violent behavior, as well as with impulsive, emotionally unstable youth who cause significant disruption to a living unit or facility. If neuropsychological screening detects an issue, juveniles should be referred for a comprehensive neuropsychological battery. The cost of this type of assessment is high, but less than the physical and financial resources spent unsuccessfully managing these youth.

Trauma Among Youth in Custody

Trauma among incarcerated juveniles is the rule, not the exception. One study found 93% of youth in custody had at least one traumatic incident; over half had experienced trauma six or more times.[17]

The following are common in the history of incarcerated youth:

- Witnessing someone being badly hurt or killed.
- Extreme parental or caregiver neglect.
- Physical, sexual, or emotional abuse.
- Domestically violent home.
- Removal from family home.
- Placement in foster care or residential treatment setting.
- Raised in filthy home with insects, rotting food, broken windows, no beds, and minimal food.
- Sleeping in the same room with adults engaging in sexual activity or forced to watch pornography.
- Victim of sex trafficking or prostituting their bodies.
- Forced by parents or caregivers to have sex with strangers in exchange for drugs.
- Locked in closets, cages, cars, or basements.
- Being shot or stabbed.

Many of these traumas occurred during childhood, when youth did not possess the intellectual or emotional capacity to process frightening, disturbing, or painful events. The adults children depended on for stability, protection, and love were often those who caused the most harm. These adults, as well as others who could have helped youth cope with the aftereffects of traumatic incidents, were frequently struggling with their own issues. Hurt people hurt people.

Interpersonal traumas (e.g., abuse, neglect, witnessing domestic violence, separation from parents) tend to have the most negative impact on young people. Depression, anxiety, PTSD, attention problems, substance abuse, as well as aggressive, delinquent, and violent behavior, are all associated with having experienced traumatic events; and parental or caregiver neglect is at least as damaging as physical and sexual abuse.[18]

Many incarcerated youth have experienced "poly-victimization"—multiple forms of victimization experienced by a single child. **The greater the number of traumatic experiences, the more damage to a child or adolescent.** Compared to other traumatized youth, those who have experienced numerous different types of traumas are:[19]

- At double the risk of developing depression.
- Three times more likely to develop PTSD.
- Three to five times more likely to abuse alcohol or other drugs.

They are also at higher risk of:

- Engaging in delinquent behavior.
- Struggling in school.
- Running away.
- Becoming suicidal.

Experiencing multiple types of maltreatment is associated with "reactive aggression" (e.g., impulsive, angry aggression in response to *perceived* provocation versus aggression to obtain status, power, or material goods).

Posttraumatic Stress Disorder (PTSD) Among Incarcerated Youth

Studies of youth in custody find rates of PTSD ranging from 10%–50%,[20] which is remarkably high, given that the rate of PTSD among youth in the general population ranges from 6%–8%,[21] and the rate of combat-related PTSD among soldiers returning from Iraq or Afghanistan is estimated to range from 4%–17%.[22] Almost all incarcerated youth who suffer from PTSD also suffer from another mental health or substance use disorder, with half suffering from two or more disorders *in addition* to PTSD.[23] Youth who experience multiple traumas but do not meet the full criteria for PTSD experience similar distress and problems in daily life as those formally diagnosed with PTSD.[24] Therefore, juveniles who experience impairment due to trauma-related symptoms should be referred for treatment, regardless of whether they qualify for a PTSD diagnosis.[25]

The DSM criteria for PTSD fits well with a one-time event that shocks or terrorizes an individual (e.g., rape, car accident, witnessing a murder), rather than the chronic, multiple interpersonal traumas many youth in custody experience. Studies of justice-involved youth have found that 57% experienced four or more traumatic events, and half have experienced six or more traumas.[26]

Because of the limitations of the PTSD diagnosis, modified diagnoses have been proposed—Complex Trauma, Complex PTSD, and Developmental Trauma Disorder—to better account for the impact of multiple, prolonged, inescapable trauma on 1) a youth's mood, attention, and behavior, 2) his or her brain, and 3) key areas of a youth's life.[27] Unfortunately, none of these diagnoses were formally listed in the most recent manual of mental disorders (DSM-V); however clinicians and researchers are increasingly integrating Complex Trauma, Complex PTSD, and Developmental Trauma Disorder models when screening, assessing, and treating juveniles with lengthy histories of multiple victimizations to more accurately and effectively meet the needs of this highly victimized group. See the National Child Traumatic Stress Network (NCTSN) [2] for more information on trauma, Complex PTSD, and Developmental Trauma Disorder.

Misdiagnosis of Trauma and PTSD among Youth in Custody

Despite their high rates of trauma, multiple types of victimization, and associated suffering, most youth in custody are not diagnosed with a trauma-related condition or referred for trauma-related treatment. This is due to the following:

- Trauma is often misdiagnosed as another mental health disorder (e.g., symptoms of trauma can look very similar to symptoms of ADHD, depression, bipolar, personality disorders, psychosis, and conduct disorder).
- Chronic or heavy alcohol or other drug use to cope with traumatic experiences may be solely diagnosed as a substance use disorder.
- Screening and assessments often do not ask about traumatic events.
- Even when asked, incarcerated boys tend to underreport physical and sexual abuse, as well as any suffering related to traumatic experiences.
- Boys tend to exhibit their distress in anger, irritability, and aggression and so are seen as bad youth versus traumatized or sad youth.

Research has found that one in six boys has been sexually abused, although this may be an underestimate.[28] The rate of sexual abuse among incarcerated boys is unknown, but is likely even higher than estimates for the general population, because many youth in custody were raised in environments that placed them at increased risk (e.g., instability, interpersonal conflict, living with one parent, domestic violence, experiencing additional

forms of abuse). According to Holmes and Slap, sexual abuse among boys is "common, underreported, under-recognized, and undertreated"; harmful effects include, depression, anxiety, PTSD, paranoia, physical symptoms, anger, aggression, difficulty in school, running away from home, and delinquency.[29]

Some incarcerated youth have been given three, four, or five mental health and substance use diagnoses due to exhibiting a multitude of problems in multiple areas. Most clinicians do not consider that some or all of these symptoms may stem from an underlying core of trauma.

Trauma Changes the Brain

Early and severe trauma (particularly physical, sexual, and verbal abuse; neglect; domestic violence) can change the brain and central nervous system, as well as cause neuroendocrine abnormalities.[30] Faced with threatening situations (violent families and communities), the body automatically goes into "fight or flight" mode and releases certain chemicals. When these chemical responses in the brain are continually reactivated, it can lead to structural, molecular, and functional changes in a youth's brain;[31] these negative changes are associated with significant academic, social, and behavior problems.

Repeatedly traumatized youth can become biologically wired for survival—always revved up, tense, and reactive. They constantly scan the environment for signs of a possible threat, and then impulsively respond. Not surprisingly, these youth often see danger, a threat, or an attack when none exists. A basic request from staff is perceived as a challenge. In casual conversations, they hear disrespect when none was intended. Traumatized youth are particularly keyed into non-verbal signals (e.g., inflection and tone of voice, body posture, how close someone is standing to them). These automatic reactions are intensified in facilities when youth feel unsafe with staff or peers. Youth whose brains have been impacted by multiple traumas are difficult to manage because of the following:

- Unpredictable moods.
- Difficulty calming down once upset.
- Angry outbursts that are often out-of-proportion to what initially provoked them.
- Apparent lack of concern for others.
- Minimal impact of sanctions and negative consequences.
- Minimal response to psychotropic medication.

Violence and delinquency are complex, multi-determined behaviors. It is not being suggested that trauma and multiple victimizations caused youth in custody to engage in them. However, the role of complex trauma among youth in juvenile detention, corrections, and adult facilities must be addressed and integrated into screenings, assessments, and interventions—especially among youth at the "deep end" of the system.

Re-traumatization

The combination of irritability, anger, fear of being seen as weak or vulnerable, and impulsivity often results in youth with significant trauma receiving multiple sanctions while in custody due to negative and sometimes dangerous behavior. Youth must be held accountable, including those who have been traumatized; however, staff should be aware that re-traumatization can occur when youth are:

- Confined and locked in small rooms.
- Physically restrained, especially by multiple staff members at once.
- Physically searched, especially when the search is invasive.

The following can also trigger traumatic thoughts and emotions:

- Being stripped of clothes or put into a safety smock after reporting thoughts of suicide.
- Being observed by staff or harassed by peers while showering.
- Witnessing or directly experiencing physical or sexual assaults.
- Receiving no visits from family or caregivers.
- Not being told important information.

- Intrusive room checks in the middle of the night.
- Intimidating and violent peers.
- Antagonistic and harsh staff.

These situations can exacerbate feelings of vulnerability and loss of control, which often triggers an automatic, biologically programmed fight or flight survival response. When he or she is re-traumatized, a youth's belligerent, destructive, or aggressive behavior is likely to escalate in intensity and duration. Not surprisingly, at this point, staff typically respond with more intensive supervision or control, physical restraint, or some form of isolation. This tends to further trigger youth, resulting in even more aggression, belligerence, or destructive behavior, which leads to longer or harsher sanctions. As the cycle continues, both youth and staff are at increased risk of getting hurt.

It is tragically ironic that juvenile justice facilities are one of the most difficult environments for traumatized youth—yet their traumatic histories often play a major role in the delinquent or violent behavior that gets them there.

Mental Health Screening and Assessment

To manage and effectively treat juveniles with mental health and substance use disorders, facilities must be able to identify these youth, their challenges, and their strengths. Doing so increases the likelihood that those who work with these youth will:

- Refer them to qualified mental health professionals.
- House them appropriately.
- Use strategic and effective management strategies.
- Provide effective clinical treatment.
- Prescribe psychotropic medication only to youth who truly need it.

Accurately identifying juveniles with mental health and substance use disorders also helps reduce youth aggression, assaults, and suicide. Mental health "screening" and "assessment" are integrally related, but are not the same.

Mental Health Screening

Mental health screening is a brief (30 minutes or less) procedure primarily used to detect youth who may have a mental health disorder and are in need of further evaluation. Conducted early in the process of confinement, screening typically includes an interview and mental health checklists or questionnaires. Screening tools should be simple enough for a variety of professionals (including non-clinical staff) to administer, or for youth to complete on their own. They should be available in different languages, or facilities should have access to someone who can translate them. Every juvenile in custody should receive a mental health screening, regardless of his or her estimated length of stay.

When mental health screening identifies juveniles as possibly having mental health symptoms, youth should receive a more extensive assessment to explore the nature and severity of the symptoms, as well as determine the necessity of specialized treatment services. Mental health screening is not designed to provide a mental health diagnosis and should not be used for that purpose.

All youth in custody should be screened for mental health symptoms 1) upon entry to a facility, 2) each time youth move to a new placement (e.g., detention, correctional facility, work camp, ranch, group home), 3) if youth display dramatic changes in behavior, or 4) if staff suspect mental health symptoms.

At a minimum, mental health screening should include questions about:

- Current or past mental health symptoms, self-injury, suicidal thoughts or behavior.
- Current or past mental health treatment, psychotropic medication.
- Current or past use of alcohol or other drugs, substance abuse treatment.

- Cognitive or intellectual limitations.
- Recent or past traumatic events.
- Current or past aggressive or violent thoughts and behavior.
- Current support system.
- Strengths and resiliencies or protective factors.
- Degree of insight regarding need for treatment.
- Observation of juveniles' behavior (e.g., appearance, attitude, speech, mood).

If a youth is overtly intoxicated or extremely agitated, staff should delay mental health screening until they can elicit compliance and obtain reliable results. Youth should not be placed in general population until the screening is completed.

Professionals conducting the screening should know about 1) mental health symptoms, 2) normal adolescent development, 3) the stress of incarceration, and 4) signs of intoxication and withdrawal. Juvenile justice professionals who administer a brief mental-health screening tool at intake do not need to have the same mental health knowledge as psychologists, but their knowledge and training must be appropriate to the task at hand. (See Ch. 9: Admission and Intake) [3]

Referrals to Mental Health Professionals

Staff should refer youth to a qualified mental health professional (QMHP) within the facility if 1) "red-flags" are identified on screening tools, 2) youth exhibit moods or behaviors of concern, 3) they ask to speak with a QMHP, or 4) their parents or caregivers request it.

All facility staff should have access to the mental health referral process, as they are valuable observers of youth behavior. Requiring supervisors to sign-off on formal mental health referral slips submitted by staff helps them remain informed regarding a youth's struggles.

> According to the National Commission on Correctional Health Care (NCCHC), QMHP include psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.[32]

Mental Health Assessment

Mental health assessments typically occur after youth have been identified in the screening process as having a possible mental health disorder. More comprehensive than screening, assessments often take hours to complete, and results provide the foundation for treatment planning within the facility and as youth prepare for transition back to the community. Assessments go into more depth on issues covered in the mental health screening; they explore additional key areas of a youth's life. Youth are queried about their thoughts, feelings, and behavior.

Clinicians should assess a youth's level of functioning—psychologically, intellectually, emotionally, and socially—to better understand the areas of challenge and success.

Specific diagnostic criteria from the DSM are used to establish whether a youth has a mental health disorder; if so, clinicians determine the scope and severity. Carrying a mental health diagnosis has major ramifications; therefore, clinicians who assign diagnoses to youth should have formal training in the 1) screening and assessment of mental health disorders among youth and 2) provision of mental health diagnoses among youth. **Mental health diagnoses should only be assigned after a comprehensive and thorough mental health assessment.**

Mental health assessments should include:

- A clinical interview with youth.

- Tests of cognitive and intellectual functioning.
- Personality tests.
- Rating scales and checklists regarding youth moods and behavior.
- Information from individuals familiar with a youth's functioning, including family members.
- Behavioral observations.

Short stays in detention facilities typically do not provide enough time for comprehensive mental health assessments that include psychological testing and the provision of a diagnosis. In these situations, QMHPs should spend as much time as is feasible assessing a youth's mental health, developing plans that address immediate issues that may impede his or her success in the temporary setting, and communicating key information to individuals who supervise and interact with youth.

Mental health, substance use, and trauma should not be assessed in isolation because the three are highly interrelated, with overlapping symptoms. When youth have **co-occurring** mental health and substance use disorders, clinicians should examine how the two conditions interact. Because of the significant trauma histories among incarcerated youth, clinicians should evaluate the effect trauma plays in a youth's moods and behavior before assigning a mental health diagnosis.[33] Situational factors should also be taken into account before diagnoses are made; youth who react to a temporary stressor must be distinguished from those with true mental health disorders.

Mental health diagnoses are of little value to staff without detailed recommendations. Therefore, assessment results should be summarized in written form and integrated into daily programming, treatment, and transition plans. Clinicians should write in terms understandable to a youth's family and professionals in various disciplines and should provide face-to-face feedback to youth regarding key findings.

Mental Health Reassessment

Youth with mental health disorders need periodic reassessments to determine whether their diagnosis (or lack thereof) and current treatment plan remain accurate. Serious mental health disorders may increase in severity as youth move into late adolescence; in contrast, a youth's depressed mood, anxiety, or suicidal thoughts may disappear after a major stressor is removed. Reassessment is typically necessary if mentally ill youth exhibit a dramatic change in mood or behavior or experience major stress, or when there is reason to believe a previous mental health evaluation was unreliable or invalid.

Strength-Based Mental Health Screening and Assessment

Many confined youth have experienced tragedy, trauma, and crisis. Their strength and resiliency is often one of the primary reasons they survived—physically and emotionally—and these assets should be identified and explored. Rather than asking **only** about problems, difficulties, and areas in which youth struggle, mental health screening and assessment should also ask about areas in which juveniles have achieved or excelled. Questions about behaviors youth may be embarrassed or ashamed about should be balanced with questions about hobbies, interests, and areas that make them proud. Youth with mental health disorders are more than their pathology, diagnosis, or label. A strength-based approach does not entail overlooking criminal behavior or ways youth have harmed others; it strives for a more balanced approach. Taking a broader view of juveniles with mental health disorders demonstrates to them that adults are interested in knowing about each of them as a whole person.

Culturally-Sensitive Mental Health Assessment

Professionals who conduct mental health screenings and assessments with youth from various minority groups must be alert to cultural issues. Clinicians can misinterpret youth responses as signs of mental illness if unfamiliar with their background. For example, having visions of deceased relatives during periods of grieving is an accepted experience in some cultures and not viewed as hallucinations. Fearful youth exclaiming "they're all after me" can be perceived as paranoid when rival gang members or others in the facility may truly be threatening them. By the same token, clinicians who rely on stereotypes of youth who are different than they are (e.g., culture, race, gender, sexual orientation) can overlook or automatically dismiss mental health symptoms, assuming they are just part of youth culture.

Youth from various racial and ethnic backgrounds can manifest mental health symptoms differently. Some mental health instruments have been developed for middle-class Caucasian males, so results may not be valid when assessing youth of other races, backgrounds, or another gender. In addition, parents or caregivers have often sought assistance for their mentally ill children from clergy, extended family, tribal healers, or curanderos; therefore, screening and assessment should broaden questions about previous treatment beyond outpatient or inpatient psychotherapy.

Which Screening and Assessment Instruments Are Best?

Using the same or similar screening and assessment tools throughout an entire juvenile justice agency—and within key partnering agencies—can facilitate more efficient and effective communication within and across systems. Standardized (administered the exact same way every time) instruments, with research evidence that demonstrates that they are reliable and valid, should be the first-line tools. Most mental health instruments were *not* developed for use with incarcerated youth, and some have limited validity for young women or minority youth. Non-research-based standardized screening tools can be used as a supplement; they typically contain questions that directly ask about specific behaviors such as "do you cut yourself to feel better?" or "what medication are you taking?" During all phases of the assessment process—test administration, scoring, interpretation, and reporting of results—individuals who administer mental health screening and assessment tools must take into account the strengths and limitations of the instruments they use and the population for whom they were developed.

> See Boesky and Grisso, Vincent, and Seagrave, for a list of standardized mental health instruments used with youth in custody.[34]

Self-Report Information: Can We Believe What Incarcerated Youth Tell Us?

Most incarcerated youth answer honestly if directly asked about mental health symptoms. But they may inadvertently provide inaccurate information if intoxicated, do not have good memories, or have difficulty verbalizing their internal experience. Some youth deliberately minimize or exaggerate mental health symptoms, intentionally manufacture them, or deny them completely. Youth may minimize or deny mental health symptoms to avoid:

- Being seen as weak, vulnerable, weird, or crazy.
- Taking psychotropic medication.
- Placement on a specialized unit or room.
- Extra monitoring by staff.

Some seriously suicidal youth deny having thoughts of killing themselves so staff will not try to stop them.

Youth in custody may exaggerate or fabricate mental health symptoms because they want to:

- Talk and spend time with a variety of professionals.
- Obtain mind-altering psychotropic medication.
- Be placed on a special unit or in a special room.

A few standardized mental health tools were designed to detect youth who are hiding or faking symptoms. These validity scales are particularly useful when assessing incarcerated youth, as are specialized tools that detect "malingering."

The screening and assessment of youth with mental health, substance use, co-occurring, and trauma-related disorders is an ongoing process, especially in juvenile detention and adult jails where youth may be admitted with alcohol or other drugs in their system.

Mental Health Treatment

The treatment needs of youth with mental health disorders do not decrease or disappear when they enter juvenile detention, corrections, or an adult facility; on the contrary, their needs may intensify due to the stress of incarceration. Just as juvenile justice provides medical services to youth with external physical injuries, the system must also respond to a youth's internal mental health symptoms. This responsibility is detailed in national standards[35] and recent class action lawsuits (e.g., incarcerated youth with serious mental health disorders have a constitutional right to mental health treatment).[36]

Correctional facilities are not inpatient psychiatric hospitals, nor should they be treated as such. These settings must be given appropriate funding and resources to provide intensive mental health services when, by default, they are expected to serve that role.

Regardless of the type of correctional setting, the goals of mental health treatment include:

- Stabilize youth's emotions and behavior.
- Maintain safe facilities and orderly living units.
- Reduce youth suffering and impairment in key areas.
- Decrease self-destructive behavior.
- Facilitate opportunities for youth to succeed while incarcerated.
- Teach youth necessary skills to better control their emotions and behavior.
- Teach youth necessary skills to function more successfully in the community.

Successful mental health, substance abuse, co-occurring, and trauma-related interventions address all areas of a youth's life, including family, peers, school, community, or when necessary—youth's physiology (through medication). This mission is more difficult when youth are incarcerated, but the goal remains the same. Providing effective mental health treatment is not only best practice, it also reduces the likelihood of a large lawsuit, something common in recent years.

Except in rare circumstances, mental illness is not an *excuse* for youth breaking rules or laws. Accountability is essential in facilities—and having a mental health disorder does not change that. However, youth should not be sanctioned or punished for their mental health symptoms. This issue can be complicated when a youth's mental health symptoms manifest in aggression and harm toward others, which is why mental and corrections staff must work together closely when sanctioning a youth with mental health disorders.

Involving Parents or Caregivers in Mental Health Treatment

Parents or caregivers experience a variety of emotions when their children with mental health disorders are incarcerated. Amidst hope that their children will receive treatment, they also worry that their vulnerable sons or daughters will be victimized while in custody. If they do not believe their children are mentally ill, parents or caregivers may be troubled upon hearing that facility clinicians want to prescribe psychotropic medication or other treatment services. They want to participate in the decisions that affect their children, but may not know how to become involved or have the resources and supports to do so. Time and energy must be devoted to engaging parents or caregivers in the assessment and treatment process to increase their motivation and foster positive treatment outcomes.

If parents or caregivers cannot attend in-person meetings, consider participation by conference call, webcams, Facetime, or another communication option. Efforts should be made to include fathers, even if they are only distantly involved in a youth's life. Parents or caregivers should be encouraged to call the facility with questions or concerns about the mental health treatment of their children.

Strategies to Engage Youth and Their Parents or Caregivers in Treatment

For youth confined for more than a month, the following strategies can engage parents or caregivers and maintain their involvement as treatment progresses:[37]

- Clarify what treatment is and what it is not (can differ pre- versus post-adjudication).

- Set realistic treatment goals that are meaningful to juveniles and their families.
- Update parents or caregivers regularly regarding the status of their child's behavior.
- Provide immediate responses to positive and negative youth behavior.
- Follow through on all promises made to juveniles and their parents or caregivers.
- Acknowledge and attempt to address other problems with which youth and their parents or caregivers are concerned.
- Ensure that all professionals in the facility, regardless of discipline, send a consistent message on critical issues.
- Treat youth and their parents or caregivers with respect at all times.

Allowing parents or caregivers to ask questions, provide input, and participate in decision-making is empowering and makes it more likely they will support and commit to the treatment process. Parents or caregivers should be educated on the benefits and risks of each treatment option, including psychotropic medication.

Treatment agreements help parents or caregivers understand what treatment will entail and the type of participation the practitioners expect of them. Treatment agreements reduce miscommunication and can be referred to if miscommunication should arise; they should be written and reviewed verbally with all parties. Treatment agreements should include 1) a description of the treatment process, 2) the goals of treatment, 3) limitations of treatment, and 4) information about relapse.[38]

Strength-Based Interactions with Parents or Caregivers

Parents or caregivers of incarcerated youth with mental health disorders have often had professionals point out what they were doing "wrong" raising their children, as well as in their own lives. Acknowledging their positive characteristics and effective parenting choices decreases apprehension and self-protection and increases motivation. Staff should balance questions about youth difficulties with questions about youth success (no matter how small); inquire about parents' or caregivers' fears and concerns about their children and what makes them most proud. Avoid language that implies that something is bad, wrong, or a problem and instead use words such as "challenge" and "struggling." When incarcerated, juveniles and their parents or caregivers frequently feel hopeless about the situation or their child's future. In such cases, staff might ask how they survived hardships and difficulties in the past. Many have overcome major obstacles, tragedy, and heartbreak, and some continue to cope with significant daily stressors. Staff should recognize and highlight these assets and strengths.

From the start, staff should reinforce participation in treatment with youth and their parents or caregivers; this helps increase the chance of completing treatment, should things become difficult. The following incentives can increase motivation to attend treatment sessions at the facility:

- Transportation to or from the facility.
- Food during treatment sessions.
- Time for youth and their families to visit after sessions are over.
- Verbal praise and acknowledgment.
- Certificates of achievement.
- Rituals for completed tasks or goals.
- An extra phone call between youth and their parents or caregivers later in the week.

Regardless of their age, size, and strength, most youth in custody appear genuinely moved and touched when receiving praise from their parents or caregivers in response to their efforts or progress. Ask youth and their parents or caregivers what would be most motivating for them.

Informed Consent for Psychotropic Medication

Parents or caregivers should be contacted for their informed consent if youth are prescribed psychotropic medication. They should be told:

- The mental health conditions youth suffer from.

- The psychotropic medication to be prescribed.
- Potential benefits and risks of the prescribed medication.
- Potential benefits and risks of alternative treatments, including no medication.

Medical staff should ensure that parents or caregivers understand the explanation, have the capacity to give consent, and are not coerced or manipulated into giving permission. Verbal consent can typically suffice when a written signature cannot be obtained; however, a copy of the consent form and information about the medication should be mailed to parents. Most facilities require informed consent for the continuation of psychotropic medication prescribed in the community, although it typically does not have to be acquired immediately upon admission. Youth and their parents or caregivers should be involved in decisions associated with stopping psychotropic medication. Informed consent laws associated with psychotropic medication for incarcerated youth differ by state and locality; mental health and medical staff should familiarize themselves with local laws and be alert to any updates.

Suicide Prevention with Youth In Custody

Suicide is the leading cause of death among youth in confinement[39] and is more common among incarcerated youth than those in the community.[40] Death can seem like the only option to youth in custody who feel hopeless, alone, anxious, or depressed and who want to escape unbearable psychological pain, distressing circumstances, or dire futures. There are two types of staff that work directly with youth in custody: those who have encountered suicidal youth and those who will.

A study of youth in detention found **one in ten** had thought about killing themselves in the previous 6 months, and a little over **one in ten** had made an actual suicide attempt at some point in their lives, with many trying to kill themselves more than once. Fewer than half of the youth with recent suicidal thoughts had told anyone about them.[41] Rates are likely even higher among youth who are deeper in the system—those who reside in longer-term juvenile justice facilities.

Who Is Most At Risk for Suicide?

When working with youth who have the risk factors below, line staff should be alert to the possibility of suicidal thoughts or behavior.

- Previous suicidal behavior.
- Mental Health Disorders (e.g., depression, bipolar).
- Substance use disorders.
- Aggressive or violent behavior.
- Family factors (e.g., suicide, mental illness, substance use among parents or caregivers; parental absence; lack of support; abuse or neglect; family conflict or domestic violence).
- Poor social skills or few friends.
- Stressful life events (e.g., legal or discipline problems; incarceration; isolation from peers in a facility; lengthy time in room or cell; prolonged stay in a juvenile justice facility; discipline or failure at school; break-up of romantic relationship; conflict with parent or other important adult; victim of bullying, harassment, humiliation, or rejection; sexual assault; death of a loved one; believing peers will harm or kill them).
- Childhood abuse or neglect.
- Exposure to someone else's suicide.

Because most incarcerated youth often have three, four, or even all of the listed suicide risk factors, plus the stress of being detained or incarcerated, and restricted access to their typical coping skills (cigarettes, alcohol, other drugs, fighting, sex, running away)—**all youth in custody should be viewed as at-risk for killing themselves.**

The majority of youth who have died by suicide in juvenile justice facilities were *not* on any type of suicide precautions at the time of their death.[42] Therefore, we need to be vigilant about suicide among all incarcerated and detained youth—at all times.

Youth in custody are commonly housed alone in rooms with door knobs, handles, large hinges, protrusions on the ceiling, vents, towel racks, bunk beds, toilets, floor drains, clothing hooks, and other secure items to which they can tie a sheet, t-shirt, bra, or torn blanket and asphyxiate themselves. Even toilet paper or plastic trashcan liners can be twisted or braided into strong enough material to strangle oneself. If youth want to die, they can jump off the second tier of a two-story unit, jump in front of a moving vehicle on campus, asphyxiate themselves with hair extensions, or suffocate themselves by putting plastic liners of trash cans over their heads. Despite safe and secure facilities, there is a multitude of ways confined youth can kill themselves.

Protecting Youth in Custody

The best way to prevent suicide in juvenile justice facilities is to prevent youth from becoming suicidal in the first place. Implementing the recommendations and strategies throughout this chapter (e.g., mental health and suicide-specific screening and assessment, developing positive relationships, meaningful programming, education and vocational programs, home-like environments, evidence-based mental health and suicide-specific psychotherapy, a trauma-responsive approach, parent or caregiver engagement, skill-building rather than punishment, strength-based behavior management, a variety of recreation and leisure activities, collaboration between juvenile justice, mental health, medical and education staff) is one of the best ways to reduce the chances that a youth in custody will try to take his or her own life.

Identifying Youth Who Want to Die

Even though most youth in custody are at increased risk for suicide, placing them all on "suicide precautions" or in suicide-resistant rooms is not only impractical and unrealistic, it would likely be psychologically harmful. It is also unnecessary, because, despite having multiple suicide risk factors, the majority of youth in custody do not try to kill themselves.

Currently, there is no failsafe way to predict exactly which youth will try to take their own lives; identifying who is the highest risk for suicide among an already high-risk population is challenging. There is no "typical" suicidal youth. They may 1) be sad and withdrawn, 2) state they want to die, 3) deny suicidal thoughts or intentions, or 4) be angry and aggressive. Therefore, juvenile justice and mental health staff must consider multiple factors when determining degree of suicide risk, including observable behavior, youth history, facility suicide hazards, and youth interview.

Observable Behavior

Staff may not recognize depression among confined youth, as it is often experienced and exhibited as irritability, agitation, or aggression versus a sad mood; when these youth are mistakenly viewed as "bad" and given significant sanctions, their depression is likely to worsen. Suicide-related behavior has also been seen among intensely angry or frustrated youth, even though they are not depressed. All staff should be on the lookout for the following behaviors; exhibiting one of them does not necessarily indicate increased suicide risk, but a combination of them is concerning:

- Sad or depressed mood.
- Increased irritability or agitation.
- Reduced interest or pleasure in activities they used to enjoy.
- Complaints of having no energy or feeling tired all of the time.
- Excessive levels of guilt or shame.
- Difficulty concentrating or making decisions.
- No emotion or youth seems apathetic.
- Threatening or aggressive behavior.
- Restless or agitated behavior.
- Very slow speech or behavior.
- Lack of appetite or overeating.
- Problems falling or staying asleep, or sleeping too much.

Youth History

The more risk factors in a youth's history, the higher his or her risk for suicide.

- Previous suicide attempt.
- Knowledge of or exposure to someone else's suicide.
- Past psychiatric hospitalization.
- Prior or current psychotropic medication.
- Prior or current mental health disorder (e.g., depression or bipolar).
- Substance use disorder.
- Multiple traumas.
- Irritability or difficulty controlling their anger.
- Family history of mental illness.
- Violent behavior.

Facility Suicide Hazards

Potential facility suicide hazards include:

- Low number of staff per youth requiring supervision.
- Over-reliance on isolating juveniles.
- Easily reached protrusions or projections in rooms.
- Access to psychotropic medication.
- Unit or cottage layout.
- Clothing or uniforms with shoelaces, belts, or zippers.
- Access to toxic materials (e.g., shampoo, cleaning chemicals).
- Routine and predictable monitoring.

Youth Interview

All staff that work directly with youth in custody must be comfortable asking them about their suicidal thoughts and behavior. A five- to ten-minute private interview is usually enough time to determine whether juveniles are:

- Potentially suicidal.
- In need of referral to a QMHP.

Staff should approach youth they are concerned about, convey the specific behaviors that have them worried, and directly ask youth if they have been thinking about killing themselves. Staff should ask how youth would go about killing themselves if they report suicidal thoughts. Differentiating youth with passing thoughts from those seriously considering ending their lives is key. If youth describe a plan, staff should ask questions to assess 1) the specificity, 2) availability, and 3) lethality of the plan. Details, easy access, and plans that could result in death all increase a youth's risk of suicide.

If time allows, staff should ask youth:

- If they have made a previous suicide attempt. If so, when and how, and if they were hospitalized.
- If they ever thought about suicide and did not made an attempt. If so, what they did to cope in that situation.
- If there is one thing would help them no longer feel suicidal.

Incarcerated youth may not feel comfortable sharing the details of their suicidal thoughts, feelings, or plans with staff; or they may not want staff to interfere with their plan to die. That said, most youth—particularly those in emotional pain—answer honestly when asked about suicidal thoughts and behavior when staff are calm, nonjudgmental, and genuinely caring. Maintaining a conversational tone is much more effective than running down a checklist of questions or treating the interview as an interrogation. Staff should trust their judgment and intuition and talk with a supervisor or QMHP if a youth denies suicidal thoughts, but staff remain concerned about them due to their history, observable behavior, or facility hazards.[43]

There is no way to tell if youth are manipulating or truly want to die; "manipulative" individuals have died by their own hands. Although frustrating and difficult to manage, youth who engage in suicidal behavior solely to solicit attention, facilitate a transfer, or obtain coveted resources can accidentally kill themselves; they should be taken seriously, referred to QMHPs for an evaluation, and be closely monitored. **Many "manipulative" youth have underlying mental health, substance use, and trauma-related disorders, as well as other risk factors that raise their suicide risk.**

Key Components of a Suicide Prevention Program for Youth in Custody

All juvenile detention, corrections, and adult facilities that house youth must develop and implement comprehensive suicide prevention programs to identify potentially suicidal youth and respond in ways that reduce their suicidal thoughts and behavior. The recommendations below are based on correctional health care standards,[44] though most go further and include best practices.

Policies and Procedures

- Suicide prevention policies and procedures should be written clearly, concisely, and in language easily understood by staff at all levels.

Suicide Prevention Training

- Upon hire, every facility staff who comes into contact with or makes key decisions about youth should receive mandatory, practical, up-to-date and interactive training on suicide prevention among youth in custody (8-16 hours); mandatory refresher training (2-4 hours) should occur annually.

Suicide Screening and Referral

- All youth in custody should be screened for suicide risk, in a private setting, by appropriately trained staff using a standardized form with interview questions and behavioral observations.
- Youth identified as potentially suicidal should be placed on suicide precautions and immediately referred to a QMHP for an in-depth suicide assessment.
- Youth should be re-screened for suicide risk at important transition points throughout the system (e.g., change in placement) and whenever indicated by a youth's statements, behavior, or information coming from other sources.
- Youth who elicit staff concern related to suicide at any point during their stay should be immediately referred to a QMHP for an in-depth suicide assessment. QMHPs should conduct a face-to-face suicide assessment of youth as soon as possible, but no longer than 24 hours after being contacted. Youth deemed to be a potential high risk for suicide should be continuously observed and monitored while awaiting a clinician's evaluation.

Suicide Assessment or Evaluation

- QMHPs should be available on site or by telephone, 24 hours a day, seven days a week.

- Suicide assessments conducted by QMHPs should determine a youth's degree of suicide risk, the level of monitoring needed, specific components for a safety plan, and if transfer to a psychiatric hospital is necessary. QMHPs have the license, education, training, and experience to make these decisions.
- A determination of suicide risk should take into account a youth's current behavior, history, and issues specific to the facility, in addition to the youth's statements. Parents or caregivers may be able to provide valuable information related to a youth's risk of suicide, as well as helpful strategies to support him or her. Youth placed on suicide precautions should be re-assessed in person (not through a door) by a QMHP at least once per day to determine if their suicide status has changed and, if it has, the QMHP takes action to address it (e.g., increase or decrease in the required level of monitoring, transfer to psychiatric hospital, removal from suicide precautions).
- Each day, QMHPs should gather information about a suicidal youth's behavior from a variety of staff with whom youth have interacted.

The period following removal from suicide precautions is a high-risk time for some juveniles; therefore, QMHPs should remain in close contact with youth after precautions end, assessing for suicide risk over the next several days. Contact should then be slowly spaced out, with QMHPs periodically assessing suicide risk.

Key Treatment Issues in Suicide Prevention

- Suicide precautions or suicide watch are different than treatment and should be viewed as such. Staff recognize that restricting youth access to potentially lethal methods and closely observing them helps keep them safe, but often does little to decrease their distress, mental health symptoms, or hopelessness. If isolated from peers, staff, and programming, a suicidal youth's suffering will likely worsen.
- Based on a youth's level of risk, QMHPs should develop individualized safety plans that address any modifications or restrictions to standard programming that are required for a youth's safety. These should be as least restrictive as safely possible.
- QMHPs should develop individualized treatment plans for youth on suicide precautions specifically targeting suicidal thoughts or behavior, and secondarily other key issues and needs. Treatment plans should emphasize the development and strengthening of protective factors as much as reducing suicide risk factors. QMHPs should use evidence-based or best practice psychotherapy to reduce suicidal thoughts and behavior and address underlying issues.
- Psychotropic medication is prescribed only when necessary.
- QMHPs should provide treatment to suicidal youth during high-risk periods and provide follow-up treatment and monitoring to reduce the risk of relapse after a suicidal crisis is over.
- Line staff are essential to suicide prevention; they should be encouraged to build positive and supportive relationships with all youth during day-to day interactions and provide extra support to those who are suicidal.

Self-injury (cutting, head banging) is distinguished from suicide in screening, assessment and treatment, yet it is still regarded as a significant risk factor for suicide.

Intensive Monitoring

- Staff should monitor youth at high risk for suicide in person and on an irregular schedule not to exceed 5 or 10 minutes, depending on a youth's level of risk.
- Staff should "continuously" observe (1:1 youth-to-staff ratio, sight and sound, close proximity) actively suicidal youth (threatening or engaging in suicide-related behavior) or transfer them to the hospital.
- Staff should clearly document all monitoring.
- Closed-circuit television and other ways of supervising suicidal youth can supplement, but never replace, in-person staff monitoring.
- Juvenile justice, mental health, and medical professionals should be adequately trained to place potentially suicidal youth **on** suicide precautions; only QMHPs should be able to lower or take youth **off** suicide precautions.

Safe Housing of Suicidal Youth

- Suicidal juveniles should be housed in the least-restrictive manner possible, given the severity of their suicidal behavior.
- Suicidal youth who can safely participate in standard facility programming should do so with more intensive levels of supervision, monitoring, and documentation. Staff should encourage youth participation.
- Suicidal youth should have access to the same academic, recreation, and leisure opportunities as their peers, unless these are modified for safety purposes; only QMHPs can implement or remove these modifications, and they must be documented and communicated to all relevant staff.
- Suicidal youth should not be isolated; if this must be done for safety reasons, the decision should be made in collaboration with a QMHP, and suicidal youth must be continuously monitored.
- Social interaction is essential to suicide prevention; removing suicidal youth from peers and programming can add to their feelings of alienation and depression. When alone in a cold and empty room, suicidal youth have little to distract them from their problems and a great deal of time to think about ways to kill themselves.

- Suicidal youth who are unable to remain on their own living unit can be housed in safe rooms on mental health units or a health clinic. Youth should be housed near staff stations, with staff regularly interacting with them.
- Suicidal youth should remain in regular clothing (except if wearing shoelaces or belts), unless they use their clothing to harm themselves. In those instances, only that piece of clothing should be removed.
- Safety smocks should not be used, except in rare circumstances where it is indisputably necessary for youth safety and is done in collaboration with a QMHP. Youth should never be made to wear special clothing that signifies their risk of suicide. All rooms or cells that house suicidal juveniles should be suicide resistant (e.g., no secure objects youth can tie something to and asphyxiate themselves, nothing youth can use to suffocate themselves, large viewing windows)

Every facility should have enough suicide resistant rooms to meet the needs of their population.

Communication About Suicidal Youth

- Juvenile justice, mental health, medical, and educational staff should meet daily to discuss which youth in the facility are on suicide precautions and the most effective strategies to observe and manage them.
- Juvenile justice staff should communicate from one shift to another about 1) which youth are on suicide precautions, 2) the level of intensive monitoring required, and 3) any specific information needed to help keep these youth safe.
- Communication about suicidal youth should occur between facility staff and community agencies (e.g., arresting or transporting officer, local court, psychiatric or medical hospitals) when necessary.
- QMHPs should communicate with juvenile justice and medical staff before removing youth from suicide precautions.
- Juvenile justice, mental health, and medical staff should document essential information related to which juveniles require more intensive monitoring and why. Documented information from a variety of sources helps juvenile justice staff strategically manage suicidal youth and helps QMHPs evaluate and develop intervention strategies for them. Staff should document factual information (e.g., what staff observed, heard, read) and avoid statements about motivation (e.g., trying to get attention). Behavioral observations related to depressed mood, irritability, or aggression should also be recorded.

Responding to an Active Suicide Attempt

- Staff must know how to respond to suicide attempts in progress, especially hangings and other forms of asphyxiation, and should be trained in providing first-aid, CPR, an dother life-saving measures.
- Realistic suicide-intervention drills should be conducted randomly and regularly to help staff practice life-saving strategies in situations where errors could have tragic results.
- Suicide cut down tools (see Figure A) should be located on every unit, easily accessible to staff, and inventoried every shift.
- Staff who discover a youth attempting suicide should immediately respond, assess the severity of the emergency, alert other staff to call for medical personnel if needed, and begin life-saving measures.[45]

Staff should never assume youth are dead and should do all they can to keep youth alive until medical professionals take over.[46]

Reporting and Notification of Suicidal Behavior

- Policies and procedures should be in place for staff to easily document which youth have been identified as a high suicide risk. Staff should use standardized forms to document close observations and intensive monitoring of suicidal youth. Forms should be easy to understand and easy to complete. Staff should follow documentation procedures in the event of a completed suicide.
- QMHPs should inform parents or caregivers if their child is placed on suicide precautions and inquire about strategies that have previously decreased the youth's distress.
- Staff should notify administrators and outside authorities about potential, attempted, and completed suicides, according to policy. If youth are a high risk for suicide close to the time they are returning to the community, staff should enlist the support of parents or caregivers and community mental health providers with regard to continued assessment, monitoring, and treatment.

- When recently or currently suicidal youth are released, QMHPs should educate parents or caregivers about the danger of guns and other potentially lethal means in the home and encourage them to remove these items.

Review and Debriefing

- If a tragedy such as a serious suicide attempt or completed suicide occurs, several types of reviews should take place (e.g., administrative, mental health, medical) to better understand exactly what happened, why, and what necessary improvement measures are required, if any. The goal is to gain information and to learn, not to find someone to blame.
- A psychological autopsy should be conducted within 30 days of a completed suicide by a psychologist or psychiatrist to better understand the specific factors that may have contributed to a youth taking his or her own life.
- A quality-assurance process should be in place to monitor the components of a facility's suicide prevention program, with immediate modifications made when indicated.
- A debriefing (e.g., structured group process to help individuals effectively cope in response to a traumatic loss) should be made available as soon as possible (preferably 24 hours, no longer than 72 hours) after an incident to all staff and youth who may have been impacted by a serious suicide attempt or completed suicide. Staff involved in the incident should not be mandated to immediately return to job duties.
- Youth should be encouraged to talk with a QMHP about any thoughts and feelings they have in relation to a peer's suicide or suicide attempt.
- Staff should be encouraged to seek additional support through the Employee Assistance Program (EAP) or other sources, if needed.

After a Serious Attempt or Completed Suicide

It can be traumatic and painful to work with youth who have made serious suicide attempts or who have died by suicide. Many line staff have intervened with youth they have found hanging or strangling themselves, as well as youth who have seriously cut their wrists or other body parts. Some staff have performed life-saving procedures in situations where youth still died, despite their efforts. Staff are often required to return to work immediately after these types of disturbing incidents to supervise the rest of the other youth on a unit. This should never happen.

Youth are often upset and confused when another resident makes a serious suicide attempt or dies by suicide. This is a particularly high-risk period for other youth in custody to take their own lives; therefore, staff should be vigilant to signs of distress, especially among vulnerable youth.

Intense guilt is common among staff who were unable to prevent a juvenile suicide. They may wonder if they overlooked key warning signs or what would have happened if they had checked on the youth a few moments earlier. Some staff feel guilty when youth kill themselves on a day when they were not present, believing that they may have been able to prevent it had they been on duty.

Working with suicidal youth can have significant emotional and psychological effects on direct care staff. These effects are intensified when staff work with multiple suicidal juveniles throughout their career. Investigations and litigation after a death by suicide can add to already disturbing, stressful, and traumatic situations. Unless there was significant wrongdoing, staff should be given support and patience if they have been involved with seriously suicidal youth.

Self-Injury Among Youth in Custody

Although known by various names—self-injury, self-mutilation, cutting—this type of behavior reflects a youth's deliberate harming of his or her own body as an attempt to feel better. It affects boys and girls of all racial backgrounds. Self-injury creates a safety risk and is disruptive to the facility environment. Although suicide

training is mandatory, most staff receive little to no training in the identification and management of juveniles who self-injure.

Youth intentionally harm themselves most commonly on the forearm, but they can injure anywhere on their bodies, including areas covered by their undergarments. Superficial cuts or scars do not necessarily indicate less distress; all self-injury should be taken seriously.

Self-Injury Versus Suicide

Self-injury and suicide are two very different behaviors. Suicide is related to death, whereas self-injurers often report their harm makes them feel alive and helps them live. Many youth who self-injure report that if they could not hurt themselves, they would be overwhelmed, unable to cope, and potentially suicidal. They usually know where and how deep to cut so they do not accidentally die. Two distinct behaviors—self-injury and suicide—can occur simultaneously, and engaging in self-injury raises a youth's risk of suicide.[47] When they occur together, the desire to die may resolve once a suicidal crisis is over, but juveniles are likely to continue injuring themselves to cope with everyday emotions and stress.

Items Youth Use to Hurt Themselves

Despite careful and frequent room searches, watchful staff, and minimal access to sharp objects, youth who self-injure can always find ways to hurt themselves. The following items have been used by juveniles in custody:

- Staples, paper clips, thumbtacks.
- Pencils, pens.
- Combs, brushes.
- Eye glasses.
- Teeth, fingernails.
- Forks, knives, broken plastic spoons.
- Snaps, zippers, belt buckles.
- Rocks or gravel.
- Broken DVDs, playing cards.
- Paint chips, pieces of floor tile.
- Pull tops from pop can.
- Metal clasps on ace bandages.
- Dried peach pits, apple cores, orange peels, or chicken bones.

Cutting, scratching, and carving their skin are the most common ways youth in custody deliberately harm themselves, however some punch themselves, punch walls, bite themselves, pull out their hair, bang their heads against doors, give themselves eraser burns, or interfere with the healing of scabs or wounds.

Some incarcerated youth have engaged in dangerous and severe self-harm—ripped out medical stitches, inserted pens into healing wounds, held drain cleaner in their mouth "to feel the burn," and inserted pens into their penis. This type of self-injurer typically begins with superficial wounding and needs to make deeper and larger cuts or experience more intense levels of pain to achieve their desired level of release.

Why Do Youth Hurt Themselves?

Self-injury is typically a coping strategy used during times of stress or intense, overwhelming feelings. Hurting themselves helps youth 1) regulate or control their emotions, 2) reduce stress and tension, or 3) get their emotional or relationship needs met. Some youth communicate through self-harm what they cannot say in words; others hurt their bodies in custody because it is something they can control. Although usually driven by emotional reasons at the start, a youth may continue to self-injure because of responses or reactions that the behavior elicits from others (e.g., attention, support, exemption from responsibilities, shocking staff or peers, transfer). For the small group of youth who harm their bodies solely as a strategy to solicit attention, their behavior should still be taken seriously, and they should be referred to a QMHP for evaluation.

Managing Youth in Custody who Self-Injure

Self-injury is typically a symptom of a larger problem; a comprehensive mental health assessment is necessary to identify any psychological issues or disorders and determine what function the behavior serves in the context of the unit. Clinicians should develop individual treatment plans, use evidence-based therapy, and help staff reinforce youth for *not* engaging in self-harm and for using appropriate coping skills. Staff from all disciplines should provide emotional support and attention *before* youth self-injure. Unit schedules and staff teams should remain as consistent as possible, and staff should inform youth of any upcoming changes in the routine. Staff should provide extra support during major transitions (e.g., new unit or staff, transfer, release), as these can be high-risk periods for self-harm.

Housing and monitoring decisions should be based on findings from the mental health assessment. Unless their self-injury is severe, most youth can participate in standard facility programming with minor modifications; when programmed, they have little time to think about self-injury—and even less time to do it. Youth may lose certain privileges related to using specific items or participating in certain activities if they are unable to keep themselves safe with those items or activities. In these situations, staff should emphasize safety and security rather than present restrictions as punishment. As soon as youth demonstrate signs of safety, staff should strategically lift restrictions. Secluding or isolating youth who self-injure should be a response of last resort. Removing youth from peers and programming often worsens their distress and intensifies their need to hurt themselves. Plus, youth can still bang their heads, as well as bite or scratch themselves while isolated. Regardless of where youth are housed, staff should be stationed near self-injurious youth and regularly interact with them. This is not suicidal behavior, therefore if intensive monitoring is required, it should be referred to as "safety precautions" or "safety watch." Facilities without the resources to safely manage severely self-injuring youth should transfer them to a psychiatric hospital or residential treatment facility.

Staff Responses to Youth Who Self-Injure

Feeling frightened or disgusted by self-injury is a natural reaction, especially when wounds are bloody or located on certain parts of the body. Staff should maintain a matter-of-fact attitude and tone when dealing with self-injury; these youth are often ashamed of their behavior and know that it is unusual and strange. If staff appear uncomfortable, upset, or grossed out by injuries or scars, youth will be less likely to talk to them about underlying thoughts and feelings and will keep wounds a secret.

Staff should convey:

- An understanding that self-injury helps some youth cope.
- They do not view self-injurious juveniles as crazy or weird.
- Youth will need to stop hurting themselves in the facility due to safety and security issues.

This approach shows respect for youth, especially when staff communicate their commitment to keeping youth safe and supporting them in learning more acceptable ways of dealing with strong emotions, stressful situations, and challenging personal relationships.

The Move Toward Trauma-Responsive Care

Since the inception of juvenile justice system, the philosophy of how best to respond to delinquent youth has swung back and forth between rehabilitation and punishment. Recently, there have been three major approaches used with youth in custody; each has potential benefits for youth in custody with mental health disorders, as well as potential drawbacks or even harm. Some facilities primarily rely on one approach; others have integrated aspects of two or three. Even within a particular facility, the approach may differ, depending on the unit, the shift, the specific staff, and the individual youth being supervised. **Youth benefit most when these three approaches are used together in a strategically balanced and integrated manner**.

The following are general descriptions; they are much broader and deeper in actual practice.

Juvenile Corrections Approach

In a juvenile corrections approach, youth are typically seen as intentionally engaging in negative behavior in the facility and community to obtain something for themselves (e.g., power, status, material goods, attention); youth need to "make better choices." Safety, structure, predictability, and accountability are central to all management strategies. These issues are essential for youth who have mental health disorders; youth will not truly engage in treatment if they do not feel safe. The emphasis on clear and specific behavioral expectations and strength-based behavior management programs is also important for youth success.

Unfortunately, sanctions may be often issued without exploring whether there are potential vulnerabilities or alternative explanations for a youth's behavior. For example, aggression receives the same penalty whether it is exhibited by a sophisticated gang member carrying out a hit, a traumatized youth trying to protect himself or herself from a perceived attack, or an intellectually disabled youth responding out of intense frustration. This approach encompasses the belief that the discomfort and distress of incarceration and sanctions (e.g., loss of privileges, room confinement) is what motivates youth to engage in pro-social behavior in the future. However, no data exist to support that assumption. Also, some types of responses to negative behavior within this approach (particularly those that are confrontational, harsh, or punitive) can actually escalate the anger, aggression, destructive behavior, or withdrawal of confined youth with mental health, substance use, co-occurring, and trauma-related conditions.

Treatment-Oriented Approach

In a more treatment-oriented approach, youth in custody are typically viewed as having deficits that need to be fixed or treated. The negative behavior of youth is usually seen as related to a mental health or substance use disorder, criminogenic needs, or other underlying issues. According to this approach, if those problems were treated, a youth's negative, delinquent, or violent behaviors would diminish or completely stop. Accountability remains, but there tends to be more emphasis on comprehensive assessments, individualized treatment plans, and cognitive-behavioral, skill-based therapy to help youth better manage their thoughts and behavior. Youth typically receive mental health, substance use, or co-occurring disorder diagnoses; and many receive psychotropic medication. This approach can be very beneficial when diagnoses are accurate and treatment plans (and the associated treatment provided) target a youth's key issues. Unfortunately, youth in custody are frequently over-, under-, and misdiagnosed, QMHPs are lacking in many skills, and there can be minimal collaboration between juvenile justice and mental health staff; these issues can lead to inappropriate treatment or treatment that can worsen a youth's thinking, moods, or behavior.

Trauma-Responsive Approach

A third and more recent approach for youth in custody, is one that is trauma responsive. The assumption is that negative behavior within facilities is not always intentional, but more likely the result of traumatized youth being triggered and overreacting to what they perceive to be a threat.[48] Accountability remains key in a trauma-responsive approach, and youth continue to receive comprehensive assessments and individualized treatment plans, and are taught skills to better manage their thoughts and behavior. However, differences include:

- An increased focus on traumatic events and trauma-related symptoms during screening and assessment.
- No mental health diagnoses given to juveniles until clinicians first address the impact of trauma.[49]
- Symptoms are seen primarily as attempts to cope and survive.
- Psychotropic medication, if used, is not the first line of treatment and is never used as the sole treatment.
- All staff use a strength-based approach with youth.
- Negative behaviors do not necessarily stem from something inside youth (e.g., depression, ADHD, bipolar), but often from youth reacting to events outside themselves.
- Emphasizes the reduction of trauma triggers in the environment and provides safe places (e.g., comfort room) and tools youth can use to practice self-calming skills.[50]
- Takes into account research on how trauma negatively impacts the brain.
- Emphasizes key relationships between youth and supportive adults, such as line staff.

With this approach, youth are not to blame for their victimization and traumatic experiences, but are responsible for learning how to effectively cope and manage their emotions and behavior when their trauma response is triggered. Adults in the facility help youth 1) recognize how they have been impacted by trauma, 2) identify what specifically triggers their trauma-related reactions (e.g., angry outbursts, shutting down, aggression, overreacting, self-injury), and 3) learn more appropriate ways to respond.

Challenges of this approach include the need for significant training, on-the-floor staff coaching, and changes to existing policies and procedures. When management strategies such as isolation and restraint are discouraged, due to potentially re-traumatizing youth, staff may initially feel powerless and unsafe. They may also perceive this approach as excusing negative and dangerous behavior.

Trauma-Responsive Care with Youth in Custody

In trauma-responsive care, conversations shift from "What's wrong with you?" to "What happened to you?" and "What's right with you?" Staff interactions with youth focus on "What do you need?" and "How can we support you?"

For example:

> *Kevin, 15, is repeatedly removed from the classroom for hostile behavior toward the teacher and sent back to his living unit. When placed in his room, he becomes increasingly angry and agitated, kicks the door, and yells provocative comments to staff. When peers return to the unit, he verbally and physically intimidates and threatens some of the smaller and younger boys. It is discovered that Kevin has struggled in school for years due to attention and memory problems. When his teacher in the facility demands he turn in his written assignments before he has finished them, Kevin blows up in anger due to the belief that "this teacher wants me to look stupid and is trying to embarrass me—just like all the other ones." Alone in his room, Kevin is consumed with humiliation, shame, and feeling "stupid," so he distracts himself by engaging staff—which is ineffective. To regain a sense of control, empowerment, and success, Kevin terrorizes peers who are more vulnerable than himself.*

From a juvenile corrections approach, Kevin would likely receive a variety of sanctions each day his negative behavior occurred. This cycle could continue for days, weeks, or longer—with little to no new learning or change in behavior. From a treatment approach, in addition to cognitive-behavioral group therapy for his criminogenic needs, Kevin may be diagnosed with a learning disorder, ADHD, or depression; he may receive therapy (and possibly psychotropic medication) to treat it. Unfortunately, if he were diagnosed solely with conduct disorder, treatment would be minimal.

With a trauma-responsive approach, Kevin would receive consequences for his negative behavior, plus, he and staff would work together to 1) identify and understand what triggers his reactions and negative behavior and 2) practice new and more appropriate responses when triggered.[51] Safety and self-regulation are key. Staff help youth learn to better control their thoughts and behavior (sometimes in the moment, as problematic behavior is occurring) instead of automatically and reflexively responding in disruptive and sometimes dangerous ways.[52]

A trauma-responsive approach is likely to be effective with most, if not all, youth in custody because of their high rates of multiple types of trauma. It is also likely to be effective with youth who have mental health, substance use, and co-occurring disorders because:

- Trauma increases a youth's risk of developing mental health disorders, so youth often have both conditions.
- Many mental health symptoms overlap with trauma-related symptoms.
- Some trauma-related symptoms are misdiagnosed as mental health symptoms.
- Many youth in custody use alcohol or other drugs in response to trauma-related symptoms.

A trauma-responsive approach works well with the treatment approach. Rather than staff exerting control over youth, in both treatment and trauma-responsive approaches, the emphasis is on staff helping youth gain better control over themselves. A key modification is that the impact of trauma on a youth's mood and behavior is taken into account before youth are viewed as having antisocial attitudes, labeled with mental health or substance use disorders, or prescribed psychotropic medication.

Child-serving systems across the country are moving toward a trauma-responsive model of care, including Florida's Department of Juvenile Justice (DJJ) and New York's Office of Child and Family Services (OCFS).

Discovering that a youth experienced a traumatic event at some point in his or her life should not automatically trigger a mental health referral. Facilities do not have the resources to provide treatment to every youth who has experienced trauma, and not every one of them needs it. However, youth should be referred if he or she is currently experiencing trauma-related symptoms and is distressed by trauma-related symptoms, or if trauma-related symptoms interfere with the youth's ability to do well in school, on the living unit, or in relationships.

Effective Treatment Strategies for Youth in Custody with Mental Health, Substance Use, Co-Occurring, and Trauma-Related Needs

In addition to the recommendations made throughout this chapter, best practices in the treatment of incarcerated youth with mental health, substance use, co-occurring, or trauma-related needs also include:

The Basics

- Youth feel physically safe (e.g., in the physical structure, with peers, with staff, with themselves if they have a history of self-injury or suicidal behavior). Sufficient numbers of qualified juvenile justice, mental health, and medical staff are available to address youth safety, programming, and treatment needs.
- Structure, consistency, and predictability are emphasized in all programming and treatment activities; youth receive ample warning about staff and program changes.
- Staff recognize that youth with mental health disorders are a heterogeneous and resilient group, each possessing different needs, strengths, and challenges.
- Clear and easy-to-understand rules, expectations, and directions are verbally explained to youth and are written down.
- Units are more home-like (e.g., youth art on walls, colored walls, carpet or rugs, comfortable furniture, holiday decorations) than correctional or institutional in look and feel.

- Treatment providers recognize that youth and their parents or caregivers are in various stages of change, assess what stage they are in, engage them, and match treatment to their current stage of recovery.[53]

Formal Mental Health Treatment

- Staff realize that mental health treatment is often an ongoing, long-term process; relapse is common and should be planned for.
- Mental health professionals focus on developing and strengthening protective factors, rather than solely reducing mental health symptoms.
- Individualized treatment plans address specific short- and long-term goals in multiple key areas of a youth's life, especially for those who exhibit significant mental health symptoms or dangerous, disruptive, or aggressive behavior.
- Treatment for co-occurring mental health and substance use disorders is integrated and provided by the same treatment provider or by a team of providers who closely communicate and take equal responsibility for intervention goals.
- Staff ensure that all cognitive-behavioral treatment is appropriate for a youth's intellectual and developmental level.
- Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings are available within the facility and are modified for adolescents.

Involvement of Line Staff

- Staff are alert to unusual youth behaviors, moods, or statements of concern and refer youth to mental health staff for follow-up.
- Staff are alert to physical complaints (e.g., headaches, stomachaches, fatigue, vague muscle or joint pain, multiple requests to see the nurse or doctor), take them seriously, and communicate them to medical personnel to determine if they are associated with depression, anxiety, trauma, or physical illness.

- Staff understand that some youth require accommodations or adjustments in programming to be successful in the facility.
- Staff actively engage youth and develop trusting and empathic relationships. This type of connection is essential to creating positive treatment outcomes among youth with mental health, substance abuse, co-occurring, or trauma related symptoms.
- Staff recognize that taking time up front to understand youth and their individual needs, strengths, and limitations saves them time and energy in the future (e.g., increased compliance, fewer power struggles, fewer sanctions).
- As key members of the treatment team, line staff participate in mental health treatment planning. **Line staff perceive themselves as central to the treatment process, as do youth and other professionals throughout the facility.**

Brain-Related Treatment Issues

In addition to the aforementioned strategies, the following recommendations should be used in the treatment and day-to-day management of youth with brain-related issues:

- Treatment professionals utilize current brain research to better understand normal adolescent development, trauma, criminal behavior, and aggression; relevant concepts are communicated to juvenile justice and education professionals.
- Staff hold realistic expectations of youth with cognitive disabilities (including those with suspected or confirmed head injuries or brain damage).
- Staff speak in clear, short sentences, and provide youth with additional reminders, structure, and supervision, when needed.
- Because a youth's response to medication can be affected, professionals who prescribe psychotropic medication investigate the possibility of head injury or brain damage.

Youth who have suffered head injuries or trauma-related brain changes need interventions that focus on:

- Thinking before acting.
- Managing anger.
- Decreasing or discontinuing substance use.
- Interacting with others in a pro-social manner.
- Reducing stress.
- Correctly perceiving social cues (versus suspicious misperceptions).
- Empathizing with others, especially victims.

Threats of sanctions or punishment do little to modify the behavior of youth with head injuries or brain damage due to their difficulty conceptualizing abstract and future events or consequences.

Trauma-Related Treatment Issues

In addition to the aforementioned strategies, the following recommendations should be used in the treatment and day-to-day management of youth with *trauma-related needs* (whether or not they are diagnosed with PTSD):

- Trauma training (e.g., understanding the impact of trauma on thoughts, behavior, and the brain; trauma-responsive management strategies) is provided to all facility staff. Clinical training on trauma-responsive treatment is provided to all treatment providers.
- Past traumatic events are discussed to better understand and modify current problematic behavior and positively influence future behavior—not to dwell on past pain or victimization.
- Interdisciplinary treatment teams integrate the impact of trauma into case conceptualizations of youth, individualized treatment plans, interventions, and daily programming. Neutral or strength-based words are used in place of "victim" when talking directly with youth about their past.
- Youth are educated about the effects of trauma on their thoughts, emotions, behavior, and brain; youth are reassured they are not going crazy.

- Staff listen and provide support to youth, help them de-escalate when youth are upset, and assist them in developing more adaptive thoughts and behaviors when triggered by people or situations.
- Staff exhibit patience, creativity, and flexibility in their management and programming of trauma-affected youth.
- Youth learn practical coping skills to help them manage feelings of anger, shame, guilt, embarrassment, or fear.
- Staff are diligent about their role as mandated reporters of child abuse and neglect and clearly explain to youth what information remains confidential (if any), what can be released and under which specific circumstances, and who will likely receive information if a report must be made.
- Evidence-based, gender-specific treatment for trauma, including sexual abuse, is available for girls and boys.
- Staff assess their own comfort level when youth talk with them about trauma; if uncomfortable, they refer youth to other supportive and trusted professionals in the facility.
- Due to the demanding, stressful, and potentially traumatic nature of working with incarcerated youth, staff use good self-care strategies on the job and in their personal lives. They obtain support (e.g., Employee Assistance Program, community resources) for any unresolved trauma from their own past, so as not to be triggered by a youth's aggressive, destructive, or disturbing behaviors—or the correctional environment itself.

See *Juvenile Offenders with Mental Health Disorders: Who Are They and What Do We Do with Them* for management strategies specific to youth in custody with conduct disorder, ADHD, depression, bipolar, PTSD, learning disorders, fetal alcohol syndrome, self-injury, and other mental health conditions.[54]

Foundational Treatment Strategies

Effective behavior management, physical activity, and good nutrition are the foundation of effective treatment for youth with mental health, substance use, co-occurring, and trauma-related conditions.

Effective Behavior Management

Key principles of effective behavior management in custody include:

- Caring staff who model pro-social behavior and coping skills.
- Structured programs and meaningful activities with clear expectations for youth.
- Behavioral consistency among staff on all shifts.
- Frequent reinforcement of youth success, no matter how small. A minimum of four reinforcers for every one punishment.[55]
- A well-designed, easy-to-understand, easy-to-implement, and effective strength-based token-economy system.
- Sanctions or negative consequences match the level and type of youth misbehavior.
- Staff recognition of how difficult it is for youth to modify numerous key behaviors at the same time (e.g., attend school, control emotions, control behavior, develop new social skills, stop using profanity, participate in treatment), while simultaneously discontinuing their typical coping skills (e.g., intimidation, aggression, social withdrawal, alcohol or other drugs, running away).[See Ch. 14: Behavior Management] [4]

Physical Activity

Vigorous exercise can enhance self-esteem, decrease depression, reduce anxiety and tension, and help youth sleep better.[56] Exercise changes chemicals in the brain, including those associated with mood-related disorders. Providing youth in custody with a variety of opportunities to be active and participate in outdoor recreational activities gives them a chance to demonstrate success in pro-social activities and burn off high levels of energy. Team sports help youth resolve conflict without intimidation and aggression and engage in healthy competition. Individual recreation activities should also be available, as some youth are self-conscious about their coordination or skill level.

Yoga helps reduce stress, and decreases depression and anxiety.[57] It appears to impact the fight or flight mechanism (commonly affected among youth with trauma histories). Yoga may be as effective as exercise, or even more so, for reducing fatigue and aiding sleep.[58]

Good Nutrition

What youth eat and drink impacts their mental health.[59] Nutrients affect areas of the brain that regulate mood and behavior, including the cerebral cortex. Providing youth in custody with healthier foods, less sugar, and more nutrients appears to help them better control their behavior.[60] Providing a vitamin-mineral supplement and essential fatty acid supplements reduced violence among incarcerated juveniles and young adults.[61]

Psychotherapy ("Talk Therapy") In Custody

Brief, practical, evidence-based psychotherapy can be provided to youth in short-term facilities, with more intensive psychotherapy provided in the community upon release. Youth in long-term facilities, or residing in detention or jail for lengthy periods, should receive more comprehensive evidence-based psychotherapy in custody, plus transition services upon return to the community. Regardless of the facility type or length of stay in custody, staff should encourage parent or caregiver involvement in psychotherapy.

Research on effective psychotherapy for youth in custody with mental health, substance abuse, co-occurring, and trauma-related needs (especially those who are aggressive and violent), is significantly lacking and desperately needed. The following treatments have shown beneficial effects for justice-involved youth, although most have primarily been used in the community. Some of these therapy approaches have been researched and evaluated; others are promising and need further evaluation.

- Cognitive Behavioral Therapy (CBT)[62] **Most evidence-based therapy has cognitive-behavioral therapy at the core.**
- Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET)[63]
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)[64]
- Dialectical Behavior Therapy (DBT) and DBT-Corrections Modified (DBT-CM)[65]
- Aggression Replacement Training (ART)[66]
- Functional Family Therapy (FFT)[67]
- Trauma-Focused CBT (TF-CBT)[68]
- Trauma Grief Component Therapy-Adolescent (TGCT-A)[69]
- Trauma Recovery & Empowerment Model for Girls (G-TREM)[70]
- Eye Movement Desensitization and Reprocessing (EMDR)[71]
- Seeking Safety[72]
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)[73]

Multisystemic Therapy (MST);[74] and Wraparound Services[75] are community-based interventions that can be used in lieu of incarceration for some youth. Regarding youth in custody, community approaches are most appropriate for those who are briefly incarcerated. Youth housed for lengthy periods should receive treatment while confined, but can benefit from community-based interventions upon release. [See Ch. 10: Effective Programs and Services] [5]

Individual treatment sessions can range from 20 to 60 minutes, depending on a youth's attention span and level of engagement.

Group treatment is the norm within most juvenile justice facilities. Treatment groups tend to be most effective 1) with a smaller number of participants, 2) with a 45- to 60-minute maximum, 3) when led by individuals who have experience working with justice-involved youth and experience running treatment groups, and 4) when led by professionals who want to lead them.

Although the aforementioned therapy approaches may benefit incarcerated youth with mental health, substance use, co-occurring, and trauma-related conditions, maintaining treatment gains once formal treatment ends remains a challenge. The goal is for youth to function more effectively in a variety of situations and contexts—

not just while they are in custody. Emotional and behavioral change within facilities is no guarantee of continued change in the community. Despite clinically sound treatment principles and programs, generalizing what youth learn in secure settings to their real-world circumstances is difficult unless treatment continues within their natural home environment after release. [See Ch. 18: Transition Planning and Reentry] [6]

Key Treatment Issues

Qualified Mental Health Professionals (QMHPs)

According to NCCHC, QMHPs include psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who—by virtue of their education, credentials, and experience—are permitted by law to evaluate and care for the mental health needs of patients.[76] However, **qualified** is essential; an advanced degree does not ensure the specific knowledge or clinical skills necessary to work with incarcerated youth, one of the most clinically complex and challenging groups of young people.

Within facilities, QMHPs should play a key role in:

- Mental health assessments (and screening when necessary).
- Crisis intervention.
- Individual counseling.
- Treatment groups.
- Staff training.
- Psychotropic medication.
- Individualized treatment plans.
- The placement of youth on or removing youth off of intensive monitoring (e.g., suicide watch, safety watch).
- Treatment programming.
- Screening mentally ill youth prior to placement in isolation.
- Assessing the effects of potentially traumatizing experiences (e.g., isolation, witnessing peers' self-injury or suicide attempts).

Strategic and creative hiring of QMHPs is often necessary, because many clinicians are too intimidated or frightened to work with incarcerated youth; rural facilities may struggle to find eligible applicants due to limited QMHPs in the community. Facilities that struggle to find qualified applicants have had success advertising nationally, sharing a position with the local jail, choosing professionals early in their career or shortly after retirement, or finding professionals looking to supplement a private practice. Hiring **unqualified** mental health professionals can result in a pattern of misdiagnosis and inappropriate treatment, both of which can escalate a youth's suffering, create an unsafe environment, and expose facilities to liability issues.

QMHPs should have knowledge, training, and experience with youth who have a broad range of emotional and behavioral disorders, as well as key issues related to:

- Normal adolescent development.
- Interactive effects of mental illness and substance use.
- Impact of trauma, including multiple interpersonal traumas.
- Cognitive, emotional, behavioral, and lifestyle issues common among incarcerated youth.
- Best practices for screening and assessing youth in custody.
- Evidence-based interventions or best practices for justice-involved youth who have mental health, substance use, co-occurring, and trauma-related symptoms.

If currently employed QMHPs need additional training, facilities should ensure they receive it.

QMHPs hired to work in facilities must be willing to collaborate with juvenile justice, medical, and educational professionals and use terms and concepts easily understood by youth and non-clinical staff. They must also understand the strengths and limitations of a youth's self-report; many youth in custody are savvy about the mental health system, knowing precisely what to say to receive a prescription of psychotropic medication, facilitate admission to a psychiatric hospital, or avoid mental health treatment.

Psychiatric Hospitalization

Facilities vary considerably regarding their 1) physical design, 2) quantity and quality of mental health resources, and 3) provision of mental health treatment and programming. Many large and resource-rich facilities can manage youth with significant mental health needs, whereas others can manage youth with low to moderate mental health needs, but must transfer those with serious symptoms or disorders.

Most facilities, if not all, may need to transfer severely and acutely mentally ill youth (e.g., psychotic, imminently suicidal, manic, seriously self-injurious) to a psychiatric hospital or emergency room. Most facilities are not designed for—nor are they adequately equipped—to manage these youth or those with serious and chronic psychiatric disorders that require intensive, long-term treatment.

Hospitalization can stabilize youth and keep them safe during a crisis, but long-term behavior change is unlikely. Current lengths of stay in most psychiatric hospitals range from several days to several weeks, which is not enough time to treat complex mental health conditions.

Well before a crisis occurs, written agreements should be in place with all hospitals that may be used during an emergency. All parties should be clear regarding what entity has authority or responsibility for youth and who pays for hospital services. Criteria for a youth's admission and discharge from a hospital should be explicit, and behavior that automatically results in a youth's expulsion from a hospital also must be made clear.

Youth should not be released from a hospital without 1) a summary of what occurred during hospitalization, 2) a detailed discharge plan, and 3) thorough verbal communication with a QMHP and juvenile justice administrator at the facility.

Confidentiality

Administrators and mental health professionals must know federal and state laws and statutes that govern confidentiality and the release of mental health information in juvenile detention, corrections, and adult jails and prisons. Often, mental health information can be disclosed without youth consent to professionals within the facility who are involved with a youth's care if it is related to the health or safety of the youth, other residents, staff, or the facility itself.

Mental health staff should be discreet and only disclose information that is absolutely necessary to help other professionals safely supervise and manage mentally ill youth. Even if mental health information can be disclosed, clinicians are not obligated to provide it if they believe disclosure is not in the best interest of a particular youth; in the spirit of collaboration, this should not be a frequent occurrence.

Key Role of Line Staff in Mental Health Treatment

Effective facilities understand the important connection between youth and responsible, caring adults. Line staff are in an ideal position for this responsibility and are some of the most consistent adults in the lives of repeat offenders or those with lengthy sentences. Trust is built during day-to-day interactions, and many youth with mental health disorders share more details about their lives and suffering with line staff than mental health clinicians.

Many youth respect, admire, and become emotionally attached to staff; their understanding of a youth's mental health issues can facilitate the growth of this relationship and help it remain strong. Attachments between line staff and youth can actually reduce the impact of negative events in a youth's life.[77] In small and mid-size communities, youth and staff may know each other from the "outs"—they may live in the same neighborhood or even be extended family members. This can positively impact their relationship, or in some circumstances may be an obstacle to overcome.

The saying, "I can't hear you because your actions are so loud" is relevant to the way youth continually observe line staff. How staff cope with stressful individuals and events on the unit likely teaches youth more than anything staff can tell them.

Mentally ill youth instinctively know when staff care about them and what they have been through. Some staff heavily invest in youth success; at times working harder than youth do for themselves, and believing in youth more than they believe in themselves. Staff may not be formally trained as counselors, but informal counseling occurs throughout facilities during card games, watching television, shooting hoops, lifting weights, or just passing time on the unit. Line staff will never know the number of seeds they planted or "aha moments" they have been responsible for. They will never know how many suicidal juveniles chose not to take their lives because of the support or concern they knowingly or unknowingly provided. The number of juveniles who call or send letters to staff after release is a testament to this critical connection.

Psychotropic Medication and Youth in Custody

Many youth in custody take psychotropic medication to help control their moods or behavior. It can be vital to a youth's success, and for some, it is lifesaving. However, the benefit and safety profiles of many of these medications are largely unknown for adolescents. Other than stimulants, there are few studies that examine the long-term impact of taking psychotropic medication beginning in childhood or adolescence. The limited data that are available are not encouraging.[78] Therefore, professionals who prescribe these powerful medications must exercise caution.

Psychotropic medication is particularly complicated and potentially dangerous among justice-involved youth because they often:

- Do not take psychotropic medication as prescribed.
- Take several different types of psychotropic medication simultaneously.
- Use alcohol or other drugs while taking psychotropic medication.

No research exists on the above issues, even among youth in the community.

Even if they agree to remain substance-free upon release, youth are likely to return to alcohol or other drug use. This can interfere with the therapeutic benefits of the medicine, as well as be physiologically harmful—or potentially lethal. Highly addictive medication should not be prescribed to youth in custody.

Psychotropic medication should only be considered if youth are 1) experiencing major distress, 2) in danger of harming themselves or someone else, or 3) experiencing major problems in day-to-day functioning. These brain-impacting medications should not be prescribed solely because youth are loud, annoying, or defiant. Psychotropic medication is only one piece of a comprehensive treatment plan and should be used after a youth's mental health diagnosis is validated and non-medication approaches have been tried and proven unsuccessful.

When administered appropriately, psychotropic medication can help stabilize youth behavior so they can participate in programming and interventions. For example, youth with ADHD may be unable to sit still and focus during treatment groups, psychotic youth may be too confused to interact with peers, and depressed youth may be so preoccupied with thoughts about dying that they cannot concentrate in school. Some youth with mental health disorders struggle with basic token economy programs or skill-based treatment groups because of difficulty controlling their emotions and behavior. Not every problematic youth requires medication; most need to learn skills to regulate their emotions, modify their thinking, behave pro-socially, and cope with current stressors.

Youth who are prescribed psychotropic medication should be educated about their medicine in a brief, understandable way, including:

- Why a particular medication has been prescribed for them.
- What positive behavior changes are expected to occur from taking the medication.
- How the medication works within their body.
- Potential side effects of the medication (how common or rare) in case they experience unusual bodily changes.

Many youth in custody who have taken psychotropic medication for years have never received this type of information.

Despite similar rates of mental health disorders, lower rates of psychotropic medication are observed among African-American and Latino youth;[79] Asians, African Americans, and to a lesser extent, Hispanics respond to lower doses of some psychotropic medications, and may have more side effects even at lower doses.[80]

Ensuring that youth completely swallow their pills (versus "cheeking" them or vomiting them up) prevents youth from storing up their medication and overdosing. It also reduces opportunities for youth to sell or trade their pills as part of a black market, or for peers to obtain substances that are not prescribed for them. When youth have difficulty swallowing pills, medical staff can often crush them or order a liquid form of the medication, if it is available.

Medication Refusal Among Youth in Custody

Youth cannot be forced to take prescribed psychotropic medication, except in specific situations defined by law (e.g., imminent threat to self, peers, or facility staff). Parents or caregivers should be contacted if a youth's repeated refusal of psychotropic medication places him or her at risk. Reasons for refusing medication among youth in custody are varied, but usually involve one or more of the following:

- Not wanting to be viewed as "crazy."
- Bothersome side effects.
- Believing that medication is not helping or making them worse.
- Difficult swallowing pills.
- Adolescent autonomy and independence.
- Sedation and fuzzy thinking, making them vulnerable among dangerous peers.
- Wanting control in a setting where they have little say.
- Parents or caregivers are opposed to it.
- Psychotic beliefs the medication will harm or kill them.

When administering medication, staff can reduce a youth's embarrassment or stigma by not shouting a youth's name aloud in front of peers and not requiring them to go to a public and visible area. Providing opportunities to make choices in programming and other areas of treatment can help, if control is an issue.

Psychotropic Medication Side Effects

Psychotropic medication has side effects—some mild, some serious—and juvenile justice and mental health staff should receive basic training on those that are most common. Increased irritability, lethargy, and restlessness are side effects that often lead to negative responses from staff, as well as sanctions for youth.

As previously mentioned, avoiding unpleasant and uncomfortable negative side effects is a frequent reason that youth refuse their medication. Potential side effects include:

- Headaches.
- Insomnia.
- Major weight gain or weight loss.
- Nausea or stomachaches.
- Fatigue or drowsiness.
- Rapid or skipping heartbeat.
- Constipation.
- Dry mouth.
- Dizziness or lightheadedness.
- Skin rashes.
- Irritability.
- Blurred vision.
- Loss of appetite.

- Restlessness.

A lower dose or different, but comparable, medication may alleviate youth discomfort. Abruptly stopping psychotropic medication can be dangerous; discontinuing these medications should be gradual and done under the supervision of a medical professional.

Because some antipsychotic medications can cause significant weight gain, diabetes, and metabolic disturbances, they should be prescribed only when absolutely necessary. Sedation or drowsiness is a common side effect of psychotropic medication; youth who cannot wake up in the morning, fall asleep during the day, or are completely out of it should be referred for a medication re-evaluation. The "start low and go slow" strategy is best when prescribing psychotropic medication to confined youth.

The healthcare administrator and mental health authority should work together to develop policies and formal guidelines that address:

- Prescribing psychotropic medication to confined youth.
- Continuing a youth's prescription of psychotropic medication when entering a facility.
- Medical monitoring of youth taking psychotropic medication.
- Communication, treatment linkages, and prescribing practices when youth are about to be released.
- Forced medication during emergency situations.

Prescribing physicians should make every effort to collect information about a youth's previous medications (e.g., which ones were helpful), review previous medical records, and consult with past treatment providers. Nursing staff can often help gather this information.

Policies and procedures related to identifying and correcting medication errors must be in place; all medication errors should be immediately reported.

Who Should Prescribe and Administer Psychotropic Medication

Due to the complex clinical picture of mentally ill youth in custody, plus the high percentage of co-occurring substance use disorders among this population, a child or adolescent psychiatrist or psychiatric mental health nurse practitioner trained in pediatrics is best for prescribing psychotropic medications and associated treatment. Facilities should ensure that the professionals who prescribe this type of medicine have the required education, training, and experience to work with incarcerated youth.

Medical staff should **administer** medication to youth. If this duty must be done by juvenile justice staff due to limited medical resources, medical staff must supervise and train staff (including routine refresher courses) on psychotropic medication including, but not be limited to 1) the different classes of medications, 2) identifying and dispensing medication, 3) immediate and long-term side effects, 4) responding to youth who have a bad reaction, 5) ensuring that youth swallow the medication, and 6) effectively handling medication refusal and noncompliance.

Interdisciplinary Team Approach

Communication, coordination, and collaboration are essential **within** facilities and **between** facilities. Neither juvenile justice nor mental health professionals can effectively manage youth with mental health disorders single-handedly. They must work closely with one another, with professionals from other disciplines, with a youth's parents or caregivers, and with youth themselves. These key individuals must communicate, coordinate, and collaborate—formally and informally. Professionals from various disciplines should understand the roles of others, as well as how the work of other professionals impacts their own. Collaboration should begin at screening and continue through all assessment, treatment, and transition services. Important information from previous mental health and substance abuse evaluations should be communicated to and used by the treatment team.

Interdisciplinary Team (IDT) Meetings

Formal, structured IDT meetings should be held at least once or twice weekly based on the number of youth in a facility. A staff member from each discipline should be in attendance; the goal is to use the unique skills and knowledge of every individual in the room. When team members have different backgrounds, training, philosophies, work experience, and current roles, treatment plans tend to be more informed, comprehensive, and strategic.

At each meeting, the team should discuss:

- Youth progress toward treatment goals.
- Current barriers impeding youth progress toward goals.
- Youth achievements or positive behavior change.
- Youth disciplinary issues.
- How the facility and staff are positively or negatively influencing youth behavior. Additional strategies or resources that should be provided to increase or maintain youth positive behavior change.
- Appropriateness of goals previously established.
- Modifications to treatment plans, as needed.

IDT meetings should be welcoming and supportive, with input solicited from everyone attending. Parents or caregivers should be encouraged to attend IDT meetings (e.g., in person, by phone, or by webcam), as should key individuals from the community such as probation or parole staff, treatment providers, vocational or residential placement personnel, etc. If they are unable to participate, these individuals (especially parents or caregivers) should be encouraged to submit information (e.g., positive feedback, issues of concern, suggestions) in writing. The team should communicate this information during the meeting, and a designated team member should follow up with parents or caregivers to summarize all that was discussed.

Youth should be present for a significant part of the IDT meeting, be involved in the development and review of the treatment plan (versus solely being informed about it and providing a signature), and have the opportunity to ask questions, seek clarifications, and make requests. When a youth's request cannot be granted, he or she should be given an explanation as to why and instructed on ways to earn it, if the request is reasonable.

Informal Consultation with Mental Health Staff

Mental health professionals who spend time on living units interacting with juveniles and line staff show themselves to be part of the team and build relationships and the trust needed for effective collaboration. Ideally, line staff should seek input from mental health professionals about managing mentally ill or difficult-to-manage youth. Mental health staff should regularly seek input from juvenile justice professionals about the youth in their care and strategies that have or have not been effective. Managing incarcerated juveniles with mental health disorders is made easier with information from mental health staff; mental health assessments and treatment are more individualized and effective with input from line staff.

Isolation of Youth with Mental Health Disorders

In this chapter, isolation refers to separating youth from other residents during non-sleeping hours by placing them alone in a small, locked room or cell. Isolation may occur in a youth's room or a specially designed cell. Three of the most common types of isolation that juveniles with mental health disorders experience in custody are*:

- Seclusion (Emergency Isolation).
- Room Confinement (Disciplinary Segregation).
- Protective Custody (Safety Housing).

*Facilities and national standards differ in the exact names used to describe these main types of isolation.

Seclusion (Emergency Isolation)

When youth behavior threatens imminent harm to themselves, others, or the facility, youth may be isolated as a safety intervention of last resort to contain their **current acting out behavior,** if staff have tried a range of less restrictive strategies and were unsuccessful. This type of isolation should *only* be used when absolutely necessary to help agitated, angry, aggressive, or out-of-control youth calm down and gain control of their mood and behavior. Youth should be secluded for the briefest amount of time possible—minutes, not hours or days—and only to the extent necessary to maintain their immediate safety or the safety of those around them. Staff should clearly explain to youth that they can return to programming as soon as they are calm and no longer pose a threat. Staff should observe youth on a 1:1 ratio and engage in crisis-intervention techniques while youth are secluded.[81] **Seclusion should never be used as punishment.** There is little to no quality research showing that seclusion is effective as a therapeutic tool; research that does exist shows that it can potentially be harmful.[82] If a QMHP determines that a juvenile needs more intensive crisis intervention services, the youth should be taken to a mental health or medical facility.

Room Confinement (Disciplinary Segregation)

Some facilities use isolation as a disciplinary measure when youth violate **major** facility rules or become violent or destructive; this is a response **after the incident occurs**. Room confinement is the most serious sanction given to youth in custody. Thus, it is "reserved for incidents in which the juvenile's behavior has escalated beyond the staff's ability to control the juvenile by counseling or other disciplinary measures and presents a risk of injury to the juvenile or others."[83] The juvenile justice field is moving toward significantly reducing and eliminating room confinement for disciplinary reasons.

Judges involved with isolation-related litigation have set limits of two to five hours for the amount of time youth can spend in room confinement.[84] And one set of facility assessment standards prohibits the use of room confinement altogether for discipline or punishment.[85]

In the very rare event that room confinement lasts for longer than 24 hours, the American Correctional Association standards require a review every 24 hours by a facility administrator or designee who was not involved in the incident; and that room confinement for any offense should not exceed 3–5 days.[86] Youth who receive room confinement as a disciplinary measure should be given a maximum time limit, and a clear opportunity to return to general population sooner if they meet specific behavioral expectations.

Youth charged with major rule violations should have an impartial disciplinary hearing as soon as possible,[87] with a QMHP present to discuss what role, if any, the youth's mental health, cognitive, or trauma-related symptoms played in the incident. Alternative dispositions to room confinement should be sought for all youth, but especially for those with mental health or trauma-related issues, low cognitive functioning, or organic brain damage; room confinement should never be used when these conditions are severe.

Staff must be protected—as must all youth in the facility—and accountability for violent behavior is essential. However, there is no evidence that room confinement decreases angry, aggressive, or destructive behavior. Lengthy periods spent in room confinement can cause psychological harm, are costly, and are likely to worsen behavior.

Protective Custody (Safety Housing)

Some facilities isolate youth who would be at increased risk of harm from other residents or themselves if placed in general population (e.g., youth in adult facilities; suicidal, self-injurious, severely mentally ill youth) as a form of protective custody. Although intended to be in the youth's best interest, an isolated setting can negatively impact the mental health status of these vulnerable youth.

Youth in protective custody should not be treated as if they are on room confinement or housed with individuals isolated for disciplinary reasons. They should have similar socialization opportunities, environmental stimulation, access to programming (e.g., education, treatment groups), recreation, out-of-cell time, and privileges as youth residing in general population. Security and treatment professionals should work together to resolve the issue that necessitates the need for protection or find alternative permanent housing within the facility.[88]

Time Out

The use of "time-out" lasts 15–60 minutes and is used for minor violations or a cooling off period; youth return to the group once their negative behavior is under control.[89] Allowing youth to take a voluntary time-out can be particularly helpful to prevent major behavioral incidents for those with mental health or trauma-related disorders, intellectual disabilities, and organic brain damage. Time-out is typically not considered isolation.

Harmful Effects of Isolation

Lengthy periods of isolation in correctional settings has been associated with uncontrollable anger, depression, confusion, memory problems, concentration problems, obsessions, paranoia, panic attacks, psychotic thinking, and suicidal and self-injurious thoughts and behavior—even among individuals without histories of these issues.[90] The degree of psychological deterioration in isolation varies and depends on several factors, including but not limited to: the duration of isolation, the intensity of social isolation, the extent of environmental deprivation, and whether the youth perceives the isolation as threatening or unjust.

Youth are inherently more vulnerable to the damaging effects of social isolation than adults; they are still developing cognitively, emotionally, physically, and psychologically. A study of suicide among incarcerated youth found half of those who died by suicide were on room confinement status at the time, and almost 2/3 had been isolated at some point.[91] Isolation can produce or exacerbate feelings of depression, hopelessness, agitation, and thoughts of dying.

Individuals with mental health and trauma-related disorders are also inherently more vulnerable to the potentially damaging effects of isolation. Therefore, incarcerated young people with these conditions have at least double the risk of psychological harm in less time due to the combination of their developmental level and mental or emotional issues. Youth labeled as “troublemakers” in juvenile and adult facilities are often “troubled” and typically need *more* socialization and programming, not less.

Isolation Policy and Daily Practice

Because isolation can exacerbate the symptoms of mentally ill youth or produce mental health symptoms in non-mentally ill youth, facilities should reduce this practice and work toward eliminating it. If isolation must be used, it should only be done as a response of last resort, used for the briefest amount of time possible, and only in extreme circumstances when it is absolutely necessary for safety. In addition, the following recommendations should be addressed in facility policies and daily practice with **all** isolated youth:[92]

- Policies and procedures should distinguish between the three types of isolation, and each should have its own set of clear guidelines; staff should be extensively trained on the different types of isolation, and the differences should be clearly explained to youth. QMHPs and physicians should be involved in the development of or review of all isolation policies and procedures.
- Before placement in isolation, youth should be screened by a QMHP for psychotic thinking, an intellectual disability, suicide risk, and other significant mental health issues to ensure that no contraindications for placement in an isolated setting are present. If so, a less restrictive setting should be sought and treatment provided to address the vulnerability.
- Decisions about the duration of isolation (and any associated restrictions) should be made collaboratively between juvenile justice and mental health staff, taking into account 1) the reason for isolation, 2) the seriousness of a youth’s dangerous or destructive behavior, 3) age, 4) mental health status, 5) prior behavior, 6) the current treatment plan, 7) any history of trauma, and 8) other relevant factors. Isolation should always be for the briefest time possible.
- Staff should visually observe and monitor youth in room confinement and protective custody at staggered intervals not to exceed 10 or 15 minutes (depending on youth behavior) and must document their observations. Youth in seclusion should be on constant 1:1 observation.
- In the very rare cases when youth are placed on room confinement for 24 hours or more, they should have an individually-tailored behavior plan (in addition to their treatment plan) that clearly identifies 1) why they have been placed in isolation, 2) positive qualities and strengths, 3) specific behaviors they must exhibit for room confinement to cease, and 4) what consequences will occur if behavioral expectations are not met.

Youth may need assistance from staff in meeting behavioral expectations if they lack the skills to do it on their own. Youth should not be secluded for more than 4 hours.[93]

- If placed on room confinement or protective custody for over 24 hours, mental health, religious, administrative, and medical professionals should visit youth daily (in-person, not through a cell window or door). QMHPs should assess the psychological functioning of these youth once per day (more often if required) and provide mental health treatment as necessary. Staff should contact QMHPs regarding youth behaviors of concern, and juveniles should be able to request time with a QMHP.
- To prevent psychological deterioration, youth in isolation should have opportunities for meaningful socialization, educational or vocational activities, daily outdoor physical activity, adequate amounts of nutritious food, family contact, mental health treatment, and rehabilitative programming, even if delivered in small groups or individually (in cases of significant safety risk).
- Staff must observe isolated youth who become suicidal on a continuous, uninterrupted basis (e.g., 1:1) until the youth is evaluated by a QMHP. If found to be at risk, youth should remain on continuous observation. Rooms designated for isolation purposes should be suicide resistant (see "Suicide Prevention" section of this chapter). **Isolation is an extremely high-risk environment for suicide.**
- If suicidal, self-injurious, or seriously mentally ill youth must be placed in isolation, they should be out of their rooms and engaged in daily programming (with more intensive staff monitoring) as much as is safely possible. Juvenile justice staff and QMHPs should work together to help ensure these youth are out of their rooms and engaged in meaningful activities.
- Staff should talk with youth (using a nonjudgmental tone) to help youth identify what behavior resulted in their restricted placement and what they can do differently in the future to avoid a similar outcome.
- The isolation of youth in juvenile and adult facilities should be severely limited, rigidly regulated, and carefully monitored.

Wanting Time Alone

Some confined youth with mental health or trauma-related issues, low cognitive functioning, or organic brain damage want brief periods of time alone in their room when they 1) feel overly-stimulated by unit activity, 2) fear for their safety and want protection, 3) experience auditory hallucinations, 4) are easily annoyed by peers, 5) suffer from depression and want to withdraw, and 6) attempt to avoid school or other programming expectations.

When a particular youth is repeatedly placed in seclusion or room confinement, an IDT should explore whether he or she is intentionally getting isolated to meet a specific need; if so, intervention strategies should focus on resolving the underlying issues.

The Vicious Cycle

A small number of youth typically create the majority of behavioral disruptions in a facility. Incarcerated youth with mental health and co-occurring disorders, as well as those with cognitive issues (e.g., intellectual disabilities, organic brain damage) tend be at high risk to respond in ways likely to result in isolation because they often:

- Have more difficulty adjusting to incarceration.
- Are more impulsive.
- Are less able to control their moods and behavior than other confined youth.

Plus, traumatized youth are more likely to act out reactively due to their irritability, recklessness, and tendency to perceive hostility where none exists.

Lengthy periods of isolation characterized by sterile surroundings, and a lack of socializing and meaningful activity can be unbearable for these types of youth (sometimes triggering past trauma) and can result in additional negative behaviors (e.g., tearing up mattress, flooding the room, smearing or throwing feces). When negative reactions to being isolated lead to additional time in isolation and further restrictions, increasingly worse behavior invariably results. This vicious cycle can continue for days, weeks, or months—an unacceptable and avoidable situation.

When youth are repeatedly placed in isolation (including when a vicious cycle is at play), an IDT team should dedicate the necessary time and energy to identifying the exact dynamics at work and addressing those issues, with the goal of helping youth transition to less restrictive housing or an alternative setting. Creative problem-solving, individually-tailored treatment plans, and re-evaluation of current behavioral expectations are typically required. All interventions tried should be documented, along with their level of effectiveness.

Special Management Units

Some facilities have specialized disciplinary units that use isolation to house the most dangerous and unmanageable youth. Recommendations listed in this chapter to reduce the harmful effects of isolation are just as relevant to these special management units, if not more so. Although reserved for the most violent and destructive youth, specialized disciplinary units too often end up housing the most mentally ill and traumatized youth.

Special management units must be staffed by experienced and effective juvenile justice and mental health professionals who should have additional training on working with clinically complex youth who have mental health disorders, trauma-related issues, head injuries, cognitive disabilities, as well as criminal attitudes and behavior. Special management units should be staffed at a different ratio than general population units, with staff required to supervise significantly fewer numbers of youth.

Moving from a special management unit (e.g., intense structure, increased supervision, highly individualized programming) to general population can be overwhelming and stressful for young people. Youth should have a multitude of opportunities to earn increasing amounts of freedom and autonomy so they can practice necessary skills; this helps ease their transition to general population and keeps them from returning shortly after departing.

Solitary Confinement

Solitary confinement—meaning social isolation for 22–24 hours, excessive idle time, and no access to education or vocation, treatment groups, or programming—is inappropriate and unethical for all youth (including those separated from adults for their own protection) and puts facilities at risk for litigation.[94] This is especially true for youth with mental health and trauma-related disorders, intellectual disabilities, or organic brain damage.

Restraint of Youth with Mental Health Disorders

Mechanical or Therapeutic Restraint

Therapeutic restraint typically refers to the application of a device, material, or equipment that confines a youth's bodily movements, restricts their physical activity, and which youth cannot remove. Some facilities use "therapeutic" or soft restraints such as fleece-lined leather, canvas, or rubber hand and leg restraints.[95] Their use in juvenile and adult facilities should be exceptionally rare—only in emergency situations where 1) youth are an extreme and imminent danger to themselves, staff, or peers and 2) less intrusive and intense measures to help youth gain control of their behavior were tried and were ineffective. Many youth who become restrained while incarcerated suffer from mental health and trauma-related disorders, intellectual disabilities, or organic brain damage.

Restraint Policy and Practice

Because restraints can be physically dangerous and psychologically traumatizing for both youth and staff (especially those with histories of abuse and trauma), **restraints should always be an emergency response of last resort.** Serious injuries and deaths have occurred as a result of restraint—even when properly applied.[96] Therefore, medical and mental health personnel should be involved in the development and review of all restraint policies.

Youth must be clearly told, and calmly reminded, the exact behavior they need to demonstrate to be released from restraints; restraints must immediately cease when they exhibit that behavior. Restraints should never be applied for a pre-determined period of time or be used as discipline, retaliation, or as a quicker or easier way to elicit compliance.

Placing a youth in restraints should require approval from administration (e.g., superintendent, warden, director) and a mental health or health care authority. Restrained youth must be continuously monitored, and the continuing need for restraint must be documented every 15 minutes. A QMHP and licensed medical professional should assess a youth's psychological and physical health every 15 minutes and determine if the youth should be transferred to a medical or mental health facility.

Debriefing with youth and staff is essential after every restraint; parents or caregivers should be contacted to discuss what occurred and to elicit suggestions regarding effective strategies with their child.

Unnatural Positions and Fixed Restraints

Juveniles should *never* be restrained in unnatural positions such as face down, hog-tied, or spread-eagled.[97] Some national standards prohibit the use of soft restraints as well as fixed or four- or five-point restraints (e.g., restraining a youth's arms, legs or head to a stationary object such as a chair or bed).[98] *Moving Away From Hardware: The JDAI Standards on Fixed Restraints* provides a detailed description of the dangers inherent to fixed restraints and why JDAI believes a complete ban of such methods and equipment is necessary.[99] Other national standards permit the use of soft restraints and approved fixed restraints, although only in extreme circumstances.[100] Facilities should eliminate the use of fixed therapeutic restraints (including restraint chairs) and work toward ending the use of soft restraints with youth, using alternative and less restrictive management strategies instead.

Restraint-Related Training

Every professional who could potentially be involved in restraint incidents (e.g., ordering, approving, applying, assessing) must receive restraint-related training and practical coaching and must demonstrate competency in his or her particular role. Training should include verbal de-escalation, conflict resolution, and crisis intervention with volatile and violent youth, including those with mental health or trauma-related disorders, intellectual disabilities, and organic brain damage. Training should address the small, but incredibly difficult-to-manage group of youth who want to be restrained and who intentionally engage in highly dangerous behavior to force staff to restrain them.

Oversight of Restraints

The use of therapeutic restraints should be meticulously monitored, with rigorous multi-disciplinary review and administrative oversight. The inappropriate or unnecessary restraint of youth should be immediately addressed and corrective action taken. Videotaping restraint incidents can provide essential footage for incident review, training, and staff coaching.

Reducing the Isolation and Restraint of Youth in Custody

Decreasing, and eventually eliminating, the isolation and restraint of youth housed in juvenile and adult facilities (e.g., frequency, duration, and severity) typically requires 1) a major cultural shift involving everyone from administration to line staff, 2) significant staff training, 3) practical coaching on the units, and 4) accountability for staff behavior (e.g., rewarding effective use of less restrictive management strategies, disciplining inappropriate use of isolation or restraint).

As the number of youth in custody decreases, those who remain in confinement are typically the most violent, mentally ill, criminal, or difficult to treat. Managing unpredictable, volatile, and aggressive youth can be demanding, draining, and dangerous. Reducing isolation and restraint at a time when facilities primarily house youth who have difficulty regulating their emotions and behavior, or who are prone to use violence to solve problems, is a complex and multi-dimensional endeavor.

When asked to decrease or eliminate isolation and restraint, it is natural to ask, "What major disciplinary measures can we use instead of isolation?" or "How are we supposed to contain youth when they are out of control?" Fred Cohen, national expert in correctional mental health law, stresses that it is more helpful for facilities to focus on "What can we do to help prevent incidents requiring isolation and restraint from happening in the first place?"[101] These dialogues go beyond examining what triggered a particular incident. We often need to take 10 or 20 steps back to explore how a situation or an individual got to the point where such extreme measures were necessary, and what adjustments and modifications may need to occur.

According to Cohen, disruptive behavior should not be viewed as a violation and disciplinary event; instead, it should be seen as acting out and be dealt with as part of a treatment or behavior management protocol.[102] Dynamics between staff and aggressive or acting out youth improve when staff members prevent confrontations, de-escalate provocative situations, and model calm responses to insults and threats.[103]

Balancing safety and security with youth rights and effective treatment and rehabilitation is often extremely challenging. Implementing the strategies in this chapter (e.g., adequate staff-to-youth ratios; effective behavior management strategies; well-trained staff; screening and assessment of mental health, co-occurring, trauma-related, and organic brain disorders; individual treatment plans; positive youth–staff relationships; mental health and trauma-responsive treatment; cognitive-behavioral therapy; developmentally appropriate evidence-based programming and skill-based groups) can help facilities move toward that balance and hopefully reduce the need for isolation and restraint.

Transitioning Youth with Mental Health Disorders Back to Community

When not adequately prepared for the transition from confinement back to the community, youth with mental health disorders can become overwhelmed, frustrated, and discouraged. Treatment gains may disappear if appropriate support services are not in place. Because mentally ill youth often have multiple needs upon release, they typically require support and services from multiple systems.

- Family.
- Mental health.
- Substance abuse.
- School or vocational.
- Housing.
- Child welfare.
- Medical.

Family involvement is essential; effective behavior management strategies should be reviewed, encouraging parents or caregivers to reinforce pro-social youth behaviors at home and to discipline or not reinforce negative and antisocial behaviors. Realistic rules and family boundaries should be discussed and clearly explained to youth before they leave the facility. Prior to release, youth who receive mental health services (including medication) during confinement must have an appointment scheduled with a mental health professional in the community. Efforts must be made to link youth with treatment providers with whom they already have a relationship. Youth with mental health disorders must be engaged in school or work;[104] and they often need assistance choosing peers and how to spend their free time.

The Bridge Program at the Juvenile Temporary Detention Center (JTDC) in Cook County is one example of a collaborative partnership that focuses on successfully transitioning mentally ill youth back into the community.

Coordinated Case Management

Case managers can 1) build relationships with community providers, 2) connect youth to relevant services, 3) keep track of a youth's treatment progress, 4) monitor a youth's compliance with conditions imposed by the court, mental health providers, and any other relevant agencies, 5) engage and motivate youth and their families, and 6) help resolve the sometimes-conflicting interests of youth, their parents or caregivers, the juvenile justice system, and mental health treatment providers. Case management works best if it is initiated when youth enter a

facility and then follows youth as they move the phases of the juvenile justice continuum. If formal case managers are not available, probation or parole officers, treatment providers, or child welfare representatives can coordinate the myriad of services youth with mental health disorders require and serve as the central individual with whom everyone communicates.

A variety of individuals involved with a youth's supervision and treatment should provide input into community transition plans; they should be written in objective language understood by youth, their parents or caregivers, and professionals from diverse systems. [See Ch. 18: Transition Planning and Reentry] [6]

Housing Issues

Youth with serious mental health disorders may require specialized residential placements or specific intervention services immediately upon release, including 1) an inpatient psychiatric hospital, 2) a day treatment program, 3) therapeutic foster care, and 4) intensive home-based treatment. Parents or caregivers may need crisis intervention services or access to respite care. Some parents or caregivers may not have the capacity or willingness to take care of mentally ill youth upon their release from custody. Every effort should be made to connect youth with family members (even if they are distant relatives or do not live nearby) rather than out-of-home placements.

The longer youth with mental health disorders have been incarcerated, the more aftercare services they typically require due to the extreme change in circumstances; these youth require a gradual transition back into the community. Allowing youth to visit their family home or reside for a short time in a less restrictive residential setting (e.g., step-down program, group home) helps them practice functioning with fewer external controls before fully returning to the community.

Probation and Parole

Youth are more likely to attend and participate in mental health services after release if services are mandated by probation or parole. Positive incentives for treatment compliance are essential; however, the fear of sanctions for noncompliance is also a powerful motivator for many youth and their families. Probation or parole should maintain regular contact with mentally ill youth to monitor their involvement at home, in school or work, and with peers; they should be alert to a worsening of a youth's functioning or a return or exacerbation of mental health symptoms. As they reintegrate, youth need stable adults to provide support during challenging times.[105] Probation or parole staff are in an ideal position to serve in that important role. In addition, random drug testing with youth who have co-occurring disorders can strengthen their motivation to remain clean and sober.

Mental Health Training Is Essential

Working with youth who have mental health, substance use, co-occurring, and trauma-related needs, is physically and emotionally stressful.

When juvenile justice staff receive little or no training on these issues, they can easily become frustrated and discouraged, leading to burnout and ineffective—and sometimes harmful—management strategies. Without training on how to effectively manage youth with mental health disorders, staff can unintentionally escalate a crisis situation, exacerbate distress, or trigger a deterioration of a youth's symptoms. This is dangerous for both youth and staff. Other reasons staff require this training include:

- Youth with mental health disorders spend significantly more time with line staff than with mental health staff.
- Line staff can manage youth more strategically if they understand a youth's key issues.
- Line staff are in an ideal position to detect a youth's mood and behavior changes.
- Line staff are central members of the treatment team.
- Some juvenile justice staff administer mental health screening tools.
- Every interaction between mentally ill youth and line staff can positively or negatively impact youth.
- Some line staff do not believe in "mental illness" and assume youth are faking symptoms to avoid tasks or responsibilities.

- Line staff can misinterpret a youth's mental health symptoms as attention-seeking or as defiance.
- Positive relationships between youth and line staff are vital and can serve as a protective factor for a youth's future.
- Training staff on the identification and management of youth in custody with mental health disorders can reduce liability.

In addition to providing informal counseling to youth, line staff refer youth of concern to mental health professionals, provide critical information regarding youth behavior, give feedback about medication side effects they observe, and report on whether medication seems to be positively impacting a youth's behavior. Even when trying to do the right thing, staff may unintentionally reinforce a youth's aggression, angry outbursts, self-injury, and medication refusal if staff do not know how to respond effectively. In addition, when line staff view legitimate symptoms of mental illness as purposeful, oppositional, or manipulative, youth with mental health disorders can receive a multitude of negative consequences, more restrictive placements, and longer periods of confinement.

Providing mental health training to **all** staff increases safety and the effective management of troubled youth; it is also an important way a facility or agency can demonstrate that it is not deliberately indifferent to the needs of the mentally ill youth in their care—something for which detention and correctional facilities can be sued.

A survey of correction officers found the following:[106]

- 90% said that working with mentally ill offenders adds to the stress of the job.
- 86% said the training for their current job did not prepare them to work with offenders who have mental health disorders.
- 95% said they wanted more training to deal with mentally ill offenders.

Although the study involved staff who work with confined adults, the same sentiments are consistently found among those working with incarcerated youth.

Training all staff (direct-care to administration) on the following topics is essential to running safe and secure living units and meeting the needs of confined youth:

- Identifying and managing incarcerated youth with mental health, substance use, co-occurring, and trauma-related needs.
- Effective behavior management with clinically complex and difficult-to-manage youth, including effective alternatives to isolation and restraint.
- Suicide prevention specifically related to youth in custody.

For this chapter, these three types of trainings are included under the umbrella term "mental health training."

Who Should Attend Mental Health Training?

Anyone who has direct contact with incarcerated youth will come into contact with those who have mental health disorders. Therefore, the following professionals should receive mental health training:

- All levels of juvenile justice staff.
- Teachers, principals, and school psychologists.
- Vocation, recreation, art, and occupational therapy staff.
- Mental health, substance abuse, and sex offender treatment providers.
- Maintenance and food service staff.
- Chaplains.
- Medical personnel.

Training a diverse group of participants is a good way to bring together the various disciplines that must collaborate and coordinate the care of youth with mental health disorders. The training itself can help the

members of different systems learn more about one another and serves as a starting point for making professional contacts and exchanging ideas.

Staff must also effectively coordinate and collaborate within their own discipline. Staff teams, as well as entire units or facilities, have lost focus and ended up in chaos over the management of seriously mentally ill youth. Half the staff believe that certain youth are faking symptoms and should receive restrictions and consequences for their negative behavior; other staff want youth to receive extra support and fewer behavioral expectations. This type of division is common and detrimental to youth with mental health disorders, staff teams, and living units. Therefore, sending entire staff teams to mental health training ensures that they all hear the same information and recommendations. Admission or orientation units, specialized mental health units, and disciplinary units should have first priority to attend mental health training, because they supervise the largest numbers of mentally ill youth.

Key Components in Mental Health Training

Mental health trainings can often be perceived as dry, boring, or discouraging. The following factors help keep staff engaged and increase the likelihood they will walk away with new mental health knowledge and skills:

- Making complex clinical material easy to understand.
- Ensuring the material is relevant to the type of facility, participants' job duties, and available mental health resources (or lack thereof).
- Employing trainers with extensive knowledge and experience in *both* mental health disorders and juvenile justice settings.
- Employing down-to-earth trainers who recognize the expertise of juvenile justice staff.
- Recommending specific, practical, and easy-to-implement strategies.
- Scheduling the training so there is adequate time to cover the material and allow for questions and clarification.
- Using real-life case examples of youth in custody with mental health disorders.
- Presenting the material in a variety of modalities (e.g., slides, video clips, lecture) and involving participants (e.g., small- and large-group activities, role playing).

Following mental health training, juvenile justice staff often describe having 1) a better understanding of youth with mental health disorders, 2) more confidence managing youth with mental health disorders, 3) an increased willingness to communicate and collaborate with mental health staff, and 4) an appreciation for why mental health issues should be integrated into juvenile justice treatment plans.

Mental health professionals often need training on safely and effectively providing care in correctional environments. Graduate programs typically do not prepare clinicians to work with potentially dangerous youth who have clinically complex emotional and behavioral conditions. Plus, there may have been significant advances in the field since they received their degree or licensure. In addition to attending relevant trainings that juvenile justice staff receive (e.g., mental health, suicide prevention, and effective behavior management) mental health professionals need information on evidence-based screening and assessment, and on providing evidence-based individual, group, and family therapy specifically with incarcerated juveniles.

Given the high numbers of incarcerated youth with mental health, substance use, co-occurring, and trauma-related disorders, mental health training for all staff should be mandatory.

Conclusion

Ideally, justice-involved youth with mental health, co-occurring, and trauma-related disorders are held accountable and receive appropriate treatment in the community; all systems should be working toward that goal. When these youth must be placed in juvenile detention, juvenile corrections or adult facilities, much can be done to reduce the potential harm and increase the positive changes these young people experience.

For more information:

- Mental Health and Substance Abuse Hub [7] at the Juvenile Justice Information Exchange
- The National Child Traumatic Stress Network (NCTSN) [8]
- Effective Child Therapy (Evidence-Based Treatment) [9]
- Prison S.M.A.R.T.

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Ch.12 Healthcare

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Youth and families involved in the juvenile justice system are considered one of the most at-risk populations in the community. Unmet or inconsistent mental healthcare has been identified by the juvenile courts as one of the major issues causing youth to remain in the system, usually for reoffending. Unmet medical healthcare needs also play an important role in the rehabilitation of these juveniles. Health and mental health issues impact each other, so both must be addressed simultaneously in the juvenile system. The courts have mandated a comprehensive healthcare system for incarcerated persons to address both physical and mental health needs.[1] For some youth, the system during detention can be more stable than the circumstances in which they live on a daily basis in their community.

Juvenile offending behavior is strongly related to poor health, deteriorating family relationships, worsening school performance, lack of employment, and other social and psychological problems, including lowered school performance, poor family relationships, high rates of conduct disorders, and increased interactions with alcohol and drug abusing peers.

Often, the public perceives juvenile offenders as "well enough to get in trouble." Ironically, it is often the behaviors that got them into the juvenile justice system that increase their risk for premature death and disease. Detained youth are more likely to have experimented with smoking, alcohol, and drugs; used weapons; and been exposed to violence

and trauma compared to the non-offender population. Engagement in risky sexual behaviors such as multiple sex partners and lack of condom use increases the risk of exposure to HIV and other sexually transmitted infections. All these behaviors increase their likelihood of injury, overdose, suicide, and early disease.

The care of youth in custody is unique and requires correctional facilities —whether it is juvenile facilities or adult facilities that house youth—to accommodate their needs. In adult facilities, housing, including medical care, must be provided separately—outside of sight and sound of adult inmates. If a separate area for medical care cannot be provided, facility staff should adjust the schedule to bring youth to the medical area at a different time.

The American Correctional Association (ACA) and the National Commission on Correctional Healthcare (NCCHC) clearly outline the requirements for healthcare in this population. Often it is the development and implementation of health policies and procedures that ensure that the standards are met; policies and procedures are the key to consistency. They should never be developed in isolation. Input should occur from medical and security staff, with representation from line staff as well as administrators. Health policies and procedures should include definitions, be simple to follow, and not be too long. They should outline a broad approach to facility operation, but also define required details in a local operating procedure (LOP). Staff must be trained and must practice implementing procedures. Health policies and procedures should not be stagnant, but should include an annual review process to determine their effectiveness and the need for any modifications or revisions. Finally, it is inadequate to have policies and procedures without a continuous quality improvement program to monitor compliance and ensure that the practices of the healthcare staff lead to improved healthcare outcomes for youth.

Staffing and Equipment

No organization has been able to create a standardized staffing pattern for healthcare providers in a juvenile setting. Most correctional healthcare standards use the term "adequate" when referring to staffing. How do you determine what is adequate healthcare staffing for your facility? That decision should be based on purpose, form, and function.

What is the **purpose** of the facility? Short-term detention centers need more healthcare staff, due to the high turnover of admissions and discharges compared to a long-term juvenile facility. If an adult facility houses juveniles, will there be enough staff to care for youth separately? Will the facility house females or a special population with high mental health needs that will increase the use of health services?

The next consideration is **form**. What is the layout and location of the facility? Larger facilities will require more staff, but how many also depends on whether all services are in one building or spread across a large area. Location in a rural community or even a highly competitive urban area may require some creative staffing. It may be difficult to hire full time healthcare staff at a competitive rate, or the personnel may not be available in the area. In these cases, consider contracting for healthcare staff or partnership agreements with community providers such as public health and teaching hospitals or universities. Agreements and contracts should be as detailed and inclusive as possible.

Finally, how does the clinic **function**? Is there enough healthcare staff to meet the needs of the youth within the healthcare standard's recommended time frame? This consideration will take a continuing reassessment of staffing to determine if all healthcare service needs are being met in a timely manner.

The first step in staffing is the establishment of the health authority. This person is responsible for all levels of healthcare and for providing quality, accessible health services to all youth. The position may be filled by a nurse or other health professional, particularly in a small facility, or by a health administrator, which may be more applicable in a larger facility. When this health authority is anyone other than a physician, clinical

judgment rests with a single designated responsible physician licensed in that state. A dentist, psychiatrist, and pharmacist should be available for consultation by the responsible physician, if these providers are not available on site. The health authority manages the schedules of all clinicians and serves as a member of the facility administrative team. The health authority should be involved in the hiring and supervising of the healthcare staff and should serve as a consultant to the facility administration and security staff regarding all aspects of health. Clinical decisions and actions regarding healthcare services provided to youth are the sole responsibility of the healthcare staff and must never be compromised for security reasons. The health authority should cooperate with security staff to create an environment that meets the health needs of the youth, without compromising safety.

All healthcare staff should be licensed and credentialed as required by state and federal law; licensing needs ongoing monitoring to ensure up-to-date compliance. Requirements for continuing education vary by state and should be promoted. Continuing education specific to correctional health is strongly recommended.

The use of interns and students must include agreements with the schools and must entail close supervision. Exposure of healthcare students to correctional medicine is a great opportunity to encourage recruitment of future staff.

There should be an on-call healthcare system for facilities that do not operate 24/7. Minimally, a nurse should be on call when the clinic is closed. The nurse should have access to the physician, dentist, and psychiatrist. A designated clinic cell phone allows security staff to have immediate access to healthcare staff when the clinic is closed. All staff should be trained and certified in first aid and CPR for immediate response to an emergency. Basic training and annual updates on medical emergencies should be provided to non-healthcare staff. Medical emergency drills should include all staff.

Adequate equipment and supplies are essential to the operation of the clinic. Input from clinical staff should be included during site planning and construction. Appropriate equipment should be chosen by the staff that will use them on a daily basis. Once a facility is equipped for operation, it should be a simple matter for healthcare staff to order supplies and equipment from their designated budget. It is helpful to designate the types of medical equipment and supplies required by policy. This practice will standardize the clinic and eliminate squabbles over budgets. The facility health authority should designate strategic points inside the facility to locate Automated External Defibrillators (AEDs) and first aid kits. This equipment should be readily accessible to CPR-trained staff for use in an emergency. Personal protective supplies and equipment for avoiding contamination with biohazards such as body fluids should be available to all staff. A system of storage, collection, and decontamination of biohazardous waste must be in place and controlled by the health authority. Staff should use and account for safety needles, syringes, and all medical sharps. An inventory of safety needles and syringes should be completed at the start of each shift. The superintendent should take a periodic unannounced count of needles and syringes at least quarterly. Needles should never be re-capped, bent, or broken after use. Needles and other sharps should be disposed of intact in designated, puncture-resistant containers located in a secure area.

Intake Screening and Assessment

Many facilities lack 24-hour nursing care. Correctional officers or whoever first comes in contact with the youth at intake must be trained in basic medical and mental health screening procedures. There must be a clear mechanism to determine if healthcare staff need to be contacted if they are off site or if a youth needs further assessment prior to admission. The screening should be simple enough for health-trained security staff to be able to make a determination whether to place a youth in general population or in isolation for infection control. Screening instruments should reflect the common concerns among this population and include mental health and dental status as required by the ACA and NCCHC standards. (See Ch. 9: Admission and Intake). [2]

If the facility houses adults, there should be some modification of the screening instrument to reflect the needs of youth, such as inclusion of immunization history and questions to identify sexual and physical abuse history. A mechanism to report and address any allegations of abuse must be incorporated throughout the system, beginning at intake, for all facility types. Long-term juvenile facilities that accept youth transferred from short-term detention facilities or transfers between secure facilities should still use a screening instrument at intake. Healthcare staff must complete the health assessment after health-trained security staff complete the initial intake screening. Healthcare staff should review the intake screening results and obtain additional information on past medical, dental, and psychiatric history. This assessment involves a more detailed line of questioning of the youth.

Ideally, healthcare staff would be available 24 hours a day to conduct the intake screening and the health assessment, especially in a high-volume detention center. But, due to staffing limitations, 24-hour on-site care may not be available. If it is not, it is critical to have a system in place to address medical emergencies with on-call medical staff and to access outside emergency services. Licensed clinicians should complete a thorough physical examination (PE) within the required timeframes, according to ACA and NCCHC standards. The PE should include areas specific to the adolescent population, such as scoliosis screening, developmental pubertal staging, growth charting, vision and hearing screening, and the identification of physical characteristics that may reflect conditions such as fetal alcohol syndrome (FAS). Some youth display many behavioral characteristics and intellectual impairments of FAS and may not have been previously diagnosed. If applicable, youth should receive physical examinations annually.

Sick Call and Clinic Visits

It is essential to implement an unimpeded process for access to sick call for youth. Sick call boxes, with forms available, should be easily accessible. Access to sick call boxes should be limited to healthcare staff to protect the confidentiality of the youth. Consideration should be given

to literacy skills when sick call requests are written. Also, youth may sometimes request services for something other than the real problem for which they need to be seen, due to embarrassment or fear of peer criticism.

Policy and procedure should outline the sick call process and set time frames for completion. Sick call clinic hours should be flexible, and not always during school or recreational hours. Facilities that house adults need policies that exclude youth from copays or other systemic barriers to healthcare. Youth may not prioritize the need for healthcare, given the choice between the sick call copay and a snack from the commissary.

Nursing staff can triage the initial sick call. Medical assessments should be completed by the healthcare staff trained and credentialed to do so. In most states, nurses use protocols developed by physicians to treat common ailments, such as a colds and acne, with over-the-counter medications. Depending on the location, advanced practice nurses and physician assistants can diagnose and treat with prescription medications. These types of staff greatly augment the healthcare provided in juvenile correctional facilities. Every facility needs a physician who will ultimately be responsible for the healthcare of the residents, even if only through remote supervision or limited on-site visits. This tiered approach to sick call assessments can be very efficient in a juvenile healthcare setting. Most ailments in this population are minor and can be addressed by nursing staff. However, when a youth's condition fails to improve, staff should consult a higher-level clinical provider. Youth may make multiple complaints, which staff sometimes perceive as malingering. Chronic complaining may require further medical assessment or may be a somatic symptom of a mental health condition or situational stress. All complaints must be taken seriously and assessed thoroughly. If all medical and psychological reasons have been ruled out, it may be beneficial for some youth to have regularly scheduled appointments with healthcare staff, thus reducing the number of sick call requests.

A significant number of clinic visits in juvenile settings are for injuries—both intentional and accidental. Intentional injuries from fights and self-

inflicted wounds are very common and always require a clinic visit for assessment. Be certain to involve behavioral health staff when a youth presents with a self-inflicted wound or any suicidal ideations. Accidental injuries are also quite common and result from sports, adolescent horseplay, or security control measures. X-rays can verify or rule out any potential fractures; any fracture should be treated and followed up. Access to healthcare staff who can suture wounds on site is exceedingly valuable in a juvenile healthcare setting. For more serious injuries, emergency care is required. Healthcare staff should determine when youth are to be transported outside the facility for urgent care. Some juvenile facilities maintain infirmary beds for youth who may need a higher level of care than the living unit can provide, but do not require inpatient hospitalization. Infirmary care requires 24-hour skilled nursing. It is rare that a youth will require inpatient hospitalization for an extended period or is diagnosed with a serious medical condition such as leukemia. Under these circumstances, administrators may want to approach the courts to request a release from custody or a stay in sentence.

Healthcare staff play a vital role in the special incident reporting process when youth or staff are involved in physical altercations. Healthcare staff should be allowed privacy in interviewing youth about the incident. Policy should require an examination to be completed within specific time frames. Healthcare staff reports should be used to cross reference security reports and serve as an unbiased account of the event; reports should document any injuries or allegations of abuse.

Ancillary Care

Ancillary care (labs, X-rays) should be available as a part of the facility's healthcare program. All efforts should be made to provide these services on site. Transporting youth off site for these services increases the demand for staffing and the risk of escape. Mobile radiology services allow studies to be completed inside the facility. Contracts should include interpretation by a Board Certified Radiologist. When emergency X-rays are needed off site, staff should coordinate with providers to reduce wait times in the emergency room or urgent care center.

Detention intake should include a standard set of admission labs. Simple Clinical Laboratory Improvement Amendment (CLIA) waived tests can be incorporated into the admissions process. A single urine sample can be used for urinalysis testing, pregnancy testing, and screening for gonorrhea and chlamydia. Medical staff are not involved in the collection of forensic evidence, such as urine drug screening, so youth should be made aware of the purpose of the specimen collection. Pregnancy testing should be performed on all females routinely as a part of the intake process, regardless of their sexual history. Pregnant girls will require specialized care, and pregnancy may prohibit some security measures, such as the use of restraints during labor and delivery. Additional laboratory services should be accessible if they are medically necessary. A laboratory contract will provide fixed prices, supplies, and pick-up schedules. Many labs offer online electronic results. Smaller facilities or those located in rural areas may not be able to contract with the larger labs for service. Such facilities may be able to contract with a local hospital for service. Another option is to partner with another agency, such as the adult department of corrections to take advantage of a larger purchasing group. In some locations, public health agencies can provide laboratory support. Administrators may contract for other ancillary services such as optometry, physical therapy, speech pathology, etc. based on volume. Again, if possible, bring the services to the facility. In some cases, education departments or school systems can provide or pay for these types of services for special needs youth while they are detained.

Dental Care

Dentistry is probably the most common unmet need among youth offenders. Many have never seen a dentist since they were screened for admission into elementary school. A dental clinic with adequate equipment and supplies should be a component of every juvenile health system. If the facility is too small or rural to attract a dentist, some arrangement must be made with a community provider for care.

Dental screening is a part of the admission process. If dental staff are not available, nursing staff can be trained by the dentist to conduct an initial

dental screening. Nurses can inquire about dental pain, note dental decay, note the presence of braces and missing teeth and note abnormalities of the mouth. In the case of positive screenings, staff must contact with dental providers for further instruction. In some settings, dental protocols can be developed to allow nurses to accommodate dental needs on a temporary basis, such as giving acetaminophen for dental pain.

Only a licensed dentist may conduct dental examinations and treatment. The presence of a dental assistant allows the dentist to conduct treatment more efficiently. Community recommendations are for two routine dental visits a year for examination and cleaning (prophylaxis). Detention centers, especially those where youth may move in and out several times a year, should establish a tracking system for examinations. Dental education is key in this population and can be accomplished by dental staff, nurses trained by dental staff, or educational DVDs. Larger juvenile systems can benefit from hiring a dental hygienist for cleaning and instruction. Tooth brushing and flossing should be allowed only with security-approved items and should be scheduled as a routine part of the youth's hygiene practice.

In juvenile settings, dental care should go beyond only providing extractions and should focus on preventive and restorative dental care. Youth housed in adult facilities will require restorative dental services that may not routinely be available to the adult inmate population.

Adolescents commonly present with pain related to wisdom tooth (third molar) eruptions. There is also the likeliness of jaw fractures occurring from fights. An oral surgeon should be available for consultation and treatment in these two areas. Sometimes youth are admitted while under the treatment of a community orthodontist. In short-term detention facilities, continued use of braces may be acceptable. Deterioration or self-removal of braces creates a security risk. For youth with longer sentences or those confined to adult facilities, the community orthodontist may recommend temporary removal of these dental appliances.

Pharmacy and Medications

Pharmacy policy and procedure should outline how medications are handled at every point within the facility. In short-term facilities such as detention centers, detained youth may be carrying their current medications. Policy should dictate whether that medication can be accepted for administration or whether it should be held in a secure manner until the youth is released. For security and patient safety, medical staff need to confirm the medications to limit contraband. A pharmacist by employment or contract must be available to monitor pharmaceutical practices and ensure compliance with all state and federal drug laws. In a small or rural facility, the facility can arrange with the local drug store pharmacist to visit and monitor compliance. Larger systems may want to employ a full-time pharmacy director.

It is recommended that a formulary (list of preapproved medications) be generated by a physician trained in pediatrics or family medicine. A formulary can also help control pharmaceutical costs. However, a mechanism must be in place to allow for dispensing of non-formulary medications when they are clinically indicated. Many medications—even over-the-counter medications such as aspirin—are not appropriate for children and adolescents and should not be included on the formulary for juveniles. Adults are generally not treated in the adult correctional systems for certain diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD). The use of stimulant medications to treat ADHD is needed for youth attending school, but has potential abuse by youth and staff. These drugs and other newer and more costly psychotropic medications should be included on medication formularies for facilities that house youth. Some medications need dosage modifications based on body weight; others are not approved for use with children.

In facilities that house youth with adults, it is often the practice to allow inmates to keep on person (KOP) medications for self-administration. It may not be developmentally appropriate for youth to self-administer medication; directly observed therapy (DOT)—where staff administer medication to youth—may be called for. Young people would be more

likely than adults to mismanage their medication through noncompliance, overdosing, or sharing their medication with other youth.

Inventory of all medications is essential to all correctional facilities. A unit dose packaging system works best for management of drug inventory. Medical staff must document and account for any medication refusals. Clinical staff should be notified if youth refuse their medication. Depending on the jurisdiction and legal status of the youth, parental consent also may be required for the administration or discontinuation of medications to juveniles. In some juvenile and adult systems, officers are allowed to administer medications. If, after intensive review, this practice is allowed, specific training and procedures for administration must be developed and enforced. Errors may occur within the routine administration of medication. A system must be in place to document and report these errors to the responsible physician, address any related adverse event, and review them as a part of a continuous quality improvement process during the committee meetings that deal with pharmacy and therapeutics.

Specialty Care or Chronic Care

In general, youth populations do not have the number or severity of the chronic medical conditions that exist in an adult population. Probably the most common chronic medical condition in this population is having a mental health diagnosis. Asthma is probably the next most common. As more children and adolescents have become overweight, more are being diagnosed as hypertensive, diabetic, and having high cholesterol. Medications for treating these conditions should be included on the facility formulary. With adequate medical screening and examination upon admission, staff can identify and oversee the treatment of chronic medical conditions. Community standards for treatment of chronic illnesses must be followed using appropriate clinical guidelines.

The care of a youth with a chronic medical condition may require some modifications to the correctional environment. For example, a youth with a seizure disorder should not be assigned to an upper bunk. Staff should

be instructed not to place objects in the mouth of an actively seizing youth and to remove objects to prevent injury and support the youth's airway. Youth that have asthma should not be assigned to cleaning duties or other activities where there may be environmental triggers such as cold air. Inhalers may be the only exception to the rule about KOP, depending on the severity of the symptoms. Inhalers must be readily available after clinic hours. In previous years, Type I Diabetes was the most common type of diabetes in this population. These youth require insulin injections to keep their blood sugar under control, since they cannot produce it. Now with the increasing epidemic of obesity, Type II Diabetes is more common. Youth with this type of diabetes make insulin, but the body's cells are resistant, and the blood sugar is not reduced. Most Type II Diabetics can be managed with oral medication; however, sometimes youth may require insulin injections. Ideally, the injection of insulin and monitoring of blood sugars with finger sticks should be supervised by the healthcare staff. This is not always possible in facilities that do not operate a 24-hour clinic. Depending on the youth's knowledge and skill level, he or she may be allowed to administer his or her own insulin under staff supervision. All staff should have training and knowledge of the signs of very high and very low blood sugars, either of which can lead to serious injury or death. Bedtime snacks and food sugar sources approved by the healthcare staff should be available on the unit for immediate need. Staff and youth should also be educated and compliant regarding dietary restrictions and activity requirements.

Most youth with chronic medical conditions have been diagnosed in the community prior to detention. But in many instances, they have not had consistent follow-up care by their community medical providers. It is critical to get the medical history from the parent and community provider to achieve better continuity of care while the youth is detained. If possible, prescribed medications should be continued for youth in short-term detention to prevent disruption in treatment. A referral network for pediatric specialty care and hospitalization should be established for each facility, even for adult facilities that house youth. Youth with chronic medical conditions that do not have a community provider should be referred to one prior to discharge.

Medical and education staff must jointly address special medical needs of youth. Glasses, hearing aids, and other prostheses and assistive devices can create security issues in a detention center unless there is coordination. Medical staff must collaborate with educational staff to develop IEPs (Individual Educational Plans) and to provide the required devices or special services to the youth. Once a need is identified, security staff must be involved in the decisions regarding the required accommodation so that any security risk can be minimized.

Girls and young women have health needs that demand special consideration. Evidence suggests that detained young women are likely to have significant medical problems including untreated Sexually Transmitted Infections (STIs), pregnancies, chronic medical conditions, substance use, and psychiatric disorders. There are other acute and chronic medical conditions that certainly occur in this population as well. Mental health diagnoses, obesity, diabetes, hypertension, and asthma are increasingly prevalent among young women in detention.

Providing health services to young women requires an interdisciplinary approach to staffing and program development. It is important to include licensed health professionals in staffing a juvenile correctional facility, but line staff must also be well trained and educated about the medical needs of the population they serve. A young woman's history of victimization may make compliance with simple medical regimes an issue. Emotional issues may trigger somatic responses such as a Herpes outbreak or gastrointestinal upset. Sometimes this leads to the perception by staff that the youth is being manipulative or feigning illness. All staff should be trained to take all medical complaints seriously and respond appropriately. Medical staff should be aware of the health problems more likely to affect girls of color, who are disproportionately represented in the juvenile justice system. Diabetes, for instance, appears with greater frequency among African-American girls and young women. Cultural sensitivity on the part of medical, administrative, and security staff is mandatory and should go beyond just creating cultural diversity through staff hiring. Gender equity in juvenile justice programming should be the rule and not the exception.

Greater healthcare expenses should be anticipated in the operation of a female juvenile facility compared to a male facility. Females in general use more medical care even while in the community. Staffing patterns and ratios at female facilities should reflect this increased need. The greater prevalence of chronic diseases, including mental health diagnoses, and the provision of prenatal care and delivery also tend to increase healthcare costs at female juvenile facilities.

Sexual Behaviors and the Prison Rape Elimination Act (PREA)

PREA was enacted by Congress and requires all confinement facilities, including those that house youth, to implement policies and procedures to eliminate sexual assault and sexual harassment. The law supports the elimination, reduction, and prevention of sexual assault and sexual harassment within confinement settings. The healthcare staff perform an important role in implementing the national PREA Standards. Each facility should develop policies and procedures to address the requirements specific to their setting. Healthcare staff should become familiar with applicable federal and state laws, as well as their professional code of ethics. The medical intake should be conducted in a confidential manner—in a private area—to determine any history of sexual abuse, the date it occurred, where, and by whom. (See Ch. 14: Behavior Management: Staffing Ratios, Turnover, and Deployment). [3]

Child or Sexual Abuse

A standardized child abuse reporting procedure for sexual abuse should be established by policy, keeping in mind that healthcare staff are considered mandatory reporters for suspected child abuse. Adult facilities that house youth are also obligated to report allegations of child abuse. If this initial information is obtained by security staff, they should have a procedure to immediately notify healthcare staff for further instruction regarding the need for an immediate medical assessment. Secondary reporting methods for sexual abuse can include toll free numbers and sick call or clinic visit requests to healthcare staff.

If the sexual abuse occurred within the time limitations for assessment and collection of evidence, a forensic examination is required. These examinations must be completed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), when possible. If SANEs or SAFEs cannot be made available, the examination can be performed by other qualified medical practitioners. A facility medical practitioner who has also successfully completed specialized training for treating sexual abuse victims can conduct forensic examinations, but an outside qualified medical practitioner is preferred to ensure objectivity. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving youth victims to gather and preserve direct and circumstantial evidence. Examinations must be made available on site or at an outside facility without monetary cost to the youth. Facilities may choose to enter agreements with local hospitals for SANE or SAFE examinations. A facility may choose to contract directly with SANE or SAFE examiners to come to the facility. Keep in mind, with this option, proper equipment and examination resources need to be available.

PREA Standard 115.353 requires the facility to "provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies."

Medical and mental health staff should coordinate appropriate follow-up care for continued services after the assault, in collaboration with the security staff. If the sexual assault occurred prior to the time appropriate for the collection of forensic evidence—usually less than 72 hours—reporting requirements are still applicable. Healthcare staff should still screen for sexually transmitted infections, determine whether additional examinations are required, and refer youth for mental health follow up.

Sexual History

The discussion of sexual behaviors, including risk and protection, should be included in every preventive medical encounter. Healthcare staff should include questions about a youth's age at first vaginal, oral, and anal intercourse; current sexual practices; number of partners within the last 3 months; and gender(s) of partners. Though sexual relations between youth residents is officially prohibited, many residents may have had same-sex sexual experiences prior to detention. When questioning all youth about sexual behaviors, it is important to use the word *partner* and not *boyfriend* or *girlfriend,* so as not to assume heterosexuality. Many youth may be having sex with casual partners or sex work clients whom they would not consider as a boyfriend or girlfriend. They may use these terms to refer to a regular partner with whom they may have an emotional attachment.

Condoms

Additionally, all clinical interviews about reproductive health should include a discussion about condoms. Though juvenile justice systems often have restrictions on displaying and dispensing condoms within the facility, medical providers and health educators can educate residents about the correct and consistent use of condoms so they will be better equipped to protect themselves after their release from confinement. Prior to release, youth should know where to purchase or get free condoms in the community.

Sexually Transmitted Infections

Chlamydia

Because chlamydia rates are so much higher in detention facilities than in the general population, chlamydia screening is recommended for *all females and, depending on local public health statistics, males as well.* Gonorrhea rates are also disproportionately high for youth residents, who should be considered for screening. Routine syphilis screening is appropriate for pregnant girls and sexually-exploited youth who may be more at risk. It should be noted that other STIs such as herpes and genital warts are also common in this population. Local epidemiological data should determine the type of STI testing. Healthcare staff must be trained in the detection

and treatment of STIs. The CDC STI Treatment Guidelines should be followed.[2]

New urine-based tests can improve compliance for STI testing and may be easily incorporated into the facility's intake process. The urine-based nucleic acid amplification tests (NAATs) are highly sensitive and specific. In many cases, the use of a urine specimen can reduce the necessity for a pelvic examination on young women (urethral swabs for males), thus extending the facility's diagnostic capability for detecting these infections. Youth may be more compliant with STI testing if staff use these less invasive collection procedures. Also, pap smears are no longer recommended for young women under the age of 21; this also reduces the need for routine pelvic examinations.

HIV

The prevalence of HIV is unknown in the youth population. However, the behaviors that place them at risk for HIV infection are common, such as multiple sex partners, low condom use, drug use, and unsafe tattooing and piercing. HIV screening should be made available to youth when they request it and when it is clinically indicated. Infection rates are increasing among adolescents. If HIV testing were done routinely, unless the youth refused (Opt Out), it would increase our ability to identify youth that are HIV positive and refer them for specialty care. In all cases, facilities should educate youth about how to prevent HIV. Youth who are known to be HIV positive should not be isolated, nor should their status be disclosed for nonmedical reasons. Basic precautions—with the use of gloves, goggles, and protective gowns—to prevent exposure to body fluids should be standard for everyone.

Public health agencies must consider partnering with juvenile justice agencies to promote and facilitate STI screening and treatment of youth prior to their return to the community. Partnerships should include communication and reporting of required infections, treatment and follow up of positive cases, medication if a youth is released prior to receiving treatment, and partner notification. A Memorandum of Understanding (MOU) can allow sharing information across agencies and

can define all parties' responsibilities, whether in kind or with some fiscal responsibility.

Gender Identity

It is difficult to ascertain the true percentage of youth who are grappling with questions about their sexuality and gender identity. The majority of states do not include such questions in their Youth Risk Behavior Surveys. The limited data that we do have regarding sexual orientation indicate that between 2% and 4.5% of high school students self-identify as gay, lesbian, or bisexual. These data are definitely underestimates, as many youth have difficulty understanding the complexity of sexual attractions or they fear revealing personal information. There are virtually no data on transgenderism in the adolescent population. PREA Standard 115.341 requires that, within 72 hours of a resident's arrival at the facility, the agency must obtain and use information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Sub-paragraph (c) (2) of that standard specifically requires the agency to attempt to ascertain information about any gender-nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI), and whether the resident may therefore be vulnerable to sexual abuse. Transgender is an umbrella term that refers to a range of individuals whose gender identity does not match anatomic or chromosomal sex. Transgendered individuals can live as full- or part-time members of another gender and can be heterosexual, homosexual, or bisexual. Gender identity is a person's internal sense of being male or female, regardless of the person's gender at birth. A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female is considered intersex. Intersex medical conditions are sometimes referred to as disorders of sex development.

Most likely as a result of isolation caused by societal homophobia, a disproportionate number of LGBTQI youth turn to drugs or alcohol, suffer from depression, and engage in risky sexual behavior—including "survival sex," or sex in exchange for food and shelter. These factors can

increase the risk of youth confinement in this population. Though very little data exists regarding the actual number of LGBTQI youth in the system, it is estimated these youth make up between 4% and 10% of residents. These youth in confinement are at greater risk of victimization, sexual abuse, and rape. PREA requires that policies and practices prohibit discrimination on the basis of sexual orientation or gender identity and provide training for staff on how to create safe environments. (See Ch. 19: Complex Issues and Vulnerable Populations). [4]

Infection Control

Correctional facilities present an increased risk for the spread of infectious diseases, due to individuals being confined in relatively close quarters. Also, in detention settings, failure to recognize infectious diseases at intake and isolate infected individuals can allow infections to spread rapidly throughout the facility. Admissions screening instruments should include questions about signs and symptoms of infection. Cough, fever, rash, or other skin lesions should prompt intake officers to notify healthcare staff and isolate a potentially infected person until a health assessment can be made. Healthcare staff should determine whether a youth should be admitted into general population if signs of infection exist.

Tuberculosis

Tuberculosis (TB) skin testing should be a routine part of the admission health assessment. If the TB test is positive, it should not be repeated. Healthcare staff should be trained in the placement and accurate reading of the TB skin test. The health record must document the TB skin test placement and results. Correctional, immigrant, homeless, and HIV positive populations are more at risk for TB. The Centers for Disease Control and Prevention (CDC) publishes guidelines for the prevention and treatment of TB in correctional settings. All facility staff should be TB tested annually, and the results should be documented in their human resources health record. The local health department may be able to assist the facility in its TB monitoring program. A positive skin test in a youth

most often indicates latent TB, or that the individual has been exposed to the TB germ. These youth are not contagious. Active TB, the only form that is contagious, is less common in youth. A chest X-ray can confirm the status of the TB germ. It is important to appropriately treat both latent and active TB with the proper medication.

Influenza

Influenza is another respiratory infection that can easily spread throughout the facility. Prevalence of the flu in the community creates an increased risk in the correctional setting. Influenza vaccines should be administered to all youth unless the vaccine is contraindicated. Staff should also be encouraged to be immunized either through public health services or their private provider; staff should stay home if they develop flu symptoms.

Parasites

Screening for lice and other ectoparasites is a critical part of the intake process and should be repeated when youth are transferred from one facility to another. Routine treatment with medication with no indication is unacceptable. Staff can be trained to use a Wood's lamp (a special light) to inspect for these ectoparasite infections. Treatment should be administered on an individual basis. If infestation does occur in the facility, healthcare staff can provide direction to staff for eliminating and controlling it. To prevent facility contamination, soiled laundry should be bagged prior to being transported and should be handled as little as possible. Staff should wear personal protective equipment (gloves, cover gown, masks, face shield) when collecting or handling soiled laundry, linen, and clothing. Clean laundry should be handled, processed, and transported separately from soiled laundry.

Containing Infectious Conditions

Youth in correctional settings are also at risk of skin infections such as athlete's foot and MRSA (Methicillin-resistant Staphylococcus aureus). These germs are spread by direct contact with skin and contaminated

surfaces. Routine cleaning and disinfection of showers, mats, shoes, sports equipment, restraints, etc. will reduce the spread of these and other types of skin infections. Each facility should develop local procedures for containing respiratory illnesses and skin infections such as influenza and MRSA. The procedures should include, at a minimum:

- Guidelines for respiratory and contact isolation.
- Infection control inspections by a Registered Nurse.
- An allowance for limiting youth transfers.
- Notification to the designated health authority of pending youth transfers.
- Proper staffing during an outbreak of any major infection or virus.

All staff should be educated on infection control and how to protect themselves and their families. When called for, healthcare staff should recommend the use of protective equipment such as gowns, gloves, goggles, and masks. Hand washing and using hand sanitizers can help prevent the spread of many types of infections. There are some instances when units or even entire facilities should be quarantined to prevent the spread of infection. In these cases, certain staff and visitors may need to be excluded from the facility as directed by the health authority and responsible physician.

Immunizations

The best way to reduce the risk of certain infections in correctional settings is through a robust vaccination program and adequate levels of immunization. The federally-funded Vaccines for Children (VFC) program may be used to provide free vaccine to incarcerated youth. Juvenile justice health administrators should approach public health agencies aggressively to enroll all juvenile correctional facilities in this program and assist them in meeting program requirements. Formal agreements can also be made between the juvenile facility and the local public health department to have public health nurses administer vaccines to youth. Adult facilities that house youth are also eligible for participation to provide free vaccines for youth 18 and under. Due to the

high-risk sexual behaviors in this population, routine vaccination for Hepatitis A, Hepatitis B, and (Human Papillomavirus (HPV) are highly recommended. All can be sexually transmitted. Youth should be able to give their own consent for these vaccinations; facilities should not require consent of the parent or guardian. At age 15, youth are usually due for a booster dose of the TDap (tetanus, diphtheria, and acellular pertussis or whooping cough) vaccine. All institutions should offer influenza and meningitis vaccinations and the potential for these respiratory diseases to spread quickly. Special medical conditions such as pregnancy and sickle cell anemia may require or prohibit certain vaccines.

Many states have implemented systems to electronically track immunizations. These systems allow for immunization data to be both retrieved and entered by all registered health providers. Public health agencies have taken the lead in this effort, working with community healthcare providers. Juvenile justice agencies should gain access to these databases, review immunization status on intake to facilities, and assure that patients are fully immunized prior to release. Healthcare providers should enter data into these immunization databases without indicating linkage to the juvenile justice system, as that information could then be revealed to the public. Where full immunization is not possible because of a short detention stay, public health agencies can follow up after the youth's release on any remaining required doses. If immunization information is not available through the public health department, the most recent school that the youth attended may be contacted for records. Keep in mind that these records may not be up to date and may require catch-up immunizations.

Nutrition

Juvenile detention facilities and adult facilities that house school-age youth may qualify for the federal school nutrition program; these are most often administered by the state department of education.[3] To receive reimbursements from this program, diets must meet USDA requirements for fat, sodium, and calorie counts. Reimbursable meals include breakfast, lunch, and an afterschool snack. Dinner and a bedtime

snack should be made available, but are not reimbursed. A registered dietician should develop menus that will be appropriate for youth, both in nutritional content and food preference. In adult facilities that house youth, menus will need modification to at least provide milk at meals rather than tea or coffee. A registered dietician should be consulted, if not employed, to provide special diets ordered by healthcare staff. Youth should receive nutrition education and other wellness related topics at every available opportunity.

Detained youth often are not likely eating a healthy diet prior to admission. Diet-related disorders include obesity, iron deficiency anemia, and other problems. Low blood count or low hemoglobin is usually discovered at admission and is often due to poor diet. In the case of anemia, dietary improvements often resolve their problem before youth are discharged. Many obese youth will also lose weight during detention due to dietary improvements. This is especially important for youth with weight-related diabetes, hypertension, and increased cholesterol.

Allergies

Many youth report food allergies upon admission. It may be difficult to distinguish between true allergies and food preferences. Some will claim allergies to avoid certain foods associated with gang affiliations. Staff should obtain a thorough history and contact the parent or guardian, if possible. The most objective way to verify or rule out food allergies is to have medical staff conduct blood testing for the specific food item.

Hunger Strike

Hunger strikes are a rare event among youth in custody. If a youth is acknowledging a hunger strike, it is important that the actual food and fluid intake be monitored and verified. Sometimes youth will claim to be on a hunger strike, but are getting snacks from other detainees. Initially, maintaining adequate hydration is more critical than food intake. Medical staff and security staff must work together closely to monitor such a situation. Intervention by medical staff may be required if it is clinically

indicated. Court involvement is required if medical staff recommend forced feeding or hydration.

Eating Disorders

Eating disorders also tend to be rarely identified in detained youth. Bulimia and anorexia are more prevalent among girls than boys. Inquiry into eating habits should be made at intake. Special management plans that include medical, behavioral health, and security staff are required if a youth is identified as having an eating disorder.

Food Safety

Food safety is a health concern in all correctional settings. Foods should be stored, cooked, and served at proper temperatures to reduce the risk of food poisoning. Food service operations should be monitored internally and by local authorities and should include staff that have been certified in the ServSafe Program.

Physical Activity

Adolescents today are not as physically active as they were a generation ago. There are many reasons for this, such as more time spent with technology, unsafe neighborhoods, reduced physical education in schools, and costs of extracurricular sports activities. Youth who enter facilities today are not accustomed to physical activity. Standards require one hour of daily physical activity. Medical screening and examination should occur before initial participation in rigorous physical activities. Care should be taken to gradually increase activity levels. Warm ups and adequate stretches will reduce the number of sports-related injuries. Youth may appear in the clinic with chest pain, not from cardiac causes, but from chest muscles unaccustomed to pushups. A full assessment is still required. Overweight youth should be encouraged to participate at reasonable levels. Activity modifications may be needed for youth with asthma or other medical conditions. An alert system should be in place to notify all staff of any activity restrictions imposed on the youth.

A significant number of injuries occur in relationship to sports activities. Administrative, security and medical staff should review the types of sports activities allowed and determine if too many injuries are related to a particular sport. Environmental modifications such as padding goal posts or gym floors may help reduce injuries and pay for themselves in cost savings realized by reducing emergency room visits.

Sunscreen application and access to drinking water are essential for outdoor activities, especially when the weather is hot. The health authority should intervene and coordinate with administration to prohibit outdoor activities when temperatures are too high or too low.

Mental Health and Substance Abuse Medical Implications

Research demonstrates that between two-thirds and three-quarters of detained juveniles have one or more psychiatric disorders. Nearly one-third of teens report episodes of sadness, depression, or hopelessness. Every juvenile health program must address mental health needs as well as physical health needs to promote better outcome for youth. Mental health diagnoses, such as clinical depression, can change behavior, physical health and appearance, academic performance, social activity, and the ability to handle everyday decisions and pressures. These feelings may prevent troubled youth from seeking preventive healthcare and complying with health regimens. Some mental health medications require medical interventions such as labs and other diagnostic testing. Youth with mental health disorders that also have concomitant substance use disorders may also require modification of medications.

Due to the high prevalence of drug use in this population, intake personnel must be trained to recognize signs and symptoms of drug intoxication. Healthcare staff should be available to provide immediate direction as to whether the youth should be accepted into the facility. Alcohol withdrawal is not as common, but should be monitored as well. Medical emergency care may be required for acute drug intoxication or withdrawal. Facility healthcare staff should not perform drug testing of youth routinely. This collection of forensic evidence by healthcare staff

interferes with the patient–provider relationship and should be left to outside agencies or security staff. The use of "designer drugs" should also be a consideration for assessment of intoxication.

A range of mental health and substance abuse treatment services are needed in juvenile justice settings, as the problem of substance use is more pronounced. The following behavioral health services should be provided at a minimum: screening; assessment; direct services, including individual, group, and family counseling; and referral to mental health, substance abuse, and other community-based services upon release.

Health Records, Confidentiality, and Consent

Youth require a confidential area for medical intake screening and assessment. They may not easily disclose medical facts unless they trust that the information will remain confidential. Confidentiality is a concern of detained youth, particularly when they are asked to share information with adult staff. Staff should be trained about how to respect confidentiality of health information in conjunction with HIPAA (Health Insurance Portability and Accountability Act) requirements. Youth are also more likely to share personal health information with their peers. Staff still should be mindful of confidentiality requirements and encourage youth to do the same. (See Ch. 9: Admission and Intake). [2]

HIPAA privacy rules may apply to youth even though adult inmates in correctional settings are excluded. Legal counsel should be involved to determine the level of confidentiality of health information required. There is a general HIPAA exclusion for correctional facilities; however, if any part of a juvenile justice system is billing electronically for medical services such as Medicaid, the juvenile justice agency should be HIPAA compliant. It is also advisable that public health and juvenile justice facilities both be HIPAA compliant, so that medical information can pass freely between agencies. Information sharing improves continuity of care and facilitates appropriate consents from youth and parents or guardians. MOUs between agencies can address any concerns about sharing of confidential medical information.

Laws differ by state as to what health information can be shared and under what circumstances. Usually, substance abuse treatment, pregnancy related services, sexually transmitted diseases including HIV, and certain psychological notes require specific releases from the youth, even if the recipient is a parent or guardian.

Concerns about confidentiality keep many youth from disclosing crucial health information and from seeking care. In the juvenile justice system, parents or guardians may not be present, but concerns about confidentiality still exist, and youth should be assured that their disclosures will be kept confidential. However, there are times when the provider may need to contact a parent and times when the law allows such contact, but the bias should be toward confidentiality. If a youth appears to be a danger to himself or herself or to another person, state laws mandate that a provider inform parents or authorities.

Laws governing minors' access and confidentiality to services also differ by state, and many healthcare providers are unaware of a youth's ability to consent to certain confidential health services. Title X dictates that family planning services must be confidential. In many states, confidentiality is decided by the provider, but because Title X is federal, it preempts state statutes. Medicaid provides for confidential services to minors along with Title X. Federal Medical Privacy Regulations also apply. Juvenile settings must determine if they will also comply with this community Title X healthcare standard with regards to providing confidential family planning services, when applicable.

The advent of the electronic health record (EHR) has challenged the confidentiality of the health record. More controls must be in place to protect health information transmitted electronically to be HIPAA compliant. Most hospitals and private practices already have implemented the use of EHRs to improve efficiency and portability of patient health information. The Affordable Care Act requires practitioners in the community to do so as well. Correctional facilities, however, are not required to do so and have hesitated to embrace these technological ideologies and practices. This reluctance is understandable, considering

the many challenges involved in the use of EHRs in the correctional environment. Computer equipment in the medical unit needed for the EHR can be used as a weapon or can become a target for theft and vandalism if it falls into the hands of a youth. Computers may allow youth access to the outside world to acquire contraband or to make illegal contacts. Earlier software systems were often expensive and not suitable for corrections, because they did not consider complex requirements for administering medication or sick call procedures. Although there has been improvement in correctional applicability and some reduction in cost, it is still challenging to determine which software system is most advantageous. The advantage to implementing an EHR system is the ability to have complete, easily accessible, and transferable medical, mental health, and dental records. This automation allows real-time tracking of the youth's health information, which is especially important when operating short-term secure facilities with high turnover and readmission rates. The EHR also allows for remote and on-site quality-assurance monitoring of all health records. The EHR system prevents unnecessary duplication of health services, saving both a provider's time and the cost of repeating labs and other assessments. The implementation of EHR systems in correctional settings should ultimately reduce costs related to duplication of services and staff time. In addition, correctional EHRs will provide greater continuity of care for youth as they transition from one correctional facility to the next and into the community.

Healthcare and Reentry

Many barriers remain for youth and their families in getting appropriate healthcare and support services upon reentry into the community. Youth are often disenfranchised from their families and are not aware of how to navigate support systems on their own. Many parents and caregivers are also unaware of healthcare services that may be available for their family members and may not seek out these services without direction from a government agency. Juvenile justice facilities, in collaboration with community health providers, should emphasize the development of a comprehensive healthcare reentry system to overcome these barriers. Because there is such a high incidence of substance abuse, acute illnesses,

sexually transmitted diseases, unplanned pregnancies, and psychiatric disorders among detained youth, it becomes more critical that the treatment of these conditions continue in the community after release.

Given the potential for recidivism, continuity of services that enhance family support and address unmet physical and mental health needs is imperative. Appropriate systems can help facilities to effectively assess, address, and manage these issues. This will help youth transition successfully back into the community, which benefits and stabilizes the youth themselves, their families, and the community. Families are often not fully engaged in the rehabilitation process while their youth are incarcerated or engaged in any subsequent aftercare or community services. Family problems can worsen or contribute to the youth's problems. The inclusion of family members into the treatment process is critical to the success of the youth during reentry and is essential to reducing recidivism. Youth should be reconnected with healthcare insurance including Medicaid and other plans created through the Affordable Care Act upon their release from the facility. Immediate access to medical care, medication, mental health services and substance abuse counseling is essential. A lack of continuity puts this already vulnerable group at high risk for relapse or reoffending. (See Ch. 18: Transition Planning and Reentry). [5]

Conclusion

Providing adequate healthcare during detention or correctional confinement is not only a constitutional mandate, but an incredible opportunity to impact the health status of youth. A youth's encounter with healthcare while in custody may save his or her life by diagnosing an unknown medical condition, by improving management of a chronic medical problem, or even avoiding future ailments through immunization and other preventive health services. The healthcare provided contributes to the overall wellness of each youth served, as well as protecting the institution or agency from the legal liability of inadequate healthcare.

Endnotes

[1] *Estelle v. Gamble*, 429 U.S. 97 (1976).

[2] Centers for Disease Control and Prevention, "Sexually Transmitted Diseases (STDs)," https://www.cdc.gov/std/ [6].

[3] U.S. Department of Agriculture, "National School Lunch Program (NSLP)," https://www.fns.usda.gov/nslp.

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Ch.13 Education

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One of the mGED

ore complex programming functions within facilities that confine youth is the delivery of the spectrum of educational services, which is vital to this population. Both the characteristics of the youth and the conditions of the particular confinement setting have an impact upon the ability of staff to provide quality educational services. The wide range of youth abilities, the high rates of special needs, the complex histories of the youth, and the variations in youth's current legal status contribute to the unique challenge of educating this population. The educational needs of students in confinement settings require a wide continuum of services, and a multitude of non-school related variables are continuously influencing a student's education program. This keeps many students' education goals in a dynamic state.

The many limitations of a confinement facility's procedures, safety and security requirements, resource availability, physical structure, and budget contribute to the challenges of developing meaningful, engaging, and functional education services within the confinement setting. By definition, the confinement facility creates a significant challenge for education programs: the high rate and unpredictable nature of student mobility (pre-adjudicated youth moving in and out of primarily short-term facilities), the variable lengths of stay in treatment options for adjudicated youth, and the need to match curricula from multiple school districts served by the facility. However, when successful, high-quality educational services from intake to reentry can help reduce recidivism, contribute to credit recovery, diploma

completion, future employment, and support a youth's successful reentry into family and community.

Rather than requiring the students to adapt to the program, high-quality confinement education programs should adapt to and meet the diverse needs of the student population and make adjustments as needed within the constraints of safety and security and youth trauma. This is what makes confinement education programs unique from their public school and alternative education counterparts. Additionally, educational programs within facilities that confine juveniles operate in a unique circumstance. They are functionally distinct and geographically isolated from the traditional educational services in a public school district. Education staff also do not function in the same way as safety and security staff function. Consequently, the confinement education staff often feel isolated or separated from both colleagues working in their field of education, and other staff in the facility. To the degree the education staff work in tandem with the facility staff, they may overcome the isolation factor, which in turn can have a positive impact on the quality of the education program.

Why Provide an Educational Program?

There are many reasons to provide education programs in juvenile detention, corrections, adult jails, and prisons including legal requirements, such as compulsory and special education laws. Philosophically, education is a core component of programming that promotes youth rehabilitation and transformation. There are also economic and restorative principles behind the reasons for educating youth in custody. In summary, education is provided because:

- It is the law, and confinement facilities of all types are required to provide full educational services. Federal regulations such as No Child Left Behind [NCLB] and individual state regulations require all youth up to a specific age to attend school as well as the days and hours of compulsory education.
- Most youth admitted to facilities have a history of poor academic performance.
- A positive educational experience often begins during a period of crisis for youth, which can serve as a catalyst for change.

- In long-term facilities, an extended period of stability offers an opportunity for planning and implementation of a clarified educational or career plan.
- In short-term facilities, youth who are enrolled in school have an opportunity to keep current with their studies and return to school when released with minimum disruption to their education.
- Academic or vocational successes help to enhance the youth's chances of employment following release.
- Academic success helps youth to see themselves differently, which can lead to enhanced self-esteem and improved problem-solving abilities.
- Youth who are not enrolled in school, who will not have the opportunity to complete an education at their home school, or who are not interested in education, have opportunities to explore a general equivalency diploma (GED), life skills, and career or vocational opportunities.
- Youth engaged in pro-social programming such as education during their time in custody exhibit fewer behavior problems.[1]

Creating the Culture "Of and For" Learning: The Role of the Administrator or Leader

Culture counts. In an environment where education is not typically the first consideration, establishing a learning culture based on trust and mutual respect is critical. High achieving and effective confinement schools are safe, nonviolent places where students work hard and demonstrate respect for the physical and human environment. This often requires the lead teacher to actively protect instructional time and push back on the correctional culture by questioning long-standing policies that adversely impact teaching and learning and may compromise educational values. Creating the culture "of and for" learning is a deliberate responsibility of school and facility administrators and staff and is described in the following sections.[2]

Identify and Incorporate Values, Vision, and Mission

Effective confinement education programs are built on clearly articulated values, vision, and mission. Although it is probable that the values connect the education programs in the various confinement settings (all students can learn); it is equally probable that the vision and mission are affected by the nature of the custody setting and the characteristics of the students served.

For example, education programs in juvenile corrections and adult prison settings can legitimately include, as part of pathways to the vision and mission, completion of high school credits, graduation, and preparing for or enrollment in post-secondary options. Alternatively, an average length of stay that is less than two weeks places real limits on the vision and mission for juvenile detention education programs to critical aspirations of reconnecting, inspiring, motivating, and rekindling hope in disenfranchised students.

Lead teachers must review program materials and ensure compliance with all state and federal regulatory requirements regarding the education of youth. Additionally, the education lead teacher is responsible for developing educational policy statements that conform with or reflect the mission, philosophy, goals, and objectives of the facility.

Examples of Vision and Mission Statements that Reflect Program Values

From the **Pathfinder Education Program** in the Lancaster Youth Services Center in Lincoln, Nebraska, a short-term pre-adjudicated detention facility operated by the Lincoln Public Schools.

"Our priority is inspiring students to want to learn and providing them with the necessary tools to be successful learners." *(Randall Farmer, Director, in an open letter outlining the program purpose)*[3]

Mission Statement: "The students in the Pathfinder Education Program have diverse backgrounds, interests, needs, and academic records. It is the mission of the education program to provide educational opportunities that allows students the opportunity to enhance basic academic skills, technology, career options, and develop personal growth skills through individualized instructional programs of study. The education program introduces multiple pathways which might include earning credits toward completing a high school diploma, preparation for the General Education Diploma testing, and Skills needed for lifelong learning."[4]

From the **See Forever Foundation**, Maya Angelou Academy at New Beginnings in Washington, D.C., a secure residential treatment facility operated by the Division of Youth Rehabilitation Services.

Maya Angelou operates several charter schools in the D.C. area including New Beginnings.

Mission Statement: "Our mission is to create learning communities in lower income urban areas where all students, particularly those who have not succeeded in traditional schools, can reach their potential and prepare for college, career, and a lifetime of success. At Maya Angelou our students develop the academic, social, and employment skills they need to build rewarding lives and promote positive change."[5]

From the State of Washington Department of Corrections, Policy Title: **Education and Vocational Programs for Offenders**

POLICY:

1. The Department's philosophy and goals for offender education and vocational programs are to improve offender functioning in literacy, employment, communication and life skills, and community transition. The Department, working with the Washington State Board of Technical and Community Colleges and other contractors, develops education and vocational programs to prepare offenders for higher skills work programs and to qualify for living wage jobs upon release.
2. The Department will provide vocational programs that develop the skills needed for facilities and Correctional Industries jobs and are accepted by community based training programs to allow the offender to transfer and complete the programs upon release, if necessary.
3. Academic and vocational programs are accredited, recognized, certified, or licensed by the state or other acceptable organization.
4. Offenders may be required to participate in a combination of work, education, and vocational programs.[6]

Get the Right People: Qualities of an Effective Teacher

Recruiting, hiring, and retaining the right people are the most critical elements to operating an effective education program in a custody setting.[7] Administrators should look for individuals who embody the education program's values, vision, and mission. A qualified teacher should have the appropriate licensure and the education program must implement requirements for the continuous professional development of anyone teaching classes. Given what we know about student needs, at a minimum, confinement education programs should have teachers with certifications or endorsements in reading, math, and special education. Certified teacher–training programs prepare teachers in lesson design, assessment, evaluation, educational psychology, and a myriad of other skills that professionalize the delivery of instruction. A professional, licensed educator enhances all components of a program, engages with other professionals in the facility, and is required by law to provide a state-certified credit or diploma.

As part of NCLB 2001 (subsequently reauthorized), teachers are required to meet "Highly Qualified" requirements. Highly Qualified teachers hold a bachelor's degree or higher from an accredited 4-year institution of higher education, have the content knowledge required to teach a core subject area and can pass a competency test in that area. At the time the NCLB Act was passed, there was great controversy around the implementation of this requirement. Teachers had to be reassigned to different classrooms and schools or had to return to school to earn credentials in the appropriate areas to be qualified to continue to teach in their classrooms. Rural schools and small education programs, such as a lot of confinement education programs, struggle to meet the Highly Qualified requirements. Although the intent was larger than this, over time, requiring states to develop plans to ensure that poor and minority children had access to experienced, knowledgeable, certified, and in-their-field teachers also had a positive impact on youth in custody education programs.[8]

Whether a confinement education program is required to hire teachers that meet the Highly Qualified requirements depends on the type of funding the program receives. If the confinement education program is a Local Education Agency (LEA) under state law or is under the authority of the State Education Agency (SEA), teachers of core academic subjects employed by those entities must be highly qualified. If, however, the entities that employ these teachers are neither LEAs as defined under state law nor under the

SEA's authority, the requirements do not apply. Nevertheless, it is critical that all students, regardless of school setting, are able to achieve to the State's academic content and academic achievement standards. Therefore, all educational entities—whether covered by the highly qualified teacher requirements or not—are urged to ensure that students have teachers with the content knowledge and pedagogical skills needed to help them succeed."[9]

Although administrators cannot dismiss the importance of teachers having proficiency in their content area, there are other qualities that are equally important for teachers who work in custody settings. These intangible qualities include **passion** for the most difficult to teach students, **knowledge of learning styles, ability to integrate engaging instructional strategies**, and the **persistence** to present information—one more time, in yet a different way. Ideal qualities also include **fortitude** to overcome the multitude of obstacles presented by students, families, communities, and systems (juvenile justice, public school education, mental health) and the **ability to form relationships** with resisting, untrusting, and challenging individuals in a very short period of time. These qualities do not appear anywhere on a state teaching certificate or a NCLB matrix. However, these are the highest qualities a teacher in a custody school can possess.[10]

Ideally, the custody education program has an on-site administrator (education programs with five or more teachers) or lead teacher (education programs with four or fewer teachers) who is responsible for the day-to-day operations of the school program and who is in continuous communication with facility staff and administration. The administrator should be a licensed school administrator with the appropriate skills to oversee a custody education program. An administrator should be skilled in working with at-risk youth and should understand all aspects of program design and management. The best administrators have specific skills related to finding creative solutions in unique environments. When there is an on-site educational administrator, the facility administrator has a partnership or advisory role in programmatic and staffing decisions as they relate to the education staff.

As an alternative, facility administrators may assume responsibility for the day-to-day operations of the education program with oversight provided by an off-site education administrator that provides programmatic support. In this scenario, the off-site administrator should conduct frequent (at least bi-

weekly) programmatic site visits in addition to being available to provide the necessary support for teachers and facility administrators. With this administrative design of the education program, facility administrators must have a supervisory role over the day-to-day operation of the education staff and program.

Hiring and Retaining Teachers

Most teachers applying for positions in custody education programs have experience in the public school setting and never intended to work as a confinement educator. Additionally, there are very few certified teacher–training programs that offer student teaching experiences in juvenile or adult detention or corrections. Consequently, when hiring a new teacher, the administrator should consider requiring the candidate to teach sample lessons or to interview with a panel of youth prior to offering them a position and should not hire a person based only on credentials and licensure. The skill set that allows a candidate to experience success in the traditional school setting does not automatically translate to success in the custody setting. Especially in programs where there is not an on-site education administrator and the facility administrator is responsible for the day-to-day operations and supervision of the school program and personnel, it is equally important to include this person in the decision-making process.

"More can be done to improve education by improving the effectiveness of teachers than by any other single factor."[11] It is critical that, once hired, teachers receive ongoing training specific to the custody environment and to the skills teachers need to engage this population is critical. To the consternation of security staff, educators in confinement settings make questionable security decisions quite frequently. Teachers trained to provide education in a public school setting are not going to understand the nuances of providing education in a custody setting unless they are provided specific training to do so. The National Partnership for Juvenile Services (NPJS), with a grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), created the National Training Curriculum for Educators of Youth in Confinement [3] to address this and similar issues. Similarly, direct care staff who are trained to focus solely on the principles of safety and security would benefit from knowledge of adolescent development and learning principles to

support the educational process in the facility. For these purposes, cross–training between education staff and direct care staff is encouraged.

Additionally, teacher quality is improved through a consistent system for teacher observation and evaluation based on current best practice. Holding teachers accountable and not retaining low-performing teachers who are not working hard to improve is critical to the quality of the overall education program and the individual success of each student.[12]

Identifying Physical Classroom and Education Space

The education program should be in a location that is physically, environmentally, and aesthetically conducive for learning. Ideally, the school program should be in a low-traffic area with as few distractions as possible, separate from the living units. Often the location of the education program is dependent on the size, age, and mission of the facility. The boundaries that separate educational space from daily living space are crucial to the student's ability to delineate and mentally separate between school and daily living activities.

Quite frequently, the location of the education program also reflects the degree to which the facility staff is involved in the school's operation. For example, in a small facility, the school may be in the dayroom area, with facility care workers actively involved in the classroom activities. In a large facility, the school may operate in its own space, resulting in facility staff being much more isolated from the school staff and educational activities. These situations require more direct effort on the part of direct care facility staff to be involved in the school program.

No matter how old or run down the facility, the education environment should reflect its values and exude high expectations and trust and provide for adequate space for instruction. In addition to good air, good lighting, low noise, and comfortable temperatures, student work and art should cover the walls and be recognizable reminders of student success.

Other possible education program space needs might include group activity space; individual study spaces; a library; storage for files, records, materials and books; and teacher planning and work space.

Securing Equipment, Furniture, Materials, and Supplies

All confinement education programs must develop, purchase, and maintain sufficient materials, furniture, and equipment to meet the needs of traditional classroom programs and nontraditional individualized learning programs. Depending on the size of the facility and the location of the education program, equipment and furniture may be either permanently installed or mobile. Furniture should be durable and able to accommodate individual or group learning arrangements. Equipment should allow teachers to address the different learning levels, abilities, and styles of the youth served.

Equipment should include computer technology and software, DVDs, television, personal computers, tablets, projectors, screens, calculators, photocopiers, and miscellaneous office supplies. The teachers at the Maya Angelou Academy in the New Beginnings Residential Treatment facility (operated by the Division of Youth Rehabilitation Services in Washington D.C.), have skillfully incorporated Smart Board technology (the use of interactive whiteboards) into their daily lessons as a strategy for engaging students. The Correctional Education Association (CEA) announced the release of its Secure Education Prison Tablet, which allows agencies to customize applications including GED, [4] adult literacy, reentry skills, English as a second language, and computer literacy and keyboarding. In addition, post-secondary courses through Ashland University are also available.

Materials and supplies should support the curriculum and the teacher's instruction method of teachers. For example, the program might need books, individualized learning folders, paper (colored, plain, or drawing), pens, pencils, rulers, clips, and erasers. It is important to consult with facility personnel concerning appropriate safety and security measures to be developed and followed when ordering, using, and storing equipment and supplies.

Ensuring Access to Computers and the Internet

The rapid and continuous development of technology creates a challenge for educators. Educators need to be trained and equipped to properly use and to safely control technology in the classroom. Acceptable moral, ethical, and socially appropriate usage policies are not yet standardized. There is a wide range of views and perspectives across the country about the appropriate

uses of technology and the internet for students. Guidance for usage should be obtained by consulting facility administration, local school districts, and the local community. Up-to-date equipment and software are essential to providing students with an understanding of the real-world value and application of technology. The practical use of technology is a critical life and employment skill for youth. And, access to technology can enhance a student's motivation to learn.

Common security concerns with internet access includes student communicating in an unmonitored way with people outside the facility through chat boards or email or the possibility of students accessing inappropriate content. A wide variety of blocking and monitoring software is available to mitigate the potential for inappropriate uses. However, software requires specialized training and staff vigilance. Complications can arise when the technological skills of youth exceed the security skills of the adults. In general, the best climate of safety and support exists when information technology departments (IT) are engaged to support the facility needs. Facilities will benefit from aligning their technology supports with the county or state government agencies or the local school district or post-secondary institution. These institutions have dedicated IT personnel that stay updated on new developments and have the expertise necessary to meet the demands of secure facilities.

Transfer of Education Files

Youth in the justice system experience many transitions as they move from one facility to another or from a facility to a community school. Education records frequently fall into a "black hole." Processes must be put in place to ensure smooth and timely transition of educational records, ideally in advance of the youth's placement, which is more feasible in the case of placement in or from juvenile corrections and adult prison programs than juvenile detention and adult jail programs.

Generally accepted minimum standards call for maintaining education files separately from the resident filing system within the facility. Many states and local education agencies have developed electronic files for educational records. Facility education programs should make every effort to gain access and to contribute to these electronic systems to facilitate a timely transfer of educational records.

This *proactive* records exchange assists schools in placing students with appropriate services and in maintaining continuity in the student's educational instruction.

Although always considered preferable practice to do so, it is not a legal requirement to have parental or student consent to transfer school records from educational agencies and schools to the custody education program. The Family Educational Rights and Privacy Act (FERPA) [5] has explicitly included correctional and juvenile justice facilities, longer-term alternative programs, and dropout prevention programs within the definition of "educational programs" to facilitate the exchange of educational records for students in these settings.[13]

Create a Reliance on Data

High-performing custody education programs have the tools to collect and assess student and school performance on a range of key metrics. These metrics should include such things as student academic achievement, student engagement, student behavior plan accomplishments, the number of students successfully achieving program outcomes. Once these are gathered, the administrator and staff must have the courage to use the data to inform bold, meaningful changes based on the analysis, with the singular purpose of improving student outcomes. Once the initial reliance on a data-based culture is established, data collection systems can be expanded to monitor other key practices such as teacher recruitment, performance, and retention.

Manage Funding Options

Funding for confinement education programs varies from one jurisdiction to another. In some states, such as Nebraska, the Health and Human Services Department funds the detention education programs. Other local detention facilities, such as those in Michigan, primarily receive funding through special education funds. Some programs bill the individual schools or districts on a per-day basis. State-operated facilities may fund the education program as part of the facility budget. This inability to identify a consistent method for funding confinement education programs contributes to the difficulty programs experience in hiring the quality and quantity of staff required and in attaining the resources necessary for the variety of services required by the youth.

Contrary to established practice for the funding of many detention education and jail education programs, funding based on the population in the facility on a specific day of the calendar year ("fourth Friday") is **not** an appropriate funding formula. The unpredictable in-and-out nature of the facility population that is not within the scope of control of the school program means the facility could be way under capacity on the designated count day and over capacity on subsequent days. Making staffing and resource decisions in this manner could result in being understaffed and under resourced for a very long time. More appropriate funding formulas may be based on the facility's license capacity—provided overcrowding is not a chronic issue in the facility—or on average daily population numbers (ADP).

Student Per Diem Payments

Both SEAs that operate education programs in juvenile corrections and adult prison facilities and LEAs or Regional Service Educational Agencies (RESAs) that operate the education programs in juvenile detention and adult jail facilities receive student per diem rates from the state department of education for the students enrolled in the program. The amount of the per diem is state specific and varies depending on whether the youth is a general or a special education student. In most states, it is the intent that the per diem is attached to the student. Therefore, for whatever time period the student is enrolled in the custody education program, the program should receive the state education per diem rate.

Title I, Part D, Subparts 1 and 2 of the Elementary and Secondary Schools Act (as amended by No Child Left Behind, 2001)

Title I provides formula grants to SEAs for supplementary education services to help provide education continuity for children and youth in state-run institutions and for youth in adult correctional institutions (Subpart 1). The money is available to be used so that these youth can make successful transitions to school or employment once they are released. Although Subpart 1 focuses on transition and reentry services, Subpart 2 focuses on educational services in institutions. The Federal Department of Education allocates Subpart 2 funds based on the number of youth between the ages of 5 and 17 (on a specific date) living in a locally-operated facility that meets the definition of an institution for neglected children, delinquent children and youth, or an adult correctional institution.[14] In most cases, the facility administrator is

responsible for submitting documentation to the LEA for this allocation. When there is an on-site school administrator or lead teacher responsible for the education program, this task is frequently delegated to this individual. The LEA is required to allocate a portion of its Title I Subpart 2 monies for the educational program at the institution.

Foundations and Grants

Many custody education programs supplement their activities with funding from foundations and other grants. Foundations often have large pools of donors and are willing to solicit them to fill various needs. In turn, foundations provide a way for the public to give tax-free donations. Examples of these are nonprofits such as the Lincoln Public Schools Foundation, which supports the Pathfinder Education Program in the Lancaster County Youth Services Center in Lincoln, Nebraska, or the Kalamazoo Juvenile Home Foundation, which supports the Juvenile Home Schools in the Kalamazoo County Juvenile Home in Kalamazoo, Michigan.

Supplementing the Education Program with Grant Funding: A Review of Successful Practices

Field Author, John M. Luvera

John Luvera is an educator from the state of Washington who works in a small detention center on an island off the coast. John has done exceptional work bringing together community resources and programming to provide a unique and diverse educational program. John represents the best of the best in terms of getting things done and finding creative solutions.

At the Island County Juvenile Detention Center (JDC), in Washington State, Coupeville Schools operates the educational program. The program experienced a 30% reduction in Title 1 funding, which once supported a secretary, transition specialist, a school-to-work program, life-skills, and fine arts. As the funding began to shrink, due to a reduction in incarceration rates, the remaining teacher began to search for alternative funding sources. The teacher contemplated how to meet the needs of the students and where to find and secure enough funding to continue to implement innovative and creative approaches, with the goal of

engagement and shifting students norms. Fortunately, successful grant efforts have maintained the level of support programs.

Educational programs wanting to enhance programming options should consider multiple small grants instead of large grant support. The JDC education program has had a better success rate reaching out to small local charities for assistance and program support than with the larger agency or government grants. JDC has cobbled together a variety of types of grants.

In-Kind Grants. An in-kind grant is one that offers materials, supplies, or services instead of money. These are perhaps the easiest to obtain because these requests are for things your grantee is already supplying. Look to your local hospitals, medical services or even long-term care providers to help you locate guest speakers on health topics such as smoking cessation, STIs, or the benefits of dental care. Make requests of local office supply stores for their clearance, returns, or discontinued products that match student or program needs. Other charities may be willing to assist you by sharing their donated products. For example, food banks can share food items for a cooking class. When requesting an in-kind grant, be sure to specifically identify the need. Explain the rationale and the intended impact or outcome. If you are awarded an in-kind grant for materials or services, *always* send a thank you note. Be as public with the thank-you as possible, recognizing the group notifies the community of the help and reminds the community you are there, serving kids.

Financial Grants. These are more challenging than in-kind grants, because they involve the grantee receiving money. There is typically an application process that requires applicants to describe how the award will help the community. Many of these grants can be found at the business web page. Carefully read each grant application and note the items the grantee is requiring for a funding request. You will need to inform most grant providers of your outcomes once the grant is completed.

In addition to in-kind grants, seek financial support from small agencies. Many communities across the country have community service groups such as the Elks, Lions, Kiwanis, and Soroptomists. The Coupeville community is fortunate to have all of these groups and many others, including a group of local artists. These organizations assist with meeting student needs. Many have grant applications with annual deadlines, but some accept requests on an ongoing basis. It is not difficult to write a letter of request with specific needs and financial requirements to meet those needs. Carefully review the group's mission statement and make sure the request matches the community service goals. Volunteer as a guest speaker for their meetings. Staff of the JDC education program attends many community meetings to share their work and the impact the JDC has on kids in the Coupeville community. Nearly every organization has a community service component in their charter. Look for this as the "hook" to serve your needs.

Local Agencies. Don't ignore the local groups in your own community. Look to your local business owners and agencies for small requests. There are often foundations associated with them. For example, many school districts have foundations to support educational efforts. There are small grants available through large retailers; Wal-Mart and Target both have educational grant funding for charitable groups located within their sales regions. Check the websites of major retailers to search for these types of grants.

Successful grant seeking should not rule out retailers, civic groups, or government agencies. Consider which businesses could fulfill your needs. Often retailers have merchandise to donate or even small foundations willing to help. Search their web pages for grants or better yet, meet the managers in person. There are times when larger government agencies are attempting large systemic change grants. Align your goals with their project and join them to gain some financial support.

Charitable Pools. There are churches, social groups, nonprofit thrift stores, and other resources to turn to as well. They often pool resources to make a greater impact. Searching for funding from

groups or associations can be successful. Appealing to church councils with specific needs can bring both in-kind and financial resources. Many of these groups will offer you one-time funding for a specific project. Do your homework; ask around and search local directories for foundations, church councils, and other organizations. Be willing to present your project goals and to attend meetings of potential funders.

Partner Grants. At times you can be a part of a larger grant. Many counties, states, or other agencies pursue large systemic grants. These are too complex for a small center to take on, often requiring hiring personnel to create a desired change in programming. Your organization can choose to partner with a larger group or agency to apply for these types of grants. Consider suggesting large grants available from the federal government to appropriate agencies and suggest what role the school can play. Be specific with ideas and the funding level you would need to fulfill your part of the grant. Be careful about outcomes, documenting progress, and deadlines for completing the grant-funded project. Often your partner agency will take on the accounting duties and you will be responsible for your itemized services. This is a way to get funding without all the challenges of managing the grant.

Restorative Approach Enhances Grant Opportunities. The JDC is not just a place to house youth. The JDC is a community service agency as well. The youth want to give back and feel successful. It is natural for youth to want to hear encouragement and praise. The youth serve the community while incarcerated through the community partnerships. This type of service has helped us succeed in requesting funding or in-kind assistance. The JDC education program has partnered with Habitat for Humanity in a project to refinish furniture for housing and for a thrift store to support their community-based efforts. The students repair, sand, and repaint furniture to be sold. The JDC is recognized as a place of rehabilitation and contribution, which enhances the requests for support, because they give back. Look to the community, town, or neighborhood for a need your students could fulfill while they are confined. Document your work, photograph your projects (omit

student photos), and get the word out! Your students can be known in your community as contributors, making your requests for help so much more meaningful to the support groups.

Sure, you can go for those big grants, keeping your fingers crossed, but you may have greater success with your own community, supporting their own youth. If you are unsure of where to start, look at your town, city, or neighborhood to see what is happening right around you. Chances are there are people and civic groups waiting to help.

General educational grant guidelines to consider:

- Obtain small, one-time funding sources.
- Evaluate local community-based agencies in your area.
- Identify retailers in your area.
- Partner with other agencies.
- Match specific needs with requests and with the mission of the organization to which you are applying.
- Focus on projects that allow students to give back to their own community.
- Describe outcomes or results that have an impact or change.
- Follow all institutional requirements and school policies when applying for grants.
- Comply with your grant statements. If you are awarded, try to meet all or as many targets as you stated you would meet.
- Document your progress to prepare audits and reports required by the grantee.
- Thank all providers publicly.

Creating the Culture "Of and For" Learning: Program Design Considerations

The Role of Education in Juvenile Detention, Juvenile Corrections, and Adult Facilities that Serve Youth

Educators in custody education programs struggle to establish identity in the confinement facility. In traditional education programs, education is the only purpose; however, in a confinement facility, education is one of several

programs, all of which compete for scheduling time and maintain alignment with the values, vision, and mission of the facility. To maximize the partnership between the justice facility and education staff, the following features are important:

- Regardless of the operating partnership, administrators and staff of the confinement facility consider the school program to be an integral part of the total facility program.
- The lead teacher regularly participates in confinement administrative team meetings.
- Confinement staff support the school program and school staff in every way possible.
- Education programs are given priority over other daily activities except for legal proceedings or a medical or mental health crisis.
- Confinement staff stress the importance of the school program and the expectation that each youth participate daily in a meaningful way.
- The school program implements a common behavior-management system at the confinement facility (token economy, point system, reinforcement program).
- The confinement facility staff share with school staff any information that could affect a youth's program or behavior in school (information reported by the probation officer, behavior observed in other parts of the facility, or known physical problems).
- Facility administrators expect and receive regular feedback from the school staff regarding the youth's performance and achievement in the school program.[15]

The Role of Facility Staff in the Education Program

A critical component that impacts the delivery of education for youth in custody is the relationship between the direct care staff and the education staff. Without collaboration between them, the student's educational experience is disjointed and conflicted by the opposing influences in their daily routine. When both programs are adequately staffed and all aspects of programming are functioning at the optimum level, the appropriate use of facility direct care staff would be in the role of a supportive parent who maximizes communication with the educational program and follows through with appropriate actions outside of school. However, some program designs

and staffing levels require direct care staff to engage more actively in the education classrooms. If this is the case, consideration should be given to the following guidelines for engaging direct care staff in the education classrooms:

- In a spirit of mutual respect, the teachers and direct care staff operate as a team in the classroom.
- Teachers are responsible for teaching and classroom management; direct care staff are responsible for actively supporting the teacher in this process.
- Teachers are responsible for communicating with direct care staff what that support might look like in the classroom.
- Direct care staff are responsible for minimizing the disruption to the educational process with additional job duties.
- In collaboration with the direct care staff, education staff understand and practice the principles of safety and security in the classroom.

When these two components are synchronized, the opportunities are maximized for engaging students, and engaged students are less likely to behave inappropriately. The results for the facility are enhanced safety and security and smoother daily procedures. If the focus remains on the best results for students, in terms of both safety and education, then both groups have a foundation for collaboration. Maximizing the available school hours benefits all parties. Students receive more educational services; engaged youth minimize behavioral risks for the facility; and students maximize their academic skills and credit recovery. All of this eases a student's transition back into school upon release. The role of education staff and facility direct care staff in an education program includes support of the program even beyond the classrooms; there should be an integration of education into the entire culture of the facility.

Implementing Behavior Plans

Behavior plans within the school program of any facility require coordination and collaboration with the facility's behavioral programming, outside of the school day. The nature of a successful and engaging academic setting is to generate a challenging, invigorating learning environment. This can, at times, put students into states of emotional stress, both highs and lows; it can create frustration as students are pressed to perform at their best. Even the process

of academic discourse generates emotional excitement, passion, and anger; this is what makes scholarly pursuits meaningful and valuable to students. Educators press students to perform at their best, stretch their understanding and analysis, and consider new and controversial perspectives. These are not behaviors and activities that impulsive youth with emotional control issues—youth typically found in confinement education classrooms—always handle appropriately. But, such experiences are valuable, teachable moments. This sometimes places educational programs in conflict with the rigorous structure of a safety and security-driven facility. The challenge is to find the middle ground that allows a school to function in the best way to engage students, and yet maintains the necessary (and primary) function of safety and security. There are a number of behavioral programs available to educators that may be incorporated into a confinement facility's behavior-management program. Examples of three commonly used behavioral programs in schools are:

- **Behavior Intervention Support Team (BIST)** [6]**.** BIST is an intervention model designed to help teachers confront disruptive behavior. BIST services are developed specifically for a particular school. The stated mission is to help teachers, administrators, parents, and students learn techniques to effect positive change and create a healthy learning environment for all.
- **Positive Behavioral Interventions and Supports (PBIS)** [7]**.** PBIS is designed as a prevention-oriented way for school personnel to organize evidence-based practices, improve their implementation of those practices, and maximize academic and social behavior outcomes for students.
- **Response to Intervention (RTI)** [8]**.** RTI is a multi-level prevention system consisting of universal screening, progress monitoring, and data-based decision making to address students who may potentially have poor learning outcomes.

In summary, BIST is a program that systematically addresses behaviors that are interfering with academic progress in the classroom. PBIS is aligned with teaching positive behaviors using positive language to let students know what they should be doing, not what they should not be doing. RTI is an academically focused tool for responding to academic needs, measuring the response, and then applying adaptions.

High-level, focused, and consistent adult engagement and training are critical to the success of any behavior plan implementation. The purpose of any school-based behavior management plan is to create a safe environment that will enhance student engagement, resulting in higher student achievement. Behavior management can enhance cognitive, emotional, and behavioral engagement in students. These key components of the education program should be consistently monitored and the data used to enhance program development. The unique nature of the confinement setting creates an environment where the teaching of new behaviors in one part of the program allows for the reinforcement of those behaviors in other parts of the program. Therefore, any behavior-management plan developed and successfully implemented in the custody education program should also be generalized to the living units, and vice versa.

School Year Versus Year-Round Calendar

Educational services should occupy the maximum amount of time allowed by facility procedures, schedules, and budgets. The consistent need for remediation, credit recovery, skill development, and simple daily engagement within the facility would indicate a strong need for year-round school. Juvenile corrections and adult prison education programs typically operate on a year-round school schedule. Juvenile detention education programs frequently operate on a traditional 36-week school calendar, and educators are forced to create a separate summer school program, often using Title I funding to support the additional education program. The problem arises in facilities where the juvenile justice staff are left to develop educational programming for the summer months with no additional funding. Staff have neither the educational expertise nor the funds to operate the school program. A detention education program should operate on a 52-week schedule and should be designed and administrated by licensed educators.

Class Size

According to Sherwood Norman, class sizes should be small, with a ratio of 10 students per teacher.[16] He specifically recommended that there should be no more than five students per class when teaching remedial subjects. Significant discussion surrounding staff-to-student ratios revolves around whether adults in all roles should be counted in the ratio. Certificated teachers, paraprofessionals, and facility staff all have different roles and

provide different services. Two key considerations are that, regardless of qualifications, the positions should be defined by the role each person serves. The role of a teacher is different from the role of a paraprofessional (even if that person is certified), and the role of a direct care staff is different from that of an educator. Teaching, classroom support, and safety and security require attention to different components of the classroom, different interactions with students, and different physical activities within the classroom. The teacher's ability to focus his or her full attention on all aspects of teaching maximizes learning for students.

Creating the Culture "Of and For" Learning: Teaching and Learning

Student Motivation and Engagement

Although the pursuit of credits and, ultimately, graduation is paramount, the instability in students' lives often creates a need to first reengage an interest in learning. This is frequently a primary purpose of the short-term education program in a juvenile detention facility or jail. If students do not have an internal desire or a lifelong connection to learning, then internalization of their educational experience—knowledge—cannot take place.[17] For education to give youth a pathway to graduation and to create the kinds of adults who will contribute to society, students must be inspired to want to learn, to enjoy learning, rather than be coerced into learning or to learn simply to avoid negative consequences. Motivation is the desire to want to do something, and engagement is the action of doing it, but without a say about what is meaningful to them, youth take little ownership in their education.[18] A powerful avenue to develop a mindset of life-long learning is through showing students real world scenarios and examples that relate to their understanding and prior world knowledge and giving them multiple ways to express their understanding. Connecting learning to what is relevant has always been best practice in educating youth. Understanding what is relevant for youth that are confined, and demonstrating the relevance of an existing curriculum are the challenges for educators in confinement settings.

Using Feedback to Increase Cognitive, Emotional, and Behavioral Engagement in Neglected and Detained Youth: Literature Review

Field Author: Bridget Koehler

Bridget Koehler is a new teacher at the Lancaster County Juvenile Detention Center with an extensive educational and research background in student engagement in a juvenile detention center. As part of her post-graduate studies she submitted the following work, which she shares now with the readers of the Desktop Guide:

Often when we think of engagement, we think of students doing their work and following instruction. Although these behaviors are part of engagement, the emotional and cognitive aspects of a student's learning must also be given attention if true engagement is to be achieved.

There are multiple definitions of engagement, but the most relevant comes from a book by education expert Marzano titled, *The Art and Science of Teaching,* in which he defines "engagement."

"Engagement includes on-task behavior, but it further highlights the central role of students' emotions, cognition, and voice…. When engagement is characterized by the full range of on-task behavior, positive emotions, invested cognition, and personal voice, it functions as the engine for learning and development."[19]

In a study titled, *A Motivational Perspective on Engagement and Disaffection: Conceptualization and Assessment of Children's Behavioral and Emotional Participation in Academic Activities in the Classroom*, researchers Furrer, Kindermann, and Skinner, also defined "engagement." "At its most general, engagement refers to the quality of a child's or youth's connection or involvement with the endeavor of schooling and, hence, with the people, activities, goals, values, and place that comprise it."[20]

When students are engaged, we detect positive signs that manifest in on-task behavior and positive emotional states; and students show an increase in interest and enthusiasm. What this study examined was not whether students could be trained to control their behavior and focus their attention, but rather what barriers exist in schools that hinder a student's engagement. The researchers go on to state that if we examine engagement, we must also understand and

examine its opposite. The opposite is not simply a lack of engagement, but disaffection. This disaffection does not necessarily mean that students are behaving poorly. When a student is disaffected, he or she exhibits signs described by Furrer, Kindermann, and Skinner as "passivity, lack of initiation, and giving up sometimes accompanied by the emotions of dejection, discouragement, or apathy."[21]

Many disaffected students will go through the required motions but also exhibit signs of boredom, alienation, anxiety, and avoidance. Many students who feel disaffected have lost the desire to remain in their school setting, but because they cannot physically retreat, they emotionally retreat. Thus, to truly examine a student's engagement, their behavior, emotions, cognition, and disaffection must all be taken into account, because all these factors affect one another.

An article from the *California Psychologist* titled, "An Exploration of Meaningful Participation and Caring Relationships as Context for School Engagement," agreed with the findings of Furrer, Kindermann, and Skinner. The article stated that engagement required the students to feel a sense of autonomy, dignity, control, and ownership. In addition, the student must also feel that they are competent, active participants, and that they can relate to the material. These emotions are driven by the student's positive relationships with adults, and their positive perception of their own ability.[22]

Student engagement is the most critical function of an education program in juvenile detention, long-term corrections, or for youth in adult facilities. Without engagement, learning will not take place.

Educational Assessments

Assessments provide insight into students' capabilities and their growth over time, both of which provide guidance to teachers and administrators for program design, instruction level and function. When used as designed, appropriate, high-quality, reliable, and valid instruments help inform and improve instruction and guide programmatic changes.

Historically, districts or states that provided large-scale, standardized tests often overlooked youth in confinement facilities. The academic challenges common among incarcerated youth were not beneficial to the overall average test scores, and with the high rates of mobility, the youth were often difficult to locate or access. NCLB—as a component of the Elementary and Secondary Education Act (PL107-110)—has mandated that every student must be tested to monitor a school's progress toward federal requirements for student achievement. Consequently, districts and schools now actively try to locate their students for testing, regardless of the student's circumstances or whereabouts. For example, for district students in short-term juvenile detention centers and jails, testing all students frequently requires school districts to coordinate testing with the confinement education program staff, to provide testing materials and possibly test proctors. When all students are tested, it creates a more complete and accurate picture of the successes and challenges our confinement schools face and provides evidence to validate the school's activities. The importance of these individual test scores is a leverage point for facilities to encourage school districts to provide additional services to system-involved youth. Schools and districts now recognize the benefits they receive by addressing the needs of this population.

Unlike students enrolled in the education programs in short-term facilities, students in long-term juvenile or adult corrections facilities are typically removed from their previous public school rosters and assigned to the specific facility school. These schools are often considered part of their own LEA, thus are capable of providing all graduation requirements and directly providing the required state assessments.

Assessment of youth in detention, juvenile corrections, or adult facilities that confine youth encompasses a variety of factors relevant to the assessment's accuracy and utility. Short-term facilities with high turnover require constant attention and considerable staffing to test youth consistently and collect the data. There is also a need to get the collected information to the teachers in a timely manner. The students are often dealing with significant physical or emotional events when they enter a facility, which can contribute to the challenges of testing. Testing in longer-term facilities needs a more comprehensive overview and consistent follow-up to monitor progress. Student records need to be consistently maintained and accessible to teaching

staff. In addition, the students need to be made aware and regularly updated on their progress.

Youth involved in the juvenile justice system often do not test well on traditional tests. The results of standard testing formats often do not represent a student's true capabilities. Classroom teachers that work consistently with students often have the best comprehensive overview and the most complete understanding of the student's progress. Varied assessments, both traditional and authentic (real-world examples that students relate to) are crucial to the best understanding of a student's needs and abilities. The daily life issues in a facility can skew any single piece of assessment on any given day. Balanced and fair measures against established curriculum and standards by highly qualified professional educators offer the best evaluation of these youth.

State Testing

Beyond federal requirements, school districts in many states are required to conduct state-wide standardized tests that must be completed within a specified time frame. State testing allows for consistent scoring across student populations; it is required of any student enrolled in a public school or a school that receives state funding, which typically includes students enrolled in custody education programs. State testing can prove problematic if schools are not consistently aware of the location of their students, or if resources are limited for administering the test (limited proctors or materials). A trend toward computerized testing creates some significant difficulties, including a lack of sufficient quantity and quality of computers and security and internet firewalls. An additional challenge occurs when a youth who has not been tested at his or her home school enters a facility late in the testing window. It is in the best interest of the school to provide all the resources possible to allow the student to complete the testing. With enough advance warning, it is even possible to acquire a court order to make the testing possible.

District-Mandated Testing

Many school districts assess their schools at prescribed intervals during the school year. Strict adherence to this schedule ensures that districts are seeing an accurate picture of how their schools are impacting all students. It also provides a continuous view of student progress from year to year, thus

ensuring that students receive the proper classes and services upon return to their home school.

Title I of the Elementary and Secondary Schools Act (as amended by No Child Left Behind, 2001)

Title I testing is mandated if a school receives Title I funds. Every student must be pre- and post-tested in reading and math every 90 days to demonstrate continuous progress and to validate program effectiveness. This data collection is included in the required documentation for Title I services and funding.

Classroom Testing

The use of formative testing (progress) and summative testing (final exams) within confinement facilities is critical to an understanding of student success; it is also a tool to demonstrate to students what they know and are able to do. Students who have not consistently experienced educational success need continuous feedback to comprehend their own capability and build their confidence. Additionally, these classroom assessments provide feedback to teachers about the quality, degree, and effectiveness of their teaching.

Placement Testing

As students enter a facility, teachers should access the students' previous school history to gain insight into their academic capabilities. Title 1 testing requirements will assess their math, reading, and writing capabilities. Any additional district or school standardized testing can also provide information about the student's position along the continuum of a particular course curriculum and for placement into appropriate classes. Challenges arise in long-term facilities when students have to be placed into already operating classes that have a set curriculum. It is particularly difficult to accurately assess youth entering and leaving short-term facilities to determine the appropriate instructional level and the student's progress. The traumatic events related to being placed in short-term facilities can make accurate assessments a challenge. Additionally, short lengths of stay or uncertain release dates make post-testing youth almost impossible.

A common solution for individual classes is for teachers to develop standards-based assessments within their subject matter to determine how to

place students in their own classes. The teacher should determine the design, focus, and content of such assessments to match the class profile.

Curriculum

Education for youth in confinement encompasses formal (academic) educational instruction, such as language arts, math, science, and social studies, as well as informal (non-academic) instruction, such as learning to follow rules, social skills, and non-cognitive skills such as sympathy, empathy, perseverance.

Core Curriculum

The foundations of any custody education program are the core academic subjects of mathematics, language arts, social studies, and science. The curriculum and assessments for these areas should be based upon a cohesive, clear, and aligned set of standards. These are available through local school districts, state departments of education, or the national Common Core Standards. To date, 48 states have adopted the Common Core Standards [9]. The alignment with a national set of curriculum standards could be very beneficial for youth in custody education programs. No matter what LEA or SEA the youth was previously enrolled in, all instruction in the custody education program is aligned with the same set of national standards. Ideally, the youth's education reentry and transition process would be much simpler.

Physical Education

Physical education is a requirement for graduation in public schools and a necessary break from the classroom. In a confinement facility, if students are receiving adequate large-muscle activity outside the school day, they may benefit more from staying in the classroom for instruction on health, healthy lifestyles, and nutrition. Students are typically not eligible to receive academic credit for large-muscle activity unless a certified teacher provides the activities using an approved curriculum. When physical activity is included as part of the school curriculum, two key elements—sportsmanship and team play—should be emphasized. These and other social skills and behaviors will benefit youth beyond the classroom and can benefit the overall culture and climate of a facility. When addressed appropriately, consistently, and engrained into the

behaviors of students, structured and positive physical activities help reduce behavioral incidents and increase academic achievement.

Access to Computers and the Use of Technology

It is a challenge to use computers with access to the internet in a custody education program to enhance the quality of the students' education without compromising safety and security. In short-term facilities, a computer-supported curriculum can help students maintain contact with the schools and classes to which they may return to upon release. In longer-term facilities, the computer also provides real-world access to keep students in contact with current information, resources, and alternative learning opportunities not available in the facility. Comprehensive computerized curricula are available from a wide range of quality vendors. For small education programs that need a validated and approved curriculum to meet the Highly Qualified requirement in NCLB, computer-based materials may work well. But students with limited attention spans, multiple learning styles, and a lack of self-motivation often find it challenging when asked to work on computers for long periods of time. By combining blended instruction, proper teacher supports, and supplementary materials to engage students, computer-assisted learning and other digital media can help form a strong academic foundation.

Considerations for Maintaining the Safety and Security of a School Network within a Detention Program

Field Author: David Beatty

David Beatty was raised in Northern Ireland. He earned his Bachelors Degree in Information Management through the School of Informatics at Queen's University, Belfast. In 2009, he completed his Masters of Education Program in Curriculum and Instruction at Doane College, Lincoln, Nebraska. David uses a variety of instructional and assistive computer and internet-based technologies in the classroom on a daily basis, striving to enhance and empower student learning by incorporating creative uses of technology. David works at the Pathfinder Education Program located within the Lancaster County Youth Services building in Lincoln, Nebraska, serving as the school's e-Learning Lab Instructor, where he

facilitates and administers Apex (online) learning courses for students in need of credit recovery. David also teaches Technology and Business classes to the diverse multi-age level student population at the Pathfinder Education Program.

- When setting up a classroom for computer use, arrange student seating so the teacher and Juvenile Detention Officer can view all computer screens.
- Instructors should have clear objectives and plans detailing how the technology should be used in a lesson. This is a key element of instructional planning. Teacher expectations for computer use should be explained to students prior to assigning them to computers.
- Computer monitoring software that allows teachers or administrators to view all student computers from a single screen and record keystroke histories assists in supervising access. Keystroke logs can be used to track and provide evidence of a user's activity. Logs can quickly show where usage policy may have been violated.
- Teachers should be aware of common vulnerabilities that may exist within network web filters, for example entering "https" to hack into a web address bar and refreshing the page multiple times or the use of portable proxy software.
- Web filters should be set to strictly allow only academic or instructional website content.
- Many web filters have a database feature that allows a technology liaison or specialist to define undesired or negative key words. Teachers can be notified when the user has typed keywords. This helps to block related web content.
- Student user privileges to access and change computer settings should be highly restricted. Students should not be able to access system preferences (change the appearance of the desktop, change the screen resolution). This will prevent tampering with hardware settings, which only a computer technician or liaison should alter.
- The option to authenticate (enter user credentials into a username and password fields) to gain access to a restricted

website should not be available nor should the username or password fields be viewable at the student level access.

Additional considerations for maintaining the safety and security of a school network within a detention program:

- It is beneficial to have an assigned technology liaison within the educational program that has a general knowledge or interest in technology. This person need not have a strictly technical working knowledge of computers, but should be able to work routinely with school technology to understand how it is being used during instruction and maintenance needs.
- The technology liaison should regularly monitor the school network, frequently check user internet history reports and websites accessed by students, and have knowledge of computer resources available within the school by keeping an inventory.

General Educational Development (GED) [10] or High School Equivalency Diploma

In some instances, older youth involved with the juvenile justice system will have large gaps in school attendance or limited academic success, resulting in a credit deficiency so significant that graduation becomes a challenge. Some students realize that graduation would require summer school or attending school even to age 21. A youth may believe these challenges are significant enough to pursue instead a GED or High School Equivalency diploma. Confinement education programs that incorporate a GED component should include GED pre-testing, skill-specific remediation, and post-testing. There are private organizations that provide study materials and testing. In some districts, students eligible for the GED preparation program cannot also be enrolled in the confinement education program operated by the district because of a dual enrollment status that is against district policy. Upon successful completion of these programs, the student is awarded a certificate recognizing his or her abilities that are expected to be equal to those of a high school graduate. Many employers and vocational or technical schools recognize these alternatives to high school graduation. They allow for entry into many community and junior colleges. In many cases, major colleges accept students with a GED if they also have appropriate entrance exam scores.

Post-Secondary Options

Youth who have completed their high school career, or have achieved a GED should have options to continue their education and become life-long learners. Students can take advantage of many online college classes if they have internet access and funding. Additional options would be certificate-granting programs that improve employability. Food-handler permits can be obtained online in some states. Some may even begin the process for certification in health services, welding, automotive, computer skills. Science, technology, engineering, and mathematics (STEM) fields may be available through community colleges or other sources. Youth who engage in meaningful, continued personal growth by completing a secondary degree will have improved life outcomes.

Access to the Arts

The great artist Picasso claimed, "All children are born artists, the problem is to remain an artist as you grow up." Creativity expert, British author, and educator, Sir Ken Robinson said, "We don't grow into creativity; we grow out of it. In fact, we get educated out of it." Research exists that supports the inclusion of the arts as a critical component of the curriculum of confinement education programs.[23] Mark Hubbard, former art teacher at the Kalamazoo County Juvenile Home Schools (juvenile detention and day school for court-ordered youth) identified the following reasons for including art in the curriculum:

1. **Art is motivating.** Often the successes experienced in the art class convince students that they can be successful at learning.
2. **Art supports success across the curriculum.** Many studies document the role of the arts in improving the basic skills of reading, writing, and math.
3. **Art fosters creativity.** All students have an innate urge and capacity to be artistically expressive. For many of the students in this program, this is their first opportunity to develop their creativity and expressive skills.
4. **Art promotes student engagement and persistence.** Art can emphasize creative discovery, which in turn creates an enthusiasm and motivation for all learning, requiring discipline and an effort to achieve excellence as a result of hard work.

5. **Art creates a medium for active processing of information.** Learning theory states that learning takes place only when students have had an opportunity to process information actively. Including art in the curriculum enables students to engage in an active expression of concepts.
6. **Art enhances students self-esteem.** Through artistic expression, students develop a stronger vision of who they are and how they fit in their community and world.

At the time when Mark Hubbard was the art teacher, the art program at the Kalamazoo County Juvenile Home Schools consisted of basic art, ceramics, painting, stained glass, and photography. All lessons were taught by a certified art teacher with the assistance of a paraprofessional (who was also an artist) and were modified to meet all safety and security requirements of a confinement setting.

The Cook County Juvenile Temporary Detention Center (CCJTDC) took a different approach to bringing arts back to the facility. "Arts Infusion" is a true collaboration between the CCJTDC, the Nancy B. Jefferson Alternative High School (the education program in the CCJTDC), the Chicago Public Schools, the Mayor's Office of Public Safety, the Columbia College Chicago, and the Chicago Community Trust. By incorporating many media—creative writing and poetry, drama, computer-enhanced music composition, mural painting, keyboarding, clay works, and dance—into facility programming, visiting artists work with youth to achieve the goals of curbing violent behavior in the facility and demonstrating that sustained arts participation will reduce recidivism and promote positive life choices.

Vocational Training

Vocational training activities that result in skill development and certification are highly recommended in confinement facilities that serve youth. The hands-on application of real-world skills and the development of different abilities from academic courses reaches different learning styles, provides job skills, and opens up a variety of opportunities and motivation for additional study and training. These types of activities also teach logical reasoning, practice for mastery and following directions; they build confidence and inspire motivation. Often these types of courses incorporate behaviors appropriate to a work environment, such as time management and safety

procedures. The traditional academic skills—writing, reading, measurement, and budgeting—are also woven into these programs. The ability to engage business partners in these programs can create internships, job opportunities, and community service activities.

Vocational training in different settings is quite challenging. Short-term detention facilities require a significantly different approach; they can expose youth to different areas and allow the students to control their own engagement. Longer-term facilities can serve students best by offering engaging and detailed training in a specific area that could lead to certification. Areas such as food service (food-handlers permit), health (certified nursing assistant), welding (skill certification), or construction (safety certification) can provide skills and job access that are immediately useful to the youth upon release.

Social and Life Skills [11]

Youth in facilities often have not had the typical training in basic social and life skills that many people take for granted. Providing this training is the responsibility of each facility. Social and life skills training entails a wide range of activities. The student population, the available time, and the skills of the instructor best dictate the specific content of such training. Youth may need job skills, college application skills, financial planning advice, basic hygiene, or cooking instruction. Advice on sexual health and medical care are crucial to any at-risk population. Engaging outside experts who can provide the most up-to-date and accurate information is highly encouraged. These classes are also an excellent opportunity to work on social skills, team building, and sportsmanship. Instruction in empathy, perseverance, problem-solving, and even anger management would be appropriate as well. There are a variety of prepared programs available such as Arnold Goldstein's Skillstreaming for Adolescents, Barry Glick's Aggression Replacement Training® (ART®) and Boys Town's Teaching Social Skills to Youth. The internet offers a continually changing variety of resources for life skills instruction. These updated and youth-focused resources help ensure that life skills are applicable to youth. (See [12]Ch. 10: Effective Programs and Services; [12]Ch. 18: Transition Planning and Reentry) [13] [13]

Instructional Design

Teachers must be proficient in their program and have a clear voice for the vision and mission of their work to design instruction in alignment with this vision. For each area of the curriculum, the instructional design must include a rigorous and relevant set of activities such as probing questions and projects that relate to diverse and meaningful issues that will engage students and staff.

Unlike the traditional public school instructional design, which includes sequential units of study that can last for weeks, confinement educators must accommodate the mobile population in custody settings. This may be accomplished by creating modular, stand-alone, short-term units that correlate with the facility's average length of stay. Motivation and engagement findings indicate that developing topical units—those relevant to confinement youth and aligned with state and Common Core standards—are most effective strategies for instruction. Examples of such topical units developed at the Maya Angelou Academy in the New Beginnings program include Justice, Ethics, Choice, Change, Power, Systems.

David Dimenici, former principal of the New Beginnings school program and current director of the Center for Educational Excellence in Alternative Settings, stated that teachers should focus on establishing school-wide instructional strategies that prepare students to learn and then provide targeted interventions to support students at a range of levels[24]. This is essential to achieving real, measurable academic achievement. Strategies provided in Doug Lemov's *Teach Like a Champion* include 1) all classes starting the same way (Warm-Up), 2) all teachers using the same daily objective/goal (SWBAT, **S**tudent **W**ill **B**e **A**ble **T**o), 3) students transitioning into and out of all classes the same way, and 4) all teachers using the same language and using timers or other devices to encourage a sense of urgency and expectations. All of these techniques have been used successfully in custody education classrooms.

Differentiated Instruction

Differentiation refers to instruction that is tailored to meet the learning preferences of different learners.[25] It refers to a variation in the instructional approach or method. "Differentiation is responsive teaching rather than one size fits all teaching."[26] Differentiated instruction means that the teacher "proactively plans and carries out varied approaches to content, process, and product in anticipation of and response to student

differences in readiness, interest and learning needs."[27] Teachers can differentiate through content (what the student needs to learn), process (the activities the student engages in to master the content), products (the culminating projects to rehearse, apply, and extend what the student has learned), and the learning environment (the way the classroom works and feels). The classroom environment may require the teachers to access multiple versions of an article or book, or to rewrite, summarize, or annotate. Differentiation may require multiple versions of assessments, appropriate supports, and accommodations. Teachers must develop scaffolded notes (note-taking sheet with grids of information to fill in), graphic organizers (knowledge of concept map that uses visual symbols to express a concept or convey meaning), and visual and cognitive clues to support students (checks on the board, color coding, editing strips).

Individualized Instruction

Individualization is another strategy that provides an alternative to the one-size-fits-all approach (critical in a custody education program). Similar to differentiated instruction, individualization recognizes that each student is different, has his or her own learning style, pace of learning, and approach to learning. As distinct from differentiated instruction, individualized instruction allows learners to progress at a pace that is conducive to their learning needs and style. Thus, the learning goals are the same for all students, but the speed at which students complete the work varies. Traditional, general, whole-class education strategies do not recognize these differences in instructional approaches. Individualized instruction is effective with the at-risk, drop-out, and special education populations[28] and is frequently used in custody education programs.[29]

Custody education classrooms also often experience success by blending whole-group instruction with individualized skill-building time that is narrowly tailored to student needs during the application portion of the lesson. The education program may need to provide intensive "pull-out" services to support reading and math instruction for those students functioning significantly below grade level.

Occasionally students in custody education programs are advanced and function far beyond their peers in the facility. Teachers also need to be prepared to challenge these students through peer projects, the use of the

internet, and by incorporating choice, creativity, and critical-thinking options into the curriculum.

Remedial Instruction

Many students experience learning problems that prevent them from fully participating in group instructional activities. Specific learning disabilities or problems often hinder the mastery of fundamental educational concepts. Individualized instruction and a variety of learning activities are crucial to meeting the needs of this population. Students who have already been traumatized should not be subjected to more behavioral or educational trauma while in facilities. Students need supportive, adaptable programs that have a capacity to meet their needs, from the initial moments of intake, through transitioning back to their schools. In short-term detention, this means appropriate skill-level activities, and in long-term corrections or adult confinement facilities, it means quality pathways that start at a student's skill levels and progress forward to graduation. The requirement to provide special education services for all eligible students exists regardless of the type of confinement facility.

Physical Classroom Space

Physical space has a significant impact on the learning environment and is an especially sensitive issue in confinement facilities. Room arrangements, allowable student movement, teacher placement, even the focus of activities have safety and security ramifications. The education of students, their ability to interact with the learning environment and each other, and their ability to interact with the subject matter influence the energy and mood of a classroom, as well as the academic success of the students. The more engaged, the more in control of their learning, the more creative the environment, the more likely the student will stay engaged and not be a safety or security risk. If the physical environment lacks access, control, or inhibits observation, security issues can arise. The educator, in collaboration with facility staff should seek a balance between the security of the facility and the learning opportunities available to students.

Effective Uses of Individual Classroom Space

Field Author: James S. Cudworth

James Cudworth is a retired teacher of over 30 years who worked with at-risk youth from diverse backgrounds including inner city Philadelphia and New York, as well as the backcountry hills of the Blue Ridge Mountains. He is an artist, a poet, and an extraordinary teacher of young adults.

How a teacher organizes classroom space has an effect on the learning that takes place in it. Proactive teachers regularly restructure classroom space, often with student input and assistance. In that scenario, not only do teachers and their students seek to breathe fresh air into the learning environment, but also thoughtfully aspire to enhance the breadth and depth of the student's learning experience. Of course, classrooms are finite spaces, so arrangements within them are limited, but for most spaces, at least four types of classroom-learning arrangements have proven practical.

The first arrangement—a staple since the beginning of time—places teachers at the front or back of the classroom with students sitting in regular rows front to rear. This model works for the efficient dispensing of material every student needs to know. Typically, teachers present material using a board, perhaps an overhead projector, a smart board connected to a computer, or a device like a video microscope.

In the second arrangement, teachers remove themselves from the center of attention. Abandoning a front desk and instead moving in and among students, taking up residence wherever a student may need assistance, the teacher may speak from virtually any place in the class. Student desks are arranged frequently facing each other to encourage more "cross-talk," while making individuals more focused on their own learning. Teachers become less visible, emphasizing student assertiveness, opinions, and conclusions they have gained from their study materials.

The third arrangement seeks to eliminate any sense of hierarchy, front, back or side of the room, placing students into a circle. In this format, teachers consciously occupy different locations every day, removed further from the sense of being the center of attention,

serving instead as a mere facilitator for discussion or debate. This model strives to enhance the communal–social dimension of learning, all students seated as equals with eye contact established. The arrangement is intended to help students articulate their ideas in an atmosphere of constructive criticism, debate, and consensus.

The fourth use of classroom space seeks to create the sense that there is no locus of authority or single source of learning, only unlimited opportunity. Teachers and students arrange desks to create private and communal space. Areas are thus set aside to allow intense concentration, study, and reflection, as well as collaborative problem solving. The space establishes learning centers, laboratories, and experimental centers. Teachers are seen as mentors or guides and circulate as equals—curious learners, rather than authorities. Students move freely, collaborating with whoever fits best. Problems with complex solutions are the norm, and no single individual (the teacher included) is seen to have a complete answer. In this atmosphere, answers frequently beget more questions.

As teachers and students consciously explore all the ways of arranging their learning space, the process naturally leads participants to ask, "How do we measure our learning?" As learning steers itself away from the teacher-centered "sit and git" model toward the student-centered, "sky is the limit" possibilities, old-fashioned written tests become obsolete. A natural outgrowth of the innovative use of classroom space spurs teachers and students to discuss ways to assess what has been accomplished. This evaluation process enables all to devise ways to value the content and quality of the year's achievements. In this atmosphere, roles are reversed compared to old models. Students frequently serve as presenters, demonstrators, or models of intellectual pursuit. Classroom space is given over to student use entirely.

Federal Legislation that Impacts Custody Education Programs

(See Ch. 5: Rights and Responsibilities) [14]

Elementary and Secondary Education Act (ESEA) – No Child Left Behind (NCLB, 2004)

Title I of the Elementary and Secondary Schools Act Funding (as amended by No Child Left Behind, 2001)

A significant resource for youth in confinement is Title I funding. The portion of Title I funds designated for youth and programs in confinement is Part D Subpart 2. The federal government distributes funds to LEAs responsible for further distribution, expenditures, and accountability of the funds. Funds can be used to operate programs in local facilities with which the LEA has a formal agreement to provide services. Qualifying services include education programs that prepare youth to complete high school or enter job training or employment and activities that facilitate the successful transition from the institution to community, school, or employment, or that help prevent youth from dropping out of school. In addition, the LEA may use Title I Part D Subpart 2 funds to support programs for at-risk youth in the community who meet specific criteria. Programs within custody facilities that use these funds must 1) ensure coordination with the youth's home school, specifically if the youth is eligible to receive special education services under the Individual with Disabilities Education Act (IDEA); 2) provide transition services including drug and alcohol assessment, tutoring, and family counseling; and 3) provide support services to encourage youth who have dropped out to re-enroll following release from the custody setting.

Highly Qualified Teachers

All educational providers, whether covered by the Highly Qualified requirements of NCLB or not, should strive to hire only those teachers with the content knowledge and skills required to teach the population of youth in the learning environment in a way that fosters success. As previously noted, a custody education program would require a combination of the appropriate licensure with intangible qualities such as passion and the ability to motivate reluctant learners. Given the current population of youth in custody, an argument could be made for placing the best teachers in custody education programs.

According to the Nonregulatory Guidance document produced in 2006 by the federal government, whether teachers in custody education programs need to be Highly Qualified depends on the funding structure of the program. Section 1119 of Title I of ESEA requires each State Education Agency (SEA) that receives Title I, Part A funds to ensure that all teachers teaching in core academic subjects within the State, including agencies or

entities under the authority of the state are Highly Qualified. Section 1119, Part A requirements do not apply to county-operated juvenile detention education programs whose teachers are hired through an LEA.[30]

Adequate Yearly Progress (AYP)

AYP is the measure by which schools, districts, and states are accountable for student performance under Title I. Due to the unique characteristics of custody education programs, such as high student turnover, in-and-out enrollment, and students who have no educational history with the district, the custody education programs may not be able to use the same measures of progress as applied to students in the traditional setting. Custody education programs should develop criteria specific to the program that can be approved by the state department of education to measure program effectiveness and outcomes for students.

Individuals with Disabilities Education Act (IDEA)

Facilities must provide appropriate special education services; failure to do so is a common area for litigation. The guidelines are specific and are backed by case law, so no matter the type of custody setting, providing special education services is required by law.

Child Find and Identification

The Child Find requirement of IDEA compels education programs to identify, locate, and evaluate all youth who are eligible or potentially eligible for special education services. In a custody education program, this means that two processes must be in place: 1) a process to become informed about previously eligible students upon enrollment, and 2) a process for identifying and evaluating students who may be in need of special education services but have not yet been formally identified.

For students previously eligible for special education services, educators have a responsibility to locate and obtain copies of the most up-to-date Individual Education Program (IEPs) and information relating to their students. The communication systems and procedures related to special education transfers vary from district to district. Some districts have networked student information-management systems; others require direct contact. To facilitate

this process and avoid potential legal issues, it is important for facilities to retain knowledgeable, special education certified instructors.

Evaluation

Due to factors such as gaps in attendance, multiple placements, and lack of family advocates, it is not unusual for students in custody education programs to enroll with out-of-date IEPs. In this case, educators must initiate the evaluation process, regardless of the facility type. This requirement is particularly difficult for short-term education programs, both because the student in all likelihood will be released prior to the completion of the evaluation, and because short-term education programs typically do not have enough staff or staff with the right qualifications to complete the evaluation. [31]

Timeliness of the IEP

When a youth who is eligible for special education services is enrolled in the custody education program, the program has two options: implement the existing IEP or develop a new IEP. In the second case, the existing IEP must be implemented, to the extent possible until the new IEP is developed. Implementing the IEP includes teaching to goals and objectives, providing required ancillary services (speech and language, hearing or visually impaired consulting services, behavior support services), and communicating the required accommodations and modifications of the general education curriculum to the general educator. The goal is for the student to experience success in the general education classroom. Federal legislation does not identify a time limit for developing the new IEP. However, many state regulations interpret the federal legislation, and accepted practice in the field requires a new IEP within thirty days of the student's enrollment. Every youth receiving services must be reevaluated for eligibility every three years.

Overlap Between Special Education Services and Facility Services

When a student who is eligible for special education services is confined, several issues related to special education have the potential for overlap with facility services. Students may have goals and objectives written into their IEPs that generalize to the living units. Examples include social skills, independent living, and behavior-based goals.

IDEA requires the inclusion of positive behavior supports in a student's IEP that could be integrated into the facility's behavior-management program or the youth's treatment plan. At the very least, facility staff must be included in the process to understand when a youth's behavior is a manifestation of the youth's disability and to respond accordingly. Unlike in the adult facilities, where modifications can be made to the youth's IEP if there is a "bona fide security or penological interest,"[32] when a youth in a juvenile facility who is eligible for special education services is in room confinement or lockdown for a behavior-related incident, the IDEA legislation does not exempt the education program from providing the full range of special education services.[33]

The reentry and transition process implemented by the justice system should align with the transition process required by IDEA for special education students. Special education transition plans outline goals and objectives in the domains of a youth's education or training, employment, independent living, and extra-curricular activities or hobbies domains beginning at the age of 14 (earlier if determined necessary).

Finally, depending on the severity of the youth's disability, his or her IEP may require extended school-year services. This is significant if the youth is admitted to the facility during the summer months and the custody education program operates on a traditional school-year calendar.

Youth with Disabilities Convicted in Adult Criminal Court and Incarcerated in Prison

The age of eligibility for special education services is state specific and thus identified in each state's regulations. Generally speaking, youth incarcerated in adult facilities, under the age of eligibility, are covered under the regulations of IDEA. There are exceptions, for example, if the student is determined to present a bona fide security or penological concern, the facility may not be able to arrange an accommodation. Additional exceptions include access to state-wide testing and transition services if a youth exceeds the age of special education eligibility prior to his or her release date.

Americans with Disabilities Act (ADA) Section 504

Any student with a disability has a right to an education that is protected by Section 504 of the Rehabilitation Act of 1973 and subsequent amendments.

Section 504 is a civil rights law that ensures equal access to education and states, "No otherwise qualified individual with a disability in the United States . . . shall, solely by the reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance…"[34] To be eligible for Section 504, a student must be determined to 1) have a physical or mental impairment that substantially limits one or more major life activities, 2) have a record of such an impairment, or 3) be regarded as having such an impairment. Major life activities include: walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. Section 504 requires school districts to provide a Free and Appropriate Public Education (FAPE) to qualified students with disabilities, regardless of the severity of the disability. The intent of Section 504 is that educational services must meet the needs of youth with disabilities to the same extent as they meet the needs of students without disabilities. These needs can be met in the general education classroom, by providing supplementary services, and related services in the special education classroom. Similar to an IEP for special education, a student eligible for services under Section 504 must have a "504 plan" that outlines these services. Education programs in custody facilities are required to meet the elements of the 504 plan to the extent possible.

Crossover Between IDEA and Section 504

Both IDEA and Section 504 make eligibility determinations specific to each youth. In both cases, the youth has a disability. A key factor is whether the disability adversely affects educational performance. If the disability adversely affects educational performance, the youth would be eligible for special education services *and* will be protected under Section 504. If the disability does not adversely affect educational performance, the youth would not be eligible for special education services, but typically would still be entitled to protections under Section 504 (access to education) and may require accommodations or modifications to the general education curriculum. An example of this may be a youth with asthma.

As a condition for funding from a federal government office (such as the Office of Justice Programs), recipients must comply with Civil Rights legislation including Section 504 of the Rehabilitation Act of 1973 in terms of

hiring (staff can have 504 plans protecting certain rights to accommodations for employment) and in the delivery of services or benefits (students can have 504 plans protecting their right to education).

Federal Educational Rights and Privacy Act (FERPA)

Timely access to student records is always a critical factor in the delivery of a quality education program for youth in custody. Complicating the process are the varied lengths of stay, multiple out-of-home placements, a highly transitional population having been enrolled in different districts with gaps in their public school attendance *and* the youth and family's right to confidentiality. FERPA addresses both the legal backing for the timely transfer of records and confidentiality issues. However, this complex piece of legislation has been subject to various interpretations, which can also complicate the transfer of student records.

One goal of FERPA is to allow for youth to experience a smooth transition into a new educational placement by allowing for the transfer of school records prior to that placement. Additionally, FERPA allows for the sharing of information between placements to improve the youth outcomes in future placements. Recent clarification to the FERPA legislation includes correctional settings and juvenile justice placements among the facilities that educational records can be shared with or without parental release. Simon Gonsoulin provides additional information on the interpretation of FERPA and the transfer of student records.

Simon Gonsoulin

Simon Gonsoulin is the Project Director for the Neglected-Delinquent Technical Assistance Center (NCTAC) and Principal Research Analyst with American Institutes for Research. Mr. Gonsoulin provided access to the following document (produced in partnership with NDTAC and the Federal Interagency Reentry Council) that provides the facts when it comes to understanding the complexities of FERPA related to the transfer of the educational records of youth in custody. A link to this document is included with permission.

Reentry Myth Buster!: On Student Records [5]

Transition and Reentry

Youth involved in the juvenile justice system often have extensive absences from school. Extensive absences may disrupt the student's normal progression toward graduation and complicate their academic needs, their process through progressive curricula, and their transcripts. The translation of earned credits among various schools and facilities can be confusing. These complex academic and behavioral histories make communication with districts, schools, counselors, and teachers a significant challenge; they are nonetheless critically important.

Additionally, youth transitioning from a juvenile or adult facility to the public schools are not typically welcomed back easily. A student may be trying to re-enroll mid-semester, having already missed a significant number of days. Past behaviors may have them labeled as a troublemaker. The same peer group they engaged with prior to their involvement with the juvenile justice system may continue to be their peer group of choice. There are many obstacles in the way of a successful transition.

Academic Advancement Plan

Custody education programs address these issues by creating an academic advancement plan or some other form of documentation of the student's school history and needs. The plan should compile previous academic placements, past academic credits earned, requirements still to be met, and a strategy for achieving graduation. Clearly-stated goals and objectives for the time in the facility and any accommodations needed should also be a part of the plan. There should be a regular review process in place to adjust the plan to changes in the student's status and to identify a process for the plan to follow the student to the next placement. This type of academic plan is separate from the IEP mandated by federal regulations for Special Education students, although there will be overlapping information contained in both documents. All students should have an academic advancement plan. Only special education students would have an IEP. Youth should be familiar with and have access to a copy of their academic advancement plan. By role-

playing, youth can practice being a self-advocate for their educational needs to improve their transitions between programs in the future.

Transition Specialist or Liaison

When facilities are doing excellent work with youth and stabilizing their academic and behavioral challenges in confinement, the next critical step is the reconnection with the school the student will attend upon release. Best practice would be to start planning for the youth's release as soon as he or she enters the facility. School programs in facilities should initiate this process by contacting the previous schools for records and information, as well as informing the school of the student's current location. A critical piece for students is helping them understand and come to terms with their future options for graduation. Informing students about future placements can also ease their anxiety and help them succeed. Regular and consistent follow-up with students at their new placement will provide staff an opportunity to help youth access resources and to intervene or support any emerging needs, before issues can have a negative impact. A school liaison should be familiar with the school districts, placements, the community, community resources, and the juvenile and adult justice systems. The liaison should be personable, reliable, detail-oriented, and able to quickly establish relationships with adults and youth. When working with school districts, the best person for assisting at-risk youth is not always someone who has been assigned, but instead someone who demonstrates a willingness and an interest. The liaison needs to be able to find these motivated and supportive individuals in the schools and develop working relationships with them. (See Ch. 18: Transition Planning and Reentry). [13]

Transition Services

Transition services are the responsibility of the confinement education program and should include:

- Informing schools of the location of their student within one day following enrollment in the school program.
- Welcoming the student into the program and initiating discussions on release.
- Locating and compiling the student's academic records.
- Providing the student with an academic road map to graduation.

- Providing the student with information on future placement and other relevant information.
- Connecting with the student's family and providing access to needed services.
- Accessing school counselors and planning for the student's return.
- Following-up and supporting a successful transition back to school or placement.
- Providing for possible post-release assistance with job placement, tutoring services, counseling, food, clothing, and housing.

Transition Examples: Lessons Learned

Field Author: James Bennett

With over two decades of Youth Service experience, Jim Bennett's career has included working with youth in transition in a variety of different capacities. Jim currently serves as the Program Specialist for Reentry for the Nebraska State Juvenile Probation Administration and is helping to lead Juvenile Justice Reform in the state of Nebraska for youth transitioning from out-of-home placement. Jim's Youth Service career began at the Menninger Clinic working with youth in a mental healthcare setting. He moved into the juvenile justice realm working in the Lancaster County Attention Center and then shifted to the educational arena as a Transition Specialist with the Lincoln Public Schools at the Pathfinder Program in the Lancaster County Youth Services Center.

Through the evolution of the Pathfinder Transition Program, we learned tough lessons regarding what works when trying to communicate with youth and to get them to take advantage of the transitional help being offered after leaving detention. The first attempts were to give reentering youth a list of community resources and a phone number for the transition specialist at the detention center. We quickly learned that our discharge area trashcans were filling up with informational handouts, and we ultimately received no calls that first year. As we developed new ideas, we gradually found out what worked with youth going through this transition.

We found out that building strong relationships with the youth while they are in the facility gave the transition process a foothold when they returned to school. When a personal connection was made with a youth in the facility, and the youth was aware that someone would be coming to check on their progress and offer them help, it put the youth more at ease when that school visit occurred. That awareness increased the participation in the program significantly. Youth were more likely to participate in tutoring services, participate in community programs, and engage other caring adults in the schools, coordinated through the Transition Specialist.

Those relationships built with the youth in the facility helped to "kick-start" the transition process and allowed the school to begin engaging the youth in a positive way. Many of these youth had burned their bridges with their old schools, and these youth came to school with all of that history and baggage with them. Having a caring adult help them walk through some of those processes and talk with other professionals in the school gave the youth some insulation from that past baggage and helped to establish relationships with other caring adults in the school. Trusting relationships are the cornerstone of all transition work done through the Pathfinder Program.

Another lesson we learned over time is the need to be prepared to meet each of these youth where they are at in the transition process. Our first attempts were to put a program in place that fit the needs of all youth equally. We gave all of the youth the same resources and provided the same service. We also expected the youth to do the footwork and get themselves to those services. Though we did have some youth choose to take advantage of these services and resources, after further scrutiny, we felt we were only reaching those youth who would have probably been fine without these opportunities, those that would have used the school resources provided to them. We were missing most of the youth we claimed to serve, specifically those at higher risk and those less motivated who were reluctant to trust and who feared adult interventions. We decided to change the program.

One of the first changes we made was to go to the youth instead of having the youth come to us. We decided to individualize the program and offer services in the schools during open periods or after school. We offered community resources as well, but we had those community resources also go to the youth and meet with them in the schools to first build trust. In our experience with the youth served through the Pathfinder Program, the very first meeting had an extremely high no-show rate. Once we were able to make the first meetings happen at the schools and set them up ourselves, we were able to establish contact almost every time. From then on, our no-show rate for the second meeting was significantly lower.

Finally, we struggled with communicating effectively with youth. We were having trouble getting youth to remember appointments, getting ahold of them after they missed school, and contacting them to see how they were doing. We began to text. This may seem like a simple change, but it had profound effects on the program and on the quality of the service provided to the youth. Most every youth had a cell phone. Those that did not gave us the number of a friend that had a phone, and we were able to reach them that way. One might think a youth would be reluctant to provide their number but that is a generational misconception. Whereas a 45-year old might not want to give their number out to someone, a 16-year old is less concerned, given the accessibility and technological freedom a cell phone provides. Another benefit of the cell phone is access to the youth throughout the school day. Youth would respond to reminders and check-ins throughout the day, sometimes within minutes of a text going out. When a youth started to not respond to text messages, then it was time for another face-to-face meeting to find out what was going on. The lack of responses to text messages was a sign that something wasn't going well or the youth was beginning to slip.

These are three of the many lessons learned throughout the process of determining what works for transitioning youth in the Pathfinder program. Nothing proved more beneficial for our transition support than asking the youth what they needed and what they appreciated in

this program. Youth-driven direction helped to improve and refine the quality of the Pathfinder Transition Program.

Educational Options

Students will often engage teachers and facility staff in discussions related to the value of staying in school, the educational options available to them, and strategies for completing their education, despite all of the other life struggles they may be facing. Staff should be able to provide support for various educational options depending on the needs of the youth and his or her current legal situation.

Top Five Reasons to Stay in School

Here are the top five reasons to stay in school presented on the National Dropout Prevention Center/Network in 2014.

1. High school dropouts are four times as likely to be unemployed as those who have completed four or more years of college.
2. Graduating from high school will determine how well you live for the next 50 years of your life. On average, high school graduates earn $143 more per week than high school dropouts. College graduates earn $336 more per week than high school graduates ($479 more per week than high school dropouts).
3. Dropouts are more likely to apply for and receive public assistance than graduates of high school,
4. Dropouts comprise a disproportionate percentage of the nation's prison and death row inmates; 82% of prisoners in America are high school dropouts;
5. School districts all over the country provide alternative programs for students who are not successful in the usual school setting. The best programs in the country are featured in the National Dropout Prevention Center Model Programs Database.[35]

Diploma vs. GED [15] or High School Equivalency Diploma

The core subjects covered on a GED or a High School Equivalency diploma focus specifically on five subject areas: science, mathematics, social studies, reading, and writing. A traditional high school diploma encompasses a 12-year course of study in the core courses and includes various electives such as social skills, life skills, health, technology, and an array of other state-mandated educational components. A traditional high school diploma is the preferred outcome for any student, as it represents a capacity to complete a comprehensive and rigorous program of study. The benefits of graduating with some type of degree or through some type of high school equivalency program pays financial rewards throughout a person's lifetime—increased earnings and job opportunities.

The reality of some life situations does not make this possible for all students. A GED or a High School Equivalency Diploma can still provide the foundational skills a student needs to enter the workforce or higher education. In general, employers look more favorably upon a traditional diploma, and some higher education options may be more limited by a GED or High School Equivalency Diploma. However, these are relatively minor barriers compared to not graduating at all.

Life Skills Development, Career Development, and Vocational Programs:

In addition to core academic subjects, educational programs within facilities must address the other significant deficits of the student population in the areas of life skills, career development, and vocational training. The availability and quality of these services, particularly career development and vocational training, are frequently limited by financial resources, physical space, equipment, and safety and security concerns. Often the community can provide resources to assist with these areas. Business partners, state vocational rehabilitation services, or community nonprofit youth groups can supply trained individuals who will voluntarily contribute this type of programming. Programming should be delivered in a prescriptive manner and be based upon individual student or general population trends and the needs specific to the youth in the facility.

Educational opportunities in these areas do not have to be stand-alone programs; they are often integrated across the curriculum of core courses. The benefits of such opportunities are limited to an exposure-level experience or pre-vocational training in short-term detention or jail facilities. These can

be extended to career training and vocational opportunities in juvenile correctional or adult confinement settings. Long-term programs that can lead to or provide certifications and licenses (e.g., Food Handlers Permit, Certified Nursing Assistant) offer an incentive for youth to participate and career options upon release. The vocational program at the Lookout Mountain Youth Services Center, part of the Colorado Division of Youth Services, is such an example. Students in the program receive extensive training in landscaping, constructions, culinary arts, printing, computer-assisted design, and—in many cases—competitively-paid employment through their transition programs.

Bridges to Post-Secondary Education

Post-secondary education is not what many youth in facilities envision as a possibility in their future. They often come from homes where higher education is not a norm, not presented as a realistic option, and not a component of their discussions about life. A critical function of youth educational programming is breaking down that barrier and helping students to see additional educational opportunities beyond high school as a viable option. Through regular and consistent expectations of this reality, through presentation of role models who have successfully engaged post-secondary education opportunities, and through showing the specific steps to the process, students will not only see the option, but believe it is a real, viable option. Short-term juvenile detention facilities and adult jails that house youth should continuously present the option of post-secondary education as a possibility. Longer-term juvenile correctional facilities or adult confinement facilities that house youth need to follow through with the steps to qualify for college entrance, such as meeting all college prerequisites and participating in classes and activities focused on post-secondary goals. As a component of transition, students should receive direct assistance related to the actual process of getting registered to attend post-secondary education after their release. This would include appropriate and consistent follow-up services.

Online Educational Programming

The use of computer-based online programs for educational services has been evolving for many years. Initially, these programs were simplistic and repetitive. They were not capable of holding a student's interest, were

susceptible to repetitive strategies used to only learn what was on the test, and did not have solid foundations in the curriculum.

Current versions of online educational services have evolved into blended-learning activities that are engaging, multi-faceted in their learning styles, and based solidly on curriculum. Their use and acceptance has grown tremendously among alternative educators and school districts. The use of interactive instructors and accreditation through reliable organizations adds to the value of these programs.

For certain students a traditional classroom setting can be problematic. Accommodations are and should be available to adapt to student needs. Online classes are one option that has proven to be valuable for some students. Most school districts offer online classes as an option and provide appropriate oversight and supervision of the process. Credit Recovery is also a valuable tool for many youth in confinement education programs.

Currently, a wide range of complete degree programs are available for both college and high school degrees. The University of Nebraska offers an online high school, and Phoenix University offers post-secondary degrees, which are regularly accepted in today's business community. The Penn Foster high school program is accredited through the Commission on Secondary Schools of the Middle States Association, a well established, highly respected national accreditation organization for many of the country's top private schools.

Maintaining Gains

Field Author: Carol Cramer Brooks

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Statement of the Problem

The systems responsible for the care and transition of confined youth are juvenile justice, child welfare, mental health, and education. Many of their efforts are not effective in preparing youthful offenders for their return to community, school, and work.

Quantifiable data required to draw an accurate picture of the effectiveness of transition services are not available. However, recidivism data and anecdotal accounts can reasonably lead us to these conclusions. Recidivism rates vary considerably, with estimates ranging as high as 50% to 70% among youthful offenders discharged from secure facilities without the benefit of transition services.[36] Nationally, the data suggest that only 5% to 10% of students exiting the juvenile justice system return to the public school system and graduate. Locally, 20% of the students transitioned from the Intensive Learning Center (the day school at the Kalamazoo County Juvenile Home) at the 2004–2005 semester break have experienced success in the public school system. This is a multi-systemic issue requiring a multi-systems solution. However, for the purpose of this paper, we will focus solely on the roles and responsibilities of the confinement and public education systems in providing effective transition services for detained youth.

Transition refers to a coordinated, outcome-based set of pre-release and aftercare services designed to help youth achieve social adjustment, employment, and educational success upon release from the juvenile justice facility or system. According to the National Center on Education, Disability and Juvenile Justice, transition planning is frequently ignored in confinement education programs, resulting in dismal youth outcomes after release.[37] Exposing the failures of the education system requires us to examine the system from two perspectives: the educational programs inside the walls of the confinement facility and the educational options—primarily the public school system—outside the facility.

Despite a consensus in the literature that education programs containing effective transition components aid in the post-release success of system-involved youth, confinement education programs continue to focus on success only "within the walls."[38] The flawed design and delivery of confinement education creates a false sense of academic achievement and a reliance on an external behavior control system that does not translate to success in the public school environment. Curricula that focus on awarding credit units, grades, and academic content standards but omit social skills, independent

living skills, and school success behaviors ignore the needs of confined youth and consign them to failure in the community, public school, and work environments. Confinement education programs boast of individualized education plans based on the needs of the student, yet they continue to educate youth in a cookie cutter, one-size-fits-all program designed to replicate the public school system, where delinquent youth experienced failure quite frequently.

Transitioning youth from the juvenile justice system to the public school system is rarely successful. There are many systemic factors contributing to this lack of success, including the design and purpose of the public school system, limited educational options and supports within the system, the resistance and attitudes of school personnel toward readmitting these students, and logistics such as credit and record transfers, timing, and attendance.

At the heart of transition failure is the fact that the students who are transitioning out of the juvenile justice system into the public school system are the very students that the public school system is designed to weed out. It was never the intent of the original designers of the public school system to ensure high levels of learning for all students. Opportunity was there for all, but accessed by only some. Alternative routes were available for participation as a citizen—military, industry, and agriculture. Today, all paths toward productive citizenry go through the public school system, and federal legislation is requiring that we leave no child behind. Being successful with all students requires the public school system to do more than just be successful with those students who have the right attitude, background, experiences, support systems, and aptitudes. It requires a transformation of public school practices and the assumptions that drive those practices.[39]

At minimum, students with disabilities transitioning to the public school system have the benefit of a support system, an IEP and a continuum of options (center-based, self-contained classroom, resource room, teacher consultant services). Although this alone does not equate with success, special education students do transition with a support system in place. General education students

(50–70% of transitioning students) do not have a legally mandated support system or a continuum of educational options. Despite behavior challenges, academic deficits, and severe gaps in their education, these students typically have one option: general education classes. In some communities, budget cuts eliminated alternative schools. In addition, transitioning students rarely meet eligibility criteria for vocational training programs.

Public school personnel are resistant to having justice-involved students return to their schools. This resistance plays out in the numerous and deliberate obstacles created prior to and during the student's transition period. Obstacles include delayed enrollment, encouragement of dropping out or signing out, scheduling difficulties, and a refusal to accept transfer credits. Every minor problem in the transition process can result in serious setbacks for this population. Major problems usually translate into failure. [40] Once enrolled, a transitioning student typically carries a stigma, unable to shed a history of poor attendance, and discipline and academic problems. Minor problems, which for most students might result in in-school or after-school suspensions, are expellable offenses for students with a history. According to Suzie Boss in *Learning from the Margins: The Lessons of Alternative Schools*, 88% of teachers nationwide believe academic achievement would improve substantially if persistent troublemakers were simply removed from class.[41] Our anecdotal experiences in transitioning delinquent youth back to the public school system validate this statement. To maintain the gains students have reached during their involvement in the juvenile justice system, both confinement and public school education programs must make significant reforms.

Statement of Importance

There are three critically important concepts that point to the need for educational systems change:

1. It is the right thing to do for at-risk youth.
2. It is legally mandated.
3. It is fiscally responsible.

There is a widely accepted belief among juvenile justice professionals that if you treat the youth and then return him to his home environment, but did nothing to change that home environment, the individual quickly reverts to old behaviors. The same would hold true for school systems. If we treat the youth—teach social and school success behaviors and remediate academic deficits—but return the youth to the exact same school environment, we are wasting time and energy. School systems have to be responsive to the changing needs of students.

There is a legal mandate for school systems to educate *all* children—even those returning from the juvenile justice system. The U.S. Constitution requires state and local education officials to provide a "thorough and efficient system of free public schools" for the instruction of all children between the ages of five and eighteen. Additional federal legislation—IDEA, NCLB, Section 504 of the Rehabilitation Act, ADA, and Title I, Part D—strengthen the mandate to provide appropriate education for all children. State statutes and local district policies further define this mandate. The design and purpose of the education system must be re-examined must comply with the standards outlined in federal and state legislation.

We have to rewrite the purpose and redesign the delivery of educational services in confinement facilities and in the public schools, because it is our fiscal responsibility to do so. In the U.S., youthful offenders cycle in and out of institutional facilities at an average annual cost of $66,000 to $88,000 per youth.[42] In addition, researchers cite societal costs from lower tax revenue, greater spending on public assistance and healthcare and higher crime rates as a result of higher drop-out rates.[43] Communities all across the country struggle with the social and economic costs of youth with no high school diploma, no support system, and no options in the community.

Proposed Resolution of the Problem

To effectively prepare for the reentry of justice-involved youth to community, school, and work, all related systems involved must

commit to a truly collaborative efforts. In their book *Building Coalitions*, Jackson and Maddy define collaboration as "the process of individuals or organizations sharing resources and responsibilities jointly to plan, implement, and evaluate programs to achieve common goals."[44] Applying this definition to the role of the education system with transitioning youth requires confinement education and public school education to jointly develop and agree to a set of common goals and directions, to share responsibility for obtaining goals, and to work together to achieve the goals. The public school system cannot abdicate responsibility for their youth simply by virtue of their involvement in the juvenile justice system.

To achieve the mandate of NCLB—specifically that all students will learn at high levels—the public school system must begin a systematic effort to create procedures, policies, and programs aligned with that purpose.[45] This may result in a change in the curriculum scope and sequence. It may result in a change in school structure—class and school size, instructional hours and days, in-school program options, or the physical location of instruction. It may result in a change in course design and choice of instructional strategies. It would most certainly result in the creation of a continuum of educational options—within and in addition to the public school—designed to address the learning needs of a diverse population. Adlai Stevenson High School in Illinois (original Professional Learning Community) created a pyramid of 19 interventions to provide students with options that increased levels of time and support when they had trouble learning.[46] The short-term interventions enabled the student to transition through the difficult time. The Orange County Department of Education in California created an entire division—Alternative, Community, and Correctional Education Schools and Services (ACCESS) [16]—to provide 160,000 students with educational options. Programs in ACCESS provide alternative learning strategies, acknowledging that students learn in a variety of ways. Teachers address the individual learning needs, interests, and abilities of each student. ACCESS is based on the belief that placing students in programs tailored to their individual needs develops their skills and talents and that the community benefits from students with skills and competencies.

Confinement education programs cannot wait for the public school system to change the way it does business. Juvenile justice facilities release about 100,000 youth annually, according to data from the U.S. Department of Justice. The first step is to realize that simply duplicating the public school model in confinement facilities has not increased the successful transition of students. Confinement education is a different entity, serving different students, and therefore must educate in a different way. The second realization is that, for a majority of students involved in the juvenile justice system, the public school is not appropriate. However, as long as the public school system is the only option, the role of confinement education has to be to prepare students for success in that model. Finally, confinement education has to lead the charge, to initiate partnerships with public education, juvenile justice, mental health, the business community, and the community at-large to create opportunities to benefit these students.

Teaching differently can mean any combination of the following scenarios: same content, different instructional strategies; different content, different instructional strategies; alternative program design, different hours in the day, small class sizes. It does not mean a dumbing down of the curriculum. All of the research on educating at-risk youth supports high expectations combined with challenging experiences that connect academic learning to life in the community and the world of work.[47] Ziemelman, Daniels, and Hyde provide us with 13 interlocking principles that characterize best practices in education.[48] These principles have implications for teaching youth in confinement. Programs and curricula should be child-centered, experiential, reflective, authentic, holistic, social, collaborative, democratic, cognitive, developmental, constructivist, psycholinguistic, and challenging. Curricula should be behavior based—teaching the academic and social behaviors necessary for successful transition. Confinement education programs should teach community life skills, including problem solving, communication, daily living, money management, personal hygiene, and housekeeping. Focus should also be on core content, skill remediation, and literacy.

The majority of youth entering the juvenile justice system never successfully return to school. Therefore, it is critical that curricula in confinement education programs help youth prepare for and enter the labor market. "While correctional educators must find better ways to motivate students to return to school," writes correctional education expert, Robert Gemignani, "they must also provide students with the knowledge, skills and attitudes needed in entry-level jobs."[49] This would expand the number of transitional options and allow schools to meet the needs of students. Vocational curricula should include job readiness, vocational skills training, and an opportunity to apply knowledge in real-life situations or simulations such as on-the-job training, work experience, internships, apprenticeships, mentorship or job shadowing. Effective implementation of the final component of the curriculum depends on confinement education programs developing partnerships with the business community.

Confinement education programs serve the students most likely left behind and least likely to advocate for their needs. Therefore, it is the responsibility of confinement educators to champion their cause. Crucial to successful transition is the development of an unconditional safety net of support. All service providers must commit to serving any youth under any circumstances and to adapt their supports and services when needed.[50] All students in confinement education programs should have a transition plan—modeled after the special education transition plans—which address the key areas of education, employment, independent living skills and community involvement. Transition planning should begin when the student enters the program—thinking exit upon entry. All of the student's key stakeholders should have input into the plan. Once a plan is developed, it should guide all curriculum and programmatic decisions.

The responsibility for providing effective transition services belongs to many systems. However, to improve effectiveness, each system must focus inward to evaluate their role in this process. Education, key to the success of transitioning students, should lead the way.

Conclusion

Engagement is the most critical function of a student's success. No one can make another person learn, they must choose to learn if the learning is to be meaningful and lasting. Educators must create the learning environment that allows students to be successful and must support their progress in a positive manner. Beyond that, educators of youth in custody have to lead the efforts to advocate for change in the systems to which youth are returning to sustain the gains that begin in the confinement settings.

Resources

Behavior Intervention Support Teams: Information is available at http://www.bist.org [6].

CEA Secure Prison Education Tablet: Information is available at <a ">.

Common Core Standards: Information is available at http://www.corestandards.org [9].

EDGAR: To view current versions of the Education Department General Administrative Regulations, visit the U.S. Department of Education website at http://www2.ed.gov/policy/fund/reg/edgarReg/edgar.html [17].

IDEA: Individuals with Disabilities Education Act. Information is available at http://idea.ed.gov [18].

FERPA: "Family Educational Rights and Privacy Act." (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). U.S. Department of Education. http://www2.ed.gov/policy/gen/reg/ferpa/index.html?exp=8 [19]. Additional information on FERPA as it relates to the transfer of education records between justice facilities is available at https://csgjusticecenter.org/wp-content/uploads/2013/06/Student-Records.pdf [5].

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information on NCLB is available at www.ed.gov/nclb [21]. Information on individual state requirements may be found by visiting the individual state Department of Education websites.

Positive Behavior Interventions and Supports: Information is available at https://www.pbis.org [7].

Response to Intervention: Information is available at https://rti4success.org/ [22].

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Ch.14 Behavior Management

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Establishing a Therapeutic Culture that Supports Behavior Management

Setting Behavioral Expectations for Youth and Staff[1]

It is important to begin with a clear understanding of what is meant when talking about behavior management, discipline, and punishment. Behavior management is the ongoing effort by facility staff to implement strategies that elicit positive behavior from resident youth. Ensuring appropriate youth behavior is a never-ending task that requires constant attention from staff; behavior management is not a one-time response to a troubling incident. Seen in this light, it becomes clear that behavior management is about more than the immediate response to aggressive or inappropriate behavior. It involves creating a therapeutic culture within the facility that supports the development of positive relationships between youth and staff, that ensures the safe and humane treatment of the youth, that provides youth with the treatment and programs they need to learn problem-solving skills and overcome thinking errors and past traumas, and that ensures a consistent and clear message about behavioral expectations for both youth and staff. Moreover, the facility should be run in a way that undergirds, rather than undermines, this positive culture—from ensuring a custodial environment that is safe and secure, to hiring appropriate numbers of highly-trained staff, to having clear policies and procedures to be followed when that negative behaviors occur.

The goal of a behavior management system is discipline, if discipline is understood to mean the elicitation of desirable behavior that conforms to acceptable norms.

Too often, behavior management is confused with punishment or the sanctions that should apply when a youth breaks the rules. To be clear, a behavior management system must include appropriate consequences for negative behaviors. But the objective of these consequences should not be punishment, but rather changing the youth's behavior in the future. Punishment is simply a punitive response to unwanted behavior; it alone does nothing to ensure that the misbehavior will not reoccur.

Expectations for positive behavior must be communicated to both youth and staff from the very start of their engagement with the facility. Those expectations are conveyed in very subtle and not so subtle ways. If youth are locked in run-down cages and yelled at by staff, they are clearly given a message that we expect them to behave like animals. If, in contrast, they are given rooms in homelike settings and are encouraged by supportive staff, they learn that they are expected to treat each other with respect.

The facility's leadership should also clearly establish other expectations about appropriate behavior on the part of youth and staff in every communication and policy. A healthy environment is one where no abuse of any kind can be tolerated, whether it involves physical assaults, sexual misconduct, or verbal abuse. That rule applies to all interactions between staff and youth and among youth. Moreover, there must be zero tolerance of any behavior that involves bullying, ridicule, or extortion. Youth must feel safe in the custodial environment if they are to be able to work successfully on their therapeutic needs; any sense that they are at risk of harm from other youth or staff will undermine their rehabilitative progress. Gangs and gang behavior must not be allowed to fester in the custodial environment. Not only does gang activity interfere with the therapeutic environment and put staff and youth at risk, it also creates barriers to individual growth and positive interactions among peers.

In short, the culture of the custodial environment must be therapeutic rather than punitive. In a comprehensive analysis of evidence-based juvenile justice programs conducted in 2010, Mark Lipsey and his colleagues found that programs with a therapeutic philosophy are significantly more effective than those with a control philosophy regarding outcomes for youth.[2] The researchers advised that programs with a control approach to managing youth behavior should be avoided in favor of those guided by a therapeutic approach.[3] Ensuring that the culture of the institution is consistent with this therapeutic philosophy is thus critical from the standpoint of improving youth behavior and reducing recidivism rates.

The Need for a Multi-Tiered Approach to Behavior Management

Violence and misbehavior in youth confinement facilities are symptoms of a systemic failure to address the skill deficits of incarcerated youth.[4] These deficits can reduce a youth's ability to address problems in a calm and reasoned fashion, provoking impulsive responses to stressful situations and emotional or violent reactions to perceived disrespect or danger.[5] Because incarcerated youth arrive at secure facilities with a multitude of skill deficits, staff need to shift away from traditional punitive approaches to managing this population. Those punitive approaches and use of increased disciplinary sanctions can simply mask the aggressive behaviors of youth rather than teach them skills that can prevent such behavior in the future. The far better approach is to use a range of strategies for preventing, intervening, and responding to misbehavior that elicit desired behaviors, promote long-lasting behavioral change in youth, and lead to a systematic reduction in violence and misbehavior.[6]

Research has shown the value of using a multi-tiered framework modeled upon Positive Behavioral Interventions and Supports (PBIS), an incentive-based behavior modification system that teaches and strengthens appropriate behaviors and reduces challenging behaviors.[7] The model is designed to prevent the development of new problem behaviors, the triggering of occurrences of problem behaviors, and the exacerbation of existing problem behaviors. While PBIS is typically applied to classroom settings, research supports its effectiveness with students of all ages and in all types of settings, including in secure juvenile facilities.[8]

It is important to understand the logic and structure of the PBIS multi-tiered approach to behavior management, as illustrated in Figure 1. The primary tier provides preventive strategies and behavioral support for all youth across all settings within the institution. According to Brenda Scheuermann, 80% to 90% of all youth in school settings respond successfully to a positive, proactive environment that emphasizes teaching students how to behave and ensuring that attention is paid to appropriate behaviors rather than simply punishing inappropriate behavior.[9] The secondary tier provides more intensive behavioral supports and interventions for those students whose behaviors are not responsive to primary-tier strategies. Another 10% to 15% of youth tend to need these structured and individualized interventions.[10] Finally, the tertiary tier provides highly individualized and even more intensive behavioral supports for students whose behaviors are not responsive to primary or secondary tier interventions. One to five percent of all youth will likely need these intensive services.[11] Youth move in and out of these tiers as their behavior changes, so that youth who were responsive at the secondary tier can move back to the primary tier, removing secondary tier interventions from their behavior management plan.

This framework is especially helpful for juvenile confinement staff, because it shows the importance of across-the-board approaches that, when applied to an entire institution, help prevent behavioral problems in individual youth. Preventing misbehavior is the best way to manage it, and intervening early with minor misbehavior helps keep problems from escalating or becoming chronic.

To achieve and maintain the positive culture described above—and to encourage the safest environment possible for both youth and staff—the multi-tiered approach to behavior management should incorporate best practices in a number of different areas, including the following:

- Staff training and the building of positive staff–youth relationships.
- Staffing practices.
- Physical environment.
- Small group processes.

- Classification.
- Structured daily schedules.
- Youth empowerment and outlets for complaints.
- Therapeutic interventions.
- Strength-based rewards and consequences.
- Discipline and graduated sanctions.
- Separation and disciplinary confinement of youth.
- Long-term behavioral management units.
- Crisis management—de-escalation, use of force, and restraints.

When implemented comprehensively, improvements in each of these areas consistently lead to a reduction in violence and misbehavior and create a culture of behavior management within a confinement setting. The rest of this chapter describes in detail the best practices that together comprise an effective behavior management system and shows how they fall within this multi-tiered structure, which incorporates elements of prevention, intervention, and disciplinary responses, as well as appropriate ways to handle situations that call for crisis management.

Figure 1

Effective Behavior Management System

Multi-Tiered Structure

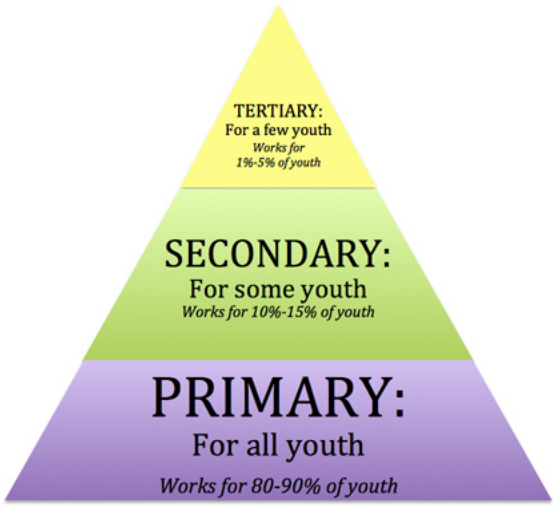

Figure 1 illustrates the behavior management model using a pyramid divided into three tiers of behavioral supports and interventions, with the primary tier at the bottom. The primary tier applies to all youth; the secondary tier applies to some youth; and the tertiary tier applies to a few youth.

Best Practices in the Multi-Tiered Model of Behavior Management

Preventive Elements of the Primary Tier

The primary tier of an effective behavior management system is focused on prevention of misbehavior through system-wide strategies applicable to all youth in the facility, rather than an approach that targets an individual resident. Those proven, across-the-board prevention strategies include: effective staff training on relationship-building, appropriate staffing levels, environmental factors, the use of small groups within the facility,

classification, gang management, highly structured daily schedules, and youth empowerment. Most of these operational issues are addressed in more detail elsewhere in this Guide, but are discussed here from the standpoint of how they support an effective behavior management system.

Staff Training and the Building of Positive Staff–Youth Relationships

Staff training is arguably the best avenue to preventing misbehavior in juvenile facilities, and the single most important contributor to the quality of youth confinement services.[12] David Roush and Michael McMillen highlight the links between inadequate staff training and serious problems like youth suicide and youth-on-youth violence.[13] Yet agencies often limit the time and resources devoted to staff training, citing scarce funding and scheduling difficulties. This is surely a mistake. Juvenile detention and corrections staff consistently rank additional training as their highest need.[14] New staff should receive as many hours of training as possible, and ongoing in-service training should be required for experienced staff. (See Ch. 4: Developing and Maintaining a Professional Workforce) [2]

The content of the training curriculum is even more important than the number of hours staff spend being trained. Training on certain subjects is essential from the standpoint of improving facility safety. Roush recommends training youth facility staff in all of the following subjects:

- Job skills (security procedures, supervision of youth, report writing, key control).
- Suicide prevention (signs of suicide risk, precautions).
- Emergency procedures (fire procedures, use of force regulations and tactics).
- Relationship building (communication skills, social and cultural lifestyles of youth, adolescent growth and development).
- Youth rules and regulations.
- Youth rights and responsibilities.

Of these, training in relationship building may be the most important when it comes to preventing misbehavior and maximizing safety in a juvenile facility.

Relationships between youth and staff are considered the primary way in which the behavior of youth is managed; therefore, it is critical for staff to receive training to improve those relationships.[15] Positive relationships are built on a foundation of trust. That trust is developed through active listening, honesty in all interactions, respectful communication, fair and thoughtful responses to the youth's actions, and concern for the youth's well-being as demonstrated by caring behavior, encouragement, protection of the youth, and the teaching of problem-solving skills. Staff should always strive to practice these kinds of positive interactions with youth in the facility. Teens are highly capable of seeing through superficial or non-genuine interactions, and inconsistent responses on the part of staff are certain to lead to a lack of trust. Many youth have complicated family and educational histories that already lead them to mistrust adults. Many of them lack positive, caring relationships with adults and have little reason to behave well for those they do not trust. But, where there is a trusting, caring, mutual relationship with an adult, the youth want to succeed and control their behaviors to please that individual.

Through their interactions with residents, confinement staff have the potential to model positive behavior, respectful communication, and strategies for resolving problems or sources of stress. Social learning theory tells us that the behavior of residents in institutional settings is the product of staff interactions, and that everything a staff member does is an interaction and a teaching opportunity.[16] Indeed, one study found that a quarter of the behavioral change observed in youth can be directly attributed to the nature of the relationship formed between the client and the treatment provider.[17] Even the emotions and behaviors of the staff tend to be replicated by the youth who observe them. Through their own behavior, staff can model self-management and reflective action, or they can teach aggression, sarcasm, argumentation, and loss of control. Thus, the ways in which staff talk to youth and respond to negative behaviors are critical elements of preventive behavior management, and the training curriculum must teach staff how to communicate and respond in a positive manner.

Youth that exhibit aggressive behaviors are those most in need of supportive relationships with staff. Yet, they often receive the least programming and fewest opportunities to develop positive adult relationships, because staff typically move into a punishment mode in response to these youth. It is far more effective for staff to shift their approach to one that emphasizes redirection of the negative conduct.

Around the country, juvenile confinement agencies have developed policies and practices to encourage positive staff interactions with youth and to teach staff how they can play a critical role in redirecting negative behaviors on the part of residents through these relationships. At Long Creek Youth Development Center in South Portland, Maine, for example, staff members are required to provide a minimum of ten positive statements to residents each day that reinforce desired behaviors and redirect negative ones.[18] Line staff members are informed of the behaviors that youth learn in specialized programming and are directed to emphasize these behaviors. In this way, line staff are able to build on the foundation laid by treatment staff: both groups are able to help residents cultivate alternative coping strategies when aggressive feelings arise.[19] Although treatment staff specialize in skill training, line staff can provide practical application of these skills.[20] Conversely, line staff can help identify the type, severity, and frequency of a youth's misbehavior, so that the treatment team can tailor plans to meet the youth's needs.[21]

Similarly, Mark Steward has coined a phrase—"eyes on, ears on, hearts on"—to describe the level of supervision and interaction with youth that all staff should maintain while on duty.[22] This approach is informed by the notion that, when youth know staff members are there to help them and not hurt them, a change in behavior is more likely to occur.

Not only do positive relationships help prevent violence and other forms of misbehavior by providing youth with skills and a reason to exercise self-control, these relationships also provide a foundation that allows staff to intervene when aggressive conduct escalates. Line staff that already have a positive relationship with youth can more effectively use verbal skills to de-escalate a confrontation involving that child. Indeed, it is difficult for staff to defuse a situation without having an existing trusting and positive relationship.

Training in relationship building should cover effective use of authority, expressions of disapproval that redirect a youth's behavior, and appropriate ways to reinforce problem-solving skills in youth.[23] Staff members who understand how their job influences relationships with youth are most successful at preventing misbehavior among youth. For example, such training might help staff understand that youth want to feel in control and might refuse to respond to a directive if the youth feels it is just another order from an authority figure. Staff members who understand the reason for noncompliance are more likely to effectively promote positive responses.[24]

Staff must learn about adolescent development and the myriad factors that influence youth behavior. They need to understand that youth misbehavior is primarily a product of a still developing brain, poor impulse control, peer pressure, lack of appreciation of consequences, and lack of practice with effective problem-solving skills. They need to appreciate the degree to which mental illness, trauma, substance abuse, and the disruption of a youth's family life can lead to outbursts and other negative behaviors. And they need to know that youth are still works in progress. The children in their care are highly capable of change, and their characters are still forming. (See Ch. 6: Adolescent Development). [3]

Staff should also be trained in diversity awareness. Staff members and youth offenders often come from different cultures. This difference can result in cultural misunderstandings whereby staff or youth perceive disrespect or inappropriate behavior where none is intended, in turn leading to conflicts between staff and youth. To prevent such conflict, staff training should highlight the differences in culture, socialization, and race that can affect staff members' ability to relate to youth and to respond to crisis situations.[25] Staff training should help staff members become aware of their own biases and gain an accurate working knowledge about the various cultures of the facility's residents.[26]

Staff training must also include information about mental health issues, given that the majority of youth involved with the juvenile justice system have special mental health needs. In fact, studies estimate that anywhere between 65% and 70% of youth offenders have at least one diagnosable mental health disorder.[27] Lisa Boesky notes

that certain supervision and management strategies are more effective with mentally ill youth.[28] Also, when a crisis situation occurs, staff that do not understand the youth's mental illness may unintentionally escalate the situation.[29] Finally, staff may inadvertently reward angry outbursts or violence if they have not learned how to reinforce pro-social ways of coping.[30] (See Ch. 11: Mental Health) [4]

The best mental health training makes clinical material understandable, is tailored to staff members' specific job duties, provides realistic management and supervision recommendations, and includes real-life case examples.[31] Administrators might find it beneficial to send entire staff teams to the same outside mental health training, so the entire team is exposed to the same information. Juvenile facility staff teams frequently report that, after they work together to learn about mental health issues, they experience decreased episodes of self-injury and aggression or violence among confined youth.[32]

Later sections of this chapter will provide further detail on how staff training on crisis-level incidents, use of verbal techniques to de-escalate a tense situation, and avoiding the use of punitive strategies such as physical force, use of mechanical and physical restraints, and seclusion of youth in response to serious misbehavior.

Staff Ratios, Turnover, and Deployment[33]

Though staff training is critical, staffing practices such as staff-to-youth ratios, turnover, and deployment also directly impact staff members' ability to monitor youth, provide for youth safety, and allow for quality interactions and support.[34] These activities, in turn, affect the likelihood of youth misbehavior, as well as the level and number of violent incidents in a facility. Appropriate staffing practices are key to ensuring a safe environment for all youth and staff members and to promoting positive behavior among youth.

The higher the staff-to-youth ratio (meaning, the more staff present for each youth in the facility), the more that staff interactions will help prevent behavior problems in secure facilities by allowing staff additional opportunity to work with youth and help staff identify and resolve problems before violence escalates.[35] High staff-to-youth ratios allow youth to feel safe, making them less likely to act out.[36]

Roush and McMillen suggest an overall minimum staff-to-youth ratio of one staff person to every 8 to 10 youth; but, ideally, one staff person should directly supervise only about 6 to 10 youth at a time.[37] These ratios are so widely considered an effective measure for reducing violence in secure facilities that the Department of Justice (DOJ) included them in newly issued regulations for enforcing the Prison Rape Elimination Act (PREA). The PREA Standards, designed in part to prevent youth-on-youth sexual violence, mandate that, by October 2017, juvenile facilities maintain staff-to-youth ratios of 1 to 8 during waking hours and 1 to 16 during sleeping hours.[38] These ratios include security or direct-care staff only.[39] Sheila Mitchell believes that high staff-to-resident ratios are so important in preventing violence that her agency increased the number of staff to 1 staff member per 6 youth during the day and 1 staff member per 10 to 15 youth at night. Dr. Nelson Griffis believes the ratios should be even lower for violent or sex offenders. He recommends a 1 to 5 staff-to-youth ratio for this population. (See Ch. 8: Management and Facility Administration [5] and Ch. 17: Quality Assurance: Prison Rape Elimination Act) [6]

Beyond the importance of maintaining appropriate staff-to-youth ratios, avoiding staff turnover is a critical factor in promoting safe custodial environments. High rates of staff turnover can destabilize a facility, contributing to the risk of youth misbehavior and violence. Confinement facilities that experience frequent staff turnover have consistently high numbers of new, inexperienced staff members who are less familiar with the individual youth, security procedures, and crisis de-escalation techniques; these staff are less effective in managing the youth and preventing violence.[40] New staff members often do not have meaningful relationships with the youth, which may contribute to the youths' willingness to act out, test limits, and assault the staff members.

Staff should be deployed in a way that allows them to maintain a high degree of supervision in housing and activity spaces, because these are the areas where violence among youth most commonly occurs.[41] Research on Texas's juvenile correctional facilities found that major rule violations overwhelmingly occurred in the housing areas.[42] Staff should always be present to supervise youth circulation between physically controlled zones, to supervise youth in their housing areas, and be strategically deployed to supervise any areas where camera angles,

corners, or building layouts might allow youth to hide or engage in negative behaviors. Youth should not be able to conceal themselves in unsupervised rooms or corners.

Roush and McMillen also recommend that staff supervisors remain highly visible; youth are less likely to engage in negative behaviors if they know they are being monitored at all times.[43] Youth should know that, even during periods of low staffing, remote audio and visual monitoring systems are supplementing direct supervision.[44]

Staff seniority should also be taken into account in determining how, where, and when staff will be deployed. Contrary to frequent practice, the most inexperienced staff should not be assigned to what is determined to be the most dangerous shift. Many staff members dislike working the second shift and seek to avoid it, but this is when youth have the most downtime, and the risk of behavior problems increases. Youth often take advantage of inexperienced staff. Thus, wise administrators should seek to assign their most effective and experienced staff members to this shift to assist in behavior management efforts. Similarly, more experienced staff should work with special populations, including the mentally ill. This is a challenging assignment, and inexperienced staff members typically do not have the training or skills to help manage behavioral problems that arise with these populations.

The age and gender of staff members also matters when it comes to deployment. Older juvenile corrections staff should be assigned to work with older youth (17 and older), and managers should aim for at least a three- to five-year age difference between those doing the supervision and those being supervised. To the extent possible, female staff should be assigned to work with girls; this can help reduce the impact of trauma on the part of those youth who have been abused in the past.

Physical Environment and Security Measures

The physical structure and environment of youth confinement facilities have a tremendous impact on the likelihood of violence within that facility. The size and design of the spaces where youth are confined can impact the behavior of youth.[45] Proper design of a facility can help prevent violence across all youth populations, and should be considered a critical element of the behavior management plan of a youth confinement facility. Also, appropriate use of technology can help promote safer interactions among youth and serve as a deterrent to youth misbehavior.

The juvenile justice field widely recognizes the superiority of small, community-based juvenile corrections facilities over larger, conventional training schools.[46] There are two ways in which smaller secure juvenile facilities prevent the development of aggressive behaviors.

First, smaller facilities create an environment more hospitable to treatment. This is important because a severely institutional, restrictive juvenile facility may cause youth to attempt to exert control through aggressive, confrontational behaviors that endanger staff or other youth.[47]

Roush and McMillen recommend facilities with physical settings that project an image of positive expectations for youth.[48] Specifically, they suggest natural lighting and physical access to outdoor spaces to reduce the impression of confinement as well as carpeting, furnishings, and other spatial configurations designed to reduce noise and create the perception of a calm and controlled setting.[49] Will Harrell, also emphasizes the importance of youth access to outside recreation, green spaces, and natural sunlight. He notes that such environmental factors help prevent a youth from becoming institutionalized, which is linked to violent behavior.

Similarly, according to Mark Steward, small facilities are easier to design with homelike features that reflect this type of therapeutic community. For example, Hogan Street Youth Facility in Missouri is the highest security level facility in the state, and yet it looks no different than the state's other group home settings because it, too, is designed to resemble a home.[50] Dorm rooms at this facility contain comfortable wooden beds and colorful comforters. Walls are decorated with pictures, murals, and craft projects from treatment group sessions. Day rooms have couches, coffee tables, plants, and wooden furniture, resembling the comfort of a home living room. This stands in stark contrast to the typical corrections-based dayroom of white walls and hard, plastic, bus

station seating that reflect a more restrictive living environment.[51] Missouri's use of small, non-restrictive facilities has been successful by many measures. Notably, the frequency of violent incidents and the need for restraints or seclusion remains extremely low, compared to juvenile correctional facilities in other states, and, there have been no suicides during the 25 years since large training schools were eliminated from the Missouri system.[52]

The second way in which smaller secure juvenile facilities prevent the development of aggressive behaviors among youth is that smaller facilities are typically incorporated into a regionalized plan for locating these facilities close to the communities of incarcerated youth. Keeping a youth close to home is important, because families play a critical role in supporting changes in a youth's behavior, and family members can visit more often if they live close by. With the encouragement of staff at the facility, these interactions can lead to positive behavior in youth and long-term, healthy family relationships. (See Ch. 10: Effective Programs and Services) [7]

For example, the Missouri Department of Youth Services is able to engage the families of confined youth because of its localized regionalization plan for facilities, which allows most youth to stay close to home, in facilities of no more than 50 youth; the secure care facilities hold just 30 to 36 youth.[53] Since closing its large training schools and shifting to this regionalized model, Missouri has experienced an enormous reduction in violence within its juvenile facilities, according to Mark Steward. (See Ch. 3: Physical Plant Design and Operations) [8]

Other juvenile justice systems are beginning to follow suit.[54] North Carolina shifted to housing no more than 25 youth in its facilities, and since restructuring its system, the state's juvenile justice agency has experienced a very substantial reduction in rule violations and violent incidents, as well as a 73% decrease in re-arrest rates.[55] Louisiana's Office of Youth Detention is implementing a five-year strategic plan of localized facilities based on the Missouri Model.[56] The state is working to move youth out of large, distant, state institutions with a correctional custodial feel and to instead situate them in homelike settings, with a therapeutic, youth-centered environment. One count found that more than 52 youth correctional facilities have been closed in at least 18 states since 2007, and many others have downsized by closing parts of large institutions.[57]

Paul DeMuro contends that juvenile confinement facilities should be small enough that the facility administrator "can know the life story of every kid in them."[58] But not all experts agree that facilities need to be smaller than 50 beds to be effective at reducing youth violence. Nelson Griffis contends that facilities with 80 beds or fewer can also accomplish this goal with greater economies of scale, assuming they are well-designed and focus on treatment goals.

It is important to remember that deinstitutionalization, though important, can be destabilizing. Downsizing the number of youth in facilities often requires merging youth from different facilities into new environments. This can lead to culture clashes between youth who are not yet fully equipped with the skills needed to manage this type of change. At the same time, staff members are also forced to transition to different facilities. This can also be destabilizing, because staff are challenged by a learning curve as they enter a new environment at a time in which consistency is most crucial. This instability can lead to increased levels of youth misbehavior.

In short, research and experience strongly suggest a correlation between the size and design of facilities and the level of misbehavior on the part of residents. Keeping facilities small and more homelike can help prevent behavior problems, and help support the therapeutic mission of the facility.

Although the overall size of facilities is very important, so too is the size of the sleeping units. Research has shown that the vast majority of violent incidents occur in dormitory settings, especially those with 11 or more residents in one large sleeping space.[59] David Roush recommends eliminating congregate sleeping arrangements in juvenile detention facilities to reduce youth violence,[60] a view shared by Griffis, who believes that single-occupancy rooms are essential in juvenile custodial settings. This position is also reflected in the American Correctional Association's standards for juvenile confinement facilities.[61] Will Harrell highlights the special importance of using single-occupancy rooms in reception centers and diagnostic units, where staff have much less information about the youth's behavior or vulnerabilities at that point, and because the stage of the process is so traumatic for the youth in ways that may cause them to act out.

Even when single-occupancy sleeping rooms *are* used, it is important that these rooms are not overly institutional or restrictive, or else youth may try to exert control by acting out.[62] The restrictiveness of sleeping rooms can be reduced by, for example, including carpeted floors to reduce noise or windows or lighting that reduce the sense of physical confinement.[63] Single-occupancy rooms must be used in a manner that promotes privacy without becoming a form of isolation or excessive confinement. Allowing youth to decorate their rooms with pictures of family members or craft projects completed in therapeutic treatment groups creates a personalized space for youth that encourages positive behavior. Structured this way, single-occupancy rooms can provide a retreat at the onset of negative feelings. However, when youth retreat to their rooms, staff should keep the doors to the room unlocked so that youth do not associate the space with punishment.

Not all agencies rely on single-occupancy rooms to manage youth behavior. Because of the risk that single-occupancy rooms may promote restrictive living environments, Missouri uses dormitory settings, which provide a shared space so youth learn to live in community with one another.[64] While Missouri's experience in this regard is clearly successful, most youth corrections experts tend to see Missouri's housing arrangement as an anomaly and believe that the single-room design is a critical part of an agency's behavior management system.

It is also important that administrators and staff not overlook the importance of following basic security measures; the security of facility features such as doors, windows, and cameras can affect the staff's ability to manage youth and can deter youth misbehavior. For example, security breaches often occur when staff members accidentally leave windows or doors unlocked. To minimize security risks, staff should physically check that each door and window is secure each time they walk by.

Surveillance cameras can be especially helpful in supplementing direct supervision of youth by staff.[65] But, unless they are properly deployed and monitored, cameras can also lull staff and administrators into a false sense of security.[66] Administrators need to ensure that there are no blind spots or areas without camera visibility in the facility, because these locations tend to be prime spots for violent incidents or illegal activity.[67] If there are unavoidable blind spots, staff should take additional security precautions in these areas. (See Ch. 16: Behavior Observation, Recording, and Report Writing). [9]

In short, facility design, facility size, and staff attention to basic security measures can have a profound impact on youth misbehavior, and it is critical that staff pay attention to such issues as a key preventive strategy in behavior management.

Small Group Processes

Research shows that youth are better behaved when they participate in small group activities that allow for positive interactions with their peers. In custodial settings, regardless of the size of the facility, youth should be placed into small, family-like groups of no more than 12 youth, and members of these small groups should participate together in every aspect of daily life together during their incarceration. Structured grouping of youth within facilities helps promote behavior management in two ways. First, the cohesiveness of a group is essential to achieve treatment gains and is an important condition for a change in behavior.[68] In every Missouri facility, for example, youth are placed in small groups that participate together in all education, treatment, meals, recreation, and free time.[69] Throughout their stays in Missouri's youth institutions, youth are challenged in these groups to discuss their feelings, gain insights into their behaviors, and build their capacity to express their thoughts and emotions clearly, calmly, and respectfully—even when they are upset or angry.[70] The consistency of the group does not allow young people to hide or withdraw, and when aggressive feelings arise, a youth's peers challenge them to confront those feelings in meaningful and productive ways.[71] Based on a similar premise, the Texas juvenile system offers the Capital and Serious Violent Offenders Program, a highly successful and intensive therapeutic program that relies on group support to encourage changes in behavior.[72]

The small group structure uses the concept of peer pressure in a positive way by encouraging youth to reinforce the skills learned in therapeutic programming that youth attend together. In small, family-like groups, youth come to recognize each other's triggers for aggression, which can prevent violence.

A number of agencies, including the Missouri Department of Youth Services, the District of Columbia Department of Youth Rehabilitation Services, and the Santa Clara County (California) Probation Department, have found that using small group structures has led to a significant reduction in youth violence and gang activity.[73]

The second way the internal structure of small groups helps promote safety is by maintaining appropriate staff-to-youth ratios. Roush and McMillen suggest that each housing unit should support no more than 8 to 12 residents, because this is the most a single staff person can manage effectively and with a high level of safety. Youth may be separated into even smaller housing groups for programming purposes or for certain categories of youth.[74] Furthermore, it is harder for staff to provide immediate support to individual youth when they are arranged in large groups, and it is more difficult to move large groups from place to place for various program activities.[75] To address this problem, Missouri conducts treatment and education programs in cottages or dormitory settings.[76]

Missouri's DYS assigns a single case manager to oversee each youth from the time of commitment through release and into aftercare, and it provides youth with extensive supervision and support throughout the critical reentry period.[77] This means there is always a case manager watching what the youth is doing while providing positive encouragement, which serves as a deterrence to misbehavior.

Juvenile detention and corrections administrators should strive to implement opportunities to group youth into small teams, as this is an effective behavior management practice.

Classification Systems

A solid classification system is a key part of any facility's behavior management plan. Classification systems are the principal tool youth confinement facility administrators have for allocating program resources and for minimizing the potential for escape and violence.[78] Classification systems are commonly considered "the brain" of correctional management, because it allows individuals to be categorized by individual risk to commit violence and their vulnerability to violence. By classifying youth according to risk level, administrators can make appropriate decisions regarding staffing, bed space.[79]

Classification systems are based on the theory that individuals in custody have varying levels of vulnerability and aggressiveness, which can be measured by objective, validated techniques. The classification status determines housing, programming, and recreation within the facility. The staff assigned in each area must be fully aware of the types of youth under their care and be trained in management techniques appropriate for dealing with that group.[80]

Effective classification requires the continual updating and retrieval of information about a youth, especially following any behavioral incidents. This allows management to reevaluate and update a youth's status if classification needs change. Accurate and reliable data should provide management staff with an improved ability to identify potential safety risks.

The PREA Standards offer useful guidance on the appropriate placement of youth in housing units.[81] The goals of PREA are to reduce sexual violence in correctional facilities, and PREA Standards outline best practices for identifying potential victims or perpetrators of violence during the intake process. PREA Standards require that, at a minimum, staff should attempt to ascertain information about:

1. Prior sexual victimization or abusiveness.
2. Any gender nonconforming appearance or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore by vulnerable to abuse.
3. Current charges and offense history.
4. Age.
5. Level of emotional and cognitive development.
6. Physical size and stature.
7. Mental illness or mental disabilities.

8. Intellectual or developmental disabilities.
9. Physical disabilities.
10. The resident's own perception of vulnerability.
11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.[82]

To meet PREA Standards, the information gathered should be the basis for housing decisions. This information also should be used for purposes of education, programming, and work assignments to keep youth safe throughout the day.[83]

Although jurisdictions vary in the factors considered during classification and assessment, a national survey by the National Institute of Corrections found that most adult correctional systems screen for some basic inmate characteristics including membership in a gang or security threat group, escape risk, violent behavior, and suicide risk.[84] Similar characteristics should be taken into account during the classification process for youth. (See Ch. 19: Challenging and Vulnerable Populations). [10]

An effective classification system will go a long way toward helping maintain safety in the facility. However, administrators should be wary of the risks that come from having a limited number of secure facilities in which to place a youth. As many states embark on the depopulation and closing of state-run secure institutions, they have limited options for where to initially place a youth to best meet his or her needs and on where to move the youth should his or her behavior warrant a transfer to another campus or another security level. Ideally, there should be a range of available facilities to maximize the ability of the classification system to address a particular youth's needs and behaviors. This is particularly true now that secure facilities tend to hold a higher concentration of youth who have a history of violence or serious emotional or mental health needs. In such settings, classification systems and accurate data on each youth may become even more important for the overall safety of the facility. Understanding the risk factors specific to these groups and making housing and programmatic decisions based on classification will ensure the youth are housed according to their security needs. As noted earlier, having a larger number of smaller facilities is an approach that allows both for depopulation of state-secure facilities and housing youth safely in these facilities using an effective classification plan.

Gang Management

The presence of gangs in a facility can have a tremendous impact on youth safety and the potential for violent behavior, and can encourage disregard for facility rules.[85] Gangs contribute to poor staff–youth relationships and the likelihood that staff will turn to control methods rather than the therapeutic approaches shown to be most successful.[86] Gangs are highly prevalent in certain juvenile confinement facilities, and in one 1998 study, one-third of youth in custody claimed a gang affiliation.[87] Thus, an important preventive element of the multi-tiered behavioral management system is having an effective gang management plan. (See Ch. 6: Adolescent Development, [3] Ch. 17: Quality Assurance, [6] and Ch. 19: Challenging and Vulnerable Populations). [10]

The root factors leading youth to gang membership are well documented; they include a need for identity, a sense of belonging, protection, feelings of self worth, and money.[88] Staff members can identify gang members —or youth at risk for becoming gang members—knowing these risk factors. Regardless of whether youth are already affiliated with a gang, classification systems can be used to group youth in a way that discourages the reliance on gangs and continued gang activity. By organizing youth in small groups in much the same way that a gang or fraternity uses grouping techniques, youth feel a sense of belonging, and facility leaders and staff can turn that into a very positive mechanism for reducing gang violence.

For instance, Santa Clara County's Juvenile Probation Department reduced Hispanic gang activity in its detention facility by 78% by placing youth of opposing gangs in the same group to force them to learn to live in close quarters together. Similarly, the Missouri Division of Youth Services integrates gang members from rival gangs in the same small groups. By setting very clear expectations about zero tolerance for misbehavior and continued gang activity, and by providing extensive therapeutic programming to help these youth control their anger and foster healthy relationships, the staff have managed to maintain a safe environment.[89] The approach

also appears to have long-lasting effects, as Missouri's recidivism rate for gang members was reported as below 10%.[90]

Mark Steward indicates that small groups provide youth with a sense of belonging and leadership that gangs also provide.[91] When youth are new to the group, they immediately find their place within the group's hierarchy and realize that the opportunity to move into leadership positions within the group provides the incentive for doing well in the program. There is pride in being the leader of this type of group and, as a result, youth tend to avoid aggression or behaviors that elicit aggression, such as gang rivalry. Steward has found that the small group process reduces the likelihood of assaultive behavior among youth by a factor of four.[92]

Interestingly, staff at the Tarrant County (Texas) juvenile detention facility use a classification approach to gang management that is opposite the one described above. Whereas the Santa Clara County facility and the Missouri Division of Youth Services both place youth from opposing gangs into the same small groups, Tarrant County puts opposing gang members on what they call DNA (do not associate) status. A youth who associates with those on the restricted list is cited for severe misconduct. Staff members reinforce this classification system by taking preventive steps to ensure the youths' separation.

Steward cautions that staff-to-youth ratios and positive staff–youth relationships are important in employing both the gang management strategy used in Tarrant County and the opposite strategy used in Santa Clara County's facility and the Missouri Division of Youth Services. Staff should ensure gang members are not participating in gang-related activity. However, Steward maintains that, in the long run, youth will benefit from small groups with opposing gang members, because they will learn to live in community with one another. Separating opposing gang members from one another can actually perpetuate hostilities along gang membership lines.

Although there are competing approaches to managing gang activities in juvenile facilities, a failure to address the gang problem with proactive strategies can contribute to the staff's inability to manage the behavior of youth in custody.

Structured Daily Schedules

Many experts believe that a key to preventing violence and managing youth behavior in juvenile secure facilities is daily programming and activities that engage youth at all times of the day. Most violence occurs when youth are idle, as many line staff can testify from experience.[93] Kelly Dedel notes that the value of keeping youth busy with meaningful activities is that they give less thought to harming themselves, others, the building and equipment, and more thought to the skills and insights they are learning through their programs and positive relationships. Furthermore, David Roush points out that programming and activities offer the structure, organization, and predictability that are important in reducing situations of conflict and stress for both youth and staff, preventing the need for subsequent physical interventions.

Education is the primary vehicle for a structured schedule for incarcerated youth, even for those who are confined in disciplinary settings. It may also be the single most important programming that institutions can provide, because so many youth in institutions are behind in their studies or have dropped out of school.[94] (See Ch. 13: Education) [11]

Beyond education, staff members need to provide other forms of structured programs or activities that keep all youth busy and safe from harm. Will Harrell notes that the federal court in Ohio issued a consent order stipulating that structured programming must be provided to incarcerated youth in disciplinary confinement.[95] The order defines structured programming as "adequate, structured Rehabilitative Services, including an appropriate mix of physical, recreational, or leisure activities, during non-school hours and days…at each facility from the end of the school day until youth go to bed, and on weekends."[96]

After-school hours and weekends present particular challenges when it comes to keeping incarcerated youth engaged in activities. Therefore, staff members should be creative in finding activities for youth, for example, scheduling routine and specialized cleaning of the facility during those times. This behavior management strategy

requires that staff engage with youth in a positive manner throughout their shift.[97] Consistent and continued staff involvement—and minimal down time—will help prevent aggressive behavior, as the Missouri juvenile agency has found.

Recreation is another important activity that provides youth access to fresh air and exercise, which are useful for preventing misbehavior. Youth should have access to fresh air for at least one hour every day, and they need to have large-muscle exercise as a part of their daily routine, for normal health and development and for relieving tension and frustration that otherwise might result in aggressive behavior.

According to Orlando Martinez, other activities that staff members can provide include vocational training; religious or other spiritual opportunities; individual and family counseling; medical, dental, mental health services; and substance abuse treatment, AIDS counseling, and sex offender treatment. However, David Roush points out that staff should take caution in transitioning youth from activity to activity, when there is a greater likelihood of instability. Staff should also ensure routine daily activities so that youth know what to expect during the day; routine helps to prevent physical altercations. Programming tailored to meet each youth's needs, should be considered a fundamental part of the primary (preventive) tier in a behavior management plan at any facility. (See Ch. 10: Effective Programs and Services). [7]

Youth Empowerment and Outlets for Complaints

Youth misbehavior is often the youth's response to a perceived lack of control and autonomy in a tightly regulated environment.[98] Youth often feel that they have no effective outlets to express their grievances against facility policies or certain staff members. Meaningful opportunities for youth to advocate for themselves help staff to learn from the youth and adjust facility practices in ways that better meet their needs and help manage youth behavioral. Youth dissatisfaction can be channeled into a pro-social vehicle that emphasizes effective communication strategies, acceptable advocacy tools, and fundamental fairness. This is consistent with the positive youth development model that uses a strength-based approach.[99] Also, numerous studies about therapeutic correctional communities emphasize the value of empowering individuals in confinement in ways consistent with the therapeutic and security missions of the agency.[100]

Will Harrell strongly recommends creating Youth Councils, in which youth are selected to represent their peers in bringing concerns about facility conditions or practices to administrative attention and advocating for systemic changes. This respectful approach to communication about concerns becomes a model for all the youth about how to seek redress, and it creates real leadership opportunities for youth as an alternative to gang leadership. For this approach to work as a behavior management tool, however, staff must be willing to listen openly to the concerns raised by the residents, and make reasonable changes that do not compromise the safety or mission of the agency. Participation on Youth Councils should be limited to youth who have reached a designated level of achievement within the facility and whose behavior fits with this privilege.

Closely related to the notion of youth empowerment is the importance of establishing a well-functioning grievance system in every confinement facility—youth and adult. Like all people, youth want to feel capable of expressing their concerns, to be heard, and to feel that they have some ability to affect their environment and what happens to them. They have an acute sense of fundamental fairness, and when legitimate complaints are ignored or are not remedied sufficiently, they harbor resentments that are often released as misbehavior. Confinement facility administrators should ensure that their grievance system is easily accessible to youth, that youth know their rights, that there are clear procedures for receiving, investigating, and responding to complaints, and that the agency's responses are truly responsive rather than dismissive. A well-designed grievance system can be an extremely effective outlet for redirecting a youth's anger and demonstrates that concerns can be resolved in a peaceful manner, making this strategy an important preventive tool on the first tier of a behavior management system.[101]

Intervention Elements of the Secondary Tier

The secondary tier of the three-tiered behavior management system provides interventions for students who do not respond well to the preventive approaches on the primary tier. Research on the use of PBIS in the classroom suggests that approximately 5% to 15% of youth will need these more individualized interventions to address

their rule-breaking and violent behaviors.[102] While most youth in the facility should be receiving specialized treatment or programming, these secondary-tier interventions are intensified to prevent negative behaviors.

Of particular importance at this stage is helping youth manage their anger, teaching them appropriate responses to peers and authority figures, and identifying any potential mental health issues. Although consequences for misbehaving youth are important, it is also critical to understand *why* misconduct is occurring and how to prevent it with effective therapeutic strategies. Youth must be given the opportunity to practice positive behaviors and decrease negative behaviors.

The secondary tier of the behavioral management system, then, has two critical elements: intensified therapeutic interventions based on cognitive-behavioral methods, and a strength-based system of rewards and consequences that emphasizes positive reinforcement.

Therapeutic Interventions

Youth arrive at secure juvenile facilities with a myriad of challenges, but none are as prevalent or present as great a risk for aggressive behavior as cognitive skill deficits.[103] Of all therapeutic interventions, the most effective are those that specifically target the cognitive deficits that lead to violent behavior. Nelson Griffis asserts that a good treatment program changes the thinking patterns of the youth through cognitive restructuring and that this impacts behavior more than a behavior modification system, though both elements are necessary. These cognitive interventions teach youth to monitor their thought patterns in situations that would otherwise lead to antisocial behavior and violence. On average, evidence-based cognitive-behavioral programs reduce recidivism by 25% to 30%.[104] (See Ch. 10: Effective Programs and Services). [7]

It is important that staff rely upon evidence-based programs that focus on cognitive-behavioral interventions to help youth identify and change their dysfunctional thinking patterns and behaviors. Examples of effective programs grounded in cognitive-behavioral therapy include Family Functional Therapy (FFT), Multi-Systemic Therapy (MST), and Aggression Replacement Training (ART).[105]

In a multi-tiered behavior management system, cognitive-based therapeutic interventions should be provided to all youth to prevent violence from occurring, but should also be intensified as needed as a mechanism for individual interventions when misbehavior occurs. Kelly Dedel notes that the therapeutic interventions must be individualized and tailored to the unique needs of each youth.

Behavior Modification through Strength-Based Rewards and Consequences

An effective facility-wide behavior management plan has clearly established rules, as well as a mechanism for applying meaningful rewards and consequences designed to increase desirable behaviors and to diminish negative behaviors. This is a form of behavior modification, and the theory holds that if good behavior is not consistently recognized and rewarded, then unwanted behavior is simultaneously encouraged. Reinforcement comes from following desirable behavior immediately with an outcome perceived as a reward in direct response to that behavior, so that the behavior is encouraged in the future. This strategy teaches the youth self-regulation, and is based on Social Learning Theory.[106] Reinforcement can either be positive (a tangible benefit that the recipient desires), or negative (the removal of an ongoing but temporary negative condition). Parents and animal specialists use these techniques widely; they have obvious application in the confinement setting as well. The key point is that a consistent response to youth behavior encourages positive behavior and discourages negative behavior, which is critical to the overall success of a behavior management system.

Rewards (or "reinforcers") can take many forms: they can be material in nature (food, clothes, or toys); they can involve activities (sports or movies); they can be social rewards that make a person feel valued (verbal praise, public recognition ceremonies, attention, or helpful feedback); or they can rely on tokens (a points-based system in which the recipient gets to choose the form of the reward).[107]

Although staff should apply rules consistently to all youth in the facility, each youth should have an individualized behavior management plan that identifies and documents the specific behaviors that are targeted for change so that staff members understand where to direct their reinforcement efforts. The plan should also

identify strength-based rewards and disciplinary consequences specifically applicable to that youth. The individual youth must perceive the rewards and consequences as desirable or undesirable. Not all people will respond the same way to the same benefit or loss of benefit. For this reason, Griffis recommends use of a token system, so that the youth can use accumulated points for positive behavior to choose a reward to his or her personal liking.

To provide a practical example of a strength-based incentive, if a youth is motivated by recreational activities, that youth should have increased opportunities to participate in sports or an extra hour of recreation time for appropriate behaviors or for using a new behavioral skill he or she has learned. Other effective incentives could be movie nights, pizza parties, dinner with the Superintendent, or extra time in the game room. Rewards based on the strengths or desires of the individual youth helps motivate the youth to behave well.

As with rewards, the most effective consequences in a behavior management system are defined by the individual youth's strengths and motivations and should be determined by his or her behavior plan at intake. Orlando Martinez believes that defining the consequences in this way ensures that the disciplinary measures are meaningful to the individual youth. Consequences should involve a loss of privileges that are uniquely applied to an individual youth based on his or her strengths or interests. For example, an effective disciplinary technique for a sports-oriented youth may mean not allowing the youth to play basketball with friends.

According to Martinez, the consequences provided in a rewards-based behavior management system help deter negative behaviors, such as aggression and violence. Consequences have to be meaningful, but that does not mean they need to be punitive. Rewards systems must include things that can be taken away from the youth so that they feel the consequence of their negative behavior by either not receiving the reward or having the reward taken away. Privileges that can be taken away to produce a change in behavior include extra phone calls or visitation, though it is important to note that denying a minimum of these could violate the youth's constitutional rights.

According to Kelly Dedel, the most effective rewards systems are based on the give and take of a certain number of points for every observed behavior. Youth acquire points for displaying a good or acceptable behavior and points are simply not given when there is negative behavior. Points can be calculated over a week or points can be totaled for the day, but incentives and consequences must happen immediately and in a meaningful way. Waiting to apply disciplinary measures even a few hours after the incident will not be as impactful as immediate consequences for undesired behaviors.[108] Swift and certain rewards and consequences help youth understand the impact of their behavior. Similarly, youth are more likely to repeat and adopt pro-social behaviors—as opposed to antisocial or aggressive behaviors—when those behaviors and attitudes are recognized, acknowledged, and affirmed in an immediate and meaningful way.[109]

In addition to being strength-based and immediate, disciplinary measures ought to match the severity of the misconduct.[110] Minor violations should typically result in the misbehaving youth not accumulating points towards a desired reward, whereas more serious violations could receive more serious and direct consequences, such short timeouts. However, timeouts should occur in the open, where youth are not locked behind a cell door and where staff and peers remain visible. Overly harsh responses, such as the lengthening of a youth's sentence, are counterproductive, because such responses are not cognitive-based—they do not address the feelings or thinking errors that led to the misconduct, and thus the behavior could easily reoccur.[111]

Finally, a key to the success of any consequence that is imposed for misconduct is that the youth must be able to earn back the removed privilege by demonstrating positive behaviors. The consequence must have the potential to be a negative reinforcer—the removal of this negative condition in response to desirable behavior acts as a motivating reward, and encourages the youth to continue to act in positive ways that are consistent with the behavior management plan.

For most youth, then, the intensification of treatment programming and cognitive-based skills training—combined with an effective strength-based system of rewards and consequences—is enough to redirect their behavior in ways that support a therapeutic, non-punitive culture in the facility.

Intensive Intervention Elements of the Tertiary Tier

The premise of the multi-tiered behavior management model is that most youth exhibit appropriate behaviors when exposed to the across-the-board preventive measures described earlier. A small proportion of youth—about 10% to 15%—need some additional interventions and supports to adjust their behaviors,[112] And only a very small number of youth—estimated by experts at about 1% to 5%—are so challenging or violent that they require the most intensive and individualized level of interventions available.[113] This most intense form of intervention is the tertiary tier of the behavior management model.

Most youth that need this third level of support receive intensified versions of the therapeutic interventions of the secondary tier. However, the disciplinary consequences associated with third-level of misconduct also need to be enhanced, and the facility may need to implement operational changes to address the misbehavior and keep other youth safe. These disciplinary consequences and operational approaches must reinforce a culture of nonviolence and must continue to offer the opportunity for youth to practice positive behaviors. The discussion here will focus on these disciplinary and operational approaches, differentiating those that have been shown to be effective from those that have been found to be counter-productive in addressing youth violence.

Discipline and Graduated Sanctions

Effective discipline in a juvenile facility requires a continuum of responses to misbehavior, also called "graduated sanctions." These graduated sanctions should incorporate appropriate, proportionate, and immediate consequences for serious misbehaviors while still providing youth a space in which they can practice positive behaviors. At the low end of the continuum, responses to minor misbehavior—such as failure to make the bed or follow staff directions—should include lower-level consequences or removal of privileges for the youth. At the upper end of the spectrum, there should be more significant responses to and consequences for aggressive or violent behavior.[114]

Whatever the response, it should be applied immediately. The longer the time between the youth's actions and the resulting sanction, the less the two events will be linked in the youth's mind. Some particularly serious misconduct may warrant a response that requires a due process hearing, which should occur as soon as possible and within any required timeframe. That due process hearing should be much more than a *pro forma* event: the youth must feel like he has a meaningful chance to be heard and to share his version of the incident. Will Harrell notes that perceived fairness goes a long way towards helping the youth appreciate the consequences of his or her actions, whereas a sense of injustice can simply reinforce the youth's hostility.

Even more critical is the need to ensure that the sanctions do not end up reinforcing the negative behavior by being overly punitive or devoid of an educational component. According to Andrea Weisman, graduated sanctions are most effective when additional programming is applied at every level, so that youth can learn more appropriate skills for managing aggressive behaviors. Youth who rely on aggression to solve problems need to learn more appropriate problem-solving skills and also need the space to practice those skills. This requires continued interaction with staff and peers even after engaging in an aggressive encounter with other youth. Thus, isolating the youth in a highly restrictive setting without access to programming tends to be counterproductive in reducing behavioral problems. Similarly, punitive measures such as adding time on a youth's sentence provide no opportunity for the youth to learn or practice new skills and should therefore be discouraged, notes Will Harrell.

The most aggressive and violent youth can be removed from the general population as a safety measure, but the goal remains to teach them how to behave appropriately and to conform to facility rules rather than to punish them. Natural consequences, such as being unable to participate in a dormitory's activities as a result of misbehavior on the dorm, sends a much more meaningful message to the youth than does the imposition of a punitive sanction.

The use of restorative justice measures such as talking circles (also known as group conferencing) can also be helpful in the context of graduated responses to misbehavior.[115] In a small group, youth can discuss how an act of aggression affected everyone as well as interfered with their group dynamic. Often, group members build up resentment towards the misbehaving youth without any opportunity to express those emotions. Knowing

how one's actions affected the community can be a deterrent to further misbehavior. Missouri's juvenile institutions routinely address youth misbehavior through small group discussions,[116] and Ohio's juvenile facilities are considering implementation of this approach, according to Will Harrell.

It is also important to remember that most serious misconduct does not arise in a vacuum, but follows numerous lower-level incidents of nonconformity with the rules. If minor misbehavior is ignored or if the consequences imposed are meaningless to the youth, it is likely that the misbehavior will escalate. Thus, the need for immediate responses and interventions that teach positive behaviors is essential at the earliest signs of noncompliance with facility rules. The question should not be, "What do we do with a youth who is seriously aggressive?" but "What have we done (or not done) before now that allowed the youth's behavior to escalate to this point?" Having an effective system of graduated responses is key to effective behavior management.

Separation of Youth and Disciplinary Confinement

An effective system of graduated sanctions may require the separation of an aggressive youth from the general population when he or she fails to respond to initial or subsequent interventions following violent incidents. These sanctions may range from an immediate separation of aggressive youth, to disciplinary confinement, to longer-term separation and placement in special housing units.

Most physically aggressive conflicts start small and simply require an immediate separation of the youth.[117] At this point in the conflict, the use of cool-off rooms or temporarily placing youth in their rooms may be a sufficient intervening response, requiring no additional discipline.[118] The length of time youth spend in room restriction should be based on the youth's behavior. Staff should guard against the risk that cool-off rooms easily become used in a punitive way by prolonging the time apart from peers. Once calm and ready to talk about feelings, the youth should be released from his room and provided the space to talk about his aggression. For example, the Gardner-Betts juvenile detention facility in Travis County, Texas, uses a cool-off room for youth who start to exhibit aggressive behavior. According to the detention center's lead psychologist, the cool-off room is used to prevent youth's behavior from escalating and is used for only a short period of time.

The very short-term use of room confinement for cooling off purposes is often appropriate at the start of a violent incident or in its immediate aftermath, but should not be confused with disciplinary confinement or punitive seclusion. Disciplinary confinement of a youth in his or her room is often used as a formal sanction for misbehavior, but its use must be carefully monitored and should be limited to no more than a few days at most. Some experts contend that youth should never be placed in a restricted room for 24 hours or more as a punishment method.[119] This approach should never be used with youth who suffer from mental illness, who should be placed in a treatment-oriented environment.

Juvenile corrections expert Paul DeMuro highlights the fact that the New Orleans juvenile detention facility sets a maximum of 8 hours that a youth can spend in disciplinary isolation, while the Mississippi youthful offender unit ensures that youth on disciplinary status are out of their cells receiving programming for 4 out of every 24 hours.[120] Both of those limits arose out of consent decrees following federal lawsuits, but administrators in both facilities have recognized the benefits of this approach.

Although isolation can provide a relief for staff who often need a break from aggressive youth, it may also be emotionally damaging to youth who already have experienced much trauma in their lives.[121] There is a great deal of research finding that placement in corrections-style isolation settings can further traumatize the youth and can lead to mental health problems and suicidal behavior.[122] A national study found that over half the youth who committed suicide while in secure confinement were in disciplinary lockdown situations when they died.[123] The courts and the federal government are starting to take notice of these concerns about the solitary confinement of youth. In 2013, a federal court in New Jersey approved a settlement of a civil rights case dealing with disciplinary seclusion of youth with mental health issues due to the harmful effects of such placements, awarding $400,000 to the youth.[124] And the U.S. Department of Justice has recognized that "isolation of children is dangerous and inconsistent with best practices and that excessive isolation can constitute cruel and unusual punishment."[125]

Not only is seclusion of youth in tightly restricted settings, without access to programming, potentially harmful, it is also counterproductive when it comes to stopping misconduct. The approach is ineffective at identifying the underlying causes of the youth's misconduct, and the setting offers no opportunities for the youth to learn to improve his or her behavior or to practice new problem-solving skills. Thus, use of punitive seclusion as a consequence cannot serve as a reinforcement mechanism for positive behavior as described above. Studies have repeatedly shown that youths' behavior gets worse when they are locked up in punitive settings.[126] For example, one study found that the practice in Texas juvenile corrections facilities of referring misbehaving youth to security units (essentially, short-term disciplinary cells) following an incident actually correlated with an increase in misconduct.[127] Youth in that study were found to be referred to the security units an average of 48 times, with 93 youth referred over 300 times during their confinement in state custody.[128] Clearly, referral to this punitive setting did nothing to stem the likelihood of further serious rule violations.

In another study, Human Rights Watch reported on the widespread use of seclusion to manage the behavior of incarcerated youth. The report found that the longer teenagers were kept in isolation, the less they participated in activities and programs.[129] Not surprisingly, with less to do in those settings, the youth got into more trouble.[130] As noted earlier, one of the essential elements of the primary tier of the effective behavior management system is ensuring that youth have a full day with structured activities and programs. Removing opportunities for programming and increasing idleness as a sanction tends to have the opposite effect of leading to misconduct and deprives youth of the benefits of programs designed to help prevent such misbehavior.

Undoubtedly, staff rely on punitive isolation as a way to interrupt or punish misbehavior, but evidence shows it is not an effective behavior management tool. Contrary to common assumptions, youth do not tend to view placement in these settings as a deterrent to breaking major rules, and placement in these restrictive settings can increase misbehavior. In short, punitive seclusion of youth is counterproductive as a behavior management tool in the juvenile confinement setting and its use should be firmly discouraged by child-serving agencies. The research provides strong evidence that there is a need for non-punitive interventions if the goal is to effectively manage youth behavior.

To guard against the risk that separation of youth from their peers may amount to punitive seclusion, a number of entities have established strict time limits and other restrictions on the use of disciplinary room confinement.

- The Juvenile Detention Alternatives Initiative (JDAI) opposes the use of room confinement for discipline, punishment, or convenience, among other purposes.[131]
- The American Academy of Child and Adolescent Psychiatry (AACAP) has a policy statement opposing any use of solitary confinement and calling for a mental health evaluation of any child who is confined in a disciplinary setting for more than 24 hours.[132]
- Standards developed by the Institute for Judicial Administration and the American Bar Association (IJA-ABA) state that best practices for juvenile facilities should include limiting isolation to eight hours and prohibiting room confinement for suicide risk, as well as limiting disciplinary confinement to five days for minor infractions and ten days for major infractions.[133]
- The ABA Task Force on Youth in the Adult Criminal Justice System recommended that room confinement for any purpose, even in adult facilities, should never exceed ten days.[134]

However, even if agencies adhere to these time limits, there is nevertheless a substantial risk that referrals of youth to disciplinary settings can be overused and may still have deleterious effects. The far better approach is to ensure that separation of youth from peers is minimized, that it be a last resort to allow for relief of immediate tensions or to stabilize an emergency situation, that these youth continue to have access to programming and services, and that the youth can earn their way out of these conditions by displaying appropriate behavior. In lieu of any form of disciplinary confinement, staff should intensify behavioral interventions targeting the needs of a particular youth.

Behavior Management Units

Longer-term management of violent youth may require ongoing separation of these teens from their peers in the facility through use of special housing units. The risk of these units, however, is that they may become forms of

punitive segregation rather than a therapeutic housing placement designed for safe operation of the facility. For example, the Ohio Department of Youth Services operates a Special Management Unit (SMU) in its secure juvenile facilities for sanctioning youth who engage in violent behaviors. When originally created, the SMU was intended to be an extension of a cool-off room, using an entire wing of cells for youth who needed temporary separation from the general population. However, over time, the unit came to operate more as a punitive segregation unit, similar to those commonly seen in adult prisons; this practice led to oversight by the federal court.

Under the guidance of a court monitor, Ohio reworked its SMU based on the best practices of various juvenile systems around the country related to managing the behavior of the most violent and disruptive youth in secure custody.[135] Now, the SMU, operating under a 2012 Consent Decree, must provide structured programming even to youth in closed-cell environments. This structured programming must be designed so that it modifies behaviors, provides rehabilitation, addresses general health and mental health needs, and is coordinated with a youth's individual behavioral and treatment plans. Finally, youth may not be confined in locked cells during waking hours, and placement in the SMU must follow an adequate disciplinary hearing.[136]

Specialty units should be created to house and treat youth with acute mental health issues who present behavioral problems. These youth may need to be removed from the general population, but also need to have their mental health issues addressed directly.

In short, youth removed from the general population and placed in special housing units to better manage their behavior should spend most of their day engaged in activities or treatment rather than in seclusion. This prevents the unit from deteriorating into a lockdown setting in which youth spend significant lengths of time locked in their rooms. Even if these are considered units for longer-term separation of youth, there should be a clear plan and path for the youth to be returned to the general population. Administrators should have a clear vision and purpose for the SMUs, which should be a vehicle for delivering more intensive programs and interventions. Staff should be adequate in number and qualified to deal with this challenging population.

To the extent that behavior management units—or any other kind of housing unit that separates troublesome youth from their peers on a long-term basis—become punitive in nature, they do not have positive outcomes, and youth commonly exhibit more aggressive behavior under these conditions. A report about youth violence in the Texas juvenile justice system found high rates of violence and misbehavior in a unit specifically designed to separate assaultive youth and keep them housed under highly restrictive conditions on a long-term basis.[137] Thus, agencies should take special care in designing and operating their behavior management units so as to support rather than undermine an effective behavior management plan for the facility.

Crisis Management

Comprehensive implementation of the three tiers of the behavior management system should lead to a significant reduction in aggressive incidents that require immediate staff involvement. But in rare instances, crises arise that require staff to take immediate control of a situation to avoid a significant risk of harm to youth or staff. Proper use of crisis management techniques should support the therapeutic culture of the confinement facility and the overall behavior management system by defusing dangerous situations and protecting youth safety.

Verbal De-escalation

Amanda Yurick has found that verbal techniques are important tools for use in the early stages of violent episodes. Counter-intuitively, though, verbal tools should not be used to intervene once violence has occurred, because such comments may inadvertently cause an escalation in aggressive behavior. The timing of the use of these techniques is important and should be clearly defined for staff during training sessions.

Yurick emphasizes that staff must continue to maintain positive interactions even as they intervene in a confrontation between youth. Often, well-intentioned staff may respond to misbehavior with phrases such as "calm down" or "be patient" or by using gentle reminders for youth to use breathing techniques they were

taught in anger management. However, when youth are showing signs of aggression, these verbal commands tend to heighten the aggression. The better strategy is for staff to reflect the emotions of what the youth is communicating by first validating the youths' emotions with phrases such as, "yeah, you're right, that is terrible," and then investigating the source of the incident with phrases such as, "tell me what he did." Responses need to be authentic and not contrived, which requires extensive training.

Throughout any incident, staff need to remain in control of their emotions, and must see their objectives as to neutralize risks and redirect youth behavior. Any resort to punitive responses will undermine the positive relationships they have worked so hard to build up. A staff member's calm yet firm approach can still be perceived as positive on the part of youth and will help teach them how to manage their own behavior.

The Use of Force Continuum

"Use of force" is a catch-all phrase that encompasses the use of hands-on physical force against a youth, the use of mechanical restraints (ranging from handcuffs and shackles to fixed restraints and restraint chairs), and the use of chemical weapons (such as pepper spray). Although not all uses of force are inappropriate, the concern is with incidents in which force is excessive or used unnecessarily.

Use of force and restraints should never be seen as disciplinary measures in and of themselves; their purpose is not to punish a misbehaving youth but rather to get a situation under control to prevent further harm. Every agency should have clear policies and procedures that dictate how to manage crises safely and appropriately. Punitive use of these control measures should be clearly prohibited.

Improperly used for punitive purposes, crisis management techniques such as use of force and restraints can promote a culture of fear and violence that is directly opposed to the therapeutic environment that research shows works best to control youth behavior. In large part, this is because aversive control procedures have a highly detrimental impact on the quality of positive staff–youth relationships. In addition, such punitive approaches can make youth more aggressive, can traumatize them, and can cause injuries to both youth and staff.

Research has shown that the use of force and restraints is most prevalent in facilities that suffer from adverse conditions such as understaffing and overcrowding, as well as high levels of suicidal behaviors, assaultive behaviors, and injuries among both staff and youth.[138] Tension and fear appear to run high among youth and staff in these facilities.[139] The correlation between use of force and adverse conditions suggests that use of punitive measures cannot overcome the need for administrators to address fundamental operational problems within a facility. Indeed, the more substantial the operational challenges, the more damaging is the behavior of youth. There is a vicious cycle that serves to reinforce a punitive—and ultimately ineffective and unsafe—culture within the juvenile facility. By paying attention to physical conditions and staffing practices, the agency can likely reduce its need for reliance on punitive control measures. Well run facilities that have appropriate levels of highly trained staff, that assess the needs of youth and provide the necessary interventions and treatment programs for them, and that emphasize supportive and positive relationships between staff and youth, have reduced needs for hands-on force, use of restraints, and placement of youth in isolation settings.

Each agency should have clear, written policies establishing the circumstances under which force may be used with a youth and the procedures to be followed when force is used. These policies should indicate the kinds of force that are allowable or prohibited, specify the type of misbehavior that might justify each level of force, establish time limits on the use of force, and clarify other limitations. The policies should create a continuum that sets forth a hierarchy of interventions from least to most intrusive for responding to youth who are misbehaving, and require the use of the least restrictive measure necessary to control behavior. The policies should address matters such as the need for involvement of medical or mental health staff, the need for ongoing monitoring of youth in restraints, the documentation of any use of force or restraint incident, the administrative approval process prior to application of force or restraints, and the debriefing of the youth and staff following any incident involving force or restraint.[140]

Staff must be intensively trained on these policies, because the tense situations that sometimes arise in youth custodial settings can escalate quickly into hands-on confrontations, which can lead to injuries for youth and staff and liability for the agency. Staff should be trained to recognize individual triggers that can lead to negative behaviors, as well as the strategies they can employ to head off behavioral crises—measures such as physical and verbal de-escalation techniques, moving the youth to a less stressful setting, the involvement of staff with mental health expertise, and the involvement of the youth's family members.[141] Specially trained crisis intervention teams can be brought in to work with youth who present particular challenges, such as those with mental health issues.

Hands-on Force: When and How Much?

Some experts believe that a force continuum requires staff to work their way through each option before moving on to a higher level of force, others contend that the continuum simply provides a range of allowable options from which staff must determine what is a proportionate response to a given form of misbehavior. Steve Martin, believes that the best approach is for the policies to establish the relationship between the threat offered by a youth and the level of response to that threat.[142] The goal is to avoid all unnecessary or excessive use of force, because such force violates constitutional mandates. Proportionality is the key concept: for example, staff should never seek to "take down" a youth by physical force unless that youth is actively violent (and not necessarily even then). Physical force should be exceptionally rare in youth settings, employed only when there is an imminent and immediate threat of bodily injury to a person, including to the youth. All use of force policies should clarify that, regardless of the level of force applied, no use of force may last any longer than the time needed to control the immediate threat of aggression.

Situations in which there is not active violence, but a youth simply refuses to comply with an order or is passively resisting do not constitute an immediate necessity of force; policy should clarify this. As previously mentioned, staff must be trained to respond to these situations through tactical measures that emphasize de-escalation of the situation to neutralize any potential threat. The continuum of force must offer options for staff—including separation of the youth from peers, verbal de-escalation, or the involvement of mental health staff—that do not involve hands-on measures or use of mechanical or chemical restraints. Staff should use the least intrusive strategy possible to alter the dangerous behavior. Use of physical force or mechanical or chemical restraints should never be used as a form of "pain compliance" to get youth to follow the rules.

Steve Martin notes that the situations that lead to use of force are generally predictable in confinement settings. The facility's policies should spell out each of these situations—including extreme situations such as group disturbances and violent behavior—and provide clear guidance to staff as to how to handle these scenarios, emphasizing proportionate responses and an assessment of the enforcement necessity of a force response.[143] Clear policies that reduce opportunities for confrontation between staff and youth result in fewer injuries to both groups. Martin believes that the level of control to be exercised in a given situation should be "driven by two directly observable factors: 1) what harm immediately ensues if the staff member elects to delay force; and, 2) if the staff member elects to delay, is there time and distance reasonably available to delay force without causing harm?"[144] These two factors help assess the necessity of the force response and drive home the point that not every threat is of such immediacy that it justifies a force response.

Martin also stresses the importance of having clear policies that dictate how to manage use of force incidents. When use of force is imminent and a team of staff is involved, he recommends that one individual be designated as a detached manager who stays in command of the incident as an observer. This person can provide an overview of what's happening, direct the involved staff members to reduce pressure on or avoid twisting a part of a youth's body, and tell the staff when to end the incident because the threat is neutralized. This technique reduces the risk of asphyxia and bodily injuries, and allows incidents to get under control quickly.

Preventing unnecessary use of force is also critical. The emotional instability of many youth can lead to unpredictable reactions and failure to comply with staff orders. In the absence of clear policies and staff who are well trained to handle these situations, confrontations develop quickly and often lead to unnecessary and excessive use of force. Martin describes situations in which a youth starts acting out in front of his peers and the staff encircle the youth like a caged animal, ordering him to change his behavior. The youth feels physically

challenged, and cannot back down without losing face in front of peers. Verbal commands are ineffective in this situation, and the confrontation quickly escalates. If the area is secure and the youth is not engaged in active aggression, Martin believes the better approach is for staff to keep a physical and reasonable distance from the youth—enough space so that the youth does not perceive a potential physical encounter—and take the time to talk the youth down. This can take anywhere from 15 minutes to an hour or more. But over time, the youth gets worn out and is eventually likely to calm down without losing face. The situation can resolve peacefully without need for force and without risking injuries to either party. Staff in the Ohio juvenile corrections system were trained in these techniques and decreased the incidence of use of force substantially, along with the rate of injuries to staff and youth.

Finally, it is important that there be staff with specialized training to deal with youth with mental illness, who are disproportionately likely to be involved in incidents leading to use of force. These youth often have unpredictable reactions and can act out without warning. Training in crisis intervention strategies is invaluable to deal with this population. (See Ch. 11: Mental Health) [4]

Use of Mechanical Restraints

Though the use of mechanical and chemical restraints is a form of force, these techniques present special physical and psychological risks to youth and should therefore be considered separately from physical force. Mechanical restraints such as restraint chairs or shackles can lead to injuries, asphyxiation, and cardiac arrest, and can traumatize (or re-traumatize) a youth, especially those with histories of abuse. The physical risks are exacerbated when youth have pre-existing medical or mental health conditions, some of which may be unknown to the staff.[145] A journalistic investigation of the use of fixed restraints in institutions found that 44 deaths had occurred among youth held in fixed restraints in a 10-year period.[146] In very rare circumstances, some form of mechanical restraint may be necessary to prevent imminent injury, but should not be used any longer than necessary for staff to gain physical control of an emergency situation and neutralize the threat of harm. Youth should be released from the restraints at the first indication that it is safe to remove them.

To minimize the risk of injury or trauma, best practices call for no fixed restraints to be used on youth, either those restraints affixed to a wall or piece of furniture, or 4- or 5-point restraints, such as restraint chairs, that hold each of a youth's limbs. The JDAI standards define fixed restraints as the "attaching of a child's hands, feet, or other body parts to a fixed object such as a bed, chair or bolt in the floor or wall," and prohibit the use of such restraints.[147] Other practices, such as hog-tying a youth's hands and feet, are also considered highly dangerous and are disallowed under JDAI standards.

Legal cases have been sharply critical of the use of fixed restraints on youth, and have either outlawed their use as unconstitutional or have tightly limited the circumstances in which fixed restraints could be used to instances approved by a psychiatrist.[148] Most professional standards also disavow the practice of using fixed restraints on youth, and only the American Correctional Association allows their use under limited circumstances requiring the approval of the facility superintendent.[149]

The use of fixed restraints appears to be relatively rare in juvenile custodial settings; a 1994 study found that fewer than 5% of surveyed facilities engaged in the practice.[150] This fact undermines any claim that a facility needs to have this option available as a therapeutic measure to deal with youth who are out of control or banging their heads.[151] Indications are that restraints are more often used for administrative convenience or as punishment rather than as a response to true emergencies.

Steve Martin's prescriptions detailed above for reducing the use of excessive or unnecessary force can be applied equally well when it comes to avoiding the application of restraints: if any form of mechanical restraint is to be used, it should be used only as a proportionate response to the imminent threat presented by the youth and only for the time it takes to neutralize the situation. JDAI standards limit use of restraints to handcuffs, used only as needed in the transportation process or during true emergency situations at the facility.[152]

Use of Chemical Restraints

As with the use of fixed restraints, the use of chemical restraints such as pepper spray or oleoresin capsicum (OC) spray on youth has been widely condemned by juvenile justice experts. Use of pepper spray puts the health of youth at risk: chemical agents generate adverse physical reactions that can be exacerbated in secure settings with poor ventilation, causing potential harm to youth and staff, even if they are not direct targets of its use.[153] Children with asthma and other health problems are at particular risk, as are those who are taking psychotropic medications.[154] Studies conducted on the adult population further indicate that the use of pepper spray on those with mental illness may lead to an increase in violent behavior and a worsening of the mental health condition.[155] Moreover, the use of chemical restraints, like mechanical restraints, can traumatize youth and undermine their rehabilitative efforts.

Most state-run juvenile correctional facilities have moved away from the use of chemical restraints on youth. A study by the Council of Juvenile Correctional Administrators conducted in 2011 found that just 15 states allow the use of pepper spray in juvenile corrections facilities, and of those, only 6 states permit staff to carry pepper spray in the facilities.[156] Many experts have noted that the greater the ease of access to pepper spray, the more likely the staff are to employ it on youth who are misbehaving, without attempting other methods of quelling the negative behaviors.

Not only are chemical weapons potentially dangerous and subject to overuse, but they have also been shown to be ineffective at controlling youth violence.[157] Thus, their use undermines the long-term safety of a facility. The fact that the majority of state juvenile corrections agencies maintain safe facilities without using pepper spray is a powerful indicator that chemical weaponry is not an essential tool in the behavior management kit for juvenile confinement staff.

A significant concern with regard to the use of pepper spray is that it is often used routinely and unnecessarily, for example, when youth are passively resisting or as a form of pain compliance. It also often substitutes for a hands-on use of force, typically by staff that believes that pepper spray presents fewer risks than engaging in hands-on use of force. Steve Martin condemns this approach, again calling for proportionality in response to the threat involved.[158] He contends that if pepper spray is to be used at all, it should be limited to circumstances involving dangerous group disturbances to temporarily distract youth while a tactical team is dispatched, and should be used only in housing units holding youth who have recently engaged in assaultive behavior. He believes that chemical weaponry should never be kept on person; rather, it should be available only in a locked central location, to be retrieved only during a serious incident with the approval of the facility administrator.

It is especially important for staff to recognize that they should not use chemical restraints on youth with serious mental illness who may not be capable of conforming their conduct to staff directives. Since these youth may be unable to understand or follow orders, it is hard to see the use of restraints as anything other than a punitive measure. For these youth, the use of a chemical agent is inappropriate unless it is essential to neutralize an immediate and active threat of bodily harm to staff or other youth and no other alternatives are reasonably available.

Numerous lawsuits have held agencies liable for the overuse of pepper spray or injuries to youth through its use.[159] Between the liability, the injuries, and the realization that the facilities' safety records had not improved through the use of chemical weapons, many jurisdictions have opted to discontinue the use of chemical restraints entirely.

Criminal Prosecution and Transfer of Youth to Adult Facilities

Transfer of Youth to Adult Facilities as a Counterproductive Strategy

As agency officials seek to reduce the incidence of violence in institutions, they sometimes turn to a strategy of removing troublesome youth from the juvenile setting by transferring them to adult prisons or jails, either through criminal prosecution or, depending on state law, motions to transfer youth that are serving blended sentences. As with punitive sanctions, this approach is also counterproductive and should be strongly discouraged. Transferring youth to adult facilities is not considered an appropriate behavior management tool. Adult criminal prosecution of youth and placement of youth in adult settings are both practices that are

potentially detrimental to youth.[160] Various studies have found that such transfers to the adult criminal justice system can end up compromising public safety.[161] Recidivism rates are high among those transferred to adult prisons, in large part because the youth learn from—and are often assaulted by—adult offenders and are socialized into a criminal culture.[162] A report from OJJDP asserted that adult prisons and jails "may socialize delinquent youth into true career criminals."[163] Finally, such transfers are unlikely to solve the underlying reasons that violence arose in the juvenile facility in the first place.

Some of the most compelling evidence against placing youth in adult prisons comes from the 2007 report of a Task Force on violence prevention appointed by the Centers for Disease Control and Prevention (CDC), which included a comprehensive review of all prior studies on this subject. This CDC Task Force investigated the effects of transferring youthful offenders to the adult criminal justice system and found that the policy was counterproductive, resulting in a 34% increase in recidivism.[164] One study cited by the CDC found that youth who serve at least one year in adult prison have a 100% greater risk of *violent* recidivism than those who stay in the juvenile system.[165] The CDC reached a stark conclusion that it presented to policymakers around the country: "To the extent that transfer policies are implemented to reduce violent or other criminal behavior, available evidence indicates that they do more harm than good."[166] Indeed, the CDC found that "transfer of juveniles to the adult criminal system generally results in increased rather than decreased subsequent violence, compared with violence among juveniles retained in the juvenile system."[167]

One reason behind this increased propensity for future violence is the risk that arises when housing youth among adults. First, youth in adult facilities are five times more likely than their counterparts in juvenile facilities to become victims of sexual abuse and rape.[168] This is in part due to their vulnerability and smaller physical stature. Furthermore, they are twice as likely to be physically attacked with a weapon by a fellow inmate.[169] Finally, youth housed in adult facilities experience higher rates of mental illness and are 36 times more likely to commit suicide than youth in juvenile facilities.[170]

Many youth in adult prisons and jails are held in isolation to protect them from the physical risks of being housed with adult offenders.[171] Although staff may be well intentioned in separating youth from adults, such extreme isolation exacerbates the likelihood of a youth's mental deterioration and lack of access to services, programs, education, and even to recreational opportunities. Many youth are confined in 23-hour lock-up for months or years on end, sometimes with no access to outdoor recreational yards.[172] Consequently, they lack access to peers and to social contact during their most formative years.

In addition to concerns about their safety and mental health, youth in adult prisons are deprived of crucial educational and rehabilitative programming. Educational opportunities and rehabilitative programming are the cornerstones of the juvenile custodial regime, unlike in adult jails and prisons. In a 2012 Texas study, researchers found that many youth confined in adult jails receive no educational services at all, or only very limited programming.[173] Similar findings come from studies of adult prisons and jails in other states as well.[174]

Ultimately, the compromised safety and lack of access to meaningful programming for youth in the adult prison system produce citizens who are more violent and more likely to reoffend. Numerous studies have found that most youth who get transferred to adult prison receive relatively short sentences.[175] These short sentences mean that these transferred youth are getting out of prison while still young, and they are coming back to their home communities with little to no education, skills training, or treatment. Thus, there are serious public safety concerns about the approach of using prosecution or transfer to solve behavior management problems in juvenile custodial settings.

Another reason that removal of youth from juvenile facilities tends to backfire as a behavior management tool is that transfer does not solve an agency's underlying problem with controlling youth misconduct. Removal of a few disruptive youth may simply open up new opportunities for other youth to take their places when it comes to asserting power over others or creating disturbances. The key to behavior management is not getting rid of the symptom through transfer of youth, but in understanding and addressing the root causes of the misconduct. In many cases, patterns of serious incidents represent the agency's failure to fully implement all tiers and elements of the behavior management system, as described in this chapter.

Except when the most extreme circumstances present significant and ongoing dangers to other youth or staff, youth should be kept in juvenile settings, regardless of the seriousness of their misconduct. With an appropriate behavior management system in place as described in this chapter, staff in juvenile facilities are far better equipped than those in adult correctional facilities to address the needs of misbehaving youth and to redirect their behavior in a positive way. In those rare circumstances when criminal prosecution of a youth is necessary, all efforts should be made to keep that youth in the juvenile facility prior to trial, since conditions for youth in adult jails are so antithetical to their needs and since the youth can continue to benefit from the services and programs available in the juvenile facility during the pre-trial period. Even after conviction in adult criminal court, in some instances, the youth may continue to be held safely in the juvenile facility. A 2013 study found that there was no increase in risk or harm caused by confining youth tried as adults alongside those prosecuted in juvenile court in juvenile confinement facilities.[176]

Management of Youth in Adult Facilities

In those jurisdictions where youth prosecuted as adults are required to be held in adult jails or prisons, staff in the adult facilities must take special precautions to protect these youth. The PREA Standards require that youthful offenders be confined separately from adults and that there be sight and sound separation of the two populations.[177] This separation must be achieved without placing the youth in isolation and without denying programming.[178] This can be especially challenging for staff in a jail that holds only the occasional youth and that is ill equipped to make special arrangements for a single individual due to architectural or staffing constraints.[179] Nevertheless, such arrangements should be a high priority due to liability concerns should the youth be injured or denied educational programming to which he or she is legally entitled.[180]

Administrators at adult jails that hold very few youth at a time may wish to explore the potential for informal arrangements with local juvenile detention facilities to confine these youth while they await trial. Such arrangements would allow the youth to mix with peers, receive out-of-cell time, and receive educational and other therapeutic programming offered in the juvenile detention facility. This is a safe and sensible alternative to holding the youth in isolation in the jail, and relieves the jail of a significant operational and fiscal burden. The need for such arrangements is especially critical for pre-adolescent youth.[181]

For those adult correctional facilities—both jails and prisons—with larger numbers of youth, staff should designate certain housing units as juvenile wings, and should develop procedures that keep the youth separate from adult inmates throughout the day. If some incidental contact between the populations is inevitable, then there should be direct staff supervision at all times.[182] There should be staff specially trained to work with youth, and there should be consistency in staff assignments to work in this unit in order for the staff to develop effective and positive relationships with the youth. Staff should also develop special educational and therapeutic programming opportunities for the youth. For example, the Texas prison system places youthful offenders in the COURAGE program, which uses group work and role-playing to help youth develop more insights into their criminal behavior.[183] Some jails have worked out special arrangements with the local school district to provide teachers to work with youth in the jail, especially for those youth requiring special education services. Staff should implement all the behavior management strategies and principles described in this chapter as they work with youth in the adult correctional setting.

Finally, adult correctional agencies need to have a plan for safely integrating youth into the adult population when they reach the maximum age for the youthful offender program. These youth will need particular support as they navigate the confusing and dangerous dynamics among prisoners in the adult side of the facility. This is especially true because prison culture is so antithetical to the culture of a well-run juvenile unit, so youth are typically ill prepared to make that transition. Providing the youth additional support in the early months of placement in the adult side of the facility is both appropriate and humane.

Conclusion

Juvenile justice agencies around the country have demonstrated repeatedly that it is entirely possible for an agency to reduce institutional violence and misbehavior. It is important to understand, however, that misbehavior is a chronic problem that needs to be managed on an ongoing basis; it is not something to be fixed

with a one-time change in policy or practice or by tightening control measures. Effective behavior management is a comprehensive effort that includes operational changes to facilities and programs, as well as changes in the interactions between youth and staff, the implementation of meaningful rewards and consequences for youth conduct, and the opportunity for youth to receive intensive therapeutic interventions.

This chapter has provided a detailed look at the three levels of an effective behavior management plan that should be implemented by every juvenile justice facility: the primary (prevention) tier; the secondary (intervention) tier; and the tertiary (discipline) tier. Within each tier, there are numerous elements that serve to elicit and reinforce positive behavior. These are not individual strategies to be selected from a menu of options; rather, they must be implemented comprehensively to be as effective as possible in preventing and managing youth misbehavior in secure settings. At the core of this plan—and fundamental to the rehabilitation of the children—are supportive and respectful relationships between staff and youth.

Research shows that these positive behavioral strategies work effectively to create safe environments that help youth learn to control their emotions and actions. Yet far too often, behavior management in juvenile facilities is equated with control measures such as use of force, restraints, and seclusion. Many facilities persist in using punitive strategies that may seem intuitive as responses to misbehavior but are actually counterproductive when it comes to reducing violence and other negative conduct. Corrections-based responses to misbehavior such as the use of seclusion, force, mechanical restraints, chemical restraints, verbal abuse, physical abuse, and other control measures are not evidence based; they actually increase misbehavior on the part of youth subjected to these measures and contribute to a culture of fear and mistrust. This culture is antithetical to the therapeutic goals of the juvenile justice system.

A true therapeutic culture will provide youth with the tools they need to become productive citizens and will provide staff with the skills they need to support youth in that goal. At the same time, a therapeutic culture creates a safer and healthier custodial environment for youth and staff alike.

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Endnotes

[1] This chapter is adapted from a report titled, *Understanding and Addressing Youth Violence in the Texas Juvenile Justice Department,* by Michele Deitch, Amy Madore, Kate Vickery, and Alycia Welch, published by the Lyndon B. Johnson School of Public Affairs, The University of Texas, in May 2013. Chapter V in particular summarizes

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Ch.15 Service and Treatment Plans

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Service plans and treatment plans provide a critical foundation for delivering essential treatment services to youth in custody. This chapter presents basic information on the fundamentals and characteristics of these two types of plans, which are used in various types of short-term or long-term confinement facilities. Typically, short-term facilities develop service plans for youth, while long-term facilities use treatment plans to address the needs of youth in confinement. Both service plans and treatment plans should incorporate a strength-based approach, rather than focusing primarily on problems.

As noted elsewhere in this Guide, confinement facilities provide secure care and services for youth under age 18 in a number of different settings, including:

- Pre-adjudicated youth who have been taken into custody by law enforcement or the juvenile court and are currently awaiting a hearing before a juvenile court judge as to the need for continued detainment.
- Pre-adjudicated youth who have had a hearing on the need for their detainment and are now waiting an adjudication hearing for their alleged offense.

- Youth who have been adjudicated for a juvenile offense and are awaiting a disposition hearing.
- Youth who have gone through a dispositional hearing and are awaiting placement.
- Youth who have been committed to a confinement facility as a sentencing or dispositional option. Historically, these youth have been placed in longer-term juvenile correctional facilities. More recently, there has been an increase in the use of formerly short-term programs to accommodate longer-term placements as a local option to placement in another institution.
- Youth placed in adult institutions (jails or prisons) as a function of state statute related to age of jurisdiction.

Common Elements for Consideration in the Development of Treatment and Service Plans for Youth in Confinement Facilities

As noted earlier, the scope and complexity of service and treatment plan development will vary depending on the setting the youth is confined in and how long he or she is confined, but in developing service and treatment plans for youth in confinement, there are a number of common elements to consider, including:

- Who is involved in the planning.
- The focus and scope of the service or treatment plan.
- The nature of information that is gathered as part of the planning process.
- How the service or treatment plan is integrated into the overall intervention plan for the youth's involvement in the justice system, including transition back to the community.

Some guidance about each of these elements follows, but the key principle is that, no matter how long or in what setting, having youth in confinement facilities represents an opportunity to assess a youth's needs, begin (and in some cases complete) services that can help address those needs, and teach youth new skills that can be helpful upon reentry.

Who Should be Involved in Plan Development?

The juvenile confinement facility should use a collaborative, multidisciplinary planning approach with facility team members, including:

- **Clinicians and caseworkers.** These are professionally trained staff who are engaged in a variety of functions within the facility, including conducting assessments; providing individual and group counseling; gathering social history and prior treatment information; engaging families; and appropriately sharing information with the court, probation or parole officers, social workers, and others who will be involved in the long-term supervision of the youth after reentry. Most often, this caseworker or clinician is the person primarily responsible for organizing and documenting the service and treatment planning.
- **Managerial, supervisory, and direct care workers.** These are the staff members who have day-to-day involvement with youth. Their duties include maintaining safety and security by constant line-of-sight supervision, role modeling, enforcing program rules, rewarding youth, issuing disciplinary actions, redirecting youth, and employing crisis intervention and de-escalation methods, as necessary. These staff members are present during all daily activities, including all treatment activities. Direct care workers can assume an additional mentoring role for two or three identified youth and can review treatment assignments with the youth, offer crisis counseling, and—with proper training and qualification—teach psycho-educational courses, such as anger management and life skills. Well-trained direct care staff that work in an environment that is well structured can provide valuable insights into a wide range of psycho-social characteristics of youth in custody such as how they manage interactions with peers and how they respond to adult direction. And, most importantly as it relates to service planning, direct care staff also play the most direct and crucial role in ensuring that a plan is implemented with fidelity—consistent with the plan's design.
- **Teachers.** Teachers play an integral role in both developing and implementing effective service and treatment plans for youth in

custody. They provide an initial assessment of educational skills, gather prior educational records, help move the youth forward, and have a strong voice in transition planning.

- **Medical personnel.** Agency nurses, physicians, and dentists are responsible for providing medical care in accordance with state regulations and facility policies. This includes all physical and dental examinations, immunizations, and prescription medication. Medical staff are responsible for providing triage care as first responders and for referring youth for advanced procedures, physical therapy, or emergency care at the local hospital or children's hospital.
- **Mental health, Alcohol and Other Drug Abuse (AODA), and other specialists.** Some facilities—particularly those with longer-term programs—may have psychologists, psychiatrists, AODA, and other mental health specialists either on staff or on a contract basis. All of these staff and contractors should be considered regular members of the team and should share all pertinent information on the youth's assessment, service, and treatment and participate in the youth's service planning. For example, psychiatrists are typically responsible for conducting psychiatric evaluations, prescribing and monitoring psychotropic medication as needed, and consulting with staff related to supervision issues as they may arise. Clinical psychologists will often perform assessment and counseling services, and auxiliary clinical staff or contractors will provide specialty treatment to address specific, individual needs.
- **Parole, probation, and aftercare caseworkers.** This team member can be one of many roles, depending on the jurisdiction and legal status of the youth. This worker usually has some continuing responsibility for the case during the youth's treatment or placement and receives copies of the treatment and service plans and court summaries. Most often, this person is a county or state probation officer, social worker, or a state aftercare worker. However, in a growing number of situations (e.g., wraparound programs), additional professionals may be involved. Case planning works best when the individual responsible for implementing the elements of the aftercare plan participates as a member of the planning team throughout the youth's confinement. The aftercare worker—in collaboration with the

clinician, other members of the team, the youth, and the youth's family—plan the reentry process. The aftercare worker actively links the youth and family with necessary community resources after release. Also at this time, the aftercare worker should take over the supervision of the youth. For more detailed information about the role of confinement facilities in supporting successful reentry, refer to the *Desktop Guide to Reentry for Juvenile Confinement Facilities.*[1]

- **Family members.** Family members are stakeholders and, in many cases, are active clients. They are essential to the service delivery process. When there is a history of abuse or neglect, family members may be restricted from participating in planning. In general, family members should be considered as part of the team, and their participation diligently pursued.

Other community representatives may serve on the service or planning team on an ad hoc basis, depending on the facility.

The Focus and Scope of Services and Treatment Planning

Planning for treatment varies by the type of facility, the length of stay, the youth's problem behaviors, the requirements of community safety, the remediation of the youth's treatment issues, and the needs of the legal system. Planning, care, and treatment of youth in confinement requires an understanding of adolescent developmental psychology, cognitive and behavioral psychology, the environmental and social shaping of delinquent behavior, risk assessment, psychosocial assessment, the legal needs of the justice system, and the safety of victims and society.

Service and treatment planning is an approach to service delivery that ensures that delinquent youth with multiple, complex problems receive the services that they need in an appropriate and timely manner. In shorter-term situations, this planning may include conducting further specialized assessments, identifying targeted educational needs that can be addressed in the short run, developing individualized behavioral or skill development goals, and taking initial steps to link the youth with ongoing support. Longer-term situations produce a more comprehensive

treatment plan that is individualized to meet each youth's needs and is focused on successful reentry.

Information Gathered in the Planning Process

Facilities should use custody as an opportunity to gather as much information as possible and to help build and support the larger system goals of successfully intervening in the youth's life. A variety of mental health, trauma, AODA, health, and other screening tools can be used even in short-term programs to help identify potential treatment needs. And, more comprehensive assessments should be a routine part of all longer-term youth confinement facilities as well as any adult institution that hold youth. (See Ch. 9: Admission and Intake). [5]

Integrating Service and Treatment Planning with Transition Planning

The facility's multidisciplinary approach to reentry planning begins at the youth's admission and continues as the youth progresses through placement and is discharged from care. Some form of aftercare or supervision services typically begin following release from the facility, and the planning for this should be completed during placement. However, the facility does not usually provide supervision services. Aftercare plans are developed by the team and should be driven by the youth's need for success, community safety, and the achievement of permanency. The plan should identify community resources that released youth can access directly or through a referral. The plan should include measurable goals and detailed timeframes for aftercare services. (See Ch. 18: Transition Planning and Reentry). [6]

Creating Culturally and Developmentally Appropriate Service and Treatment Plans

For both short- and long-term confinement facilities, it is important to take note of critical cultural and developmental characteristics of the youth in placement. We know from research that *responsivity*—making sure that the match of programs and service providers—is one component of

best practice that increases the likelihood of overall effectiveness. With that in mind, service and treatment plans need to consider the following:

- **Cultural sensitivity.** Service planning should integrate evidence-based and culturally sensitive programming in the treatment and supervision of youth. The confinement facility should have clear policies and procedures and ongoing staff training on cultural competency education and practices, to ensure the preservation of the youth's rights to maintain his or her language and cultural heritage and to increase the likelihood that the youth will respond to services and treatment.
- **Sexual orientation.** To ensure the humane and fair treatment of Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) youth, the facility should have clear policies and procedures and ongoing staff training on how to respond appropriately to a youth's sexual orientation and gender identity. Staff members should participate in ongoing cultural competency training that outlines policies that prohibit the discrimination or harassment of youth who identify or are perceived as being LGBTQI by any staff member or other youth in the program.[2] Resources for the treatment of LGBTQI youth can be found on line at the Equity Project (2013)[3].
- **Spiritual and religious beliefs.** Most states have rules that support access to appropriate religious and spiritual services, which has long been recognized as a constitutional right for both youth and adults in confinement. Therefore, service and treatment plans need to take into account the youth's spiritual and religious beliefs, ensuring there is no conflict between services provided and those beliefs. The youth should have voluntary access to spiritual services on a consistent basis.
- **Gender-responsive programming.** The predominance of males in confinement facilities has long been recognized as a challenge for juvenile justice professionals. For too long, programs designed to work with boys were, at best, merely modified for girls. Only in the last decade has there been substantive progress in developing gender-appropriate programs and services for girls and young women. Even

short-term detention programs should offer gender-responsive service elements that recognize that the lives of girls in the juvenile justice system mirror the experiences of all girls in our society. Gender-responsive services emerge from a desire to recognize the needs of girls and the differences in the way they experience gender. It is generally understood that society exerts a powerful influence over female behavior. Gender-responsive services seek to understand societal influences and educate girls about them, while offering alternatives and opportunities for social action. For both boys and girls, service plans and programs should seek to create healthy gender identity development during adolescence, enhance protective factors that are likely to build resiliency, curb negative behaviors, nurture personal and social competence and enhance self-esteem.

- **Medical and physiological issues.** Youth in custody may have unique medical or physiological issues or restrictions that programming should address. Youth may not always be readily forthcoming about the challenges they face, making the assessment and observation processes even more important to developing realistic expectations. For example, youth may have special dietary needs that can be confirmed by a medical professional and that the facility can accommodate. Or, a youth may have a disability or other restriction that could impact his or her ability to participate in recreational activities.
- **Issues related to developmental disabilities or differences.** It is rare that youth in confinement facilities have been adequately screened or assessed for developmental disabilities that may impact their interactions with peers and adults or their ability to learn and process information in new settings. Some youth behaviors are easily misinterpreted as uncooperativeness. It is important that the staff who assess youth have the training and tools to identify potential developmental differences and to make sure that those youth receive a more thorough evaluation by specially trained professionals.
- **Issues related to trauma.** It is widely recognized that a majority of delinquent youth have a history of trauma, and a growing body of relevant research can inform best practices for developing service and treatment plans. Trauma-informed care, a general term for policies

and practices that take these trauma histories into account, is being implemented in a variety of facilities (short and long term) in a way that impacts rule development, behavior management, services delivered, staff training, and other basic program elements.

Plans Transition with Youth through the Criminal and Juvenile Justice Systems

For most youth in the justice system, time in confinement is only one aspect of their overall system involvement. Youth on probation or other juvenile supervision will typically have some form of treatment or supervision plan in place that outlines a range of behavioral expectations and other program requirements. These youth are usually confined for new offenses or violations of their existing community supervision plans. For youth that are new to the system and are confined pending adjudication or conviction, the confinement period can be the impetus for long-term planning. In both scenarios, it is all too common that communication between the confinement facility and other components of the system is not as strong as it needs to be. Therefore, it is important for confinement professionals to proactively engage with other parties to develop plans that are consistent with existing plans or that help set the stage for new plans.

Youth are more likely to make positive changes if the expectations, the language, the reinforcements, and the programs they are involved in are consistent from one system component to another. Although some aspects of plans need to be modified based on the setting the youth is in, approaching service and treatment plans as youth centered or youth focused rather than being facility focused will increase the likelihood of consistent and positive outcomes.

Different Types of Facilities Affect the Service and Treatment Plan and Process

Although components of service plans for youth in short-term detention facilities provide a start in treatment planning for youth in juvenile

correctional facilities, the scope, complexity, and comprehensiveness of treatment planning in long-term facilities will be much greater. The following discussion provides guidance in thinking about service and treatment planning for youth in various types of placements: youth in juvenile correctional facilities, youth in short-term detention settings, and youth confined in adult facilities.

Treatment and Service Planning for Youth in Juvenile Correctional Facilities

For youth who have been appropriately placed in a juvenile correctional facility by court order for the purposes of rehabilitation, community safety, and accountability, treatment plans need to be highly individualized based on quality assessments, to set both short-term and long-term goals for rehabilitation, and to clearly link with long-term reentry planning. The treatment planning process should begin with reentry in mind and should represent an approach to service delivery that ensures that delinquent youth with multiple and complex problems receive the services that they need in an appropriate and timely manner. The product of this effort is the **treatment plan***,* which is individualized to meet each youth's needs.

A written, **individual treatment plan** is a must for every youth. A one-program-fits-all approach to treatment is unacceptable and destined for failure, especially with the chronic and violent youth in the modern day juvenile justice system. The treatment plan should accurately and meaningfully identify the major areas of treatment, based on the information obtained during the assessment period. For many youth—particularly those with identified AODA needs—some form of relapse planning also has to be integrated into the plan, so that if youth relapse (as they often will) a plan of action is already in place.

Assessment, planning and treatment in juvenile correctional facilities are often thought of as sequential and separate processes. In reality, they are interrelated and circular in nature. Most facilities start with an assessment, then planning, and then treatment; but treatment for the youth also starts with self-discovery during the assessment phase. Assessments and plans are often reformulated during the activities of

treatment. Consequently, all three activities can be considered as continuous, interrelated parts of treatment planning.

Assessment and planning fall into four broad sub-categories: 1) the detailed gathering of a criminal, social, developmental, and psychological biography and autobiography of the youth; 2) the development of a clinical formulation on which a treatment plan can be based and developed; 3) an assessment of risk, or the likelihood of the youth's dangerous behavior continuing; and 4) an assessment of the motivation of the youth to accept and engage in treatment.[4]

The clinical assessment and autobiographical material should examine what came before the current law-breaking behavior, the development of and enactment of that behavior, the causes of other, noncriminal problem behaviors, the context and environment of the offending behaviors, and the context of the youth's early development. The assessment should also consider the youth's developing personality traits, strengths and weaknesses, trauma experiences, and the existence of other mental health or behavioral pathologies.

The assessment is intended to foster a better understanding of the youth, including his or her social functioning, emotional stability, behavioral patterns and responses, behavioral control and self-regulation, cognitive abilities, interests and attitudes, thought processes, belief, self-talk, cognitive distortions, and mental status. The assessment should lead to an understanding of the details and circumstances of the law-breaking behavior and how the behavior developed over time. These understandings should be incorporated into an initial treatment plan that will be subject to changes, as new assessment information emerges and as the youth changes during treatment.

Finally, the assessment (and subsequent services) should point to a plan for the youth's return to the community. Assessment with juvenile offenders strives to understand causality, motivation, formulation of treatment needs, a treatment plan, risk of re-offending, risk of self-harm, the youth's community reintegration needs, judicial needs and community

safety. Community safety should not be thought of as incidental, as it should take precedence in release planning in the context of the legal system's exiting requirements, the safety of previous victims, and the possibility of the youth committing another offense.

The Assessment and Planning Sequence

Generally, the assessment begins with information gathering through an examination of previous case records, court orders, arrest records, school records, medical records, and interviews with the youth, the youth's family members, and previous caseworkers and teachers. Additional information is usually assembled in the areas of new or updated psychological testing, educational testing, medical testing, the use of assigned questionnaires or essays, and ongoing group and individual interviewing with the youth.[5]

The gathered information is then analyzed and interpreted to lead to a diagnosis of the current problems and to a risk assessment of imminent or eventual outcome if things remain the same. Finally, the assessment leads to a formulation of cause, problem development, and written treatment plan along with an evaluation of the motivation of the individual to accept and engage in treatment.

Components of the Assessment

There are a number of common processes or elements that make up a complete assessment process, such as interviews. In confinement facilities, assessment is usually done with a combination of face-to-face interviewing, testing, and behavior observations. These interviews typically start at admission and continue through the first couple of months of treatment. (See Ch. 9: Admission and Intake) [5]

- **Psychological testing.** A thorough clinical assessment should also include a series of assessment instruments and psychological tests designed to explore and yield information about many facets of the individual's personality, functioning, thinking, attitudes, and propensities.[7]

- **Behavior observation and recording.** The daily observation and charting of a youth's behavior during the assessment period is useful to establish baselines for anger, deception, authority issues, conflict resolution skills, sleep patterns, medical and pharmacological issues, social skills, and levels of empathy and violence. Youth workers, teachers, and caseworkers often accomplish this by taking notes. However, information is often more easily and accurately recorded by using a token economy scale. Observing and charting behavior on a daily basis may not accurately reveal the causes of criminal behavior, but it is still meaningful—if staff carefully observe, evaluate, and interpret youth behaviors. These baseline observations will be useful in evaluating progress of treatment and risk reduction.[8] (See Ch. 16: Behavior Observation, Recording, and Report Writing). [7]
- **Social skill assessments.** Most delinquent youth are weak in the area of social skills, life skills, problem-solving, and conflict resolution. The treatment plan should identify specific intervention needs and goals and point to utilizing one of a number of well-researched social skill programs that help assess current skills, provide skill-building activities, and include benchmarks to measure a youth's progress in acquiring critical pro-social skills.
- **Assessing risk.** There are a number of instruments specifically designed to assess risk, so that reassessment is based on a consistent model and structure, rather than on clinical judgment alone. The use of anger management and empathy scales along with the daily observation of the youth's treatment progress and behavior will also help in formulating a clinical judgment of risk.[9] Also, with the enactment of standards to implement the Prison Rape Elimination Act (PREA), youth need to be assessed for their risk of being victimized or victimizing others.
- **Physiological testing.** Juvenile correctional facilities may use physiological testing to learn more about the individual and to establish baseline data against which to make later measurements. For example, urine testing is widely used in substance abuse programs. Although used infrequently, there are also various tests that may be used for sex offenders such as the Abel Assessment for sexual interest-2—a test that measures the amount of time (in milliseconds)

that the individual spends viewing photographed material that may be of sexual interest.[10] Physiological testing methods are controversial in current work with youth. Facilities should have written policies regarding their use and ensure that youth's rights are not violated.

- **Educational Assessments.** Each youth should undergo a complete educational assessment that determines his or her current level of performance in core academic areas and the need for special education services. The educational assessment should help in designing an individual learning plan that meets state standards and federal standards, particularly with regard to special needs. A thorough check of prior educational records can prevent the youth from having to repeat completed course work. The initial educational plans should be regularly reviewed and modified, as needed, according to a youth's actual progress and performance.

Effectively Using the Treatment Team

Treatment team members should meet regularly to discuss a youth's treatment progress. The treatment team is one of the most powerful tools in the juvenile correctional facility. The team's observations and judgments are essential to the facility caseworker to use in exploring and reviewing cases, getting advice and direction, and receiving feedback about the effectiveness of treatment planning and methods. The ongoing responsibilities of the treatment team include the following:

- **Reporting.** Most agencies require initial and monthly (or at least quarterly) treatment summaries and may use formatted reports and structured assessment tools to document and review treatment progress. These reports should measure treatment progress and adjust plans and treatment goals. They should be used as the focus of discussion in case conferences with the youth's family and stakeholders.
- **Quality assurance activities.** A staff member should be responsible for collecting, compiling, and reporting data to the treatment team members and the facility director. These data should include audits of case records, a review of assessment scores and educational

achievement, a review of youth progress overall, compliance with laws and agency contracts, and recidivism tracking.

- **Ensuring adequate time and attention for planning.** Planning for the care and treatment of youth is a demanding and essential task if it is to lead to rehabilitation. Planning calls for an understanding of the need for community safety, remediation of the youth's treatment issues, and the needs of the legal system. Planning requires an understanding of the youth as an adolescent and as a juvenile offender, an understanding of the cognitive, behavioral, environmental, and social shaping of criminal behavior and knowledge of the theoretical and practical techniques to reshape and habilitate that behavior. But in the relatively long-term environment, it is also important to understand the nature of planning and treatment over time. Time overcomes mistrust and resistance to treatment. Time is needed to accurately assess youth problems and needs, create the capacity to build advanced treatment on earlier treatment, assess and reassess treatment goals and the impact of the treatment process. Spending the right amount of time in treatment is in the best interest of youth, their families, and the communities to which youth are ultimately released. It takes time to do real treatment of serious issues and to bring about change in the youth, but such an investment in treatment may prevent a future lifetime of crime and misery.

Treatment Plans: Transitioning from Admission to Aftercare

An initial treatment plan is written at the end of the assessment period or at a time required by state regulations, whichever is sooner. These initial treatment plans are then supplemented by case record materials, weekly case notes, educational reports, staff observations, behavior management program records, incident reports, therapy session notes, and other available information. The supplemental information leads to updated plans of care—usually written at set intervals—release plans, and termination or release reports. At a minimum, these plans should do the following:

- **Include treatment goals.** Treatment goals should be developed with the youth, the family and an identified parole or aftercare worker. Goals should focus on the key issues that brought the youth into custody and on the essential psychological, social, behavioral, relapse prevention, and safety issues that will lead to a successful exiting of the program. The goals should be concise, understandable, and reachable. Plans should clearly present benchmarks (indicators) of progress and specify actual treatment interventions to help the youth accomplish the goals. The plan's benchmarks should be measurable, and define the orientation and direction of treatment, as well as all planned behavioral and clinical interventions.
- **Be confidential.** Plans should be kept confidential except when information is needed to implement the plan and in a manner consistent with state and federal regulations. Treatment plans and case records in a juvenile correctional facility are formulated within a legal context and often have exclusions on confidentiality (e.g., plans, notes, and records may need to be provided to the court or parole authority, and the concept of privileged communications does not apply). The lack of privileged communication applies to the disclosure of unknown criminal acts (in many states), and this does have some impact on initial youth disclosures and family disclosures. This lack of legal case privilege will often slow or impede the treatment process. Practitioners in a juvenile correctional facility should be familiar with state law and agency policy regarding confidentiality of records and must comply with those expectations.

Service Plans for Youth in Juvenile Detention Facilities

The primary objective of a short-term detention facility is to offer a safe, secure, highly structured and stable environment for youth awaiting their hearings, but variations in the types of facilities, the length of confinement, and the nature and purpose of programming are readily apparent.

Regardless of the type of facility and the duration of confinement, there is a need for planning effective services and coordinating service plans that

optimize positive outcomes for youth and the community.

Youth in detention are usually kept in secure custody 24 hours a day. Detention facilities should provide these youth with a range of planned, basic residential care services, assessment services, education, counseling, crisis intervention, medical care, and other services as necessary to address individual needs and promote overall goals of the justice system. For shorter placements, services are generally meant to conclude in 30 days or fewer. However, in instances in which youth remain longer, due to barriers encountered in the referral and placement sequence (e.g., waiting lists and special needs placements) or delays in judicial processing or when secure confinement serves as a longer dispositional placement, the scope and comprehensiveness of services will vary accordingly. (See Ch. 9: Admission and Intake). [5]

Service planning in short-term confinement settings is generally not thought of as treatment planning but usually includes basic casework and assessment services and, more importantly, requires basic legal services, safety and security, and crisis intervention. The short-term services in juvenile detention apply to both adjudicated and non-adjudicated youth. Many youth are released within a few days of admission, and service planning for this group is usually standardized. Services typically are more individualized, complex, and comprehensive the longer the youth is confined. In all cases, service and treatment planning includes at a minimum the broad areas of case record documentation, the provision of basic care, medical screening and services, dental services, educational assessment and programming, access to appropriate legal services, mental health and counseling services, protection from harm, and a variety of programs.

Assessment, Case Planning Services, and Case Records

As a best practice, detention facilities should have qualified social services casework staff that can supervise case planning, conduct assessments, and deliver casework services. More often they collaborate with juvenile probation officers or state caseworkers in matters relating to the service plan, court hearings, and placement planning.

An important planning requirement is to ensure that each youth receives assessment services that identify problems, assets, immediately needed services, short-term goals, and future service recommendations, including an appropriate type of release placement. While the service planning process begins when the youth is admitted to the program, placement planning is integrated and finalized at an assessment conference.

Even in short-term, pre-dispositional programs, it is helpful to hold some kind of assessment and planning conference within ten days of admission. The purpose of the conference is to integrate comprehensive diagnostic and needs assessments, risk assessment information, and detention behavior reports to help identify problems, immediate needs, risk and security level, and services needed to accomplish goals and make placement decisions.

Assessment conferences should include the detention caseworker, the probation officer (or state or county caseworker), the youth, and parents or guardians. The assessment conference is designed to bring together persons essential for planning the safe release of the youth and to present, discuss, and refine diagnostic information. The conference should also consider future treatment needs and services if it appears that the youth is destined for placement or continued court supervision.

In preparation for the assessment conference, the caseworker should complete a social history and a behavioral observation report, which summarize a youth's behavioral strengths and weaknesses observed at the detention facility. The detention facility school should provide educational reports and diagnostic information. The assessment conference should also cover new or current psychological testing, psychiatric evaluations—including evaluations for psychotropic medications—and current medical.

Information shared at the assessment conference can be used by the detention caseworker and the county or state supervisory authority's caseworker to write the youth's initial service plan. These service plans include specifications of the service elements necessary to accomplish immediate behavior and educational goals and the appropriate type of

release or treatment placement for the youth. Typical detention facility case reports may include the following:

- Initial assessments and an initial service plan.
- Educational assessments.
- Updated assessment reports.
- Updated service plans.
- Program termination reports.
- Excessive length of stay reports,
- Daily behavior observation reports.
- Incident reports, arrest records.
- Intake records, and youth and family social histories.

Service and Treatment Planning for Youth in Adult Detention and Correctional Facilities

There is substantial research showing that outcomes for youth placed in adult facilities are worse than similar youth placed in juvenile facilities or youth in the community who are receiving developmentally appropriate services.[11] However, there are nonetheless thousands of youth at any given time under age 18 confined in adult institutions. In the vast majority of states, statutes permit housing youth under age 18 in adult facilities based on their age, the exclusion from juvenile court for specific offenses, or waiver to adult court.

Redding suggests that the significant contributing factors for the higher recidivism rate for youth in adult prisons are a lack of age-appropriate services and restricted access to rehabilitative and family support. Furthermore, he suggests that these youth may be stigmatized by being labeled as convicted felons, and may harbor resentment and a sense of injustice about being tried as an adult. These youth perspectives may not only reinforce their delinquent disposition, but may prompt the youth's transitory self-identification as a victim—which are counterproductive to the goals of rehabilitation. He adds that, the negative culture of peer

deviance reinforcement and criminal "group think" among youth in adult prisons further counteracts the process of rehabilitation.

In addition to worse outcomes after release, youth in adult facilities face a much higher risk of physical and sexual abuse, depression, suicidal behavior, and isolation than adult offenders or than youth in juvenile facilities. Research about the risks faced by youth in adult facilities led to adoption of PREA in 2003 and the more recent adoption of Standards to implement its protections for all individuals in confinement.

At the same time, adult facilities are often ill prepared or in adequately funded to provide developmentally appropriate services and programs, making it even more important that leadership and confinement professionals in adult facilities pay attention to critical elements of service and treatment planning. Although the need for differential placement and specialized services for youth in the adult correctional system is almost universally acknowledged, it is less costly to house youth in adult facilities within the general correctional program.

In reality, there is good reason to develop service and treatment plans for youth placed in adult facilities. Research supports including specialized programming for youth based on their developmental amenability for rehabilitation. Recent research in the fields of neuroscience and pediatrics help us understand the functions of the adolescent brain, as it relates to a youth's propensity for offending behavior and capacity for cognitive change. According to studies, the adolescent brain is not fully developed until approximately age 25, and adolescents have underdeveloped impulse control, which makes them more likely to commit certain crimes.[12] (See Ch. 6: Adolescent Development). [8]

Research also suggests that youth who commit crimes or engage in socially deviant behavior are not necessarily destined to be adult criminals. This research provides the basis for requesting legislative policy reforms in state justice systems and also suggests that prison facilities should adopt evidence-based practices to treat the emotional and behavioral functioning of the youth incarcerated in the adult correctional system.[13]

Consequently, service and treatment plans should be individualized and developmentally appropriate. Although implementing standardized treatment programs for youth in the adult correctional system may cost more, the research suggests that investing in the youth's rehabilitation stands to improve overall outcomes for youth and public safety as a whole. In the long run, investing in youth who in the adult correctional system can save money; effective rehabilitative treatment correlates with lower recidivism rates. From a more global, sociological perspective, strategically investing in treatment and education for the nation's most damaged and dangerous youth moves us closer to interrupting the intergenerational cycle of crime.

Engaging Families and the Community

It is common knowledge that almost all youth who are confined return to their community—and most often to their home—upon release. This is true for youth placed in both short- and long-term youth confinement facilities. Therefore, it is important for youth confinement professionals to think of their time with youth as important opportunity to build on the resources and strengths of families and the community and create successful release and reentry plans.

Focus on Families

For families, the juvenile justice experience is too often viewed as a confusing, intrusive, and blaming process that diminishes the important role they play in the life of their child. Although family voice and engagement may look different when comparing short- and long-term programs, it is very important that facility leaders set a tone for respectfully engaging families—demonstrating an important value that all staff should adhere to. In terms of service and treatment plans, successful family engagement can be incorporated in a variety of ways, including the following:

- **Ensuring that important family members receive appropriate information** about the nature of the facility and how their child is being cared for during his or her stay.

- **Involving parents or guardians in actual service and treatment planning.** This will be more critical in longer-term programs in which family engagement needs to begin at admission, continues as progress in the program is evaluated and plans are adjusted, and is critical to the development of successful reentry planning.
- **Reaching out to parents and guardians** to keep them informed about the progress of their child in the program, answering questions or simply promoting a helping relationship between the facility and the family.
- **Visitation policies and practices.** Most states will set minimum requirements related to allowable visitation for youth by family members, but minimum standards do not always represent the most effective practice. Rather than base family visitation on minimum standards, service and treatment plans should include opportunities for visitation that are the most likely to promote needed family supports and successful reentry.
- **Providing clear opportunities for parents and guardians** to ask questions and address concerns they may have relative to their child's care. This may take the form of clearly defined guidelines for filing grievances or, more creatively, may include providing someone to serve in the role of a parent, peer support, or ombudsman.

(See Ch. 10: Effective Programs and Services: Family Involvement [9]; Ch. 18: Transition Planning and Reentry [6])

Engaging Service Providers and the Community

The facility should welcome community support and volunteers from local organizations. The facility may greatly benefit from the regular volunteers who can help with a wide variety of educational, social skill development, treatment, and recreational services. Both behavior or facility management and system improvement are good reasons to proactively reach out to the community to provide services.

First, using community volunteers and providers can increase the amount of time youth are engaged in enrichment and productive activities.

Vendors, community volunteers, and recreation staff can support direct care staff in enriching free time.

Secondly, psycho-education classes, targeted treatment activities (e.g., AODA-focused programs), writing workshops, performing and visual arts, tutorial services, spiritual enrichment, and experiential learning activities can be integrated into the overall service and treatment plans and goals for individual youth or the program as a whole. In short, adolescence and time in placement is precious; consequently, the modern facility should transform its program to provide 14–15 hours a day of constant educational and psycho-educational classes and constructive activity. School and mentoring programs should be extended to evenings and Saturdays to remediate learning and credit deficiencies. Youth should be required to do homework and treatment task work (therapeutic assignments) each day.

Getting Past the Notion that It Can't Be Done

Engaging outside vendors and volunteers is sometimes seen as disruptive to the secure facility, particularly in the areas of security and daily schedules. Security issues can be easily overcome by vetting volunteers with the same procedures used for screening employees and by offering them an adequate orientation program. Coordinating volunteers and outside providers with existing facility programs can be complicated, but approaching scheduling with an attitude of making it work rather than finding reasons it cannot work is more likely to succeed. In many schedules, program time is wasted by giving youth early bed times, providing excessive television time, and not making use of time available on weekends. These old scheduling habits make youth supervision seemingly easier for direct care staff, but do not help youth.

Conclusion

The vast majority of youth can be dealt with successfully in the community without the need for even short periods of confinement, but

there will inevitably be some who end up in secure detention centers, in juvenile correctional facilities, and in adult jails and corrections facilities.

Confinement professionals have both a moral and economic duty to ensure that—along with other aspects of programming—service and treatment plans are designed to promote positive outcomes for the youth, their families, and their communities.

Much has been learned in recent years about what works with youth, and those lessons apply to both confinement facilities and community settings. Working collaboratively with families, community providers, and a myriad of other system professionals, confinement professionals play a vital role in the success of the criminal and juvenile justice system. Properly developed service and treatment plans provide a foundation and roadmap for progress in the facility and successful reentry to the community.

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Ch.16 Behavior Observation, Recording, and Report Writing

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The old adage, "If it isn't documented, it didn't happen," does not represent the truth. We do not write down everything that happens in our lives, day-to-day, hour-by-hour. A great deal happens to us that we do not document. However, in juvenile detention centers, juvenile correctional facilities, and adult facilities that serve youth, that old saying is not just a figure of speech, it is a truism. Comprehensive recording and report writing, based on vigilant observation of behavior and events, is essential to verify that something did occur and to record the details of the event.

Objectives

There are two necessary skills for any line staff worker in a juvenile detention center, a juvenile correctional facility or an adult facility serving youth—the ability to **observe** behavior and events accurately and the ability to **record** them in a clear and concise fashion. Newly hired staff may or may not have these skills at an adequate level. They must receive relevant training to develop the desired capacity. Furthermore, there is no guarantee that the direct care worker will somehow learn sufficient skills in these areas by himself or herself.

It is essential for every direct care worker to observe effectively and to record these observations with accuracy. This also applies to shift supervisors, cooks, night shift workers, program counselors and other facility staff, and volunteers and contractors. This chapter will do the following:

- Define the **purposes** of behavior observation, recording, and report writing.
- Outline the **skills** necessary for observation, recording and report writing.

Observation

Observation is an active and continuous process. Observation is a teachable and learnable skill that improves with practice.

Why Observe

Facility staff are responsible for supervising the youth under their care. Supervision implies observation; observation is fundamental to supervision.

The answer to the question of "Why observe?" youth in facilities may seem simple, but it is actually complex and multi-faceted. In addressing that complexity, the following sections highlight some important reasons for observation.

Prediction. One role of juvenile detention centers, juvenile correctional facilities, and adult facilities that house youth is to evaluate and predict a youth's behavior, to design an effective plan that addresses placement, treatment, and supervision needs. Detention, the court, and probation or social services agencies need information as they consider strategies that will balance the youth's needs with those of the community. In juvenile and adult correctional facilities, staff must use observation to help establish treatment and service goals and to determine progress towards meeting those goals, including readiness for return to the community.

Conclusions. The juvenile court, placement agencies, treatment professionals, release or parole, and other stakeholders involved with the social, educational, and emotional development of troubled youth all need credible information about those youth. Juvenile or adult confinement can be an opportunity to collect information that helps reach conclusions about certain problems facing youth. Again, the quality of these conclusions rests on the quality of the observations that support them.

Behavior Change. Even though juvenile detention is not a treatment intervention, detention staff are frequently asked to work with youth to bring about specific kinds of change in their behavior. Those changes may help determine a youth's readiness for return to the community. Furthermore, many juvenile detention centers have counselors or caseworkers that are responsible for a youth's safe adjustment to long-term secure confinement, including potential placement in a juvenile correctional facility or even an adult facility. In juvenile and adult correctional facilities, youth have individualized treatment and service plans that entail goals and objectives that help to determine a youth's readiness for release. Regardless of the confinement setting, good observation provides evidence that change has or has not occurred, whether that change involves achieving

treatment goals or simply heightening a youth's recognition of problematic behavior and ability to correct it.

Address Acute Issues. Youth in custody possess a range of risk factors that may lead to obvious problems and acute needs that must be addressed by the facility. Intake, custody, or healthcare staff must identify problems such as asthma, tuberculosis, STDs, a dental emergency, or other medical needs as well as concerns about hygiene, educational deficits (illiteracy) and emotional problems (PTSD). Detention staff should communicate their observations to appropriate clinicians, administrators, and other specialists to ensure that critical concerns are addressed as quickly as possible.

Effectiveness. As an extension of the change process, observation is used to evaluate the effectiveness of certain intervention strategies. Accurate observation becomes the evidence of behavior change and provides information to assist staff as they develop new intervention strategies.

Communication. When experts discuss the characteristics of competent juvenile facility staff, effective communication and staff consistency are always a part of that discussion. Good observation improves the quality of communication among staff members and between staff and residents. Greater accuracy and detail in staff communications leads to improved consistency in staff and resident interactions.

Intervention Timing. Behavior management experts stress the importance of accurately timing an intervention strategy to produce the maximum behavior change. Observation provides the needed information to improve the timing of interventions with troubled youth. Through good observation, patterns of behavior emerge that indicate when an intervention can be most effective.

Relationship Building. The more one knows about young people, the easier it is to express an interest in them, to talk with them, and to share concerns. Good observation—in conjunction with an effective system for communication—helps to facilitate interpersonal interactions and to build relationships.

Self-Control. Attentive observation leads to greater precision in supervision, which leads to increased consistency. Sloppy observation encourages youth to engage in behavior that they would not ordinarily engage in under close supervision; good observation encourages youth to behave appropriately, especially when the observation of appropriate behavior is acknowledged and effectively reinforced.

Staff Control. With an effective system of observation, residents are less likely to act out or misbehave. Consequently, staff members are less likely to use repressive control measures such as warnings, threats, or restrictions to maintain minimally acceptable levels of behavior.

Once constructive staff control becomes a standard tool for maintaining acceptable levels of appropriate behavior, staff may begin to focus on reinforcing these behaviors. Positive reinforcement is the most powerful strategy for creating and maintaining a safe and secure facility environment. The difficulty for juvenile and adult detention and corrections staff is that they are often more adept at recognizing and identifying inappropriate behavior rather than positive behavior. (See Ch. 14: Behavior Management). [2]

To remedy this deficit, one institution asks new staff members to focus their attention entirely on positive behavior. Operating under a token economy, in which youth may be rewarded with tokens or points that may be exchanged for incentive prizes, new staff are directed to identify and reinforce 50 appropriate behaviors during an 8-hour shift. In nearly every instance, staff members remark that this was an enlightening exercise. Not only does it change their belief that they are supposed to catch youth misbehaving, it provides practice and enhances confidence in identifying and reinforcing appropriate behavior. If given the choice of responding to either appropriate or inappropriate behavior, most people prefer to deal with appropriate behavior.

Encourage Involvement. Programs that have a high expectation of close observation create the understanding, for both staff and residents, that being involved and attentive is the norm. Therefore, staff members understand that they should interact with youth. Engaged youth are less likely to assume that the best way to survive the institution is by doing nothing. They will participate in planned programs and activities and cooperate with the facility's objectives of enhancing safety and youth interpersonal skills. Good observation works to reduce the tendency toward institutional passivity on the part of both youth and staff. Such passivity on the part of staff in a confinement facility can show indifference toward the job and the needs of the young people they are responsible for. Passivity on the part of youth may reflect apathy toward improving their attitudes and behavior.

Systematic Interactions. Good observation promotes better interaction between staff and residents. Even though the interactions in institutional systems may initially seem contrived, there are some advantages to interactions being controlled

and structured. From these interactions, staff may build a safer environment and better relationships with youth.

Safety and Protection. Good observation helps to create a safe environment. Information about potential assaults, escapes, or other dangerous behavior flows from good observation skills. Understanding this information in its proper context can help staff to intervene in a timely manner and prevent harmful behavior. This type of proactive strategy increases the safety of staff and residents.

Legal and Ethical Obligations. Staff have a legal and ethical obligation to accurately observe both appropriate and inappropriate behavior. Issues such as continued confinement, treatment and placement planning for youth, discipline of staff, or even litigationdepend on accurate observations. The risk for staff of being sued or being found liable in a lawsuit can be mitigated when staff carefully observe and document behaviors.

What to Observe

The subject of observation is the behavior of confined youth. That behavior differs from verbal expression and is the focus of this chapter.

The categories of nonverbal behavior staff should observe are called kinesics, paralanguage, proxemics, physical characteristics, and contextual factors.

Kinesics. Kinesics is the study of body and muscle movement. Kinesics is concerned with the meaning of these body and muscle movements within the facility setting, which is probably one of the clearest forms of nonverbal behavior.

Most people readily recognize clinched fists, arched shoulders, a frown, and a set jaw as nonverbal signs of aggression, hostility, or anger. It is important to note that the skillful observer looks for patterns of behavior that characterize what is typical for each resident. Changes in typical patterns can indicate a problem.

Paralanguage. Paralanguage is concerned with the vocal qualities that affect the auditory senses. These qualities include whispering, shouting, accents, tones of voice, or speech impediments. Effective observation requires that staff watch residents frequently and long enough to establish each youth's patterns of paralanguage. Again, deviation from individual patterns provides meaningful information.

Proxemics. Proxemics is concerned with the position of people in the environment and in relationship to others. Everyone is familiar with the concept of personal space, which is an issue of proxemics. Other relevant nonverbal behavior include touching and eye contact.

Facility staff members need to be sensitive to the issue of proxemics. Although touching is an effective way to communicate feelings between staff and residents, it must be done carefully and in response to patterns of behavior. The invasion of personal space by another youth or by a staff member is often viewed by hostile youth as inappropriate touching or as a sign of aggression.

Physical Characteristics. Physical characteristics often provide the greatest insights about a youth's successful adjustment to a facility. Issues such as clothing and hair and how youth choose to wear them; jewelry, physical size, hygiene, and tattoos communicate much about an individual. Within the institutional setting, the admissions process deliberately imposes conformity. For example, in most confinement facilities, residents must wear institutional clothing. However, youth modify even their uniforms. They express and distinguish themselves through such modification, which along with basic hygiene and self-care may indicate a youth's adjustment, attitude, and state of mind. Efforts by youth to individualize their appearance may reflect that youth's level of confidence, rebelliousness and values, or emotional states such as depression, fears, and beliefs—whether real or imagined.

Contextual Factors. Contextual factors are the physical and social environment in which behavior occurs. The key here is "fit" or congruence between physical and social environments. Consistency among time, place, social circumstances and behavior characterize the behavior setting. Does the behavior fit the context in which it is exhibited?

One example is a funeral service. Many behaviors are associated with appropriate conduct at a funeral. It would be unusual to see someone attending a funeral dressed in football gear, wearing a team jersey and waving a foam "we're number one" hand. This behavior would be worthy of careful observation because it does not fit the context.

Through their daily routine and procedures, juvenile detention centers, juvenile correctional facilities, and adult facilities that house youth each establish certain expectations for behavior in different physical and social environments within the institution. Therefore, each facility encompasses several contexts (education,

recreation, group counseling, court). Good observation helps staff understand whether youth behavior is appropriate to the context.

> *Early one morning, while serving breakfast, one of the facility's cooks noticed a youth moving erratically around the room, talking and laughing loudly, poking and teasing his peers, and ignoring his meal. She noticed that he was unkempt and had not combed his hair. She knew the boy as normally quiet, timid and obedient. She reported her observations to a staff member. Thorough investigation revealed that his mother had provided him with methamphetamine when she had visited the night before. The cook's observations, both during that breakfast service, as well as on numerous prior occasions, provided important information. Her observation was based on changes in the boy's body movements (kinesics), his uncontrolled and inappropriate laughter (paralanguage), his physically irritating his peers (proxemics), his messy appearance (physical characteristics), and his failure to sit and eat his breakfast as the facility rule required (contextual factors.) Good observation skills can be learned by anyone; it does not require an advanced college degree. In fact, good observation skills must be considered a component of all jobs in facilities that serve youth. Our cook provided everyone a good example.*

How to Observe

What skills are associated with good observation? This section is the "how to" part of the training objectives. Although there are many different opinions about what constitutes good observation skills, the focus here will be on four primary skills for workers in any confinement facility serving youth: *attention, awareness, objectivity, and positioning.*

Attention. Attention involves remaining alert to the relevant behavior and cues within one's sensory field—the distance one can see and hear. Human beings are able to attend to very few of the relatively thousands of stimuli that constantly bombard them. Thus, the attentive staff member must select and focus on the relevant stimuli. In most instances, attention is directly related to the staff member's mental and physical alertness.

Working in an institution is a stressful job. Working with troubled youth and insufficient resources can create difficult situations for staff—which often lead to the temptation to use alcohol or drugs as a means of relaxation or tension reduction. The juvenile justice and corrections professions are ripe for substance abuse problems, which severely curtails attention and alertness.

Shift work can be disruptive to the employee's sleep patterns and often interferes with his or her personal life, aggravating job stress. In addition, when an employee

works overtime, it is even harder for the employee to be sufficiently rested. Being overly tired from working extended hours and losing sleep makes employees less vigilant and alert.

The National Partnership for Juvenile Services (NPJS) addresses this issue in its Code of Ethics.[1] Concerned about the potential threats to resident and staff safety inherent in a confinement setting, NPJS calls for the juvenile services professional to "take responsibility for maintaining their physical and psychological wellness in order to provide optimal levels of safety, security, and helpful services for youth in their care."

In addition to the safety threat from substance use, youth that have grown up with adults who use and abuse substances will recognize a staff member's abuse problem. Such recognition is likely to cause youth to lose trust and confidence in those adults and view them as hypocrites.

Awareness. The skillful observer seeks to understand human behavior and individual interaction with the environment. Because behavior is usually purpose driven, the worker that remains informed of pertinent facts about both confined youth and the physical environment maximizes his or her ability to observe, predict, and respond appropriately to a variety of unexpected situations.

Awareness is entirely dependent on the direct care worker's willingness and ability to obtain more information about confined youth. Staff can enhance their awareness of each youth under his or her supervision by reading anecdotal logs, psychological reports and legal and social files (when available). Staff should discuss this information and current behavior with staff on previous and upcoming shifts and with other key players such as clinicians, teachers, and parents. Awareness comes from a proactive effort to obtain information about a youth that may then be used to understand or predict his or her behavior.

Objectivity. All sensory input must be filtered through one's emotions, values, and past experiences. Therefore, objectivity is accomplished only by keeping personal biases from interfering with the ability to perceive reality. Staff must make a conscious effort to be honest with themselves and to recognize their own limits and fallibilities. However, with practice and perseverance, a careful observer is able to set aside personal filters and view behavior professionally, without prejudice. In this manner, one must approach the role as a professional, with the understanding that the job is to promote long-term growth for youth.

Biased interpretations do not simply go away. Objectivity as an observational skill must be practiced. Practice occurs through giving and receiving feedback by formally or informally consulting with a supervisor or trusted co-workers. To be objective, staff must discuss their feelings about confined youth, their offenses, and their behavior. Staff must analyze these feelings openly, in the presence of coworkers or supervisors who have the ability to recognize personal prejudices that may interfere with the provision of effective care. To become more objective, staff must interact with peers and must work to become more self-accepting and less judgmental or condemning. In addition to being open to receiving feedback from others, staff members must be willing to listen non-judgmentally and offer opinions humbly.

Positioning. It is essential for facility staff to physically position themselves in a manner that maximizes the opportunities for observation. Staff should be situated so that all youth are in plain view—which is ideally accomplished by developing skills as a participant observer. Participation helps develop healthy relationships with youth, without appearing to be a guard or a watchdog. Conversely, staff must take care to avoid becoming so involved in a simple activity that they lose sight of the responsibility to observe the behavior of the entire group. The rule of thumb for position skills is "You can't observe it if you can't see it."

To develop the skill of effective positioning, many trainers will identify floor plans of detention facilities and ask participants to place staff members in the most strategic positions. As staff members assume responsibility in the facility, those staff members should do the same thing within each living or activity area with newer peers. In fact, it is beneficial to complete this exercise as a team activity. New and junior staff should ask advice of senior staff for both routine and non-routine activities, or special activities that may occur just one time. Positions should be a part of planning special events and activities or responding to problems.

Electronic Surveillance. In addition to the four observation skills discussed above, most facilities have some kind of camera monitoring system that may aid in observing confined youth. However, it is important to understand that cameras and video recording systems *must not* be used in place of direct observation. Cameras and recording systems are useful tools for confirming direct observations by staff. The video record can provide helpful information when there is a review or investigation of an incident or of youth behavior. The record can offer protection to staff members who are fraudulently accused of misbehavior or serve

as oversight to help ensure youth safety and security. Video recordings may never replace the staff member's written documentation of their observations.

Recording

Why Recording Is Important

The recording of information in juvenile detention, juvenile correctional facilities, and adult confinement facilities that house youth is important for two basic reasons—documentation and communication.

Documentation. Documentation is written communication that includes a message, a sender (the writer), and a receiver (the reader). The sender must always be aware of the receiver when completing documentation. We document to ensure that there is a durable record of what has taken place. We document so that necessary information can be shared among staff. And, we document to ensure the safety of youth and staff. Documentation supports internal and external quality assurance activities and, ultimately, safety and security. Quality assurance includes administrative monitoring of incidents and of employees' handling of those incidents. It also includes audits from government oversight parties or other review bodies such as the American Corrections Association (ACA). (See Ch. 17: Quality Assurance) [3]

Documentation provides a written account of events. Because memories are faulty, and because accuracy deteriorates over time, it is best to write the description of behavior as soon as possible. In some institutions, staff are automatically provided with time off the floor after a significant incident to complete their documentation. The general expectation is that reports must be completed before the staff member's shift ends.

Aggregated information from documentation over time can help in the evaluation of program effectiveness and individual resident progress.

Documentation provides a sense of accountability. Knowing that behavior must be recorded, staff are much more likely to pay attention to specific behavior and to improve their observation skills. Further, residents quickly understand that the staff keep comprehensive records of their behavior. Hence, residents tend to become more accountable.

One of the most important purposes of documentation is to help staff solve problems whenever serious, dangerous, or illegal behavior occurs. Documentation

serves as evidence that action was taken. It may be the critical factor in helping to reduce liability among correctional staff. Legal experts maintain that documentation is the single most important issue in establishing a good faith defense.

Communication. Working with youth in confinement facilities is a complex job that requires an effective exchange of information among line staff, administrators, treatment providers, legal counsel, family members, and others. Decisions about youth are only as good as the information on which they are based. Therefore, communication is a primary function of documentation.

Staff members that work with youth in facilities usually do not have an opportunity to interact with all of their coworkers on a daily basis. Written communication becomes essential to ensure consistency among staff members and continuity from one shift to the next. Information can also flow to other interested parties, such as therapists, attorneys, probation officers, and judges.

A record of observations also promotes continual improvement in observation. It gives staff members a baseline perspective from which to view resident behavior. It may be used to update new staff on issues and problems that are affecting individual residents. In this manner, documentation serves to promote program consistency, which is key to effective programs.

What to Record

Recording is an attempt to answer the questions of Who?, What?, When?, Where?, and How? This simple approach helps to define those issues that should be committed to writing. One caution is necessary about this journalist's list: statements about the reasons for a youth's behavior (the why) should generally be avoided. It is not the responsibility of direct care staff to affix motives to a youth's behavior or to determine his or her intent. Instead, these questions should be referred to administrative staff or to a team discussion supervised by a qualified staff member.

In answering the six questions above, the following guidelines should be considered:

- Who
  - was involved?
  - discovered the incident?
  - witnessed the incident?

    - responded?
    - took what actions?
    - was in possession of what?
    - was notified?
- What
    - happened?
    - was the youth's complaint?
    - property was involved?
    - actions did the youth take?
    - were the results of those actions?
    - automatic systems were involved (alarms, automatic sprinklers)?
    - was said?
    - evidence was found and collected?
    - equipment was used?
    - equipment or furnishings were damaged?
    - follow-up is required?
- Where
    - did the incident occur?
    - was evidence found?
    - were staff members and youth located?
- When
    - did the incident happen?
    - was the incident discovered and reported?
    - did various staff members arrive?
    - did back-up help arrive?
    - was the incident brought under control?
- How
    - did the incident occur?
    - was the incident discovered?
    - was information obtained?
    - did the incident occur (accidental or intentional—factual, *no opinions*)?
    - do you explain the actions that you did (especially if you deviated from the agency's policies)?[2]

Required documentation is determined by the facility and may vary, based on the type of facility and the requirements of the jurisdiction or parent agency. However, most facilities that serve youth have some basic documentation requirements, which often include anecdotal logs and special incident reports. In addition, there may be specialized reports for particular types of facilities or specific kinds of incidents.

Treatment Plans and Progress Reports

Youth correctional facilities are secure, long-term, post-dispositional, residential programs where youth are held to ensure the community's safety while they receive treatment to prepare them for eventual release. Treatment and service objectives are clearly defined in **service and treatment plans**. (See Ch. 15: Service and Treatment Plans). [4] Those plans may be developed by a clinician or by a multi-disciplinary team. Generally, the facility has a format for such plans. Progress towards achieving the objectives in plans must be clearly documented on a regular basis. Service and treatment plans and **progress reports** must comply with the same writing expectations for incident reports discussed below, following the agency's preferred format.

In addition to special incident reports, completed when an unusual event occurs, facilities that serve youth must complete some documentation on a daily or shift-by-shift basis. Anecdotal logs are typically required and may be group logs, individual logs, or both.

Group Logs

A **group log** provides a general description of a group or unit during a specific period of time. These logs are generally completed at the end of a shift to record activities that have taken place, the overall mood of the group, and to ensure communication with oncoming shifts.

Individual Logs

An **individual log** is also completed at set intervals, again usually at the end of a shift, for the same purpose. But, an individual log offers more detailed information about each youth so that staff members may individualize services in accordance with a young person's particular needs and plans. For example, a youth may have returned from a visit with a parent in which they argued or a youth may have received disappointing news at a court hearing. It is important to communicate that information so that the oncoming staff can appropriately approach and respond to that youth and to the group as a whole. To have a smooth transition, it may be important to attend to the needs and concerns of individual youth. Well-written individual logs inform staff of those needs.

Staff should record what other staff members might anticipate from residents. Consistency means that the staff members who supervise a youth during different shifts over a period of a day or more will respond to problems with uniformity. To ensure that occurs, written communications must describe what has happened and,

based on specific observations, what staff members think may happen in the future.

Records are also important to describe what other staff members have done to help youth. Part of the responsibility of recording is to note details of staff behavior.

Good records indicate clearly which interactions or interventions have been successful and which have not. Records are the best indicator of program effectiveness.

The ACA correspondence course for juvenile care workers offers several useful criteria that may help the staff member complete log entries that are clear, concise, and accurate. These criteria provide a list of themes that direct-care workers might use in crafting their written communications, particularly in their logs. The following are the ACA criteria, with an example of each:

Communication: "I talked with Greg about his shouting and cursing."

Observation: "Nate shuffles his feet and looks downward when I ask him about his visit with his parents."

Intervention: "Mr. Carlson and I physically restrained Patrick and took the knife from him."

Feedback: "Dr. Richards said we need to pay close attention to Derrick since his latest suicide threat."

Specificity: "A verbal argument between Tracy and Pam occurred in Dorm C at 4:00 p.m."

Significance: "Juan and Pete had a fist fight in the recreation room at 10:00 a.m."[3]

Facility staff members have a natural tendency to complete paperwork as quickly as possible. They may believe that doing so is efficient and allows them to spend more time with youth. Unfortunately, they may hurry because they want to

complete their assigned work and leave their shift or because they simply do not enjoy doing paperwork. When reports are completed too hurriedly, problems arise and quality deteriorates. Without comprehensive information, the reader cannot make competent decisions on behalf of a youth or a group. Completing logs in a superficial manner may indicate a passive resistance to paperwork, or that staff do not view it as relevant or appreciated by administration. If a line staff member questions the value of his reports, he should bring concerns to administrators. And, administrators should not take quality reports for granted, but should offer positive feedback while consistently monitoring for content and quality. A poorly written log simply makes the writer appear unprofessional. The writer does not want to justify sloppy work that provides insufficient information. Paperwork may be the most important issue in helping staff members protect the rights of detained youth and protect their own careers.

Before each shift ends, the line staff in the unit must make written notations in each youth's file. One line staff member regularly manages to complete his assigned files expeditiously and punch out on time. His files typically include information for the next shift like "GDNP." Fortunately, his peers on the following shift know that GDNP means "good day, no problem" but they certainly do not know what a specific youth has done on that shift, and how his behavior has not led to any problems. They have no detail, and they do not know if there were no problems for the staff or for the youth. They couldn't tell you what was good about the day. Did that youth participate actively in planned programming and activities? Did he go to court and learn that he is getting released? Did he stay in his room and avoid interacting with staff or other youth? If so, could he be depressed? And, if so, and he attempts to harm himself, does the line staff member who so efficiently wrote "GDNP" want to explain the attempt to administrators, investigators, attorneys, or that youth's parents?

Incident Reports

Guidelines for writing *special incident reports* are applicable to all documentation in facilities that serve youth. However, because incident reports are more formal, stand-alone documents, they are more likely to be read by others. Although direct care staff usually complete anecdotal logs, any staff member or other individual present when an incident occurs must complete an incident report.

For our purposes, an incident report is defined as a written summary of events or information that the author has seen, heard, or investigated and provides a permanent record of those events or information. In a juvenile or adult

confinement setting, a report is a permanent record of an incident that someone in authority can use as a basis for various actions.

Incident reports have many uses, for example to accompany other documents to the court from a juvenile detention center, a juvenile correctional facility, or an adult facility that serves youth. They may supplement reports and recommendations to paroling authorities for youth in juvenile correctional facilities or in adult facilities. Attorneys that represent youth or the agency in litigation may request them. Quality assurance bodies, such as state monitoring units and external auditing entities, review them to verify compliance with standards. They may be used to justify changes to policy and procedure. They may be used to improve safety and security on the job. They may be used to compile statistics or other important information. They may be used to refresh the memory of those involved in an incident. They may be used to evaluate an employee's performance and potentially initiate discipline or additional training. The use of incident reports in teaching and training of staff is a worthwhile, evidence-based practice. A poorly written incident report makes the writer appear unprofessional and can reflect negatively and have an adverse effect on the facility.[4]

Suicide Screening, Assessment, and Monitoring Reports

Suicide screening, assessment, and monitoring are discussed separately because they have crucial and unique components. Although the same rules apply to suicide prevention documentation as to incident report writing, those rules become even more critical when dealing with situations that are literally matters of life or death.

Suicide assessment is not seen as a single event but, rather, an ongoing process. According to the definitive National Center on Institutions and Alternatives research study by Lindsay M. Hayes, youth can become suicidal at any time, including at initial admission, after adjudication when returned from court, after receipt of bad news, after suffering some kind of humiliation or rejection, during confinement in isolation, segregation or time-out, or following prolonged periods of detention.[5] Suicide screening may be part of the medical intake screening or may use a separate form or process. That screening should, at a minimum, include questions such as the following:

- Was the youth a medical, mental health, or suicide risk during any prior contact and/or confinement within the facility?
- Does the arresting and/or transporting officer have any information (from observed behavior, documentation from the sending agency or facility,

conversations with family members) that indicates the youth is a medical, mental health, or suicide risk now?
- Has the youth ever attempted suicide?
- Has the youth ever considered suicide?
- Is the youth currently or has the youth ever been treated for mental health or emotional problems?
- Has the youth recently experienced a significant loss (relationship, death of family member, close friend, job, pet)?
- Has a family member or close friend ever attempted or committed suicide?
- Does the youth feel there is nothing to look forward to in the immediate future (expressing helplessness and/or hopelessness?)
- Is the youth thinking of hurting and/or killing yourself?"[6]

Several Intake Screening and Assessment forms are available for the identification of suicide risk, including "The Intake Screening form/Suicide Risk Assessment," the "Juvenile Risk Assessment," and the "Massachusetts Youth Screening Instrument—MAYSI-2."[7]

Confinement, whether in a juvenile detention center, a youth correctional facility, or an adult facility that houses youth, is in itself considered a risk factor for suicide. Therefore, all confined youth should be viewed as at risk. It is important to observe confined youth for suicide potential throughout their stay in a facility and to document all observations. "Other supervision aides (e.g., closed circuit television, companions/watchers, etc.) can be utilized as a supplement to, but never as a substitute for, these observation levels."[8]

Communication between direct care personnel and other professionals in the facility regarding observation for suicide potential is critical. Communication should occur between each shift, during shifts, and between line staff and administrative and/or clinical staff. To ensure that communication occurs, observations must be recorded on designated forms and distributed to all appropriate staff.

In addition, staff members in juvenile detention centers, juvenile correctional facilities, and adult confinement facilities that serve youth must document regular, visual checks of youth, their status, behavior or affect, and other observations at required intervals. Those checks should be random, and their frequency should be based on the youth's assessed potential for suicide and on the requirements of the facility's suicide prevention policy. When it is determined that a youth is at imminent risk and is placed on constant suicide watch, that youth must receive one-on-one monitoring on a continuous, uninterrupted basis.

Completing suicide screening, assessment, and monitoring documentation is literally a life or death mandate. Failure to record accurately may not just result in employee discipline or a lawsuit; it could mean a child's death. (See Ch. 11: Mental Health). [5]

Electronic Monitoring Devices

Many facilities use electronic wand systems to help ensure that room checks are conducted as required. These wands scan strategically located checkpoints located near resident rooms and other areas in the facility where checks are required. Recorded information from the scans is then electronically downloaded where it can be used to verify timely resident checks, monitor staff performance, and provide feedback to administration. Some electronic monitoring systems also allow the staff to enter comments about their visual observations of what the youth is doing (e.g., sleeping, sitting up, pacing).

The completion of repeated and frequent room checks can become monotonous and, sadly, human nature may lead even conscientious workers to take short cuts. Electronic systems can be an aide to managers and a motivator to security staff, as they require that staff go to the checkpoints at the times specified for the required watch.

It must be emphasized, however, that scanning a checkpoint must not replace visually checking on a youth. There must also be written documentation of the visual checks that describe the youth's behavior and affect. If the electronic system includes coding of typical behavior, the staff may only be required to separately document unusual behavior or circumstances. If the electronic system only records the scan, staff must also record their observations. An electronic monitoring system must be viewed only as a supplement to required visual observations and recording of those observations. Additionally, required room checks must be random and must be documented accurately as they occur, not as they are planned. The use of forms with pre-printed times for room checks undermines the purpose of staggered inspections.

Report Writing

Each facility has unique documentation requirements along with reports and forms designed for the entire agency. Those reports may include such things as documentation of required checks of confined youth, search reports, mandatory reporting of suspected child abuse and neglect, and periodic head counts. Reports must comply with agency policy and procedure and state statute. However, the

basic rules for incident report writing discussed in this chapter are equally applicable to all type of reports.

As discussed above, incident reports are stand-alone documents that may be used for many purposes. They may be read by parties within the facility and by external stakeholders. The importance of a well-written incident report or other required report cannot be overstated. High-quality reports are

- Written in plain English.
- Accurate and specific.
- Factual.
- Objective.
- Timely.
- Complete.
- Concise.
- Well organized.
- Clear.
- Grammatically correct.
- Free of jargon and abbreviations.
- Legible.
- Confidential.

Plain English

Reports must be written in plain English. Because the purpose of recording and report writing is to document and communicate observations, statements must be understandable to others. It is not necessary to impress coworkers with one's vocabulary skills. Avoiding slang, flowery terms, and psychological jargon maximizes one's clarity. No one cares if a youth makes "a ubiquitous olfactorial assault," but it is noteworthy to record that the youth has body odor.

Accurate and Specific

A report may contain factual errors due to incomplete fact gathering or simple typographical errors. That may not be problematic initially but could haunt a worker later if a youth submits a grievance or, more seriously, if a report becomes part of a lawsuit. No information should be included in a report that has not been established as accurate. Accuracy also implies specificity. Vague references provide the reader little information and invite interpretation. A specific description of a resident's behavior is more useful to the reader than a label or a generalization. For example:

Vague: Bobby was hurt in a fight.

Specific: Johnny pushed Bobby to the floor face first and Bobby's nose was bleeding heavily.

Factual

A good report includes statements that are real and can be either proved or disproved. Inferences are related to facts in that they are conclusions based on reasoning. Inferences become sound when they are supported by facts.

Inference: Bobby was crying after his court hearing and should be watched closely in case he is suicidal.

Fact: Bobby told me that he plans to kill himself rather than go to state school.

Reports must support inferred conclusions. Professional and clinical staff or teams may generate hypothetical conclusions about resident behavior. Otherwise, unsupported conclusions have little practical value in facility settings. By providing specific behavior observations, the record supports the inference or a different conclusion.

Objective

A well-written report must be fair and impartial and not influenced by opinion. The writer should avoid using words that change the tone of the report. All sides of a story should be presented and no one side should be favored. A report may include statements from involved parties, but the report should make it clear that those statements are quotes.

Timely

Records must be completed in a timely manner to be of maximum value. The completion of forms varies with the type of document being considered (e.g., incident report, anecdotal log). However, the goal is to provide the specific information required for each form as soon as possible. Timeliness is a constant concern. Documenting observations while the information is fresh and recall is at its optimum enhances the accuracy of the recording. Generally, reports must be completed before the writer leaves the shift.

Complete

A well-written report covers the Who? What? Where? When? How? It does not leave unanswered questions. The writer should consider how the report might be used in both the short and the long term. If the writer puts information in the report, he or she will not have to rely on memory. Many parties could eventually read a report including people the writer may not have considered when writing the report. In addition to other line staff, facility administrators, and clinicians, others could read a report, such as disciplinary bodies, attorneys, judges, journalists, and even the public. It is safer to include factual details in a report than to leave them out and attempt to recall them later. Doing so could embarrass the writer and the agency.

Concise

Although we just emphasized writing a complete report, doing so does not preclude writing concisely. Do not omit important details but use words economically. Reports must be brief, concise, and pertinent. Documents should present the most relevant information in the most efficient manner with the greatest possible clarity.

Well Organized

An agency may have a required format for incident reports that staff should follow. If there is no agency requirement for structuring a report, the writer should plan before beginning to present information in a logical order. Often, simple chronological order can work well.

Clear

A well-written report is unambiguous and understandable. Multiple readers should be able to reach the same conclusions when reading a clearly written report.

Vague: The unit was overcrowded when the fight began.

Clear: There were 25 youth in the unit that had a rated capacity of 15.

The writer may even use diagrams or sketches to help illustrate what he or she is describing.

Grammatically Correct

A well-written report complies with basic rules of grammar, spelling, and punctuation. Some important guidelines to follow include:

Write in the first person. Writing in the first person when discussing the writer's role and actions makes the report easier to follow. Use of the third person in that case is more formal and less acceptable.

Write in the past tense. The incident occurred in the past, and the report is clearer if written that way.

Avoid the emphatic form. Saying: "I did complete my room checks" rather than simply saying, "I completed my room checks" suggests that the writer is trying to justify behavior and can raise questions about whether something actually did occur.

Always use antecedents for pronouns. A report must be clear about to whom or to what it refers. Pronouns must agree with their antecedents in number (singular or plural.) "Mr. Smith and Bobby got into an altercation and he started yelling" leaves the reader uncertain about who was yelling. "Carlos threw the ball at the other group of youth and they started fighting" doesn't clearly tell the reader who started fighting, Carlos and the group or just the other group of youth.

Spell correctly. Spelling errors are simply not acceptable. If reports are hand-written, the writer should use a dictionary to ensure correct spelling. Fortunately, many facilities now have computer-generated reports, and the writer may use the spell-check function. The writer should still proofread the report. A word may be spelled correctly and not be the word that was intended by the report writer (e.g., leaving off the "e" and writing "us" when "use" was the word intended). Poor spelling reflects sloppiness and may imply that other aspects of a report were completed carelessly. Poor spelling can suggest lack of education, intelligence, and professionalism.

Use the active voice. The writer should use the active voice whenever possible. Active voice is more direct and efficient. "Bobby pulled the fire alarm" is easier to understand than "The fire alarm was pulled by Bobby," and the latter version adds extra words. The former, active version does a better job of highlighting the subject of the sentence—Bobby. The passive voice tends to de-emphasize the person responsible for the action. The report writer should examine his or her sentences to see if it is clear who has performed the action.

Avoid Jargon and Abbreviations

Each profession has its unique terminology or jargon, which may save time in recording but which also leaves questions for readers. Some jargon may also

impact the report's objectivity. "We treated Bobby no differently than any other perp." The word "perp" suggests the writer has made the assumption that Bobby is guilty. And, perp is certainly jargon that reflects a lack of professionalism in an official report. Abbreviations can also be confusing and misunderstood by a reader. Professions, jurisdictions and facilities all have abbreviations that they commonly use that outsiders may not understand. The term "GDNP" may not mean "good day, no problems" to everyone who reads the log entry. "We referred him to CMH for a psych eval" does not tell an unfamiliar reader where the youth was referred and whether the referral was for a psychological or psychiatric evaluation. A medical professional may use the abbreviation "pt." to refer to a patient while a mental health clinician who works with children and youth may use that same abbreviation to refer to a parent. However, it is acceptable to use common abbreviations such as Mr., Ms., and Dr. An abbreviation may be used if it is defined in the report: "the National Partnership for Juvenile Services (NPJS)." The full term should be used with the first use of the abbreviation.

Legible

Reports must be legible. Regardless of how accurate or useful an observation may be, it has no value to others unless it is recorded legibly. Many facilities now require that reports be computer-generated. In addition to typed reports being more legible, they are more professional in appearance. They can be written on an agency-mandated template that helps to ensure that reports are complete. The use of a computer can help catch spelling and grammatical errors and highlight jargon or abbreviations that may need to be revised. Electronic reports may be quicker and easier to complete. If a facility does not use computers to create reports, or uses them for just some types of records, the writer must ensure that his or her reports are readable.

Confidential

Records must be protected from unauthorized disclosure. To protect each resident's right to privacy and to prevent misuse of documents, all information about residents is held in confidence. Policy and procedure should specify the circumstances under which information about residents may be released. Policy and procedure should be in accordance with state laws governing confidentiality. Information may be released only with proper authorization. Although electronic records may provide a number of advantages, they are also subject to confidentiality breaches, and agencies must implement procedures to maximize their safety, just as is the case with paper records.

Staff Training

All employees of juvenile detention centers, youth correctional facilities, and adult confinement facilities that house youth must receive training on behavior observation, recording, and report writing. Any staff member could be called upon to document his or her observations through a facility's required reporting. Each staff member or other individual present at the time of an incident must complete a report. Therefore, all facility employees should be trained on basic observation skills, facility reporting requirements, and writing an incident report. That training should occur as part of the agency's initial employee training program. Ongoing instruction should also focus on report-writing skills and quality documentation. Administrators must be willing to reject poorly written reports. A supervisor should offer feedback, constructive criticism, guidance, and support to help employees improve their written documentation. Training should also address confidentiality laws and policies, mandatory child abuse and neglect reporting requirements, and other legal and ethical implications of behavior observation, recording, and report writing.

Conclusion

The job responsibilities for staff in facilities that confine youth include a broad range of activities. The science behind working with troubled youth draws its principles from various disciplines. It is complex and interdisciplinary. Various skills are needed to perform the job competently, including behavior observation, recording, and report writing; all of these skills can be taught and learned.

Working successfully with youth, regardless of the facility setting, is a function of good information that supports insightful planning. Good information permits staff to monitor and adjust daily interventions with youth to maximize effectiveness. Good information helps staff to operate a consistent program that simultaneously reduces the need for punishment. For staff who work in youth confinement facilities, the foundation of good information is proficiency in behavior observation, recording, and report writing.

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Ch.17 Quality Assurance

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The Purpose of Quality Assurance

The best way to ensure that knowledge about best practice is dependably translated into the daily reality of a facility is to establish a robust quality-assurance process. Quality assurance involves systematic measurement of the various aspects of a facility's operation, comparisons to an objective standard, and modifications of facility policy, procedure, and practices when the standard is not met. Facilities have a responsibility to ensure that youth rights are protected and that programs and practices are producing the desire outcomes among youth in custody. Opinions about what is reasonable to ask of correctional facilities, where responsibilities lie, and which outcomes should be pursued vary across states, systems, and staff.[2] For this reason, the emergence of professional and state standards for the operation of juvenile facilities is an important development in the field. These standards provide a framework and compel stakeholders to review all aspects of facility operations and engage in discussions about "How good is good enough?" Although professional organizations have not yet developed standards to guide programming for youth housed in adult facilities, the standards established for juvenile detention and correctional facilities have obvious relevance.

Although professional standards are important for many reasons, jurisdictions should also set and monitor their own internal standards to uphold their specific priorities. Robust quality-assurance processes can be an effective deterrent to liability claims and lawsuits regarding the conditions of confinement. However, simply submitting to an outside group's audit or conducting one's own inspection offers no real protection; the facility must also demonstrate a commitment to remedy any deficits noted. Without a commitment to quality improvement, the audit itself is rather worthless in terms of protecting youth rights and meeting their needs, and in shielding a jurisdiction from liability. Experts in prison oversight have noted that inspections and monitoring are most effective when they are routine, thorough, and transparent and when the group conducting the inspections has **the power to require change.**[3]

Inspections and monitoring are only one way to identify and address problems with safety, programming, and other services in correctional facilities. Other means are the regulation and licensing of facilities, the monitoring of contracts to ensure a provider is delivering the promised services, and the investigation of allegations of staff misconduct to determine their veracity.[4] Though legal remedies are often used to correct serious deficiencies, they rarely proactively identify or solve problems. Whatever the form of the inspection, audit, or monitoring, facility administrators are often hesitant to accept an outsider looking over their shoulder, making judgments, and telling them what to do. This reluctance is understandable. However, the best quality-assurance auditors and mechanisms engage in collaborative problem solving, focusing less on what is wrong than on the underlying causes of the identified problems. In so doing, they can offer a fresh perspective. Quality assurance can unite elected officials, advocates, administrators, and staff around the common goal of running safe and effective facilities.

Types of Quality Assurance

After presenting the developmental history of professional standards that guided practices for juvenile facilities, the previous *Desktop Guide to Good Juvenile Detention Practice* (1996) discussed only one type of quality-assurance process—audits conducted by external, standards-setting organizations. Since then, the field has embraced the concept of quality assurance. Most quality-assurance programs now use specific, objective performance

indicators and routinely collect data to assess program performance and measure outcomes. Furthermore, facilities use the results to make decisions about operations. The options for accreditation and licensing, inspection, and monitoring have multiplied in the 20 years since the first *Desktop Guide* was written, along with procedures for implementing quality-assurance programs at the facility level.

The number of professional organizations that publish standards relevant to juvenile facilities has grown. In addition, many states have drafted and adopted their own standards for the operation and licensing of detention and commitment facilities. These are discussed in the section below on External Audits. Standards set and audited by organizations external to the agencies that operate facilities share several features:

- Standards draw upon the practices and experiences across the entire field and are not limited to a single jurisdiction's practices in their conceptualization.
- Input from a large number of practitioners and auditors who use the standards allows them to be refined, better articulated, and clarified on an ongoing basis.
- Auditors are independent and do not have a stake in the outcome of the audits. They are less vulnerable to temptations to minimize poor performance to avoid repercussions from facility directors, agency administrators, or elected officials.
- When the results of the audits are transparent and publicly available, facilities can compare their results to other facilities across the nation and can often access a network of colleagues who may have experienced similar problems and figured out how to solve them.

Although having the results of an audit made public may make administrators feel they are being called on the carpet, transparency has certain benefits. For one, if the audit results are made public, stakeholders can better understand the nature of the challenges faced by correctional facilities and may more clearly recognize their ability to contribute to solutions. Facilities and agencies often find themselves in a better position to advocate for needed resources from the legislature, other agencies, and community members.

Standards set and audited by external organizations are not without their flaws. Concerns include:

- The cost to enroll in, subscribe to, or become accredited by an external organization may make participation unfeasible.
- An overreliance on the mere presence of a written policy can leave questions unasked about whether the policy has been appropriately translated into practice and whether those practices are producing the desired outcomes.
- Participation, certification, or accreditation does not create immunity to litigation, particularly when the standards being audited do not attend to specific outcomes around safety and treatment.

The concerns about national standards-setting organizations may have catalyzed the development of system- and facility-specific standards (internal quality assurance) that better pinpoint specific areas of operational concern and that better incorporate desired outcomes. Given the lack of standards that guide practices for youth housed in adult facilities, internal quality-assurance mechanisms are even more essential in these cases. Internal quality-assurance mechanisms are often far more detailed than standards set by external agencies; they delve more deeply into the extent to which facility policies have been effectively translated into practice to produce desired outcomes. For example, a general standard that requires a facility to "provide appropriate programming to address the rehabilitative needs of youth" may be further specified by an internal quality-assurance standard. It could require that "all youth shall complete at least 80% of the 50-session anger-management curriculum and reduce their involvement in violent institutional misconduct prior to release."

The External Quality Assurance section below describes the various standards-setting organizations. The collection is meant only to identify some of the options available, not to endorse any particular organization or set of standards. The section on Internal Quality Assurance offers specific guidance for building a system that closes some of the gaps left open by more general standards. Overall, a quality-assurance system that involves both strategies will lead to a robust assessment of the strength of the facility's programming and its ability to keep youth and staff safe from harm.

External Quality Assurance

As noted above, having independent organizations conduct audits can bring additional rigor, a broad base for comparison, and additional credibility to the findings.

National Organizations

A variety of national organizations have published professional standards to guide the operation of juvenile facilities. Some offer accreditation, some provide a team of auditors to inspect the facility, and some provide a do-it-yourself framework or technology for examining an area of operation.

- The **American Correctional Association** (ACA) publishes standards for a broad range of correctional programs, including juvenile residential facilities, correctional facilities, detention facilities, day treatment programs, boot camps, therapeutic communities, and small detention facilities. In 2001, ACA began accrediting correctional healthcare programs as well. The Standards Committee continually revises standards based on agency experiences, evolving practices, and new case law. Standards cover the full range of facility operations—physical plant, staff training, sanitation and life safety, safety and security, programs, due process and discipline, access to courts, mail and visitation, searches, and other conditions of confinement. A narrative to clarify the intent and other information to assist with implementation follows each standard. A large number of corrections professionals have been trained as auditors. The ACA audit teams keep their findings confidential, but participating agencies are encouraged to share the results of their compliance audits with the media.[5]
- The **Correctional Education Association** (CEA) updated its Performance Standards for Correctional Education Programs in Juvenile Institutions in October, 2004. The 67 individual standards are divided into four categories: administration, personnel, students, and programming. Agencies must contract with CEA to pursue accreditation, which is awarded if the agency is 100% compliant with the 24 required standards and at least 90% compliant with the 43 non-required standards. Trained CEA auditors observe programs, interview staff and students, review policy and procedures, and examine documentation related to the implementation of standards.[6]
- The **Juvenile Detention Alternatives Initiative** (JDAI), supported by the Annie E. Casey Foundation, includes improving conditions of confinement as one of its essential core strategies for juvenile detention reform. Toward this end, the Youth Law Center and the Center for Children's Law and Policy developed JDAI's Standards for Detention Facility Conditions. They did so in consultation with national experts in all aspects of juvenile facility conditions and with input from juvenile justice system professionals in sites around the country. The standards reflect JDAI's core values, address constitutional and statutory requirements, and embody professional best practice (including those from many of the organizations listed here). The 338 standards cover every aspect of a detention facility's operation: classification (intake, screening, living unit assignments); health (medical, mental health, dental); access (mail, visits, telephone, legal access); programming (education, exercise, recreation, religion, work); training and administrative oversight; environment (sanitation, physical plant, food, crowding, privacy); restraints, isolation, discipline, and grievances; and safety. Last updated in 2006, the standards are slated for revision in 2014. A team of stakeholders from each participating JDAI site is trained to conduct an assessment of facility practice. The team's findings are then used to inform the site's JDAI goals and workplan to improve performance in any area in which a deficit was noted.[7]
- The **National Commission on Correctional Health Care** (NCCHC) publishes Standards for Health Services in Juvenile Detention and Confinement Facilities. The most recent version, updated in 2011, includes governance and administration; safety; personnel and training; healthcare services and support; juvenile care and treatment; health promotion; special needs and services; health records; and medical–legal issues. Many facilities use the standards to guide facility practices without seeking accreditation; however, accreditation is also offered via a peer-review process. Survey teams composed of physicians, nurses, health administrators, and other professionals measure compliance and provide technical assistance.[8]
- The **National Fire Protection Association** (NFPA) updates its Life Safety Code (LSC) every three years, most recently in 2012. The Code addresses life-safety issues in correctional environments and includes standards for egress, features of fire protection (sprinkler systems, alarms, emergency lighting, smoke barriers), and special hazard protection. The LSC does not differentiate between adult and juvenile facilities,

but has standards for both new construction and existing facilities. The NFPA standards are voluntary and user accepted. The NFPA does not conduct audits or offer accreditation. Once a jurisdiction has adopted the standards, the NFPA offers technical support to assist with compliance.[9]

- The **Council of Juvenile Correctional Administrators** (CJCA) developed the Performance-based Standards for Secure Juvenile Facilities (PbS) to provide a system for juvenile agencies to identify, monitor, and improve critical areas of facility operation using best practice standards and performance outcome measures. PbS member sites measure outcomes in seven key areas: safety, security, order, health and mental health services, justice and legal rights, programming, and reintegration planning. Rather than using a dichotomous accreditation process, PbS features a continuous improvement cycle that includes data collection, performance reports, an outcome measure analysis, and a rigorous facility improvement process to remedy any deficits.[10]
- The **Prison Rape Elimination Act** (PREA) created the National Prison Rape Elimination Commission and gave it the task of developing a set of national standards to reduce the incidence of sexual violence in correctional facilities. A set of 43 Juvenile Facility Standards cover the broad range of issues involved in preventing, detecting, and responding to sexual assault: prevention planning (policy, staffing, supervision, monitoring); responsive planning (investigation, access to forensic services, rape crisis advocates); training and education (for staff, youth, investigators, medical and mental health staff); screening for risk; reporting; official response; investigation; discipline; emergency medical and mental health treatment; and data collection and review. Beginning in August, 2013, all states were required to audit their facilities on a staggered schedule every three years (each year, one-third of the facilities must be audited). Auditors must be trained and certified by the DOJ and may not work for the agency that operates the facilities. In any area that does not meet the standard, the facility is required to draft and implement a corrective action plan within a 180-day period. States that do not comply with PREA Standards are subject to the loss of 5% of DOJ grant funds that it would otherwise use for prison purposes, unless the state's governor ensures that those funds will be used to promote compliance in future years.[11] (See Ch. 1: Historical Perspective: Prison Rape Elimination Act) [2]

State Agencies

As noted above, many states have developed additional mechanisms to oversee the operation of correctional facilities via another state agency. The models typically have two parts:

- **The development of state standards to guide the operation of juvenile facilities.** A national inventory has not been compiled; however, anecdotal information suggests that a significant number of states have undertaken the task of developing standards (California, Texas, New York, New Jersey, Pennsylvania, Indiana, Maryland, Oregon, and Wyoming, among others).
- **A specific agency or individual responsible for overseeing the facilities and monitoring the extent to which facilities comply with state standards.** This may take the form of an Ombudsman (Texas), an Independent Monitor (Maryland), an Inspections Committee (Ohio), a State Association (Wyoming, Louisiana), a County Association (Los Angeles), or reciprocal auditing by qualified staff among an agency's facilities (Michigan).

Although the format, specificity, and quality of standards vary, they all make an effort to establish minimum guidelines for the care and treatment of incarcerated youth. Most include an audit process at specific intervals (annually, bi-annually, every three years), some sort of license or accreditation, and a process for reporting results that brings transparency to the process. Finally, other state and local agencies (such as the Department of Education, Health Department, or Fire Marshal) may also have standards for the delivery of services in detention and correctional facilities.

Internal Quality Assurance

External audits can lend credibility and objectivity to the process; however, standards issued by national organizations are sometimes not specific enough to assess to what degree a facility has implemented its program according to design or whether specific outcomes are being achieved. Particularly in the case of adult facilities that house youth, a set of internal standards relevant and specific to the youth population in the adult correctional

environment is essential. Developing a set of standards—customized to the requirements of local policy and procedure—and auditing them according to a rigorous methodology will reveal the unique successes and challenges a facility faces. Furthermore, an ongoing system of quality assurance—one that pays particular attention to correcting any identified deficits—provides additional assurance of safe conditions of confinement and adequate medical, mental health, and education services. Investing time, energy, and resources in internal quality assurance usually means that external reviews bring no surprises.

Establishing the Process

A number of decisions need to be made to establish the internal quality-assurance process.

Audit Schedule/Frequency

Semi-annual audits provide an ongoing assessment of the facility's performance while also providing sufficient time to implement quality-improvement plans to remedy any identified deficits.

Performance and Compliance Levels

Assigning a performance rating to each standard highlights the areas in which the facility is doing well and draws attention to areas in which modifications are needed to ensure that procedures and outcomes meet expectations. While binary systems (pass–fail) are simple to use, they do not offer a sense of whether significant modifications are needed and if so, to what extent. For this reason, rating schemes that use three or four levels (Exceptional Performance, Satisfactory Performance, Minor Modifications Needed, or Significant Modifications Needed) are recommended.

Auditor Qualifications and Training

If individuals that lack subject matter expertise conduct audits, the staff—who are asked to accept and make modifications based on the auditor's recommendation—are not likely to perceive auditors or their reports as credible. Therefore, auditors need substantive knowledge of the area they are being asked to audit. In addition, staff should not audit their own work. Larger systems can use an independent quality-assurance office with auditors trained in each of the key subject areas. Smaller jurisdictions can use a system of exchange across facilities to ensure auditor objectivity. Very small systems (those with only a single facility) can use supervisory staff or community stakeholders with the required expertise. All auditors need to be trained to understand both the intent and requirements of the standards, including the minimum performance level needed for compliance.

Reporting Results

The audit results need to be formally presented in a written narrative that is suitable for multiple audiences (facility staff, agency heads, advocates, elected officials). For this reason, the reports should be specific and detailed and should include precise conclusions about whether performance in each area met expectations.

Setting Standards

A comprehensive set of standards needs to be established to cover the full range of operations within each of the major functional and programming areas. At a minimum, standards should cover safety, security, and protection from harm; suicide prevention; mental health services; medical and dental services; education; fire safety; and sanitation. The various sets of national standards described above are useful for the task of sketching out the component parts of each major area. For example, "protection from harm" would include indicators of youth violence, behavior management and discipline, orientation, grievance, access issues, staffing, classification, and investigations of employee misconduct.

Within each of the component parts, specific standards should be crafted to assess the extent to which the procedures required by local policy have been implemented. These should be far more specific to the facility or agency than the national standards discussed above. A national standard may require "appropriate programming to address youth's rehabilitative needs." The local standard should detail the specific requirement for the

programs of choice. For example, "Youth shall complete the 30-session anger-management program prior to their release" or "Youth shall complete the 10-week substance-abuse treatment program." Using such specific standards and assessing the underlying causes for a failure to meet them offers a wealth of information about reasons that specific youth outcomes (refraining from violence; refraining from substance use) may or may not be achieved.

Specifying a Methodology

The way in which auditors will go about determining the level of performance with regard to a specific standard must be clearly articulated to ensure that it is sufficiently rigorous, that it benefits from all available information, and that its auditors apply it consistently. To the extent practical, each standard should be measured from multiple angles, such as direct observation, document review, and interviews with staff and youth. Once an agency identifies the sources of information, a sampling strategy is needed. How many documents of a certain type will be reviewed? How many staff and youth will be interviewed? From there, the specific questions to be asked and the specific information to be extracted from the documents need to be articulated. The technical aspects of the audit of each standard should be specified on an audit tool, such as a written interview guide or a data collection form. Not only do such devices ensure consistency across audits and auditors, but they also can be used to substantiate the auditors' findings, should those findings be questioned.

Analyzing Data

Once the data have been collected, the auditor must analyze them to identify trends and patterns. The purpose of the analysis is to make sense out of all the data that are collected. A compilation of unanalyzed data is relatively worthless to the task of identifying and solving problems with the facility's operation. Instead, raw data from individual documents, youth records, observations or interviews need to be combined to identify trends. For example, if a standard regarding staffing were assessed by counting the number of youth and staff assigned to five housing units over a six-month period, auditors should calculate a staff–youth ratio for each day, and the number of days in which the staff–youth ratio required by policy (1 staff for every 8 youth) met or fell below the standard. Alternatively, if a standard regarding the provision of a specific treatment program were analyzed by examining youth attendance records, the proportion of sessions attended by each of the youth included in the sample could be calculated and analyzed to determine whether youth received the expected level of exposure to the treatment program.

Interpreting Data

Once the data have been collected and analyzed to identify trends, they must be interpreted to determine the extent to which the facility's performance is meeting expectations. As discussed above, multiple performance levels should be identified. Criteria for each level should also be established. For example, for a standard to be rated as "Satisfactory Performance," at least 80% of the youth records surveyed must indicate that they attended 80% of the required treatment sessions, or for a standard to be rated as "Satisfactory Performance," minimum staffing ratios must be met on at least 80% of the days each month. In general, the threshold for Satisfactory Performance (or whatever term is used) should not require perfection. It should be an attainable level that indicates that, most of the time, things go as planned. Specific numerical values may not make sense for all of the performance levels. For example, a qualitative assessment about creativity or innovation could be required for "Exceptional Performance," and the distinction between that and poor performance could be calibrated by the magnitude of changes that are necessary to bring the operation up to expectations.

The written narrative should include a performance rating for each standard and a summary of the data analysis that provides the rationale for the rating. If performance deficits were noted, identifying the underlying causes of the problem is helpful. Using the example about youth exposure to a specific treatment program discussed above, the interpretation section could read as follows:

> *The auditor reviewed treatment records for 20 youth who were housed at the facility during the past three months. Of these, only 25% attended all 10-sessions of the treatment program and earned a certificate. Another 40% completed at least 8 of the 10 sessions, and made up the missed content during individual sessions. Among the 35% who attended 7 or fewer sessions, nearly all of them were from the same housing unit. The Unit Manager reported the Counselor's chronic attendance problems, resulting in*

the group often being cancelled. Furthermore, at times, the Recreation Staff would "claim" the treatment hour as their own, given the priority the facility has placed on ensuring that youth receive daily recreation. For these reasons, performance for this standard is rated "Below Expectations."

Such a narrative clearly identifies the threshold to be used—attending at least 80% of the treatment sessions), the methodology (record review for a sample of 20 youth), the analysis (only 65% met the threshold), the underlying causes of the problem (chronic absenteeism by the Counselor and competing recreation activities)—and clearly states that the performance level is not acceptable ("Below Expectations"). Quality-assurance narratives of this type are a perfect setup for Quality Improvement Plans that address the underlying causes of the problem, restore program functioning, and improve youth outcomes.

Quality Improvement Planning

If we decide we need to lose weight, jumping on the scale over and over again and recording our weight will not produce any measurable results. Unless the underlying causes (poor diet and lack of exercise) are identified and addressed (by eating differently and going to the gym), we should not expect to see any change in how we look or how our clothes fit. The same is true for improving the conditions and services in facilities that hold youth. Simply collecting and analyzing data repeatedly will not improve program performance or outcomes for youth. Instead, facilities and agencies need to undertake a problem-solving analysis, identify the underlying causes of problems, and design and implement appropriate strategies to address them.

A problem-solving analysis has three key steps:

1. Identifying the underlying causes of the problem.
2. Crafting strategies to impact these underlying causes.
3. Conducting targeted reviews to determine whether the strategies were effective and the desired effects are being achieved.

Identifying the Underlying Causes

Across the nation, facilities that house youth experience similar problems with the services they provide, the youth who receive them, and the staff who are responsible for their delivery. However, the underlying causes of the problems may be totally different. For example, many facilities have difficulty maintaining required staff–youth ratios. In some places, the problem lies in an inability to fill vacancies, which may be driven by low pay, poor recruiting practices, or rigorous background checks that disqualify most of the interested applicants. In other places, the problem lies in an inability to ensure that staff report to work, which may be driven by low pay that requires most staff to have another (often better-paying) job, or high rates of youth-on-staff assault that destroy morale and staff attendance. It is essential to understand the cause of the problem.

When problems emerge around program performance (staff are not taking youth to the clinic following a use of force), the answer is rarely as simple as "Draft policy and train staff." Usually, policy and procedure already exist, and staff have already been trained, yet these measures were not sufficient to improve performance. Instead, the key is to look for the reason that staff do not do what is expected of them. Perhaps the living unit is understaffed, and transporting a youth to the clinic would leave the unit with only one staff to supervise 14 youth. Perhaps the nurses give conflicting advice about who should be brought to the clinic, and transporting youth without visible injuries is discouraged. Perhaps most of the use-of-force incidents occur after the nursing staff have left for the day, and the morning shift is not told that the youth needs medical attention. Finding the underlying cause of a problem is like striking oil—once the well is tapped, the solutions begin to flow.

Creating Strategies to Impact the Underlying Causes

A variety of dynamics could explain the problems with staffing or transporting youth to the clinic (discussed above); finding the correct explanation is essential. Otherwise, the facility risks developing a strategy that is ultimately ineffective. In the staffing example above, if the facility develops a strategy to improve recruiting, this will have no bearing on a situation where staff are afraid to come to work because of the level of violence. In the medical transport example, expanding the hours the nurses are available will not solve a problem that is related

to the lack of direct care "floaters" who can transport the youth or provide additional coverage on the unit. The strategy developed to solve the problem must be tailored to address the underlying causes of the problem.

Assessing Effectiveness

The only way to determine whether the underlying causes were identified correctly is to measure whether the size and scope of the problem is changing. For example, once "floaters" are assigned to supplement unit coverage, do the rates of youth being transported to the clinic increase? If so, the strategy was appropriately targeted. If not, leaders should re-examine the process for determining the underlying cause of the problem and apply different strategies. They should conduct targeted reviews of this nature for several months following the identification of a program deficit and the implementation of strategies to address the underlying causes. A single intervention is unlikely to solve the problem; instead, a constellation of strategies that address the problem from multiple angles is most likely to reap rewards.

These are the major components of a quality improvement plan. Quality improvement planning should be undertaken by a committee of stakeholders, not by any one individual. The planning should include a broad search for contributing factors and an openness to creative solutions. The plan should be in written form, should identify responsible parties, and should establish a specific timeline for implementing strategies and for assessing whether the desired results are being achieved. Whether operational problems or poor outcomes are identified via an accrediting body, a comparison of facility practices against national standards, or a rigorous internal review, a Quality Improvement Plan is necessary to ensure that the next accreditation visit or audit yields more positive findings.

Together, Quality Assurance and Quality Improvement Planning create a dependable pathway to ensure safety and humane treatment, deliver services that meet the wide variety of needs, and support positive outcomes for youth in custody.

Endnotes

[1] Consultation and subject matter expertise was sought and received from Dr. Daphne Glindmeyer, Bill Wamsley, Leonard Rice, Dana Shoenberg, Dr. Peter Leone, Kim Godfrey and Michele Deitch. While their contributions were of great value, the opinions contained in this report—and any errors—are my own.

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[10] More information on the PbS Standards is available at: http://pbstandards.org [8].

[11] More information on the PREA Standards is available at: https://www.prearesourcecenter.org/training-technical-assistance/prea-101/juvenile-facility-standards [9].

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Ch.18 Transition Planning and Reentry

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It is a common axiom among juvenile confinement professionals that reentry begins at admission. With few exceptions, youth who enter confinement facilities return to our communities. But, the extent to which that fact actually impacts the mission and operations of youth confinement facilities varies greatly. For many youth confinement professionals, that phrase traditionally has had limited application in connection with reentry or transition planning processes. It has had little impact on a wide range of day-to-day practices that best serve youth in confinement and the community. In addition to highlighting some of the common components of traditional transition planning, this chapter will introduce readers to broader notions about reentry principles that can apply to all types of facilities and the juvenile justice system.

Defining Reentry and Transition

This then begs the question as to what is meant by the terms **reentry** and **transition**. For example:

- Is reentry or transition an event defined by a specific period of time during which a youth is moving from one placement to another, in this case from a confinement facility back into the community? If so, how long is that time period? When does it start? When does it end?
- Do these terms represent a defined set of activities, perhaps even a defined program (e.g., the Intensive Aftercare Program[1]), carried out by a select set of individuals that are designed to promote and sustain successful reintegration to the community?
- Or, as suggested in the following sections, do they represent a set of principles or practices applicable across the spectrum of engagement with youth, all of which are focused on ensuring that confinement facilities deliver the kinds of services that are most likely to result in a youth being successful upon returning to the community?

For purposes of this chapter, the terms **reentry** and **transition** are meant to represent a process that culminates in a youth's return to the community in a way that promotes the greatest likelihood of sustainable success. The terms **reentry** or **transition planning** are generally meant to represent a set of practices or activities that support the goal of successful reentry.

Using a Reentry Lens for *all* Confinement Facilities

Along with the traditional notion that reentry practice applies only to the *final stages* of planning for a youth's return home, it is common for confinement professionals to focus solely on transition and reentry planning as it applies to youth in longer-term programs or institutions. Professionals who work in short-term detention (not to mention that the line between short and long term is becoming increasingly blurred) can easily overlook the impact even short-term programs have on youth who are removed from their homes or communities and the opportunities for adding value to the overall juvenile justice system's effectiveness with youth. This is captured in a quote from *A Desktop Guide to Juvenile Reentry for Juvenile Confinement Facilities,* "Without a sound philosophical approach and attention to reintegration as the key mission of short-term facilities, it is shortsighted at best, and negligent at worst, to ignore the impact of short-term removal on youthful offenders and believe that short-term facilities are simply a 'time out' from the youth's normal development."[2] In many ways it *is* more challenging for short-term programs to apply a reentry perspective, but in most cases (albeit not always), short-term facilities

are located closer to home, closer to families and other supportive adults, closer to a youth's home school, and closer to resources that can be engaged while a youth is in confinement and continued upon release.

Similarly, housing youth in adult facilities places a responsibility on adult confinement professionals to think seriously about how programs, policies, and resources are designed and whether they help ensure that the almost-certain return of youth to their community is more likely to succeed. This responsibility is not different than that placed on juvenile justice professionals, but it is likely to be even more antithetical to the values and operations of adult programs and more difficult to implement. Nonetheless, whether it is for juveniles (under 18) or for the large number of youthful offenders (up through age 25) confined in adult correctional programs, both the fact that most are ultimately released and return to their communities and the hopes for successful reintegration reinforce the need for taking a reentry perspective in adult facilities as well as juvenile facilities.

Although the practical application and implementation of the principles and components of reentry identified later in this chapter may vary depending on the type of facility, it is possible to use a "reentry lens" to generate creative ideas and help direct resources to increasing the likelihood of a successful return to the community.

Reentry: the Other Side of Removal

There is a growing body of research that confirms the potential and real harmful effects that result from removing a youth from his or her community to a confinement facility, even for a short time. More recent studies, such as the researach on Pathways to Desistance,[3] show that long institutional stays generally do not produce better outcomes than shorter stays, and community-based treatment produces better outcomes than institutional placement. This research suggests minimizing a reliance on confinement as a response to delinquency while increasing both the availability and focus of well-designed and well-implemented community-based programs. Knowing that there will be youth who require some form of secure custodial confinement during critical developmental stages, we also know that incorporating a reentry perspective in all aspects of facility programming and operations can help minimize the harmful effects of removal and increase the likelihood of sustainable and successful reintegration of youth back into the community.

Some Principles to Apply Across the Board

There are some fundamental concepts that can guide practice.

1. Programs and operations of confinement facilities must be viewed in the context of the larger juvenile justice system; that is, detention and correctional facilities are part of a process, not just places.[4]
2. The mission for confinement facilities should purposefully and clearly articulate the importance of preparing youth to become contributing members of their community upon their return, even if the facility has responsibility for youth for a short period of time.
3. Consistent with that mission, every aspect of confinement programs should be designed and evaluated through the lens of how well they meet that goal. This requires changing the focus of institution programs from simply managing youth inside the facility to promoting skills that lead to successful reentry.
4. Transitions for youth into and out of programs should be as seamless as possible; that is, efforts to redirect youth are more likely to succeed when youth experience consistent expectations, services, and supports as they move into, through, and out of confinement facilities.
5. Confinement facility professionals need to respect and elevate the important role that others (parents, mentors, other caretakers, teachers, the faith community) play in the lives of youth in confinement and the likelihood of success for youth. Programs need to find ways to engage those support systems as part of an overall case plan in which everyone is working together toward the same goals.
6. Confinement facilities have to push the envelope on ways to develop individualized plans and programs rather than maintain a one-size-fits-all approach to policies, programs, and practices within the facility.

The result of using these concepts to guide practice leads to programs that look different in a myriad of ways from the programs—short and long term—that take a more traditional or institutional approach to confinement. A more in-depth exploration of these differences is available in Chapter 3 of the *Desktop Guide to Reentry for Juvenile Confinement Facilities,*[5] but some examples show differences in the following:

1. Defining staff roles and providing appropriate training and supervision for all staff—no matter what official role they play—in a way that elevates the importance of all interactions with youth to be part of a reentry mission.
2. Developing behavior management systems that promote healthy cognitive and decision-making skills in youth that can be applied to situations they will face in the community.
3. Implementing behavior management systems that hold youth accountable for misbehaviors by focusing on restorative practices that promote youth understanding of the impact of their behavior on others and give them a role in repairing harm.
4. Evaluating the degree to which programs proactively engage and integrate the youth's community in providing services and creating linkages that can be maintained as the youth returns to the community.
5. Examining how youth are involved in setting both short- and long-term goals as an active member in planning for their own future.

In short, practitioners who are truly committed to assisting youth with experiencing successful reentry will find ways to incorporate these concepts and opportunities into facility programming and will support staff in learning new skills or transitioning to new roles that promote sustainable pro-social changes for youth in confinement.

As with other aspects of successful confinement programming, having a sense of underlying values and principles provides a foundation for programmatic components and processes that are more likely to be successful for individual youth.

Five Key Components for Successful Reentry

1. Integrating the science of adolescent brain development into the design of reentry initiatives.
2. Ensuring that reentry initiatives build on youth strengths and assets to promote pro-social development.
3. Engaging families and community members in a meaningful manner throughout the reentry process.
4. Prioritizing education and employment as essential elements of a reentry plan.
5. Providing a stable, well-supported transition to adulthood that helps to create lifelong connections.[6]

(See Ch. 10: Effective Programs and Services: Reentry). [3]

Building a Reentry Team

Remaining sections of this chapter will reference the notion of a **reentry team** or **transition team**, meaning the set of individuals tasked with developing and implementing a successful reentry and transition process. The members of this team will vary depending on the type of facility and the resources that facilities and the larger juvenile justice system can apply to this work.

For long-term facilities, such as juvenile correctional institutions, specific staff may be identified to coordinate the development of transition plans and may be responsible for tasks such as the following:

- Gathering input from other facility staff related to the youth's progress in learning skills that will be needed in the community.
- Serving as the point of contact and coordination for community resources (e.g., treatment resources) that are already engaged or will be engaged when the youth returns to the community.
- Connecting with parents or caretakers and engaging them in the planning process as well as identifying other family members that may be helpful.
- Identifying other supports for reentry such as mentors, faith community members, and other pro-social adults.

- Ensuring that the educational components of a transition plan are being properly developed and that appropriate information-sharing and enrollment supports will be in place.

For short-term detention programs, it is much less likely that there will be significant attention to the transition process or someone designated within the facility to play that coordination role. More often, development of a reentry plan is really part of the overall case planning responsibility of those designated to develop dispositional recommendations to present to the court. However, this does not mean that short-term confinement facilities do not have a role to play; in fact, they can often play a very important role in providing information that can be used to develop a successful case plan for dispositional purposes. Therefore, at a minimum, even short-term facilities should consider having someone within the facility play a liaison or communication role.

Beyond someone whose role may be largely defined as focusing on reentry, there are others within the facility that need to be involved as part of a reentry team.

- Educational staff responsible for providing input into the plan and supporting the transition by gathering and sharing information with future educators.
- Treatment staff that have been involved in working with the youth on particular issues, such as mental health, AODA, or other behavioral issues.
- Supervision staff or supervisors who can help develop a plan by focusing on issues related to youth behavior within the facility, response to interventions by adults, and trigger issues that could result in setbacks.

It is important to engage as soon as possible those individuals from outside the facility that will support a youth's successful reentry.

- Parents, other caretakers, or relatives who will play a significant role in the youth's return.
- Community programs or providers who will engage with the youth by providing specific treatment, employment, or other pro-social supports.
- Educators who will be working with the youth when he or she returns to the community.
- Mentors or other pro-social adults who can help provide both support and a sense of accountability for the youth in the community.

Finally, there should be someone acting on behalf of the supervising agency after the youth's return to the community (if that person is not already included in one of the other roles referenced above). This may be someone designated as a probation or parole officer, delinquency social worker, or aftercare agent. This official is the person who has responsibility for supervising and reporting and often has the authority to make certain decisions related to the youth, such as revoking parole or probation, imposing sanctions, or extending supervision. In many smaller jurisdictions, this person completes a number of the necessary tasks for successful transition planning. These duties may decrease as the number of youth in confinement continues to decline.

Making a Reentry Team Work

Making a reentry team work is work! That may sound redundant, but it is meant to reflect that, although the system has talked about reentry teams, it has too often simply reflected on the individual roles that team members play (even as outlined above) and too often paid only limited attention to the nature of the process itself and the skills needed to collectively build a stronger plan. Evaluating the process might include the following questions:

- What voice does the youth have in the process? Does the youth have an equal voice on the team?
- What about parents or caretakers? Are there efforts to ensure they are at the table when discussions occur or when decisions are made that affect their child?
- Who makes decisions? Is it simply the probation officer who has ultimate authority, or is there a collaborative decision-making process to deal with issues as they arise?

There is much to be learned from the principles of collaborative team planning and decision-making that have developed through the systems of care movement or wraparound programs.[7] These have developed in cross-system work between mental health and juvenile justice systems. Implementing the principles involved sometimes requires a change in roles and skills; programs have proven to be successful in keeping youth in the community and in supporting successful reentry.

The Role of Family Engagement and Visitation

Both nuclear and extended families need to be involved in reentry planning and should be engaged early and often while a youth is in care. Usually, family is the best source of information in identifying the strengths and needs of the youth and for determining how best to facilitate a supportive transition from the confinement setting to the home. Engaging families in the reentry process can be challenging, but learning to communicate and developing a positive relationship with family members during the reentry process can be one of the most important steps the planning team can take. A parent's perspective is important in developing the plan and approving the team's recommendations. Consideration of the family perspective builds the family's trust in the team and in the reentry process and provides an opportunity for everyone on the team to learn more about the family's values and expectations.

Family engagement in confinement facilities can be particularly challenging due to the typically short-term nature of detention and detention programs. However, it is increasingly clear that the benefits of doing so far outweigh the challenges.[8]

If geographic distance between the facility and youth's family is a barrier, confinement facilities may use technology to facilitate family participation in the development of the reentry plans.

Sometimes a family is unaware of their child's eligibility for available services; they may discover such resources for the first time during reentry planning in the confinement setting. In other cases, planning while a youth is in confinement provides an opportunity to get the youth into services or a program that the parents have been encouraging, but that the youth has been resisting.

Sometimes the way detention staff perceive families can get in the way of engagement. To see the family as a resource is to believe that the family has the requisite skills, an intact and vital network of supports, and the social capital within the community to invest in the life of their child. Outside of an effective community reentry model, these assumptions about the family may seem unlikely, since many of the families of youth in the juvenile justice system have been seen as risk factors for the youth. Seeing the family as a true resource can require a dramatic shift in perspective.[9] Therefore, although there may be times when the family home may not be the best setting for the returning youth, the family should still be engaged in discussions and planning for the most appropriate temporary or "step-down" setting. Research clearly affirms that engaging families is critical to long-term reentry success.[10]

Additionally, for purposes of reentry, thinking about family in fairly broad terms may be useful or even necessary at times. For a youth, family may include various extended family members, caretakers who may not be legally related, or other adults that the youth feels plays an important caretaker and support role.

Examples of efforts that have been successful in engaging families, include the following:

- The **Substance Abuse and Mental Health Services Administration** (SAMHSA) has invested significant resources in engaging families and training family members to be advocates for the rights of their children. Families come to the table prepared to discuss what is needed to support their child's return home. When resources are available in the community and the necessary supports are in place, the chances for success increase tremendously during the youth's transition to the home, school, community programs, and workplace.
- Programs like **Wraparound Milwaukee** (Wisconsin), **Connection** (Clark County, Washington), and the **Repeat Offender Prevention Program** (California) work with youth reentering the community from

correctional placement and use a team planning model in which the family has equal voice in the process of developing and maintaining a reentry plan.

- The **Family Integration Transitions**™ (FIT™) model in Washington state uses a variety of evidence-based programs as part of a reentry process.
- New York uses **Multi-Systemic Therapy** (MST) programming for youth released from residential facilities.
- In St. Joseph County, Indiana, families are engaged in a **Parenting with Love and Limits** (PLL) Reentry model for youth reentering the community from placement. Research about various family engagement efforts and this particular project are summarized in a recent article in the OJJDP Journal of Juvenile Justice. [11]

Increasingly, juvenile justice practitioners across the spectrum—not just in confinement facilities—are recognizing the value of a much more proactive approach to engaging key family members as critical partners to ensure that youth have a chance to become contributing members of the community.

Education

Education may be the most critical component of programming in confinement facilities and reentry planning. Most youth in the justice system test below grade level—typically, at least two to three grades below the grade level their chronological age would suggest. Many have had negative experiences in school and have found ways to avoid class; some have experienced so many transitions that any continuity in educational programming has been minimal at best. Additionally, it is estimated that between 30% and 70%[12] of the youth in the juvenile justice system have special education needs and that up to 70% of youth in residential placement have at least one mental health disorder.[13] These estimates speak to the need for thoughtful and comprehensive transition planning with the support of a transition coordinator. (See Ch. 13: Education) [4]

Both the Elementary and Secondary Education Act (ESEA) in Title I, Part D,[14] and the Individuals with Disabilities Education Act (IDEA)[15] require transition coordinators to make sure youth have integrated and coordinated planning to help connect them to school and to coordinate with parole or probation officers, aftercare workers, and other resources.

For most youth transitioning from confinement, engaging a school to support them requires advocacy and deliberate coordination with the relevant school district. Engagement is more than registering youth in school. It requires establishing or maintaining a connection with school personnel during the time a youth is away, ensuring that records are exchanged in a timely manner, and ensuring that the skills gained during confinement are setting the stage for successful reentry. In some situations, there may be a clear alignment between the institution's courses and the curriculum for the school district. In others, that alignment is less clear, and it is incumbent on the reentry team to make sure that a youth is reintegrated into an academic program in a way that maintains high expectations and provides needed support. Coordination among the family, the youth, the educational staff at the facility, staff at the receiving school, and the transition coordinator is essential. All parties should agree on 1) the youth's educational goals, 2) the nature of any disabilities the youth may have and special supports he or she may need, 3) sharing appropriate information in a timely way to avoid any delays in the youth reengaging with school upon release, and 4) a process for ongoing communication for an agreed-upon period of time after reentry. A well-planned strategy will lead to the best possible transition from the institutional school program to the community school. The U.S. Departments of Justice and Education have jointly produced a helpful resource, *Guiding Principles for Providing High-Quality Education in Juvenile Justice Secure Settings.* [5] The document includes a good summary of the importance of good programming within the facility and being focused on supporting successful transition.

> *To truly facilitate successful reentry for youths, juvenile justice agencies should prioritize the continuity of students' academic career (addressing, as appropriate, transition into postsecondary education or career), allocate sufficient reentry-devoted resources, institute and implement comprehensive individual plans for students immediately upon community entry, and establish connections with other child-serving agencies and community-based supports.*[16]

There are resources that can help guide practitioners as they work through issues of education during transition planning and implementation. For example, the education toolkit developed by the National Evaluation and

Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent or At-Risk (NDTAC) for transitioning youth can serve as a guide for the staff and family, because it identifies the expectations of the institution when a youth arrives and what is required when he or she leaves the facility to reengage with the home school.[17] There are other excellent tools for helping parents and educators understand how to best handle youth with special education needs.[18]

Recently, initiatives by the U.S. Department of Education have elevated the important role that education plays in improving the future of youth in confinement and as part of larger juvenile justice reform efforts. A recently released package of reforms and guidance includes reducing the exclusion of youth from school, affirming state and local requirements under IDEA, and affirming civil rights requirements that apply to many confinement facilities and programs. Additionally, the Department of Education is providing new guidance about youth in confinement being eligible to receive Pell grants to support higher education coursework if they have already completed high school coursework. This guidance allows facilities to access funds to support post-secondary coursework at the institution. It also links youth to opportunities for post-secondary work as they return to the community.

Life Skills

Strategic life skill activities and courses also play a critical role in making sure youth are ready to return to their community. Life skills courses are commonly available in youth confinement facilities and are important in preparing youth for the demands and challenges of everyday life. A life skills curriculum typically includes pro-social skills such as problem solving, decision-making, peer resistance and conflict resolution skills, relationship building, anger management, accepting difference, various coping strategies, understanding consequences, and time management. Many of these programs also include career exploration, budgeting and money management, resume building, the importance of having and acquiring health insurance, acquiring a social security card, getting a learner's permit to drive, and applying for a state medical insurance card. The ability to perform these routine tasks is often assumed to be easy for youth, but that is rarely the case. Adding these kinds of skills to a curriculum may benefit many youth and help to reduce the stress that comes with independence. (See Ch. 10: Effective Programs and Services). [3]

Job and Vocational Connections

Vocational and interest inventories should be performed routinely as part of the intake process at institutions where youth will have a prolonged stay, and job preparation and job readiness can be part of the transition planning that occurs in every youth confinement facility.

For long-term confinement facilities, establishing an effective vocational program that can provide youth with work experience, certifications that they can take with them, and marketable trade skills can be a solid foundation for reentry. For short-term programs, the simple act of exposing youth to a variety of learning opportunities that include gaining additional knowledge about the world of work is a first step to finding out more about a youth's interest and strengths, information that can be shared with case planners and integrated into a community supervision plan. Both short- and long-term programs can develop vocational labs in which students can use technology to explore various vocational trades well beyond their current knowledge or experience.

To illustrate, youth may be able to identify a few professions in the healthcare industry (e.g., doctors and nurses), all of which may seem beyond their reach, given where they see their education. Yet, we know that there are dozens of positions and skill sets that these youth could learn to do to take advantage of their natural interests as well as the growing demand in the healthcare field for skilled workers. Given that most youth in confinement are at a critical developmental stage in terms of identity and relationship development, it is an important time to expand their knowledge rather than limit it.

Longer-term programs have greater opportunities—and therefore greater responsibility—to apply research that exists in every state about needed trade skills (and this can be a pretty long list) by developing vocational programs that can put youth well on their way to some form of certification or licensure, which becomes a

highly marketable skill set that can be applied upon release. Examples include culinary skills, welding, construction skills, electrical work, landscaping, asbestos or lead abatement, or any one of a long list of skills that are highly valued in communities and are in demand.

Longer-term programs may develop informal, if not formal, relationships with technical colleges or trade unions that can help link youth up with programs, where they can finish a certification that they began in the institution. And, relationships with technical colleges or other trade schools should be established so that youth who qualify for admission to those schools can be registered and ready to go upon their release, often with the help of pre-arranged financial aid. It is conceivable that a youth could leave an institution one day and be on the job the next, which represents a change from an all-too-common situation in which youth return to the community with too much time on their hands.

Although challenged to complete programs or certifications by the generally declining length of stays in institutions, creative linkages with the community can be developed so progress made during a youth's confinement is not lost when he or she returns to the community. There are often workforce development funds available in states that can be applied to help support programs in the facility and be accessed by youth during reentry.

Community Linkages and Referrals to Community-Based Services

As referenced earlier, collaboration and engagement with community service agencies is essential to the successful reentry of youth who have complex needs. This engagement can be accomplished in both short- and long-term facilities. In some ways, short-term programs that are often closer to home have an advantage. Unfortunately, short-term programs too often sell themselves short by assuming that there is little they can do during the brief time a youth is confined. Yet, for many youth, short-term confinement still means weeks or longer, and time that can be used to create linkages is easily lost.

For longer-term programs, transition and reentry plans must be comprehensive, integrated, and coordinated, suggesting that no single agency can be expected to meet all of a youth's needs upon return. Coordination for the team will require multiple modes of communication and cooperation, especially if youth are in a facility that is distant from their home or community and the resources and individuals that they will be linking with. In many programs, technology such as Skype, Face Time, and video-conferencing is now available to facilitate participation from multiple locations and allows team members to see and hear each other and share information as needed.

Mental Health

There is little disagreement that a significant number of youth in confinement experience mental health challenges. Providing quality mental health assessments and services in both short and long-term confinement facilities is critical. (See Ch. 11: Mental Health) [6]

As early as 1999, Linda Teplin, researcher for Northwestern University near Chicago, Illinois, identified 70% of the girls and 69% of the boys entering the Cook County Juvenile Temporary Detention Center as having at least one mental health disorder other than conduct disorder. (Conduct disorder is a disorder frequently assigned to anyone who breaks the law). Teplin's study and her ability to keep track of 96% of the youth in the study for over ten years broke new ground for juvenile justice. For the first time, there was evidence to verify the rate of mental health disorders among youth entering the juvenile justice system. During this same period, a very strong emphasis was placed on screening for mental health disorders, substance use, and exposure to trauma. As the prevalence of substance use and trauma-related issues came to light, the needs for additional training and professional development for staff and an increased array of services were also identified, some of which has had a fiscal impact on jurisdictions.

The use of screening tools has helped practitioners learn more about the needs of the youth in their care and custody, and good screening has helped to move the field toward a more therapeutic approach to care. Screening has also challenged some of the correctional practices that are known to be particularly harmful to youth who

have emotional and mental health issues. As confinement professionals learn more about the impact of trauma and Adverse Childhood Experiences (ACEs) on development and develop more practical, trauma-informed strategies to working with youth, behavioral problems that occur in confinement can be significantly reduced. Youth are also then better prepared for reentry.

A number of evidence-based treatment models have proved to be effective with justice-involved youth and can be implemented in confinement facilities, especially longer-term placements. For example, Cognitive Behavior Therapies (CBT) such as Trauma-informed CBT, Functional Family Therapy (FFT), Brief Strategic Family Therapy (BSFT), and Dialectical Behavior Therapy (DBT) are among some of the treatment models that are effective when implemented with fidelity. (See Ch. 10: Effective Programs and Services). [3]

For effective transition planning and reentry, it is critical to ensure that services that start during placement are linked, without gaps, to services in the community. For long-term facilities far from a youth's home, this could mean making special attempts by the community-based provider to engage with a youth prior to release. For short-term programs or long-term programs that are closer to home, it may mean having that community-based provider come into the facility to develop a positive relationship with the youth and family, a relationship that can be maintained at the time of reentry. For youth facing mental health challenges, gaps or confusion during transition can be particularly detrimental to success, so every effort is needed to make these transitions as seamless as possible.

It is therefore important that one or more members of the transition team pay significant, proactive attention to eliminating these gaps. This may include the following:

- Making sure that information developed during the youth's confinement is shared with community providers in an appropriate and timely manner that allows them adequate internal planning time.
- Breaking through bureaucratic obstacles that arise such as funding, registration, enrollment, and waiting lists.
- Reaching out to providers to assure them that they are not alone and to ensure that they are aware of the available supports and resources and to answer such questions as, What happens when a youth is a "no-show" for an appointment? Who do I call if there are financial issues?

The key point is that continuity in service delivery is absolutely critical to sustaining progress that the youth has made during confinement.

Healthcare

Youth in confinement facilities (whether short-term, long-term, or adult), often have an intermittent history of using healthcare services that are developmentally appropriate. Youth admitted to facilities have often not received the kinds of screenings and assessments that can identify issues in a timely way or that prevent longer-term problems. Youth are often not up-to-date on immunizations, and they are largely unaware of the helpful role that healthcare professionals can play in promoting a healthy lifestyle.

Best Practice Guidance

- See Chapter 12: Healthcare [7] for a good overview of services needed from intake and assessment up through transition and reentry.
- Standards promoted by the National Commission on Correctional Health Care for Health Services in Juvenile Detention and Confinement Facilities, including a specific standard (Y-E-13)[19], related to Discharge Planning.
- Position statements and principles adopted by the American Correctional Association, going back as far as 1870 up through current standards for youth facilities.
- A summary of the issues as well as policy statements by the American Academy of Pediatrics, which reiterate the importance of comprehensive care for youth in confinement and in the community once the youth is discharged.[20]

- A position statement adopted in 2002 by the National Juvenile Detention Association that lists the basic requirements for providing healthcare in juvenile detention.[21]
- Standards for the Juvenile Detention Facility Assessment process as part of the Annie E. Casey Juvenile Detention Alternative Initiative (JDAI) (updated 2014), which includes a long list of best practice questions about health services and discharge planning.[22]
- National Academy for State Health Policy, funded by Models for Change, studies of policies and procedures for the delivery of medical services in the juvenile justice system. Results were published in 2010 in a document titled, *Service Delivery Policies: Findings from a Survey of Juvenile Justice and Medicaid Policies Affecting Children in the Juvenile Justice System* and have influenced changes in medical practice in confinement institutions in areas such as medical screening, physical examinations, treatment, documentation, advice to caregivers about the medical needs of youth, and parental consent to treat.[23]

Funding can often be a complicating factor related to providing needed healthcare services for confined youth and having qualified healthcare providers on site or sufficiently resourced to provide continuous care. This can be true for long-term programs in which funding for health services often competes with funding for other kinds of services such as education, vocational programs, mental health services, and even basic needs. Federal policies that prevent using federal funds (e.g., Medicaid, CHIP) to provide healthcare for youth in confinement —even though those youth were eligible prior to admission and most likely will be again immediately upon release—push the costs of healthcare services to state and local governments. For short-term programs, those same funding restrictions often apply, along with a tendency for programs to minimize their costs by focusing solely on emergent healthcare needs. This can sometimes result in limited attention to preventive or educational measures that can actually reduce costs in the long run.

Fortunately, many short-term programs are proactive in providing quality healthcare assessments and services by linking with local public health departments, medical schools, or clinics. On the other hand, some programs have been forced to respond to lawsuits related to the Civil Rights of Institutionalized Persons Act (CRIPA) that have been filed to reinforce that youth in confinement have some basic rights to an environment that is safe and healthy.[24]

No matter what type of facility, participation in reentry planning by medical staff is important to promoting continuity of care, appropriate sharing of health-related information—staying within the regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—and workable linkages with healthcare professionals to begin building a positive and ongoing relationship between youth and providers.

Dental Care

For many youth who enter the juvenile justice system, dental care—prevention and treatment—may also have been neglected. In fact, confinement facility staff are aware that inadequate dental care may be an even more common problem than other basic healthcare issues. Many of the issues and best practice guidance referenced in the healthcare section above apply to dental care; certainly access to basic or emergent treatment services is required. Short-term facilities must coordinate with a dentist in the community. For longer-term programs, dental care—including more prevention—should be part of the overall health delivery system. In both cases, dental staff need to communicate any requirements and plans for future dental care needed by a youth after his or her release from confinement.

Medicaid and Eligibility-Based or Entitlement Income

As noted earlier, use of Medicaid and Children's Health Insurance Program (CHIP) funds has long been prohibited for people who are incarcerated. Efforts to change this restriction to access by confined youth (especially for youth in pre-sentence confinement) have so far been unsuccessful. Medicaid and CHIP are governed by specific federal regulations that give states the responsibility for implementing both programs, and the federal government provides matching federal dollars to the states, known as Federal Financial Participation (FFP). Federal regulations prohibit the use of FFP funds for "care or services for any individual who is an

inmate of a public institution such as a juvenile and/or an adult justice facility."[25] As a result, youth may be at risk for being discharged from these facilities without access to needed healthcare services. However, some jurisdictions have used state Medicaid funds for the treatment of youth in temporary juvenile detention facilities, but that option is the exception rather than the rule.

At the same time, court cases on confinement issues have reinforced the constitutional rights of confined individuals (including youth) to appropriate healthcare. In the 1976 case, *Estelle v. Gamble*, the U.S. Supreme Court established a constitutional standard for the provision of healthcare for individuals residing in both juvenile and adult correctional facilities, citing that to do otherwise would constitute cruel and unusual punishment under the 8th Amendment of the Constitution.[26] As a result, confinement facilities are responsible for providing healthcare services to individuals in custody.

Medical Insurance Programs under the Affordable Care Act

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). The PPACA has had wide-ranging implications for expanding healthcare coverage for Americans, including the mandate that health insurance companies make available coverage for all young people up to age 26 under their parents' health insurance policies. The U.S. Supreme Court ruled that a similarly mandated expansion of Medicaid was coercive on the states and therefore unconstitutional. However, the Court's decision did not affect the PPACA's Medicaid expansion for children ages 6 to 18 years. In fact, the PPACA mandates expansion of Medicaid coverage for children at or below 138% of the Federal Poverty Level ($32,270 per year for a family of four).[27] Even though the PPACA does not provide additional funding for youth while they are confined, the rules are especially important for youth leaving a confinement facility and should be clearly understood and included in all reentry planning.

Also, it is not uncommon that youth are eligible for Supplemental Social Security supports, if they have a qualifying disability, or for Social Security Survivor benefits, if they have a parent eligible for Social Security. In many cases, the family or youth has been accessing these funds prior to the youth's confinement. In any case, reentry planning should include an initial review of eligibility for funds that can help support the youth and family.

Particularly for long-term programs, it is helpful to either link with resources that can help work through these programs and eligibility requirements or designate an internal staff member who can identify potential benefits that can be readily accessible at the time of reentry. Some jurisdictions have provided training in an effort to expand the use of a federal provision that allows a state to hold a youth's state medical insurance card in suspension during a period of confinement instead of dropping the youth from the medical insurance role. This exception offers the youth access to the medical insurance card upon his or her release from a confinement facility, but many jurisdictions have not yet established the necessary policy or procedures needed to implement this provision.

Mentoring

Research has shown that youth with at least one caring adult in their lives, often a mentor, can be the bond that leads to a better future.[28] Mentoring is being used much more frequently as a component of reentry planning for youth. Mentoring relationships should start while a youth is in care and continue when the youth reenters the community.[29] Even short-term programs can link with local programs that may provide follow-up support and mentoring for youth that are most often going to remain in the community. For all types of programs, mentors may become part of the team—helping to develop reentry plans and identifying specific roles that mentors can play to support successful reentry such as providing academic support, engaging the youth in positive pro-social activities, linking youth with pro-social peer groups, and supporting employment.

General concepts for establishing and supporting mentoring programs for confined youth are similar to those for community mentoring programs. Mentoring programs may be coordinated by the facility or by an existing mentoring program in the community. One significant exception is that community-based mentoring programs that serve youth in confinement facilities must operate under the rules and regulations of the facility. Facility-

based mentoring programs require a commitment of resources from the confinement facility and a sustainability strategy to ensure that the mentoring relationship continues after release.

NDTAC has defined mentoring as an excellent strategy for reducing recidivism. The organization has produced a Mentoring Toolkit to support educators, treatment staff, reentry workers, and others involved in reentry planning.[30] In addition, the National Mentoring Partnership has technical assistance tools and resources for developing and implementing mentoring services across juvenile justice settings.[31]

> Youth have identified mentoring as one of the services that exposed them to careers they never thought possible for them.
>
> One youth says, as she rolls her eyes, "My mentor is there for me all of the time." (S. C., age 13, Orlando, FL).
>
> A New York youth (E.B.), who sits on the State Advisory Group, describes mentoring as the best thing that happened to him. His mentor expected him to go to college and graduate, something that was not on his radar or that of his family. But, because the mentoring started while E.B. was incarcerated, getting admitted to community college was one of the stated goals in his transition plan. Five years later, he graduated college, had a great job, and continued to advocate for juvenile justice policy. He developed a lifetime connection with his mentor.

Childcare Services for Youth who are Parents

Some youth in confinement have children, and this presents an opportunity to engage them in parenting skills training while in placement. It is important that part of transition planning consider the optimum relationship for a returning youth with their child or children, as in most cases they will continue to play an important role in raising the child. Along with the many stresses and challenges faced by young parents, a plan to pay for quality child care is something that can be part of a reentry plan developed with the transition team, family, and other supports. Depending on the age of the youth and other factors, they may be eligible for state or federal child care support funding (through the Child Care and Development Block Grant program) that can help pay for child care while the parents are involved in education or work activities. Good transition planning can help identify these resources and set the stage for accessing them in a timely way after a youth's release.

Homeless and Abandoned Youth

Every day, a significant number of homeless youth can be found in U.S. confinement facilities, simply on the street, or "couch surfing" (informal, sequential stays with friends). Many jurisdictions have developed juvenile justice foster care placements to create a safety net for homeless youth in the justice system. Other jurisdictions have invested in relationships with child welfare agencies to secure a child welfare placement for younger children transitioning from youth confinement facilities and to state- or county-operated independent living programs for older youth. Depending on the jurisdiction, there may be joint funding available for these placements. Some of these resources and programs are included in the next section on youth who are making the transition from adolescence to adulthood. When juvenile justice and child welfare are part of the same agency, it is much easier to smoothly transition youth from one system to the other, especially when strong agency leadership supports positive outcomes for youth.

Youth Aging out of the Juvenile System

More work has been done recently to address concerns about all youth aging out of juvenile systems—whether the delinquency system or child welfare system. There is nothing magic about reaching the age of majority that ensures a youth can make the transition to adulthood successfully. In fact, what is known about brain development and other traditional adolescent development tasks suggests otherwise—that the field needs to do a better job supporting youth into their early 20's.

A good summary of issues facing youth who are aging out of the juvenile system is provided in a report released in 2009, entitled *Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community*.[32] The report also highlights the importance of stable housing; dealing with some of the collateral consequences of system involvement such as scattered education or work history, or a record that may limit employment opportunities; and components of youth reentry services.

For youth living in foster care, supports may continue beyond age 18, as long as they are engaged in educational programs; other youth may be involved in a variety of independent living programs. Federal funding through Transitional Living Program grants can help support youth, in some cases up through age 22. Federal funding for the Serious and Violent Offender Reentry Initiative (SVORI), development of the Intensive Aftercare Program (IAP) model and research, Youth Opportunity Grants, and the more recent Second Chance Act[33]have all been focused on helping youth through a critical transition from late adolescence to young adulthood, recognizing that these youth often do not have the same kind of opportunities and supports that non-system youth may be able to access.

As with other aspects of reentry, programs must ensure that information about these types of resources is available during the planning phase, either through developing in-house expertise, linking with local resources or experts who are knowledgeable about available resources, or linking with experts and resources in the youth's home community. More information about transitions for youth that can help guide practice in this area is available through the U.S. Department of Health Administration for Children and Families Child Information Gateway.[34]

In short, although resources may be limited, helping youth make the transition to adulthood needs to be everyone's job, no matter what official role an individual may play in the system. Failure to do so significantly increases the likelihood that youth will fall through the cracks and end up reoffending.

Conclusion

Adhering to good transition and reentry planning in long-term facilities and applying a reentry framework to programming in both short- and long-term programs are among the most critical components of promoting success for young people involved in the justice system. These services work best when they are integrated, coordinated, and comprehensive. The opportunity to help youth connect to age-appropriate services and support in the community can serve to guide youth with a troubled past onto a path that leads to success and self-sufficiency.

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Ch.19 Complex Issues and Vulnerable Populations

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Charles J. Kehoe [4], Elissa Rumsey [5], Mykel Selph [6]

I. Dual-System ("Crossover") Youth [7]

II. Facility Emergency Preparedness [8]

III. The Impact of PREA [9]

IV. Sexually Abusive Youth [10]

V. Placement of Youth in Adult Facilities [11]

VI. LGBTQI Youth [12]

I. Dual-System ("Crossover") Youth

Author: Laurie Elliott [1]

The notion that the youth in the child welfare system are the same individuals as those in the juvenile justice system is echoed repeatedly by those familiar with both systems, including judges, probation officers, attorneys, caseworkers, residential and detention facility staff, and other child advocates. Historically, the juvenile justice system and the child welfare system have operated in "silos,"—under separate agencies, with little communication or collaboration between them. Research shows that child maltreatment is associated with the earlier onset of juvenile delinquency, increasing the risk of being arrested as a juvenile by 55% and increasing the risk of arrest as a juvenile for a violent crime by 96%.[1] Additionally, youth who have been involved in the child welfare system are more likely to penetrate further into the juvenile justice system than other youth. Research shows that such youth represent 1% of dismissed or informally diverted cases, 7% of formally supervised probation cases, and 42% of residentially placed youth.[2] This section covers what is known about "crossover" youth and introduces the emerging practices designed to improve outcomes for this uniquely vulnerable population.[3]

Crossover Youth

Who are crossover youth? Youth with involvement in both the child welfare system and the juvenile justice system are referred to as "crossover" youth. This term includes 1) youth currently involved with the child welfare system who also become involved with the juvenile justice system (either dually-involved youth—youth who are simultaneously receiving services, at any level, from both systems—or dually-adjudicated youth—those youth who are concurrently adjudicated in the courts of both systems; 2) youth with previous involvement with the child welfare system who become involved with the juvenile justice system; 3) youth who are victims of some

form of abuse or neglect with no involvement with the child welfare system who become involved with the juvenile justice system; and 4) youth who exit the juvenile justice system and become involved with the child welfare system because they do not have a home to return to.[4]

Although research about crossover youth is still growing, there is already some significant information about this unique population. Crossover youth are often in the child welfare system for long periods of time, are placed out of the home, and have multiple placements in congregate care.[5] They are more likely to be female, when compared to the general delinquency population, and more are statistically likely to be African American.[6] They are behind educationally, as they are often truant or performing poorly in school.[7] Crossover youth also have high prevalence of a family history of criminal behavior, mental health, or substance abuse problems.[8] They themselves have high rates of mental health and substance abuse problems; over 75% of crossover youth exhibit symptoms of, or have diagnoses for, a mental health disorder or substance abuse.[9]

Critical Issues that Crossover Youth Face

Being involved in multiple systems creates complex needs and issues. The fact that a youth is involved in the child welfare system has been shown to impact the decisions about detention and charging. Research shows that youth in foster care are more likely to be detained pre-adjudication than other youth, even if the level of offense and offense history are similar. This is referred to as "foster care" or "detention" bias[10] and results in unnecessary detention and deeper penetration into the juvenile justice system. It exposes a population of youth who have already been victims of abuse and neglect to potential harm in the future and trauma associated with youth confinement environments.

Law enforcement, probation, and prosecutors have wide latitude in determining the direction of a delinquency case, whether it be diversion, informal adjustment, or formal delinquency proceedings. If all circumstances surrounding a youth (such as the youth's involvement in the child welfare system) are not known or communicated, there may be an assumption that the youth is high risk, due to his or her involvement in the child welfare system.[11] Ultimately, the charging decision impacts the type and level of services a youth receives and directly affects outcomes for the youth and his or her family.

The growing body of research that identifies the negative impact of dual-system involvement has significant implications for both the juvenile justice and child welfare systems. It has become clear that increased communication and collaboration are essential to increase the efficiency and effectiveness of both systems.[12] For decision-makers to have all relevant facts and circumstances before them, crossover youth must be identified at the earliest opportunity. Also, communication must involve other systems, such as the education and behavioral health systems.[13]

Without new approaches and interventions, it is likely that current outcomes will continue for crossover youth. All youth require stable families, positive educational attainment, and community connections and support to transition successfully to the adult world.[14] However, crossover youth often lack these connections, resulting in many negative outcomes. Crossover youth are more likely to remain in out of home placements and "age out" of the system. Outcomes for youth aging out are discouraging; 49% experience homelessness; 43% are high school dropouts; and their median income is $598.33 per month.[15]

Emerging Practices

With support from Casey Family Programs, the Center for Juvenile Justice Reform at Georgetown University's Public Policy Institute has developed the Crossover Youth Practice Model, which contains strategies and interventions in five practice areas.

Practice area 1: Arrest, identification, and detention requires that protocols are in place at the point of intake to ensure that the juvenile justice system determines at the earliest opportunity whether a youth is involved in the child welfare system.[16]

Practice area 2: Decision-making regarding charges focuses on the charging decision made for each case and requires diversion meetings with child welfare caseworkers, juvenile justice intake workers, attorneys, and

other service providers to explore diverting the youth from the juvenile justice system.[17]

Practice area 3: Case assignment, assessment, and planning focuses on case assignment, joint assessment, and case planning. When a crossover youth formally enters the juvenile justice system, confinement facility staff should make contact with the child welfare system to establish and maintain communication and share in case planning from the onset. Court processing occurs through one of the following means:

- A dedicated court docket for crossover youth.
- One judge/one family, where a single judge hears both the child welfare and delinquency cases.
- A pre-court coordination model where a team comes together prior to the court process to develop a single set of recommendations that address both types of issues.[18]

Case assessment and planning are also areas where the court can support a coordinated approach. Promising approaches include use of joint case plans; a multidisciplinary team assessment; and special training for case managers, child protective service personnel, or probation liaisons.[19]

Practice area 4: Coordinated case supervision and ongoing assessment addresses methodical collaboration. Initiatives include specialized case management and supervision units, multidisciplinary team case management, special qualifications or training for case managers, and the use of child welfare or probation liaisons, or both. Each approach stresses the need to formally link case oversight to both systems.[20]

Practice area 5: Planning for youth permanency, transition, and case closure[21]focuses on permanency, transition, and case closure and requires jurisdictions to begin addressing permanency issues from the beginning of the case. Effective approaches include the use of home studies jointly conducted by both systems, as well as more extensive searches for appropriate placement and transition supports.[22]

By implementing some of these promising practices and interventions, youth and families involved with both the child welfare and juvenile justice systems will be better served and will have better outcomes.

II. Facility Emergency Preparedness

Author: Charles J. Kehoe, ACSW, CCE [13]

The events of September 11, 2001, hurricanes Katrina and Sandy, tornados in Oklahoma and Kansas, chemical spills in rivers, and wildfires in the western U.S. are among the most chilling evidence that, in spite of how well professionals believe they are prepared and trained, critical events—which can happen anywhere and with little or no warning—bring to light many of the flaws in preparedness plans. Further, events of a significant magnitude can overwhelm even the most highly-trained and well-equipped first responders.

Most adult jails and prisons have very detailed plans for emergencies, given the typical size of these facilities and the numbers and types of offenders they house. Youth confinement facilities, on the other hand, are not always as well prepared, thus, these facilities can be at considerable risk.

More often than not, youth confinement facility administrators and staff are prepared to evacuate a building in the event of a fire; fire drills are considered a basic practice. However, getting the youth outside to a safe area is often as far as the plan goes. Depending on where a facility is located, tornado or earthquake drills may also be part of an emergency plan. There are, however, other events that can require an evacuation. Youth confinement facilities are often located near interstates, railroad tracks, forest or wooded areas, dams, rivers, streams, airports, chemical and nuclear plants, and solid waste dumps. Each of these environments presents a potential hazard. Trains and trucks carrying hazardous materials have had accidents that have caused evacuations of the surrounding areas. Floods and fires frequently cause entire neighborhoods or towns to be evacuated. Over the past 20 years, schools and universities have been the scenes of shooting tragedies. Youth confinement facilities can become crime scenes, as well. Riots and disturbances can occur. Many security experts also believe that in

the future, cyber-attacks will be a threat to the security of adult and youth confinement facilities. Lastly, a public health emergency, such as a serious contagious disease (pandemic flu), can result in the lockdown or quarantine of a facility.

The impact of an emergency can be significant, potentially resulting in such things as an inability to maintain essential functions, loss of public confidence and trust, tremendous costs, and legal action. The facility can take months or years to recover and return to normal. Elected officials and the public at-large expect that administrators of **all** correctional facilities are prepared for these events and that public safety and the welfare of staff and residents will be a top priority in the event of an emergency.

Facility administrators must ensure that there is, at a minimum, a written emergency preparedness plan for the facility that has been approved by the local emergency management agency, the fire service, and law enforcement. Without these plans, chaos, confusion, and an unforgiving media will likely confront the unprepared administrator.

An emergency preparedness plan cannot be created in a vacuum; it requires collaboration and partnerships. James Keck, Homeland Security Instructor at the Virginia Commonwealth University, L. Douglas Wilder School of Government and Public Affairs, said, "The time to exchange business cards is **not** in the middle of a crisis." Reaching out to key stakeholders, including but not limited to, the emergency management director, first responders (e.g., police, fire, EMS), the local American Red Cross, hospital administrators, elected officials, the prosecuting attorney, judges, the chief juvenile probation officer, the social service agency director, school administrators, the facility health care administrator, and public utility companies is essential. If employees are part of a collective bargaining unit, a representative from the union should also be invited to participate in the planning process, as some decisions could impact collective bargaining agreements, such as labor contracts.

In developing a plan, it is important that the facility administrator review, be familiar with, and incorporate a wide range of information, including the following:

- State and national standards.
- State statutes and licensing and accreditation requirements.
- Labor agreements.
- Contracts for services.
- The facility budget.
- Building use inventories.
- Alternate site agreements.
- Annual intake and release reports.
- Aerial photos.
- Insurance policies.
- City or county evacuation guidelines.
- Organizational charts.
- Health and safety policies.
- Safety manuals.
- Policies and procedures for the continuation of services.

Every emergency is different. One may require a temporary evacuation; another may render the building uninhabitable for months or years; another may require that all staff and youth shelter in place. Some emergencies may involve crime scenes inside the facility that need to be protected.

The preparedness plan should define the various levels or types of evacuations. For example, a Level I evacuation could be defined as an evacuation of one to three hours. This could be a small fire or hazardous materials situation. The initial evaluation is that staff and youth will be returning to the facility within a short period of time. A Level II Evacuation could be defined as an evacuation of 3 to 48 hours. A Level II evacuation could be a major chemical spill or a breakdown that causes the building to be nonfunctional for a few days. Authorities determine that youth will need to be moved to temporary quarters or an alternate site. A Level III Evacuation could be any evacuation that lasts more than 48 hours and would usually mean that the building has

sustained significant damage and that it is not safe or functional. In these cases, longer-term arrangements will need to be made with other public and private youth confinement facilities.

Those writing the plan will need to consider every point in the detention and correctional process related to an emergency. How will first responders enter the building if the building has been evacuated or staff cannot get to the main entrance? A hostage or active shooter situation could mean the internal operations of the facility are on lockdown and there is no one to let police officers or SWAT teams into the building. The exterior of the facility may be secure, so enabling the police and firefighters access to the building needs to be determined in the early stage of the plan. The local fire and police departments should have accurate and current floor plans or detailed drawings of the facility that include every building on the campus.

If an evacuation is necessary, who will be responsible for transporting the youth to another site? Will it be the local sheriff's office, the department of juvenile justice, the department of corrections, the state police, or the facility administrators? Specific administrative or supervisory staff should be assigned the duty of coordinating all transportation. In a major emergency that impacts an entire community, the local jail or other correctional facilities may need to evacuate their own inmates. In this case, administrators may need to consider other transportation arrangements (e.g., the school bus company or private transportation company), which may require a formal contract.

Where the youth are taken in an evacuation is one of the most critical decisions to make in the very early stages of developing the facility emergency preparedness plan. In many states, jails, prisons, and youth confinement facilities have created mutual aid agreements that enable facilities to move youth to other confinement facilities in the event of an emergency evacuation. It is very unlikely that one host facility will be able to meet all the residential needs of another facility being evacuated. Therefore, written agreements should be established with several comparable confinement facilities within a 90 to 100 mile radius. Some states use a database that identifies available beds by location that can facilitate an immediate evacuation.

Risk assessment instruments help administrators to facilitate the appropriate placement of youth in host facilities. Risk assessment helps to identify youth who require continued secure care and those who may be released to other less secure placements. The closest facility to the evacuated juvenile detention facility should be designated for intake or receiving for all new admissions from the impacted jurisdictions. This will minimize the additional miles police officers and Deputy Sheriffs have to travel during the time the facility is closed.

When an extended evacuation is ordered, some records will need to follow the youth and the employees. The facility emergency preparedness plan should specify which records need to be transported with the youth and which can follow at a later time. Medical records, for example, will be of critical importance to the nurse at the host facility and should be sent with the youth , if possible. Face sheet data that describe the youth's family contact information, current suicide risk level, and special diet should also accompany the youth. If this information and the medical information cannot be provided at the time the youth is transferred, it should follow as soon as possible. It is critical that the movement of medical records comply with HIPAA confidentiality requirements to the greatest extent possible.

If employees from the evacuated facility will be working in a host facility, the host will want to have documentation that background checks on all the evacuated employees are current and that they have received the appropriate training required under state and national standards (e.g., American Correctional Association, PREA, Performance-based Standards). Without this information, the host facility could be in a position of noncompliance with standards, which can jeopardize its license.

Depending on the size of the facility being evacuated, the facility administrator or governing authority should identify public or private buildings that may be available for evacuations that last a few hours, (e.g., church halls, gyms, other meeting spaces with sight lines that will enhance supervision). Obviously, the larger the facility being evacuated, the larger the alternate shelter will need to be. When an alternate site is identified, facility administrators and supervisory personnel should tour and inspect the area for possible escape risks and self-harm hazards. The alternate site should have toilet facilities and enough space that will allow for the separation of youth by gender. The facility must include in the emergency plan how youth and staff are going to be fed

during an evacuation and a schedule of activities to keep youth engaged. Inspections of alternate sites should be reviewed annually, along with the entire facility emergency preparedness plan.

After identifying facilities that will take youth during an evacuation, chief administrative officers and superintendents should negotiate a written contract that specifies the number of staff that will be needed from the evacuated facility, their duties, the personnel requirements for background checks, staff training, and the costs per day.

Evacuation

The decision to evacuate may be made before the chief executive officer knows there is a crisis developing, such as in the event of a fire on a weekend evening. The first priority is to move residents and staff to a safe place away from the immediate danger and then notify the chief executive officer or superintendent. The most senior supervisor or administrator on duty at the time becomes the Incident Commander—the person in charge during the incident—until someone of higher authority is on the scene to take over. In the event of an earthquake or hazardous material situation, first responders may require the facility to shelter in place instead of evacuate. In the case of hazardous materials, it may be necessary to seal all areas with air handling equipment.

When an evacuation is ordered, the facility emergency plan may require all levels of staff to report for duty at a designated location. The plan should identify what equipment is issued to direct care staff who may be involved in transporting youth to another site (e.g., handcuffs, flex cuffs, flashlights, radios, cell phones). Although cell phones are frequently used by facilities, having radios as backup is the best way to ensure continuous communications. Having a number of designated backpacks with the necessary equipment already in them will save precious time in the event of an emergency. The planning committee should decide how many backpacks are needed, but one for every housing unit would be considered a minimum. The backpacks should be checked monthly to ensure the equipment in them is in working order and that nothing has been removed.

Knowing who is in the facility at the time of an evacuation is essential. In addition to having a copy of the daily population report and the employee shift roster or time cards, it should also be mandatory for every volunteer, contract employee, family member, and guest to sign-in at the main entrance to the facility. During an evacuation, youth and employees will go to a safe zone within a secure area of the facility (usually a fenced recreation or evacuation area 50 feet from the building). All others would be directed to report to a safe zone outside the facility, often across the street or at a far end of a parking lot. A roll call of all youth, staff, and individuals who signed into the facility will need to be taken at these two locations, because emergency first responders will want to know who may still be in the building. This would also be needed in the event of a hostage situation.

The health administrator of the facility should develop protocols for the safe and secure transportation of medications to an alternate facility. Some youth may be on a medication schedule that will need to be maintained during an evacuation. Continued documentation of the administration of medications is a requirement.

Keeping a record of where each resident is being sent in an evacuation is mandatory. Parents, family, the central office of the parent agency, the juvenile court, juvenile probation or parole officers, attorneys, and other professionals will need to know the whereabouts of youth, and the facility will be expected to maintain its population count.

Level I Evacuation

When a Level I evacuation is ordered, the agency responsible for transporting youth and facility staff to an alternate facility or location should be given notice of the evacuation level so the transportation provider can be prepared if the evacuation level changes. The alternate facility or location should also be notified so administrators there can begin to prepare for additional youth in the event that a higher-level evacuation is ordered. This planning ahead strategy gives the partners some advanced notice that their services may be called upon.

Residents who suffer from emotional or mental disorders can be especially vulnerable in a crisis and will require close supervision from the most experienced staff or a qualified mental health provider.

Only the fire chief or appropriate law enforcement commander can declare the emergency over and authorize the return of the youth and staff to the facility. The emergency plan should describe how youth should be returned to the facility.

Level II Evacuation

If a Level II evacuation is ordered, the alternate site should be immediately activated and the transportation provider immediately notified. The emergency plan should state that staff need to go to the alternate site to conduct a security inspection. When the site is deemed ready and safe, the Incident Commander should be notified. Additional support may be needed from the local law enforcement agencies at the alternate site to enhance security and supervision. High-risk and violent youth may need to be moved to a secure facility. Those facilities that have agreed to take evacuees from the jurisdiction should be notified that a Level II evacuation is in progress and that youth may need to be transported to those facilities, if the situation cannot be resolved.

The juvenile probation or parole department can play a very valuable role by agreeing to notify the families of youth that an evacuation is in process and keeping the families informed of what is being done to ensure the safety of the youth. This arrangement with the juvenile probation or parole department should be developed at the time the plan is written.

It is very likely a Level II evacuation will require that some meals be provided. How this will be accomplished may depend on the alternate site. The food service manager or cook should be play a key role in planning how meals will be provided at the alternate shelter.

Hygiene will also require planning. Given the temporary nature of an alternate shelter, showers may be postponed until the youth are returned to the facility, but youth will still need hygiene supplies such as soap, toothpaste, and toilet paper.

If the youth will be in the alternate shelter overnight, sleeping arrangements will have to be made. The American Red Cross or another agency may be able to provide cots and blankets for sleeping. If the evacuation affects both girls and boys, the plan should clearly state how sleeping arrangements are to be addressed. The planning committee may want to separate the male and female youth into two different facilities.

An education and activity schedule should be created that will prevent idleness and restore a sense of normalcy. Touring the facilities that are under consideration as alternate shelters will help the facility administrator, school personnel, and supervisors think about what they can offer there.

While evacuations are in progress, the work of the police and courts continues. Youth will be arrested and taken into custody, and court hearings will proceed. The plan should cover how to handle new admissions to youth confinement facilities. Will new admissions come to the alternate site or be sent to another youth confinement facility? The court schedule is of critical importance and should be respected. Attorneys may also need to meet with their clients. These activities need to be addressed by the planning committee.

Given the temporary nature of a Level II evacuation, it may be appropriate to postpone visitation.

Level III Evacuation

This is the most serious type of evacuation and usually means the facility will be out of service for longer than 48 hours and possibly several weeks or months. Level III will always mean that host facilities will be called upon to house evacuated youth. Administrators and managers from the host facilities should be involved in the planning process for this level of evacuation. For juvenile correctional facilities, the process may be easier to accomplish, as admissions are controlled by the parent agency. In the case of juvenile detention facilities and jails, however, admissions happen around the clock. Regardless, of the type of facility, one question that must be answered is how staff from the evacuated facility will participate.

In the case of juvenile detention facilities and jails, law enforcement agencies will want to know how newly arrested youth from the evacuated jurisdiction will be processed and where they will be taken. This could mean a police officer will be, in effect, out-of-service while he or she transports the youth to a detention facility several miles away. In smaller communities this could impact community protection.

The host facility will dictate the schedule and program the evacuees will follow while at that facility. Staff from the evacuated facility may work under the administration of the host facility to provide supervision or programming and continue to be paid by their employer.

While the evacuees are cared for at the host facility, the administration of the evacuated facility may be preparing it for the return of the youth.

To ensure that all critical areas are being addressed and monitored, the administrator of the evacuated facility should assign specific areas of responsibility to managers and supervisors. For example, one manager might have responsibility for confirming the actual childcare days at the various host facilities, another might focus on ensuring that youth arrive for court on time, and another on human resource issues. A weekly meeting of this administrative team will help to maintain open communication and create a shared vision for safely returning youth and staff to the evacuated facility. Weekly reports should go to the evacuated jurisdiction's chief executive officer, who will notify elected officials, commission and board members, the media, and employees, as needed and appropriate.

A Level III evacuation will have a significant fiscal impact on the jurisdiction and the parent agency of the evacuated facility, which could create a drain on the jurisdiction's general funds. The cost of room and board (e.g., per diems) at the host facility, transportation, overtime for staff who may be assigned to remote host sites, and repair and replacement of the evacuated facility will add up over many months.

These costs should be anticipated during the time the facility emergency preparedness plan is being developed so the jurisdiction will know what to anticipate. The jurisdiction's chief executive officer will know if any insurance is available to offset some of the expenses. In the event of an emergency created by a natural disaster, Federal Emergency Management Agency (FEMA) funds may become available to help restore the facility.

Preparing for Evacuation

Host Facility Planning

The host facility should also have written plans that address being prepared for a large number of new admissions at one time and increases in the daily population. The facility will need to plan for such things as how the academic program will be conducted, how healthcare will be managed, how the daily schedule will be carried out, how the extra meals will impact the food inventory, where personal belongings will be kept, and how records will be maintained and stored. Host facilities will need to have sufficient bedding and linens, clothing, toiletries, and other personal supplies. The host facility and the evacuating facility should decide what supplies the evacuating facility can bring. In many cases, the host facility may only receive minimal notice, so planning needs to happen in advance.

When a Level III evacuation begins, the administrator of the evacuating facility should notify the host facility. The highest-ranking supervisor on duty should be responsible for the implementation of the plan. The host facility should know how many youth to expect, if there are any special needs youth, the route the transportation vehicle will take, the estimated time of arrival, and the number of staff coming. The host facility will also need time to call in its direct care and other staff (healthcare and mental health staff) who need to be on site to support the intake process.

Staff from both the host and the evacuation facilities should hold briefings at the start of each shift. Such briefings should include security updates, incident reports, emergency updates, healthcare issues, accommodations, and changes in the program or schedule.

News Media and Social Media

Today's technology allows virtually everything that happens to be immediately known to the world. News of an emergency in a youth confinement facility will spread within minutes as employees post information on social and other media. The news media closely monitor the communication of first responders. As has been documented in a number of crises over the last several years, while social and news media work to get stories out instantly, the stories are frequently filled with errors and misrepresentations. Facility administrators cannot change what is said via social media, but the public information officer for the jurisdiction in which the facility is located can have a strategy in place for responding with accurate and timely information. Most agencies, including adult and juvenile detention and correctional facilities have websites, and many use Facebook pages to provide information to employees, families of youth, and the public at large. As the technology for instant reporting evolves, jurisdictions will have to stay current with the latest communications tools. Jurisdictions should have communication procedures in place in the event of an emergency. These strategies should be incorporated into the overall facility emergency preparedness plan. Being proactive is always better than being reactive.

Training and Drills

Training is absolutely critical to the successful implementation of any evacuation plan. Training can take the form of classroom review of the plan, desktop drills, functional drills, and full drills. When conducting drills, a design team should create the narrative and insert unanticipated variables that could change how the parties respond. For example, just before a group of youth are moved from one facility to another, it is learned that one of the youth to be evacuated is a rival gang member of a youth at the host facility and the police have said not to mix the two youth. Such unexpected scenarios will happen in real emergencies and need to be addressed in training. Drills should also include outside observers who can help to evaluate the drill and the plan and recommend improvements. The purpose of the drill is to teach the plan. An evaluation of the drill should show what worked and did not work and why. Training and practice are as important for the host facility as for the facility to be evacuated.

Impact on Youth and Families

Emergencies and evacuations can have a significant impact on the youth of the evacuated facility. Youth in the facility may need reassurances that their families have been contacted and are informed about their child's location and safety status.

During an emergency and evacuation, youth may also experience anxiety, fear, and other powerful emotions. Even an orderly evacuation could destabilize certain youth and trigger behaviors that were under control in the routine setting and circumstances. Some youth may try to exploit the uncertainty in the situation and even try to escape. Extra personnel may be required to help calm youth emotions and stabilize their behavior and to maintain an orderly transition to the alternate setting.

Impact on Staff

Emergencies and evacuations can have a significant impact on employees at the evacuated facility. During events such as weather-related emergencies or wildfires, staff need to know that their own families will be safe. Every employee should be trained on how to create an emergency preparedness plan for his or her family. The FEMA website is an excellent resource for this.

If the facility is evacuated and closed, employees will need to know if they will continue to have a job and be paid. However, this needs to be discussed as the plan is being prepared. The chief executive officer and the elected officials of the jurisdiction will need to approve this in advance.

The better the jurisdiction is at taking care of staff, the better the staff will be at caring for the youth.

Continuity of Operations (COOP)

The federal government has defined COOP in the National Continuity Policy Implementation Plan as the means to ensure that the primary missions of executive branch departments and agencies continue to be performed during a wide range of emergencies, including localized acts of nature, accidents, technological

breakdowns, or attacks. Although COOP planning is mandatory for executive branch departments and agencies, state and local governments are encouraged to create their own COOP plans. COOP plans differ from facility emergency preparedness plans in that COOP plans focus on how essential services will continue to be delivered, as opposed to emergency preparedness plans that focus on the specific event and how youth and staff of confinement facilities will be safely removed from the immediate danger. COOP planning is involved and detailed, but FEMA has training and technical assistance materials that are readily available on its website. Virtually every state and local government requires their respective departments and agencies to have a COOP plan in place and requires that these plans be reviewed annually with other appropriate agencies in that unit of government. The reader is encouraged to visit the FEMA website, learn more about COOP, and meet with their elected and appointed officials to understand what their local jurisdiction requires with regard to COOP Planning.

Conclusion

Confinement facilities are required by either state facility standards or state fire codes to practice fire drills on a regular basis to ensure that youth and staff know exactly what to do in case of fire. No one doubts the importance of fire drills. Most facilities are very efficient at conducting fire drills, but many facilities have not planned beyond getting the youth out of the building. Although fires in confinement facilities are fairly uncommon, other emergencies happen on a more frequent basis. Chemical spills, severe storms (e.g., tornados, floods, earthquakes) can happen anytime and without warning. These events need to be considered when developing a plan for how a facility will respond, continue to care for youth, and ensure public safety. When identifying evacuation sites, planners must consider that the evacuation site may itself have become a casualty of the storm or event. Identifying multiple sites extending out several miles may ensure there are alternative facilities in place that have agreed in writing to serve as a host facility.

Planning is the key to being prepared. Plans should be tested and reviewed annually, and staff should receive training accordingly. The agency funding source should be heavily involved in this process. To paraphrase an old saying "Failing to plan is planning to fail."

Resources

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III. The Impact of the Prison Rape Elimination Act (PREA)

Author: Steve Jett [3]

For some time, the mention of the Prison Rape Elimination Act has struck fear in the hearts of many practitioners who work in both juvenile and adult confinement facilities. Most of that fear was due to the unknown—first not knowing what the standards would be, and then not knowing what the audit process would be like.

After the PREA Standards were published in 2012, one of those fears was removed. The long-awaited Standards were available, and preparations could be made toward compliance.

Since PREA legislation was passed in 2003,[23] the prevention, detection, and response to sexual abuse in our facilities has emerged as a priority. Many facilities and states began to move quickly toward adding language specific to PREA to policies, procedures, and state standards. No matter what the final PREA Standards would be, certain things were sure to be included, such as the need for increased training for staff, multiple means of reporting abuses, changes in cross-gender supervision and searches, and mandatory investigations of reports.

Of particular concern was the financial impact of implementing PREA on the shorter-term juvenile detention and jail facilities, many of which are small operations with limited budgets. Although compliance with the PREA Standards has associated costs, there are two significant developments that have helped alleviate some of the concern over fiscal impact.

The Rule Making Process

The National Prison Rape Elimination Commission's rule-making process helped to bring the PREA Standards to a manageable level. The original draft standards were cumbersome and unwieldy and in many cases looked more like policies than standards. The rule making process allowed several different periods for public comment, and the final version of the Standards proved that those comments were heard. The early Standards, for example, mandated that all juvenile facilities, no matter how small or large, have a full-time upper-level PREA Coordinator. Final Standards allow for part-time PREA Coordinators, which is much more reasonable and attainable for many jurisdictions.

The National Center for Eliminating Prison Rape

The second development, and possibly the most significant for administrators and practitioners in the field, was the National Center for the Elimination of Prison Rape, known as the National PREA Resource Center (PRC). The PRC is funded through a cooperative effort—involving the National Council on Crime and Delinquency (NCCD) and the Bureau of Justice Assistance (BJA)—for the purpose of assisting agencies in meeting the requirements in the PREA Standards. The PRC has assembled hundreds of resources such as documents, articles, training materials, sample policies, forms, and informational guides. Of particular importance—especially to those agencies that might be relatively new to PREA—are the toolkits designed to guide staff at any facility, from start to finish, in the development of policies and procedures related to the PREA requirements.

The resources available on the PRC website help to reduce much of the cost of compliance. Many agencies have already developed training materials that are readily accessible for use by any agency. Informational items such as brochures and posters are also ready to download and use, some without any editing at all, and some that may require editing to meet the individual agency's needs or circumstances.

The PRC is also a clearinghouse for information about opportunities for grant support to help agencies achieve compliance with PREA Standards. Several rounds of grants have been made available through the PRC, some targeted for state agencies and others for local jurisdictions that have voiced their need for financial assistance.

If a particular resource cannot be found on the PRC website, an agency or group can fill out the Technical Assistance Form for help in finding additional assistance. The PRC recognizes that if one agency has a gap that needs to be filled, there are probably others with the same need. The PRC wants to use funding in the best and most efficient ways possible. As a result of Field-Initiated Technical Assistance requests, newly developed or released material is continually being added to the PRC website.

Policy Development and Enhancement

Practitioners at all levels who work with youth in confinement can at times be resistant to change, especially when that change is imposed from outside the facility. PREA is a legislatively mandated change, and therefore has met with some resistance.

PREA requires agencies to examine their existing policies and procedures related to sexual abuse prevention, detection, and response. As case law changes, as new laws are codified, and as internal practices within a facility are periodically reviewed, written policies and procedures may need to be created, edited, or replaced. PREA is a

force that will help practitioners make the changes necessary to bring policies in line with the law, with new standards, and with best practices.

The PREA Standards provide administrators with a foundation for keeping youth safe. Many of the concepts outlined in the Standards—such as the use of incident review teams (in the case of PREA are sexual incidents)—could be used in response to other situations such as fights, allegations of harassment, other forms of victimization, and the use of restraints.

Training

One of the most important things any organization can do to reduce liability is to conduct sufficient high-quality and relevant training. The increased training requirements contained in the PREA Standards can justify training budgets, serve as a means for improving the capacity of staff, and reduce liability for the facility.

PREA Standard 115.331(a) lists 11 topics on which all staff must be trained. Administrators and trainers have a rough outline furnished for them in this Standard. The PRC resources offer readily available presentations to allow facilities to put this training into place with very little cost.[24]

Far too often, training sessions are held, and participants leave without being tested on their level of comprehension of the topic. PREA Standard 115.331(d) requires the employee to document that they not only participated in the training, but that he or she understood the training content.[25] This verification is another example of a concept required by PREA that could be used with other training.

Resident Education

Many staff feel that educating youth about their rights under PREA will result in an increase in reports of sexual victimization. This may in fact be the case, and there may be several contributing factors. One of these factors may be a resident's desire to "get back" at staff by filing false reports. This false reporting is likely to diminish over time and may be addressed by using the facility's disciplinary process.

Another factor that may cause an increase in the number of reports filed is that, with more awareness of the facility's zero-tolerance policies and reporting mechanisms, youth may be more apt to report actual incidences of abuse. This should be viewed as an intended and positive outcome. When administrators are made aware of incidents, they can address the situation and improve the level of safety and the quality of treatment in the facility.

Audits

Many questions still surround the PREA audit process. Relatively few audits have been completed so far. However, the concept of the PREA audit has been well thought out and is being refined as more audits are conducted.

One of the most important things to realize about the PREA audit is that it is not a policy-based audit. Although facility policies related to PREA will be reviewed, the auditor will also look at training curricula and records, daily logs, incident reports, and other documentation. The PREA auditor will conduct interviews with staff and youth to confirm that the policies are actually being followed on a day-to-day basis. A PREA audit is actually an audit of the facility's culture.

Cost of Audits

The costs of a PREA audit are borne by the facility being audited. This has created uncertainty and concern among confinement facility administrators. In addition, it was the decision of the Department of Justice *not* to set audit fees. As a result, auditor costs may vary widely, so it may be beneficial for a facility to solicit proposals from more than one auditor to determine the best auditor for the facility. The facility administrator should have prospective auditors provide a listing of all estimated costs prior to signing a contract for the audit.

There are many factors to consider when discussing the cost of a PREA audit. Estimates may vary depending on the size of the facility and a number of other factors. Some auditors propose doing the audits for a flat fee. Others have set hourly or daily rates. The facility must also pay for travel and lodging expenses, as well as travel time, if the auditor includes those costs.

Another variable is the number of days that an audit will take. Estimates of time are based on information that the auditor receives in training sessions. These estimates have proven to be fairly accurate thus far.

The Audit Process

The Pre-Audit process should take between two to three days of the auditor's time; this part of the process involves document review. The amount of time required may be reduced if the facility fills out the Pre-Audit Questionnaire fully and accurately.

The actual **Audit Visit** should take approximately three days. The size of the facility will impact the length of the visit, due to the number of interviews that the auditor will need to conduct.

The **Post-Audit** work leading up to the Summary Report should take an auditor an average of three days.

The time needed to complete the Audit up to and including the issuance of the Summary Report can be estimated fairly well. It should involve approximately eight to ten days of the auditor's time. Actual time for specific audits may vary. However, the work that must be done by the facility during the Corrective Action Period, and the resulting work performed by the auditor cannot be estimated until the Summary Report is finished. A flat fee proposal may include this work. Other proposals may simply charge the facility an hourly rate.

Conclusion

Having someone from the outside scrutinize a facility's operations can be very uncomfortable for staff and administrators. However, the object of a PREA audit is to make sure that the best possible practices are in place and to ensure youth safety.

The impact of PREA on youth confinement facilities can be very positive. To facilitate a positive process, administrators must lead the way by fully embracing the PREA Standards and everything they require.

IV. Sexually Abusive Youth

Author: Hugh Hanlin [2]

Youth who sexually abuse present a unique and evolving challenge to youth confinement facilities. For many years, programs provided a rigid set of interventions that applied to all youth entering programs. These programs often reflected similar concepts from programs for adult sexual offenders. Over the last five years, however, the professional literature indicated a need for an increasingly dynamic and individualized approach to the treatment of sexually abusive adolescents. Successful programs recognize the clear difference in the clinical and developmental needs between adult sex offenders and sexually abusive youth. The challenge is to shift from the previous rigid programing to programs sensitive to the wide variety of unique treatment needs, developmental needs, and complicated life histories of sexually abusive youth. These programs implement and perform in a manner compatible with the developmental needs of youth; they integrate services to provide individual interventions that factor in risk levels, criminogenic needs, and other social and mental health problems.[26] The key elements for successful programs are:

1. Making decisions based on validated and reliable risk instruments.

2. Identifying and targeting the individual criminogenic needs of each youth.
3. Attending to additional needs that might affect treatment (e.g., responsivity factors).
4. Creating a structured program that can integrate many therapeutic interventions.
5. Training, coaching, and supervising staff members to address the unique challenges of these youth.

These five elements are consistent with the components of proven successful programs for treating delinquent youth.[27] The elements create a structured program that facilitates youth rehabilitation and public safety.

Sexually Abusive Youth

Several characteristics are common among sexually abusive youth. Most have abused one or more children. Of those victims, a significant number were family members. The abusive youth typically are ages 15–16, and a significant majority is male. The referral entities are juvenile courts or child welfare departments. However, youth who sexually abuse are a heterogeneous group; it is critical to respond to the unique characteristics of each youth.[28] The first step is to conduct an assessment that identifies their individual characteristics. Risk, needs, and responsivity provide the conceptual tools to individualize a program for each youth.

Risk. Sexually abusive youth represent a full continuum of risk levels for further sexually abusive and delinquent behaviors. Currently, available risk instruments include ERASOR; J-SOAP; and J-SORRAT-II.[29] Assessment of youth should consider risk of both sexually abusive behavior and delinquency. The sexual recidivism rates for sexually abusive youth who complete treatment range from 7% to 13%, which indicates that few youth are high risk for sexual recidivism if they complete treatment.[30] Assessment for risk of general delinquent recidivism is also important, as this rate exceeds the sexual recidivism rate (20%–28%).[31] Assessment should evaluate risk for both sexual and delinquent recidivism.

Risk level provides the first segment of youth and determines 1) the intensity of services needed, 2) the level of restrictiveness required for community protection, and 3) the classification necessary to ensure safety within the facility. Highly intense programs may include extended stays with multiple treatment interventions per day. Programs for lower-risk youth may include multiple interventions per week. The level of restrictiveness includes the degree of containment and the length of stay. A 12–month stay for high-risk youth followed by high-intensity community programming is appropriate, while low-risk youth may need only 2–3 months of facility-based treatment followed by intense community-based programs. Separation of different classification levels protects lower-risk youth and allows higher-risk youth to receive intensive services in more restrictive environments.

Criminogenic needs. Sexually abusive youth present a variety of criminogenic needs or treatment targets. Quality programs assess these needs in a systematic manner and in collaboration with youth and their families. This collaboration builds engagement and helps youth develop ownership of their program. Specialized needs assessment instruments such as the Treatment Progress Inventory for Adolescents Who Sexually Abuse (TPI-ASA)[32] provide information concerning youth needs. Some risk assessment instruments, such as the ERASOR,[33] also provide information concerning needs. Although the needs vary significantly, a few occur frequently. The frequently occurring criminogenic needs within this population include:

- Delinquent criminogenic needs, such as antisocial values, antisocial peers, and anger management.
- Deviant sexual interest.
- Sexual preoccupation.
- Cognitions supportive of sexual abuse.
- Family dynamics, including those resulting from victimization of immediate or extended family members.
- Trauma.
- Executive skills, such as impulsivity and poor interpersonal problems solving.

Each youth may have none, one, or many of these frequent criminogenic needs. Interventions for these needs are the priority for programming.

Responsivity. Sexually abusive youth present a range of mental health and social issues other than criminogenic needs. Treatment of these issues reduces barriers to successful treatment of criminogenic needs, identifies strengths, and provides stability for the youth. These responsivity issues are often unique to the youth, but several are common, and some require special sensitivity. These responsivity issues are:

1. **Youth trauma.** Trauma may be either a criminogenic or responsivity issue. Trauma includes physical, sexual, and emotional abuse; exposure to street violence; domestic violence; and substance abuse. Shameful feelings related to trauma are especially critical to address, as the shame of sexual victimization and the shame of sexually abusing someone may create a significant barrier to engaging in treatment. Staff members may misperceive a shame-based response for resistance and create an additional barrier to treatment.
2. **Parental trauma.** The trauma history of parents may create barriers to successful family therapy and reunification with the family. Addressing the family history of trauma provides the youth and the family an opportunity to resolve long-standing issues and develop an alternative narrative of the family history based on resiliency to trauma.
3. **Spirituality and religion.** Sexual abuse is a behavior with significant ramifications related to spirituality and religious beliefs. When staff members demonstrate sensitivity to a youth and their family's religious and spiritual life, often the strengths and informal community resources of the family become evident.
4. **Sexual orientation and gender identity.** These issues occur with a small percentage of youth but may be confused with the sexually abusive behavior issues within the milieu. Separating issues of sexual orientation and gender identity from sexually abusive behaviors is a critical step in helping the youth and staff members address sexual orientation and gender issues with sensitivity and understanding. (See section on LGBTQI Youth)
5. **Executive skills.** Identifying executive skills deficits provides critical information for matching youth to appropriate programs. A youth with significant executive skills problems may struggle in a relapse prevention program but succeed in a program grounded in social skill training.

An established program to assess risk, criminogenic needs, and responsivity leads to the total treatment program. Several factors are critical to an effective program—hope, a positive milieu, clinical services, and fidelity.

Hope. Each program must create an atmosphere of hope for the youth and family. Hope means instilling a belief that the youth and family can change. This factor is hard to measure. But, it is critical, because the youth and family often are discouraged, shamed, or rejected by their community and are experiencing significant feelings of personal loss. The family and the youth may respond to this combination of feelings with reluctance to engage in treatment, overwhelming shame, and avoidance of each other. The research, however, clearly states in multiple empirical reports that treatment works.[34] Additionally, clinical experience indicates that many youth heal their relationships with their family members, resulting ultimately in stronger and more satisfying relationships.

Program providers may foster hope through the following means:

1. Using the principles and spirit of motivational interviewing.
2. Avoiding shaming and fear-based motivators.
3. Encouraging the youth and family to work on their relationships, including the victim or victims of the youth, when appropriate.[35]
4. Treating the youth as a unique individual and not as a "sex offender."
5. Voicing optimism about change and focusing on the youth and family's incremental progress in treatment.

Milieu. These youth need a milieu that 1) is safe, 2) supports the learning of new skills and achieving milestones of adolescent development, and 3) provides an opportunity to develop trusting, respectful relationships. These three components create a context where the youth perceive an opportunity to change, learn through successes and failures, and look to others for help. Achieving this milieu is a difficult balancing act. Safety and developmental needs may seem to conflict at times. The task is to encourage normal adolescent peer relationships and prohibit sexual incidents within the facility. Critical issues for safety include the following:

1. Safety must include the youth's actual and perceived physical, emotional, and sexual safety. Many traumatized youth cannot accurately assess personal safety, so staff must attend to their perception of safety.
2. Safety results from positive relationships among staff members and youth.
3. Sexually maladaptive behavior is secretive, and safety requires honesty and openness among youth and the staff concerning sexuality.
4. Staff members should be alert and carefully monitor youth behavior, but not exhibit overt suspiciousness.
5. Staff members should not lecture youth concerning their offenses, refer to them as "sex offenders," or verbally threaten them about the possible legal consequences of their sexual behaviors.
6. Sexual behaviors occur on a continuum, from minor sexual behaviors (sexual talk) to significant sexual incidents (penetration). The goal for staff members is to help the youth develop appropriate peer relationships.

These youth struggle to control sexual behaviors, and staff members need to avoid judging the impulses and help youth learn to control their impulses. (See section on PREA.)

Developmental needs. Although a variety of developmental needs are important, relationship development is critical for these youth. Providing opportunities to develop appropriate peer relationships requires the following:

1. Encouraging healthy youth relationships that are realistic and developmentally appropriate.
2. Providing opportunities for healthy relationships with family.
3. Identifying replacement behaviors for sexual preoccupation and deviant sexual interest that involves healthy relationship with others.
4. Developing program guidelines for staff members to encourage age-appropriate interactions among peers.
5. Clearly defining the goal of the program as the development of healthy expression of sexual feelings and appropriate sexual behaviors.[36]
6. Carefully evaluating the role of touch within the facility. Casual observations of adolescents suggest that touching is critical and normal to adolescent development. Banning even appropriate touching among staff members and youth creates an artificial atmosphere, which is not conducive to relationship development.[37]
7. Consciously defining how the program meets the needs of adolescent development.

Clinical Services

The last 15 years has seen an evolution from rigid, one-size-fits-all programs to increasingly individualized programs that are based on a youth's unique combination of needs. Most programs provide a combination of psycho-educational groups, process groups, individual therapy, and family therapy. The combination depends on the risk level, criminogenic needs, and responsivity issues of the youth in the program. The content of the psycho-educational group is a critical choice in matching youth to an appropriate program. Examples of possible psycho-educational group content are social skills, healthy sexuality, relapse prevention, mindfulness, grief, and interpersonal problem-solving. Commercially prepared manuals exist for many of these different needs, though none addresses all possible needs. Most programs provide interventions for the seven criminogenic needs noted above based on the individual assessment. Most youth require clinical interventions that address the following:

1. Changing cognitions that are supportive of sexually abusive behavior.
2. Trauma of all types.
3. Changing antisocial values and resisting antisocial peers.

Providers should use evidence-based programs to the extent possible, though currently there is no readily available evidence-based program for sexually abusive youth. Most programs combine evidence-based and best practice principles from community-based programs for sexually abusive youth, programs that address delinquency, and programs for treatment of trauma. The following are examples of these programs:

1. Multi-systemic Therapy[38]
2. Functional Family Therapy[39]
3. Aggression Replacement Training[40]

4. Trauma Focused-Cognitive Behavior Therapy[41]
5. Motivational Interviewing[42]
6. Other relevant cognitive behavioral therapy programs[43]

Best practice guidelines may be found through the Association for the Treatment of Sexual Abusers (http://www.atsa.com/ [16]).

Once the program is developed, strategies for organizing the program and ensuring fidelity are critical for successful implementation. Important strategies for individualized programming include the following:

1. Providing a structured process to use in the initial assessments of risk, criminogenic needs for sexual and delinquent issues, and responsivity.
2. Assessing and changing program components based on the combination of risks, criminogenic needs, and responsivity issues.
3. Responding to the unique narrative of each youth, instead of using the same approach with all youth in the program.
4. Assisting therapists who are struggling to cope with secondary victimization and burnout after hearing the tragic and painful offenses and life narratives of these youth. Program directors and clinical supervisors should provide a wide variety of tools and strategies, monitor for secondary victimization, and provide a positive supervision atmosphere to create a culture that encourages the therapist to succeed with sexually abusive youth.[44]
5. Creating safety plans that contain not only external strategies (e.g., supervision rules, prohibited activities, schedules), but also internal safety strategies (e.g., plans to respond to internal triggers, self-soothing strategies, changed relationship patterns in the family).
6. Supporting clinical service providers to reach out to families and communities, so that services connect and prepare youth and families for aftercare services.
7. When necessary, using the polygraph (which remains controversial among experts in the field) according to thoughtfully constructed policies and procedures that are based on research.[45]

Improving Programs

Programs for sexually abusive youth require clinically sophisticated programs that staff members build through constant and incremental improvements. Additionally, the current evolution of research and programs for sexually abusive youth requires constant improvements to respond to new research and program developments. Programs for sexually abusive youth employ evidence-based practices.[46] The program staff should have the following:

1. A thorough knowledge of the current program.
2. An understanding of and an ability to continually incorporate new research—knowing how the program should change.

Fidelity

Knowing the current program and knowing if the program is changing in a positive manner are results of fidelity measures. Research indicates that fidelity measures make dramatic differences in outcomes for delinquent youth.[47] Fidelity measures allow incremental improvements in the program in a structured and organized manner. Fidelity measures demonstrate that program changes are effective and reliable. Unique strategies for creating fidelity in programs for sexual abusive youth include the following:

1. Evaluating the connection of assessment to clinical services and then clinical services to program effectiveness and outcomes.
2. Creating monitoring programs that drill down to the individual interactions of youth and staff members.
3. Collecting data about how criminogenic needs and responsivity characteristics change among program youth over time, especially sexual preoccupation, antisocial values, and deviant sexual interest.
4. Identifying and developing strategies to hire, train, and supervise staff that are qualified to handle the unique needs of sexually abusive youth.

Conclusion

The treatment of sexually abusive youth is a difficult challenge. The evolving practices of providing sexually abusive youth an opportunity to change involve a sophisticated program structure that uses evidence-based programs and best practices. Program staff use fidelity measures to ensure the reliability and quality of services. Successfully meeting this challenge supports sexually abusive youth to choose pro-social lifestyles that will enrich themselves, their families, and their communities.

V. Placement of Youth in Adult Facilities [48]

Author: Elissa Rumsey [5]

The age of 18 has great significance in the U.S. and around the world. It is the age at which one is typically considered an adult for contractual purposes, the age when one is allowed to vote, and—in most jurisdictions—the age when school is no longer compulsory. It is also the age at which 40 states begin automatically prosecuting individuals in adult court. Eight states have determined that 17 is the appropriate age at which to prosecute individuals as adults, and two states automatically prosecute youth in adult court at age 16. Every state has provisions to transfer youth under age 18 to the adult court system, with multiple states having no lowest age for prosecuting an individual youth in either court.[49]

The consequences of prosecuting youth in adult court can be dire. A youth may be sentenced and immediately assigned to an incarceration facility designed and operated for adults. A youth may be forever branded a felon, preventing access to educational grants, public housing, and employment. A youth may be subjected to criminal prosecution for all future arrests. And, just as it occurs in juvenile facilities, sexual abuse is a reality for youth who are confined in adult facilities. Finally, the use of solitary confinement—sometimes used allegedly to protect younger inmates from older predators—as well as any of the results of prosecuting youth in adult court, may lead to the most tragic of consequences: suicide.

It is important to adequately focus on the first outcome—specifically, that which results when youth are prosecuted in adult court, convicted, and sentenced to a stay in an adult jail or prison. There are too many youth—especially youth of color—prosecuted in adult courts and sentenced to time in adult prisons who could be served effectively in the juvenile justice system. Study after study shows that more youth of color are prosecuted in adult court than White youth, and for the same alleged crimes.[50]

In the U.S., over 200,000 youth under age 18 are tried as adults each year, and an estimated 6,000 are incarcerated in adult facilities while they are still juveniles. Data tell us that, when youth are prosecuted in adult court and sentenced to adult facilities, their prison stays average two years.[51] This reality defies the general notion that youth are prosecuted in adult court only for serious and violent crimes and that a lengthy prison sentence is the result. Given that almost every state's justice system allows youth to remain in a youth confinement facility until age 21 (and in some states age 25), youth transferred to adult court and serving short sentences in adult prisons could be more effectively served in the juvenile justice system.

Federal and state laws, coupled with the common law, demonstrate call for a closer look at this issue. The Juvenile Justice and Delinquency Prevention Act (JJDPA) is one such law. It requires that no youth shall be detained or confined in an adult jail or lockup. Youth charged in adult court are exempt from JJDPA protections. Many states have enacted legislative changes that comport with the JJDPA and have used annual federal formula grant funds to ensure compliance with state and federal requirements.

The Prison Rape Elimination Act (PREA) similarly protects confined youth and, importantly, youth charged in adult court. In fact PREA's language—"youthful inmates"—includes anyone under age18 who is convicted in adult court and housed in an adult jail or prison.[52] These youth must be separated by sight and sound from

inmates who are age 18 and older. The youthful inmate standard includes three requirements applicable at the time youth are placed in prisons or jails.

- First, no inmate under age 18 may be placed in a housing unit where contact will occur with adult inmates in a common space, shower area, or sleeping quarters.
- Second, outside of housing units, agencies must either maintain "sight and sound separation" (e.g., preventing adult inmates from seeing or communicating with youth) or provide direct staff supervision when the two are together.
- Third, agencies must make their best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities must afford youth daily large-muscle exercise and any legally required special education services and must provide other programs and work opportunities to the extent possible.[53]

Prior to the passage of PREA in 2003, case law provided insight about the results of a juvenile placement in an adult correctional setting. In *D.B. v. Tewksbury*, a court determined that 1) under certain circumstances, detaining a child pretrial in a jail constituted "punishment," and, thus, violated due process clause; 2) confining a runaway child or a child out of parental control in a jail constituted punishment and violated due process rights; and 3) lodging a child in a modern adult jail, pending adjudication of criminal charges, would be fundamentally unfair and a violation of due process rights. Moreover, the court found that children were placed in isolation cells, without adequate supervision, to prevent harm, which constituted punishment, and thus violated the U.S. Constitution.[54]

A federal district court in Maine also ruled in favor of ensuring the constitutional rights of youth in custody—*Grenier v. Kennebec County*.[55] In that case, a youth was held for four days in a county jail for alleged unauthorized use of a motor vehicle. After his arrest for a violation that would have been treated as a misdemeanor if it had been committed by an adult, the youth (aged 15) was strip-searched, during which time he heard prison staff talking about an imminent sexual attack by adult prisoners. The youth was confined to a cell within sight and sound of adult prisoners, deprived of outdoor exercise, and denied the chance to speak to an attorney or to family members. The court held that the facility where the youth was confined and the circumstances surrounding that confinement constituted a clear violation of the requirements of the JJDPA.

More recent U.S. Supreme Court decisions demonstrate that the Court has moved towards establishing the age of 18 as its own bright line. In *Roper v. Simmons*, the Court ruled that the death penalty is unconstitutional for individuals convicted before age 18.[56] Shortly thereafter, the Supreme Court ruled in *Graham v. Florida* that life without parole for non-homicide crimes was similarly unconstitutional for those who committed the crime before age 18.[57] Finally, in 2012, the Supreme Court again addressed a juvenile case in which a youth under age 18 was sentenced to mandatory life without parole. In *Miller v. Alabama*, the court ruled that imposing such a mandatory sentence was unconstitutional.[58]

From a policy perspective, recent efforts of the U.S. Department of Justice clarify that youth deserve due process as much as adults. They deserve special processes in terms of rehabilitation, which in most cases is more likely to occur in a youth confinement facility. For example, the Attorney General Eric Holder's National Taskforce on Children Exposed to Violence recommended the abandonment of traumatic correctional practices, stating strongly that "no juvenile offender should be viewed or treated as an adult. Laws and regulations prosecuting them as adults in adult courts, incarcerating them as adults, and sentencing them to harsh punishments that ignore and diminish their capacity to grow must be replaced or abandoned."[59]

Effectively serving youth in an adult custody setting is extremely challenging. Numerous federal and state laws have been enacted to address this reality in an effort to provide youth with as much protection as constitutionally required. The case law also reveals a body of cases in which the courts have continuously ruled for youth, especially relative to the constitutionality of detaining and confining youth with adults. With a reauthorization of the JJDPA, combined with future changes in case law and state statute, perhaps the time will arrive when no individual under age 18 will set foot in an adult facility.

VI. LGBTQI Youth

Author: Mykel Selph [6]

Youth who identify as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) has been an important topic in juvenile justice for the last few years. The spotlight on this issue is in part due to media attention on youth bullying and the suicides that have at times occurred as a result of this bullying, legislative controversy about the right of LGBTQI people to marry, and requirements under the Prison Rape Elimination Act (PREA) Standards. As societal awareness of the issues and concerns of the LGBTQI community has evolved, so has the response from the field of juvenile justice.

The juvenile justice field has generally struggled with the issues of LGBTQI youth because policies and practices that address the specific needs of LGBTQI youth in confinement are lacking. This is not necessarily because juvenile justice professionals are insensitive or intolerant of this vulnerable population, but rather may be due to the anxiety provoked by the unknown. Although LGBTQI youth have always been represented in confinement facilities, historically their needs have not been considered, because they have not been understood. For many the notion that LGBTQI individuals may have different needs conflicts with maintaining uniform structure and avoiding special treatment for particular youth. In reality, developing policies, practices, and culture that focus on understanding and attending to the LGBTQI population is in alignment with the overarching correctional mission of public and individual safety. It is the responsibility of correctional professionals to develop the competency and skills required to create a culture of emotional, physical, and sexual safety for youth. It is through the development of policies, training curricula and cultural sensitivity that addressing the needs of LGBTQI youth will no longer be thought of as special treatment, but as part of good correctional practice.

Although the issues impacting justice involved LGBTQI youth are complex, there are a few topics that are overarching and that impact these youth at all points in the system. Gender expression and gender identity, the use of names and pronouns, and grooming and hygiene impact youth at pretrial services, in court, during confinement and upon reentry. It is how adults and peers act in response to LGBTQI youth that creates the potential for increased safety risks and harassment rather than the actual sexual behavior of these youth. Further training and discussion is critical to understanding this difference.

Providing resources and current research findings to facility staff about LGBTQI youth, specifically in regard to patterns and the impact of confinement is the foundation of any training and understanding in this area.

Gender Expression and Gender Identity

Gender expression "refers to all of the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, grooming, mannerisms, speech patterns and social interactions."[60] An individual's self-identification as lesbian, gay, or bisexual is not necessarily evident unless it is disclosed. Even a transgender youth's identity may not be readily perceived. However, during intake, if a youth presents with long hair and nails, make-up, and traditional female mannerisms but court documents indicate the person is male, the questions and decisions that arise can increase or decrease the risk of victimization and safety for that youth. In facilities segregated by sex, it is difficult for professionals to manage biology versus gender identity and expression.

Gender identity is "a person's innate, deeply felt psychological identification as male or female."[61] Therefore if a person thinks of him or herself as a female, then they *are* female and vice versa. Facilities must find appropriate ways to house LGBTQI youth, for example those who identify as one gender when they are biologically the opposite, those who identify as both male and female or neither, and those who are intersex (a person that is born with a reproductive anatomy that does not fit the typical gender definition). The solutions to such problems will stem from the culture, practices, and policies, and resources of each agency.

A good place to begin is to seek the assistance of local LGBTQI advocates who understand the regional LGBTQI culture and concerns of local LBGTQI youth. Consider the research about the impact of automatically housing transgender and gender-nonconforming youth according to their birth sex.[62] Another excellent practice is to directly address affected youth about their feelings of safety with respect to issues like housing, searches, names and pronouns, grooming, and programming. Facility staff may cringe at the idea of asking a youth's preference, but by asking, staff can show basic compassion and respect and demonstrate a willingness to learn. These behaviors can have a huge impact on the emotional, physical, and sexual safety youth may feel in the facility. There are recommended ways to go about discussing these issues with youth. Agencies that may provide such assistance are listed at the end of this section.

Names and Pronouns

For transgender and gender-nonconforming youth, names and pronouns are significant, and the way names are used can contribute to or detract from a youth's emotional well-being and mental health status.[63] Developing and communicating protocol for name and pronoun usage for transgender and gender-nonconforming youth to both youth and staff is a difficult task. Issues of confidentiality and harassment are a central concern. Discussing agency policies and practices about this issue with everyone in the facility—including all levels of staff and all youth—and engaging them in a plan to be respectful and follow agency policy creates an environment of respect and concern.

Agency policy may direct staff to address youth by their last name. It is difficult for all staff and facility youth to be consistent with this practice and avoid all reference to gender. Instead of trying to avoid the issue, it may be most effective to ask youth how they want staff and other youth to refer to them.

Transgender and gender-nonconforming youth may have an alternative name and Preferred Gender Pronoun (PGP) that is not a nickname, not related to gang affiliation, not used in a way that promotes violence, and is not in any other way illegal or inappropriate. Allowing youth to use their PGP or their preferred name can create an emotionally safe environment for those youth.[64] Forcing youth to conform to societal norms can be psychologically devastating and can create opportunities for increased risk.[65] Staff should consider how they might feel if they were in the youth's position.

Questions staff can consider in trying to relate to LGBTQI youth:

- What message is the person calling you "she" sending about you and your identity?
- How would you interact with that person?
- Would you feel safe in their presence?
- Would it matter to you what that person says about why they are using "she" instead of "he"?

Grooming and Hygiene

An issue central to everyone's gender identity is the ability to groom themselves in accordance with their self-identified gender. As clothing may be standard issue in a youth confinement facility, the automatic practice might be "Youth wear what we tell them to wear…period." That may be true in general, but not all confinement facilities require residents to wear uniforms. In addition, uniforms may differ based on biological sex. There are ways for facilities to maintain structure while allowing youth the freedom to express their gender identity through clothing and commissary items that are allowed under agency policy. For example, it is possible for all youth, regardless of biological sex, to wear the same clothing. Youth may get to earn the privilege of wearing their own clothes. The point is that facility administrators should consider how their clothing policy is likely to impact a transgender or gender-nonconforming resident.

Allowing residents to groom themselves in accordance with their gender identity impacts emotional well-being and mental health.[66] This is a delicate issue in a youth confinement facility; leaders can implement practices that are respectful to youth and that maintain the structure of the environment.

- Require gender-neutral clothing for all youth.
- Allow all youth access to the same commissary or canteen items.
- Let youth style their hair in whatever way they wish as long as it does not conflict with safety measures.
- Allow transgender, gender-nonconforming, and intersex youth the option to shower privately.

Agencies should address these issues and related policies proactively and not wait until they are forced to address them because of a crisis or a lawsuit. Some questions agencies should ask themselves to be proactive about the safety of LGBTQI youth are:

- Are decisions about LGBTQI youth based on a youth's emotional, physical, and sexual safety, or based on staff's discomfort, myths, or misunderstanding of behavior and identity?
- Where will transgender or intersex youth be housed? How is this decision made, and what factors does the agency consider?
- Who are the final decision makers?
- How will decisions impact the emotional, physical, and sexual safety of youth and other residents?
- What guidance do the PREA Standards give about these issues?
- What is the non-discrimination policy for youth?
- What other policies and procedures need to be revised or developed?

Conclusion

LGBTQI youth in confinement are vulnerable and often misunderstood. Facility staff may resist special treatment for LGBTQI youth. Policy and procedures should reflect the facility's commitment to accommodating LGBTQI youth in the interest of youth safety and in the interest of effective and smooth operations. Facility staff can show basic respect for these youth by considering their needs relative to sexual and emotional safety, housing assignments, clothing, grooming and hygiene, names and pronouns, programming and treatment services, and access to healthcare.

Resources

The following is a list of resources and agencies that provide assistance in developing plans to address the above questions:

Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts, http://www.equityproject.org/resource/hidden-injustice/index.html [17]

The Unfair Criminalization of LGBT Youth in the Juvenile Justice System, https://www.americanprogress.org/issues/lgbt/reports/2012/06/29/11730/the-unfair-criminalization-of-gay-and-transgender-youth/ [18]

The Moss Group, https://www.mossgroup.us/ [19]

The Equity Project, http://www.equityproject.org [20]

National Council on Crime and Delinquency, https://www.nccdglobal.org/ [21]

National Institute of Corrections, https://nicic.gov/ [22]

Office of Juvenile Justice and Delinquency Prevention, https://ojjdp.ojp.gov/ [23]

National Defender Center,

The PREA Resource Center, https://www.prearesourcecenter.org/ [24]

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Placement of Youth in Adult Facilities

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Focus Group Participants

The content outline for the document ultimately yielded 19 distinct chapters. The process of generating the outline included a series of online focus groups to get input and guidance from practitioners and experts in the field. There were 49 individuals from 22 states who helped craft the content outline. The process generated over 200 unique pieces of information that the project team reviewed and included in the final outline.

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Rob Persson - **Oregon State Correctional Institution (OR)**

Brian Philson - **Highfields, Inc. (MI)**

Cathleen Robertson - **Fairfax Juvenile Detention Center (VA)**

Dr. Hank Robinson - **Nebraska Department of Corrections (NE)**

Denis Shumate - **Retired Juvenile Corrections Facility Administrator (KS)**

Jacquelyn Southwick - **Mill Creek Youth Center (UT)**

Deb Thomason - **Madison County Youth Center (IN)**

Rodney Verdine - **LaSalle County Detention Home (IL)**

Dan Weikal - **Davidson County Sheriff's Office Criminal Justice Center (TN)**

Kellie Whitcomb - **Indiana Division of Youth Services (IN)**

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Authors

Lisa Boesky, PhD

Lisa Boesky is a clinical psychologist, national speaker/trainer, consultant, and author of *Juvenile Offenders with Mental Health Disorders: Who Are They and What Do We Do With Them-2nd Edition*. She provides consultation to juvenile justice agencies across the country on issues related to mental health services and suicide prevention among youth in custody, provides mental health and suicide prevention training to juvenile justice professionals at every level, and serves as an expert witness on legal cases related to mental health and/or suicide among youth in custody. You can find out more about her at https://www.suicidepreventionexpert.com/ [1].

Carol Cramer Brooks

Carol Cramer Brooks has thirty-two years in service to youth across the juvenile justice service continuum. Ms. Cramer Brooks is the Director of the OJJDP's National Center for Youth in Custody (NCYC), a training and technical assistance center created to assist staff in juvenile detention, corrections and adult facilities serving youth. She is the Chief Executive Officer of the National Partnership for Juvenile Services (NPJS).

Ms. Cramer Brooks has experience in detention (county operated, pre-adjudicated status) and corrections (state operated, post-adjudicated treatment) facilities, government grants, and detention education. She is the former Director of Program Development and Support Services for the State of Michigan's Department of Human Services, Bureau of Juvenile Justice (BJJ). In this capacity she was responsible for the education, quality assurance, policy, and resident assignment units for the

BJJ. Prior to her position in state government, Ms. Cramer Brooks served as the principal of the Kalamazoo County Juvenile Home Schools in Kalamazoo, Michigan, where she also was a special education teacher for 16 years.

Ms. Cramer Brooks served as the Director of Training and Confinement Education for the National Juvenile Detention Association's Center for Research and Professional Development at Michigan State University, where she co-authored the *National Training Curriculum for Educators of Youth in Confinemen*t and the *Detention Careworker Training Curriculum, 3rd Edition*. Ms. Cramer Brooks received her MA in Public Administration, Program Planning and Design and her BS in Special Education, Emotionally Impaired from Western Michigan University, Kalamazoo, MI.

Joyce Burrell

Joyce Burrell is a principal researcher at the American Institutes for Research, where she is project director of the OJJDP State Training and Technical Assistance Center within the Human and Social Development Program and The National Girls' Institute. Joyce served as the Deputy Commissioner of the New York State Office of Children and Family Services (OCFS) and directed the Division of Juvenile Justice and Opportunities for Youth (DJJOY) from 2007–2011, where she introduced and implemented trauma-focused care, supported the implementation of several evidence-based treatment interventions, and supported a team in developing a comprehensive model of mental health care and behavior management for children and youth in 31 facilities and all of the community offices in the juvenile system. Reforming institutional care required reform in diversion and aftercare/reentry. Think Exit at Entry became the theme of the organizational unit. Having done this type of work at the local level in Philadelphia and Washington, DC, New York provided the backdrop for scaling to statewide implementation of evidence-based and trauma-informed care in juvenile justice. Of her 25 years of experience in juvenile justice, 13 were spent leading large urban systems in Washington, DC, and Philadelphia in

cross-systems approaches to service delivery. Joyce focused much of the last 15 years helping systems address the nexus between juvenile justice and unmet mental health and substance abuse treatment and educational needs of youth.

Joyce has spent eight year at the American Institutes for Research (AIR), based in Washington, DC, where, as a principal researcher and senior research analyst, she has been spending time directing comprehensive, cross-system projects providing technical assistance to organizations and entities serving or supporting the needs of the most complex youth in public systems. She has led the National Evaluation and Technical Assistance Center for the Education of Children Who are Neglected, Delinquent or At Risk, and provided technical assistance to the grant communities serving seriously emotionally disturbed youth and their families. This was through the DHHS program known as the Comprehensive Community Mental Health Services to Children and Their Families at the Substance Abuse Mental Health Services Administration (SAMHSA). She has served as a commissioner for the ACA Board of Accreditation, a member of the National Center on Status Offenders, and on the working group for the National Center for Youth in Custody. Ms. Burrell is a past president of the Council of Juvenile Correctional Administrators.

Pam Clark, MSW, LSW, CYC-P

Pam Clark works as an independent consultant and trainer and serves as a Program Associate with the National Center for Youth in Custody (NCYC).

From 1999–2008, Pam served as the Director of the Bartholomew County Youth Services Center, which operates an 18-bed secure detention program, a ten-bed emergency shelter program, day treatment programming, and juvenile home detention and electronic monitoring services. Pam previously served as Executive Director to the Foundation for Youth of Bartholomew County, Inc., and the Bartholomew County Youth Advocacy Commission in Columbus, Indiana, and as a deputy

sheriff with the Los Angeles County Sheriffs Department. She was a volunteer in both Volunteers in Service to America (VISTA) and the U.S. Peace Corps, where she served as a paralegal with the Legal Aid Society of Lincoln, Inc. in Lincoln, Nebraska, and as a secondary school teacher, in Kenya, East Africa.

Since 2002, she has served as adjunct faculty with Indiana University teaching classes in juvenile justice and social work at Indiana University-Purdue University.Pam has a bachelor's degree in psychology from William Woods College and a master's degree in social work (MSW) from Indiana University, and she is a Certified Youth Care-Professional (CYC-P). She is a member of the National Association of Social Workers (NASW), the National Partnership for Juvenile Services (NPJS), and the Association of Child and Youth Care Practice (ACYCP).

Kelly Dedel, PhD

Kelly Dedel is a consultant based in Cody, WY. For the past 15 years, she has worked as a court-appointed monitor in cases involving the conditions of confinement in juvenile detention and correctional facilities. A recognized expert in the areas of protection from harm (e.g., behavior management programs, disciplinary systems, incident reporting, grievance procedures, use of force, classification, rehabilitative programming, investigations of staff misconduct), suicide prevention, special education, and quality assurance, Dr. Dedel has monitored and provided technical assistance to approximately 75 facilities throughout the country. Part of her role as a monitor involves helping jurisdictions build an internal capacity—through Quality Assurance and Quality Improvement—to detect and respond to their problems, absent judicial oversight.

Michele Deitch, JD, MSc

Professor Deitch wrote Chapter 1: Historical Perspective in collaboration with graduate students in her seminar on Juvenile Justice Policy **— Rebekah Lamm**, **Rebecca Lange,Dianna Muldrow**, **Gabrielle Smith**, and **Meghan Young**.

Michele Deitch is a Senior Lecturer at The University of Texas at Austin, where she holds a joint appointment at the Lyndon B. Johnson School of Public Affairs and the School of Law. She teaches graduate-level courses in juvenile justice and criminal justice policy. Trained as a lawyer, she has over 27 years of experience working with state and local policy makers, corrections and juvenile justice officials, practitioners, and advocates. She has written extensively on issues related to youth in the adult criminal justice system and on independent correctional oversight.

Professor Deitch has authored three major reports on juveniles in the adult criminal justice system, including *From Time Out to Hard Time: Young Children in the Adult Criminal Justice System* (2009). In 2013, working on behalf of the Texas juvenile justice agency's Independent Ombudsman, Professor Deitch conducted a major study of youth violence in Texas's state-run secure juvenile correctional facilities. Her report, co-authored with her students and highlighting nationally recognized best practices in behavior management, culminated in significant reforms within the juvenile agency. Her approach to behavior management is informed by her earlier experience as a researcher in a therapeutic community prison in England, as a court-appointed monitor of conditions in the Texas prison system, and as a member of a blue-ribbon task force to reform the Texas juvenile justice system.

Professor Deitch co-chairs an ABA Committee on prison oversight and consults with justice system agencies around the country. She was awarded a prestigious Soros Senior Justice Fellowship in 2005 and was named "Outstanding Juvenile Justice Advocate of the Year" by the Texas Criminal Justice Coalition in 2011. Previously, Professor Deitch served as a full-time court-appointed monitor of conditions in the Texas prison system in the landmark civil rights case of *Ruiz v. Estelle*, and held high-level criminal justice policy positions with the Texas Legislature. She holds a J.D. from Harvard Law School, an M.Sc. in psychology from Oxford University, and a B.A. from Amherst College.

Laurie Elliott, JD

Laurie is the Executive Director of the Youth Law T.E.A.M. of Indiana, Inc. and has been involved in statewide juvenile justice system reform initiatives since 1989. In her current position, she provides training, technical assistance, and staff support to the Indiana Juvenile Detention Association in an effort to ensure that juvenile detention workers not only receive the required number of training hours, but also receive training and information on current issues and best practices. Additionally, Laurie is a member of the Indiana JDAI state Executive Team and Co-Chair of the Conditions of Confinement Work Group. She also is currently working with the Indiana Department of Correction to develop and implement new juvenile detention standards. Laurie received a BA from Valparaiso University and a JD from Indiana University School of Law – Indianapolis.

Rodney J. Erwin, MD

Rodney Erwin is a child and adolescent psychiatrist in clinical practice at Kaiser Permanente in Northern California. He attended medical school at the University of Texas Southwestern Medical School in Dallas and completed an internship in Pediatrics in Boston in a combined residency program at Boston University and Harvard University. He completed adult psychiatry training and an additional fellowship in child and adolescent psychiatry at the University of California, San Francisco.

Throughout his career, Dr. Erwin has had a desire to work with and advocate for children and adolescents, as well as adults, with exposure to trauma. He has worked as a psychiatrist in adult and juvenile detention facilities and a psychiatric consultant to a residential treatment center for children with severe emotional disorders, usually related to trauma and neglect.

Dr. Erwin has served as the health care and mental health care expert on federal monitoring teams monitoring conditions of confinement in juvenile justice facilities. As a result of this involvement, Dr. Erwin was invited to be a member of the National Center for Youth In Custody's Working Group in 2010. Dr. Erwin has advised NCYC staff on

addressing mental health issues for youth in confinement, authored the Behavior Management Bulletin, presented in the NCYC webinars, "Creating Healthy Environments: Supporting the Mental Health of Youth in Confinement Facilities" and "Isolation Practices with Vulnerable Populations," and provided training on adolescent brain development as part of an OJJDP training team in Morocco.

Randall W. Farmer, MEd

Randall Farmer is currently in his eighth year as the Educational Director of the Lincoln Public Schools Pathfinder Education program in the Lancaster County Youth Services Center in Lincoln, Nebraska. This is both a secure/non-secure, 80-bed facility for youth ages 10–19. Randall serves on the Executive Committee of the National Partnership for Juvenile Services and is the current council president of the Council for Educators of At-Risk and Delinquent Youth. He serves on the Executive Committee for the Nebraska Department of Education Committee for the Education of Students in Out of Home Placement, and chairs the independent organization Nebraska Educators for Students At-Risk. Randall has been an educator of youth at risk for 25 years in a variety of settings—a psychiatric hospital, alternative school, inner-city based school, and juvenile justice facilities. Randall has an undergraduate degree in Anthropology and is a certified educator in Broad Field Social Sciences and Administration from the University of Nebraska. He has also earned an M.Ed. in Educational Psychology from Temple University. Having visited over 30 different facility education programs, consulted with facilities and administrators, and spent years in committees/organizations and designing educational programs, the complexity of educating youth at risk and specifically juvenile justice-involved youth is an ongoing passion.

Nelson G. Griffis, PhD, LMSW

Nelson Griffis is a juvenile justice consultant specializing in behavioral intervention, juvenile offender treatment, and facility design. Dr. Griffis has more than 40 years of service in the fields of education and juvenile justice administration. He has been a probation officer, social worker,

youth worker, detention home director for 4 counties, and a training school director and Executive Director of two private correctional agencies treating male and female chronic and violent juvenile offenders. He specializes in behavior modification, rule and discipline systems, and cognitive behavioral interventions. He has a Ph.D. in Social Work from The Ohio State University and has taught at the community college level, The Ohio State University, and Calvin College. He was the director of the W. J. Maxey Boys Training School campus—operating six training schools (600 youth) for the state of Michigan—and was the director of the largest girls training school campus (200 youth) in the state of Michigan. He was also the Executive Director of Spectrum Juvenile Justice Services, a private high-security training school for 160 youth in Wayne County (Detroit) Michigan. He has operated sex offender, cognitively impaired, and dangerous offender treatment programs for youth ages 12–21. Dr. Griffis has published over 50 applied research articles, consulted on the design of 15 detention homes and high-security training schools, and received three distinguished service awards.

Hugh R. Hanlin, PhD, HSPP, CSAYC

Dr. Hanlin is a psychologist in private practice, providing consultation, supervision, and therapy, with a focus on child abuse and trauma. In 1979, he began working with youth who sexually abused in a juvenile detention center. Since 1979, his work with these youth continued in correctional facilities, residential treatment centers, and community-based agencies. He began developing, implementing, and supervising programs for these youth in 1987 and continued until he entered private practice in 2013. Dr. Hanlin also engages in research, provides workshops and trainings, and volunteers in several organization to address issues related to sexual abuse. He currently teaches in the IN-AJSOP certification program, which provides a certification for therapists who work with youth who sexually abuse in Indiana.

Kristin Herrmann, JD

Kristin is a Staff Attorney for the Youth Law T.E.A.M. of Indiana, Inc., performing compliance monitoring duties relating to the Juvenile Justice and Delinquency Prevention Act on behalf of the Indiana Criminal Justice Institute and assisting the Indiana Department of Correction Division of Youth Services with the development and implementation of new juvenile detention standards. She also authored select chapters of the *Juvenile Delinquency* manual, 3rd Edition, by the Indiana Public Defender's Council. Kristin received a BA from Franklin College of Indiana and a JD from the Indiana University School of Law, Bloomington.

Steven Jett

Steven Jett has been the Administrator of the 90-bed Southwest Idaho Juvenile Detention Center since March 1, 1993. He served on the Executive Board of the ID Assoc. of County Juvenile Justice Administrators from 1992 until 2011, and served two terms as president of the National Juvenile Detention Association from 2008 until 2012. In 1996, he co-chaired the committee that compiled the Idaho Standards for Secure Juvenile Detention Centers, and later organized and conducted compliance monitoring inspections of the centers throughout the State. In the late 1990s, he worked with the Juvenile Training Council to organize Idaho's Basic Juvenile Detention Officer Academy, where he still teaches several courses including one on PREA. He has been involved with PREA since 2005, and submitted many comments regarding draft versions of the standards. In 2013, Steve's facility was the first in the nation to undergo a PREA Audit and the first facility of any type in the nation to be 100% PREA-compliant. Steve has completed several PREA Audits and has furnished training for audiences in approximately 17 states. He has trained for the Moss Group and currently operates Jett Corrections Consulting LLC.

Charles J. Kehoe, ACSW, CCE

Charles Kehoe is the Chief Operating Officer of Kehoe Correctional Consulting, LLC in Midlothian, Virginia. Kehoe has worked in juvenile

and adult corrections in four states and has been the director of three agencies. He is also an advisor to the U.S. Army and the U.S. Navy on military correctional affairs. His experience includes positions in the public and private sectors in the corrections field. Kehoe has served as an expert witness in federal and state courts in 16 states. He has also toured correctional facilities in a number of foreign countries. Kehoe has testified before the U.S. Congress on two occasions and before numerous state and local legislative bodies. He is the author of 24 articles on corrections and juvenile justice. Kehoe is also an adjunct faculty member at Virginia Commonwealth University in the Criminal Justice Program. Kehoe holds a Master of Social Work degree from the University of Illinois, is a Certified Corrections Executive, a Certified ACA Accreditation Auditor, and a Certified PREA Auditor. He is a Past President of the American Correctional Association and is a member of other professional correctional associations. Kehoe has received nine awards for his contributions to the field of corrections and juvenile justice, including the American Correctional Association's E. R. Cass Correctional Achievement Award.

Wayne Liddell

Wayne Liddell is currently the owner and primary consultant for Wayne R. Liddell and Associates.Prior to his retirement in 2006, Mr. Liddell served as the Director of the Berrien County Juvenile Center (Michigan) for 15 years and has worked in juvenile justice for over 35 years. He is a Past President of both the Michigan Juvenile Detention Association and the National Juvenile Detention Association He has also served as a member of the Board of Governors, as well as the Commission on Accreditation for Corrections with the American Correctional Association. He also served as adjunct faculty at Lake Michigan College for 15 years.

Mr. Liddell has an extensive background in training and consulting, specializing in the areas of policy and procedure development, program development and implementation, facility operations, organizational

development, behavior management/crisis intervention, and staff development.

Throughout his career as a juvenile justice practitioner, Mr. Liddell has been committed to developing and implementing positively-focused and effective programs for youth. He has been directly involved in the development and implementation of cognitive behavioral interventions and positively-based behavior management systems for juvenile detention and residential populations. Mr. Liddell has also implemented a wide range of other programming activities for these populations. As a consultant and trainer, he has provided considerable assistance to numerous jurisdictions seeking to develop effective programs for youth. Mr. Liddell earned a Bachelor's degree in Criminal Justice from the University of Illinois-Chicago and a Master's degree in Criminal Justice from Michigan State University.

Jim Moeser

Jim Moeser is the Deputy Director of the Wisconsin Council on Children and Families. He has worked in juvenile justice for nearly 40 years, serving in a number of positions with the Dane County Juvenile Court Program in Madison, Wisconsin, including 16 years as the Juvenile Court Administrator, and as the Administrator for the State of Wisconsin Division of Juvenile Corrections in 2003. Jim has been involved in a wide variety of community and juvenile justice system related efforts, including overseeing operations of secure and non-secure residential facilities, gang intervention programs, restitution and victim services, and other system reform efforts. Jim has been involved in training and consultation in areas of Balanced and Restorative Justice (BARJ), juvenile detention alternatives, coordinating mental health and juvenile justice services, juvenile offender reentry, and other restorative practices. Jim has published articles on implementing BARJ principles in detention settings and is co-editor of "*The Desktop Guide to Juvenile Offender Reentry for Confinement Facilities,*" published in 2004. Jim received a B.S. in Social Welfare at UW-Oshkosh and a Master's Degree in Counseling from Arizona State University.

Since retiring from Dane County in January, 2008, Jim continued working as a juvenile justice consultant and in November, 2008, assumed the role of Deputy Director of the Wisconsin Council on Children and Families, a multi-issue state advocacy organization. In 2007, Jim received recognition for Outstanding Service and Advocacy from the National Juvenile Detention Association and currently serves as the Chair of Wisconsin's State Advisory Group and as Chair of the Federal Advisory Committee on Juvenile Justice (FACJJ) for OJJDP.

Anne M. Nelsen, MSW, MPA

Anne Nelsen is a juvenile justice consultant in Salt Lake City, Utah. She retired from the Utah Division of Juvenile Justice Services, where she ran a detention center, a long-term secure facility, and an observation and assessment center. She also served as the Division's Assistant Director and as a Regional Director. She has served as a court-appointed monitor for detention centers, as a monitor for the Department of Justice, as an expert witness for both plaintiffs and defendants in lawsuits in numerous states, generally dealing with conditions of confinement and protection from harm in juvenile facilities. She has conducted facility assessments in several jurisdictions and has contracted to write and review policies and standards for a number of agencies. She is a certified PREA auditor, an ACA auditor, and has served on the ACA Commission on Accreditation for Corrections. She is a former president of the National Juvenile Detention Association and the National Association of Juvenile Correctional Agencies. She is a founding member of the governing board of the National Partnership for Juvenile Services and currently serves on the NPJS Executive Committee.

Elissa Rumsey

Elissa Rumsey has worked at OJJDP since 1997. She began in the Research Division, where she managed multiple national research and evaluation initiatives. In 1999, Ms. Rumsey became a State Representative, working with states to comply with the JJDP Act, and in 2005, she was selected to be OJJDP's Compliance Monitoring Coordinator. Ms. Rumsey

has also been an adjunct professor at the University of Baltimore, where she taught "Solutions to Youth Problems" and "Adult and Juvenile Corrections." Prior to joining OJJDP, she was Associate Director of Research for Fight Crime: Invest in Kids and also worked as a Pretrial Specialist at the Alameda County (CA) Jail. Ms. Rumsey is a volunteer instructor and member of the board for Offender Aid and Restoration (OAR), a nonprofit reentry program in Arlington, VA. In 2003, she was chosen as Volunteer of the Year for Arlington County, VA. Ms. Rumsey has a Bachelor's degree in Psychology with a minor in Public Policy from the University of California at Berkeley and a Master's degree in Criminal Justice from Northeastern University in Boston.

Mykel Selph

Mykel Selph is a Criminal Justice Consultant for The Moss Group, Inc. Prior to her current position, she was the Director of the Office of Girls and Gender at the Cook County Juvenile Temporary Detention Center (JTDC) in Chicago. Ms. Selph is an adjunct faculty member in DePaul University's Peace, Justice and Conflict Studies department. At Cook County, she led efforts to develop and implement culturally relevant recommendations to be gender responsive and trauma informed. She also fostered relationships with system and community partners to provide residents a foundation from which to seek resources for reentry to the community. Her achievements in this role to date include helping to launch the first LGBTQ Task Force for the Cook County Juvenile Court, and developing a partnership with Dr. Angela Irvine of the National Council on Crime and Delinquency (NCCD) to conduct research about LGBTQ youth in juvenile facilities. Ms. Selph regularly conducts LGBTQ training seminars for local juvenile justice personnel. In the last year, she has been requested to facilitate training in multiple regions in Illinois, as well as at several conferences throughout the United States. Prior to working in juvenile justice, Ms. Selph spent a decade working with adolescents in community and residential settings. She also managed emergency homeless services on Chicago's north side. Ms. Selph earned Master's degrees in Public Administration and Community Counseling.

Jennifer Sloan, MSW

Jennifer Sloan has more than 15 years of service in the fields of education and social work. She has taught at the college level in the social sciences, as a certified teacher in the Detroit Public Schools system—where she served as the director of several award-winning instrumental music programs throughout Detroit, and as a specialized student services instructor with cognitively impaired youth. Ms. Sloan completed her graduate degree at the University of Michigan School of Social Work, and an internship with a Detroit juvenile justice day treatment center. Ms. Sloan graduated summa cum laude in 2009, at which time she was selected to give the commencement address. Ms. Sloan has worked as a home-based therapist with children and families referred by the Michigan Department of Human Services, Child Welfare Department in Wayne County, Detroit. She has been employed with Spectrum Juvenile Justice Services since 2009, where she began as a therapist within the chronic violent offender and sex offender treatment program and has served as the Clinical Services Manager since 2011. In this role, she served as a lead contributor in enhancing the therapeutic and programmatic design of the treatment program, authored company publications, and conducted ongoing trainings for the agency's clinicians, all company employees, and community stakeholders. Ms. Sloan currently serves as the Associate Clinical Director of Spectrum Juvenile Justice Services, where she functions as an administrative leader in treatment programming, provides clinical supervision to clinical services managers and 14 Masters level clinicians, and continues to conduct company and community trainings and seminars. Ms. Sloan has been a guest lecturer at public and charter schools and local colleges and universities. She continues to be a member in good standing of the National Association of Social Workers, and the Michigan Association of Infant Mental Health, and actively attends state, national, and international conferences, trainings, and workshops on treating trauma with children and families.

Michelle Staples-Horne, MD, MS, MPH, CCHP

Michelle Staples-Horne has been Medical Director for the Georgia Department of Juvenile Justice for twenty years and is responsible for the clinical supervision of medical services to youth served by the Department in 27 facilities across the state. She is responsible for initiating Georgia's program to provide health services to DJJ youth in secure confinement. Dr. Staples-Horne received her Medical Degree from the Morehouse School of Medicine and her Master of Public Health in Health Policy and Management from Emory University in Atlanta. She holds both a Bachelor of Science Degree and a Master of Science Degree in Biology from Clark Atlanta University with research experience in Biochemistry and Microbiology. Her clinical experience includes Pediatrics at Columbia University's Babies Hospital in New York and Preventive Medicine at Morehouse School of Medicine. She is a Certified Correctional Health Professional. Dr. Staples-Horne serves on the Juvenile and the Health Care Committees of the American Correctional Association, the Juvenile Health Committee of the National Commission on Correctional Health Care, and is Past President of the Society of Correctional Physicians. She also is a part-time adolescent health provider for a local public health clinic. Dr. Staples-Horne has conducted training for ACA, NCCHC, CDC, NIC, and NPJS; provided subject matter expert consultation and contributed several articles and book chapters on correctional health care.

Kathy Starkovich, MS

Kathy Starkovich is a Deputy Director at the DuPage County Department of Probation and Court Services in Wheaton, IL. She has worked with the Department for seventeen years, with a majority of service in a detention setting. Kathy is passionate about taking a strength-based approach with youth and integrating evidence-based strategies into detention programming. She believes programming and behavior management systems should be integrated to meet the goals of improved institutional safety and to influence pro-social change. She has provided extensive training within her own agency and contractually to other jurisdictions on effective behavior management strategies and cognitive-behavioral interventions with youth. In addition to her detention

experience, Kathy also has worked within juvenile and adult probation settings. Kathy continues to serve as an adjunct faculty member at a local community , where she hopes to influence those entering the field on the importance of evidence-based interventions.

Michael Umpierre, Esq.

Michael Umpierre is the Program Co-Coordinator of the National Center for Youth in Custody, a training and technical assistance center supported by the Office of Juvenile Justice and Delinquency Prevention. Michael's expertise on the rights and responsibilities of youth, families, and staff in facilities stems from a wealth of experience as a youth advocate, public defender, and juvenile justice administrator. Prior to joining the Center, Michael served as the Chief of Staff for the District of Columbia Department of Youth Rehabilitation Services, Washington D.C.'s cabinet-level juvenile justice agency, and as a trial attorney at the Public Defender Service for the District of Columbia where he represented youth and adults in juvenile and criminal proceedings. Michael has also worked for a number of legal advocacy organizations, including the National Center for Youth Law, Legal Services for Children, the Pacific Juvenile Defender Center and the Youth Law Center. He is a recipient of the prestigious Paul and Daisy Soros Fellowship for New Americans, as well as the John Gardner Public Service Fellowship. Michael holds a B.A. in Public Policy from Stanford University and a J.D. from Yale Law School. He is licensed to practice law in California and the District of Columbia.

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[1] https://www.suicidepreventionexpert.com/