COVID-19 Practice, Policy & Emergency Protocols in State Juvenile Facilities

Overview
Referred to as “the invisible enemy,” COVID-19 has triggered juvenile detention and correctional facilities to make rapid and significant changes to practice, policy, and emergency protocols in a short period of time. Within the past forty-five (45) days, every aspect of facility operations has been impacted by the COVID-19 health crisis. On February 29, 2020 Washington was the first state to declare a state of emergency and dozens of other states quickly followed. On March 11, 2020, the COVID-19 outbreak was characterized as a pandemic by the World Health Organization (WHO). By April 2020, all 50 states reported cases of the illness; forty-eight (48) states had declared states of emergency; severe travel restrictions (stay-at-home orders) had impacted most Americans; and all but essential personnel had been limited to working from home in an effort to prevent the spread of the coronavirus. ¹

Federal CDC guidance, state and county health requirements, and state Executive Orders significantly altered the daily routines of entire juvenile justice systems through temporary closures of state courts, new staffing protocols in facilities, and stay-at-home orders for parole, probation, academic and other community staff.

Protecting youth and staff from exposure to the virus has impacted every aspect of facility management. Facilities have taken steps to increase the frequency and methods for promoting safe hygiene among staff and residents as well as sanitizing the physical environment. In many facilities the traditional educational classroom settings have changed dramatically. Access to mental health, health services, and programming has shifted. Family visits are conducted via telephone and video conferencing in lieu of face-to-face visits. Yet, amid these challenges, new and innovative practices have emerged. Direct care staff and managers have developed creative solutions to address staffing challenges, manage youth admissions and expedite releases, and navigate a new era dictated by social-distancing and emergency planning. Although each state juvenile justice agency differs in its size and the types and numbers of facilities it operates, there are also common challenges and innovative practices shared by many.

This Issue Brief highlights key issues and practices as reported by state juvenile justice agency directors and facility superintendents, in the areas of emergency planning, facility admissions, release/reentry, visitation, academic services, health and mental health, programming, and staffing. The Issue Brief summarizes information gathered during regional and national COVID-19 listening sessions which were hosted by CJJA and includes responses from thirty-seven (37) states².

² List of states that participated in listening sessions: MT, VA, MS, ID, IL, WI, MD, TX, OK, CO, AL, UT, CA, NH, ND, KS, MN, MO, RI, LA, AZ, DE, PA, OH, FL, NY, VT, SD, HI, NV, WA, GA, CT, AK, AL, MA, OR
While the information provided is by no means exhaustive, it offers a variety of considerations and responses to the current pandemic. As one state juvenile justice director shared in an email to CJJA, “All answers are subject to modification on a weekly basis. It is a very fluid situation and by the time we implement a strategy the landscape has already changed.” As the situation in facilities evolves and new information becomes available, CJJA will provide updates to its website.

Emergency Planning, Pandemic Management and Communications
Prior to the COVID-19 outbreak, it was a common practice for state juvenile facilities to have a Continuity of Operations Plan (COOP). These plans encouraged by the Federal Emergency Management Agency (FEMA), describe how essential operations will continue under a broad range of circumstances and what recovery functions will look like and how they will be implemented. Most facilities had already developed these emergency preparedness plans but until recently those plans did not include protocols to address a pandemic. Even in Orleans Parish, LA where there was already an active COOP, Natural Disaster procedures, and recent experience in emergency response to Hurricane Katrina, the state plan did not include strategies for effectively responding to a pandemic. During the recent CJJA listening forums most facilities reported that pandemic protocols were not part of facility emergency plans, but these newly developed protocols are now being put to the test. Pandemic Emergency Response plans are a critical component for juvenile facilities. Additional information on pandemic planning can be found at CJJA Coronavirus-19 Resources.

State agency directors and facility staff, report that the frequency, the pace, and the level of transparency in their communications has helped ease the anxiety experienced by youth and staff. Communication and education about the virus are paramount to an effective response. With this understanding, many agency directors and facility superintendents have organized daily briefings with executive leaders and direct care staff to stay current on emerging guidelines and to share recommendations from the CDC and state and local health departments. These daily briefings include executive level team members, a cross section of direct care staff at all levels and disciplines, and individuals across jurisdictions who are responsible for essential services. Agencies report that effective communication with confined youth about the virus is a priority and that most youth are responding well to a new, temporary normal. New York is a notable example where the juvenile justice agency is part of a statewide taskforce led by the Governor’s Office. New information gathered at daily briefings is incorporated into operations in the eight juvenile justice facilities across the state. In the initial phase of the response to the virus, the New York Division of Juvenile Justice and Opportunity for Youth (DJJOY) called the parents/guardians of each youth in custody and sent letters to families to inform them of the conditions inside the facilities and changes to visitation policies. In Utah, to balance public safety and public health with the need to communicate to youth and their families, brochures and webinars were developed to help families understand changes to policies and to offer available resources. The Oregon Youth Authority (OYA) posts updates to its Facebook page as one avenue for communicating key messages to families.

Admissions and Intakes
Prior to the COVID-19 outbreak the numbers of youth admitted to most state juvenile justice facilities had decreased partly due to legislation and new screening criteria that limited eligibility for secure confinement. This trend potentially aided juvenile facilities in responding to COVID-19 by philosophically and operationally preparing facilities to revise screening instruments and adopt more restrictive admission criteria which resulted in fewer admissions. During March 2020, jurisdictions reported that most facilities either significantly restricted or halted admissions entirely. In addition, during listening forums jurisdictions reported a decline in the average daily population. If youth were still being admitted in early-March, most facilities were implementing new screening criteria administered through a series of questions about recent travel, current health conditions, potential exposure to the virus, and temperature screenings. By early April 2020, most state juvenile facilities had temporarily suspended admissions.
Another factor contributing to recent declines in facility populations is juvenile justice agencies and courts have discontinued the widespread practice of incarcerating youth for technical violations of probation, parole, or other community supervision. Juvenile facilities still accepting new admissions report that all new intakes are subject to a 14-day quarantine. In Pennsylvania, two intake units (one for girls and one for boys) have been developed to accommodate these new safety measures. The Indiana Department of Correction (DOC) is still receiving new intakes but as part of the intake process is now conducting COVID-19 screenings. New admissions practices from other states:

- In Alabama, the Department of Youth Services (AL DYS) suspended intakes into state custody for a period of three weeks. Currently, the courts are closed until mid-April and consequently, intakes may be halted for an extended period.
- Massachusetts, Mississippi, Florida, and North Dakota’s commitment numbers have decreased significantly during the past 30 days and new policies restrict intakes to all facilities.
- After negotiating with local detention facilities, the Illinois Department of Juvenile Justice (IL DJJ) has suspended new intakes to its state facilities. In addition, to reduce admissions, DJJ revised the technical parole violation screening tool to halt issuing warrants for youth who do not have new charges and are not currently posing a risk to public safety.

Local Detention Facility Admissions: Although most state juvenile justice agencies do not have jurisdiction over local detention centers, they have reported increased collaboration between state and local juvenile justice officials regarding how to handle admissions in juvenile facilities. For example, Ohio Department of Youth Services (DYS) continues to accept admissions at state juvenile facilities but has enlisted the help of county juvenile detention centers to develop a consistent screening protocol to be used across the state. The protocol requires a two-part screening process that will ensure youth coming from or going to a DYS facility are screened at the originating and destination facilities.

Releases and Reentry
Not every state juvenile justice agency has the statutory authority to release youth. However, those state agencies that have releasing authority have reported immediate efforts to release lower risk youth who are non-violent and also those youth who are already on a release plan, unless the youth’s release would threaten public safety. Release plans ensure that youth are released to safe, appropriate, and healthy environments where they can receive necessary supports and services. State agencies continue to follow release and reentry protocols that include provisions that allow youth to be safely cared for in their homes and communities while ensuring public safety.

State agencies without release authority must coordinate and receive approval from the courts. The urgent situation created by COVID-19 leaves state agencies like Alabama DYS and Maryland DJJ in the unexpected role of working with courts in which dockets have been suspended or only emergency hearings are being held and conducted only by video. Maryland is one of three states, along with Texas and Pennsylvania, where lawyers have sought the mass release of juvenile offenders who have underlying health conditions or are determined not to pose a danger to society.

To expedite release decisions, many state agencies are performing case-level analyses to identify immediate releases, especially in jurisdictions facing critical staff shortages as a result of the Covid-19 pandemic.

- An internal analysis underway in Alabama DYS considers a new threshold for assessment scores for risk to reoffend that would hold Felons and Serious Juvenile Offenders (SJOs) in custody and consider all other youth eligible for release.
- Massachusetts DYS is reviewing all youth who are committed to treatment beds who are currently eligible for release within thirty (30) days.
• Mississippi recently released twenty (20) youth and are maintaining an average daily population (ADP) of 29 youth compared with the typical ADP of 60.

• In Utah, the court system is working to vacate warrants for youth.

• In Oklahoma, DCJJ is ensuring that all youth set for release have a solid discharge plan. In addition, the time needed to file a petition for release has been shortened.

• Colorado DYS is reviewing all youth in its custody and has 69 youth who have received expedited releases. An Executive Order to temporarily authorize releasing authority to the Colorado DYS (from the parole board) has also contributed to the large number of releases.

IL DJJ has taken several measures to expedite releases, creating categories of youth eligible for immediate release (e.g., girls in advanced stages of pregnancy) and shortening the time it takes for release reviews. To shorten administrative decision-making timeframes, all youth who have release reviews scheduled through June 2020 are being reviewed as a group instead of reviewing only a few cases each week. IL DJJ is also reviewing those cases in which youth are within 60 days of discharge from aftercare and are demonstrating success. Additionally, the 30-day waiting period after a notice of eligibility for release is submitted was waived, shortening stays even more dramatically. To support successful reentry and with help from community providers, DJJ is sending youth home with non-perishable food, hygiene care packages, and gift certificates. In addition, DJJ provides free remote support from Aftercare Specialists and mentors who can be accessed from any mobile phone.

The reentry support and supervision for youth recently released from secure care from Utah DJJS now incorporates social distancing expectations. The number of supervision visits has increased to ensure that youth are following their release plans, are receiving the necessary supports in the community to be successful and are remaining arrest-free. New protocols for the community-based supervision staff include in-person and video visits, questions to ask youth and families, and specific physical distancing requirements. Knowing that many youth who are released to the community will need extra support, the Utah DJJS provides each youth a cell phone when they leave the facility.

Visitation

Although state juvenile agency directors wrestled with the philosophical challenges of halting face-to-face family visitations for youth in custody, they acted quickly to do so in order to prevent the transmission of COVID-19. Directors reported that restricting visitation was taken seriously; by early April all 50 states had temporarily suspended in-person visits to juvenile facilities with protocols developed to communicate these changes to parents and families. Virtual visitation and/or phone calls have replaced in-person visits. In many cases, the use of video and internet technologies have increased the opportunities for youth and families to stay in touch.

Meetings with outside service providers and attorneys have also been moved to virtual meetings to ensure continuity of care and support. During the listening forums facilities reported using technology ranging from facetime and phone calls to Google hangouts and video visits in order to keep youth connected to families and supportive adults.

Massachusetts, Indiana, Illinois, Mississippi, Virginia, Montana, Ohio, New York, and Kansas facilities (among others) have temporarily prohibited access by volunteers and visitors. However, these states have increased video visitations and allowed youth to call families more frequently and, in many cases, offering additional, no cost calls and video visits.

In New Hampshire, 200 cell phones were issued to families through the state agency’s account allowing families to keep in touch with youth in custody. Court hearings are being conducted using Zoom. New Hampshire is currently working with select cell phone providers to provide discounted rates, increase data availability to users, and provide additional hotspots. These efforts have helped foster healthy connections between youth and families.
Academic Services

Operating under new policies that are intended to prevent contagion, juvenile facilities are still required by law to educate their residents. It is known that many if not most youth in the juvenile justice system have challenging academic histories and special education needs. State juvenile justice facilities have adopted two main strategies for continuing the provision of education to youth amidst the current health crisis. In states where schools have shuttered classrooms, learning has moved to online or to individual academic work packets prepared by teachers. In those states where teachers are employees of the facility, teachers are present in-person in the classrooms with smaller class sizes that rotate on separate schedules to keep social distancing and allow for classroom cleaning. Some facilities report conducting school on living units to avoid unnecessary movement. To further support academic achievement, facility staff tutor youth and help with homework. Highlights from around the country include:

- Mississippi, North Dakota, Indiana, and Minnesota continue to provide in-person education and other treatment programs in smaller group settings and modified school schedules.

- In Arizona, facilities employ district teachers as employees. These teachers continue to hold classes and provide special education services to youth.

- California is still holding in-person classes and has implemented social distancing and increased cleaning procedures in the classrooms. They remain committed to providing in-person learning if possible and as long as it remains safe to do so.

- Delaware is practicing six-feet social distance and limiting the amount of youth and staff in the classroom to under 10.

- Illinois DJJ’s school is operating with no more than four youth in a classroom at any given time. Residents and teachers are practicing social distancing and cleaning procedures every shift.

- In Louisiana, students are participating in distance learning. Teachers are telecommuting and preparing academic work packets for students.

- Maryland DJS and the Maryland State Department of Education, which has the responsibility to educate youth confined in DJS facilities, have worked together to implement a distance learning model. Youth attend two remote learning classes in the morning and three in the afternoon. The distance learning initiative is designed to promote continuity and educational progress for youth in both detention and committed facilities. Youth will attend classes in small groups to adhere to social distancing guidelines.

- Montana has transitioned educational classes back to the housing units so that staff, youth and units are not mixing. Teachers are assigned to units to teach small groups and do not travel to other housing units.

- Ohio DYS has placed all schoolwork online and teachers are working remotely with students. For security reasons, select internet sites are blocked while youth receive educational services.

- The Oregon Department of Education holds the contracts for educational services in Oregon Youth Correctional Facilities. All nine OYA schools announced closures through spring break and are now engaged in online learning for the remainder of the school year.

- The Rhode Island DCYF Alternative Learning Program is still holding classes for approximately 32 youth (the total current census). The program must limit access to classrooms based on state gathering limits to include no more than a total of five individuals including the teacher. Youth rotate into academic sessions in two-hour intervals. For youth under specific quarantine and/or for other miscellaneous circumstances, the program ensures that teaching staff provide students with appropriate work through non-electronic means to be completed on an individual basis.
• Alabama DYS schools have restricted teachers from having face-to-face contact with youth and instead offer individual learning packets to students.

• New York is requiring teachers to provide individualized assignments and folder work. Teachers are responsible for checking the work and refilling folders, as necessary.

Social Distancing without Isolation
Agency and facility leaders recognize the importance of reducing and limiting all forms of unnecessary isolation and confinement. These leaders are actively addressing these issues through a variety of measures that enable for the continuity of programming and operations while also promoting and preserving the health and wellness of both staff and youth.

Larger facilities with dormitory-style settings are not ideal for ensuring social distancing of youth. However, facilities have managed to develop group living strategies that allow smaller numbers of youth to stay together as a unit during movements throughout the facility (i.e. for education and other programming). In Missouri, each of the twenty-seven (27) juvenile facilities has required different responses and emergency plans. For example, normally youth would be organized into groups of ten (10) or more for the purpose of programming, recreation, and school activities. Now, larger facilities with denser populations have divided youth into smaller groups of up to six (6) youth. To support new small group living arrangements, Maryland brought in temporary bathrooms to accommodate basic daily needs. All agencies who participated in the listening sessions reported their facilities have reduced or eliminated unnecessary movement within and between facilities.

Maintaining the levels and diversity of programming in facilities is difficult when specialized, non-essential program staff are restricted from entering facilities. Recreational programming adjustments include social distance, less numbers of youth on sports teams, and non-contact activities. In New Hampshire, the debate club and other programming activities which are provided by local colleges have migrated to an online platform. In Wisconsin small groups of youth are programming together for recreation, arts, and outdoor activities. In North Dakota, normal programming is still being maintained. In Minnesota, the programming and education schedules have been altered to limit up to five (5) youth in a group at one time.

Community-based service providers in Illinois are being creative as they attempt to continue to provide services to youth in the DJJ facilities. Remote mentoring, religious services, and Bible studies are now being accessed by youth online via tablets provided by DJJ.

Utah DJJS continues to deliver evidence-based programming as a result of an earlier investment in a HIPPA compliant Telehealth platform. This has allowed for a seamless transition from face-to-face visits to virtual health and mental health visits. This platform has allowed for the continuation of the required treatment and supportive programming for youth.

With few exceptions, states reported that court hearings are taking place remotely with the use of video technology to replace youth having to be transported.

Facility Staffing
The initial responses of juvenile facilities to prohibit facility visitors and all but essential personnel from entering has had a positive impact on minimizing and reducing facility exposure rates. Developing health screening protocols for staff and youth also aided in reducing exposure rates. Most states have ordered all but essential staff to work from home or have placed non-essential staff on furlough or administrative leave. Staff at multiple state facilities have tested positive for COVID-19. A handful of facility staff have died from the virus. In almost all facilities, essential staff who report to work are subject to health screenings and temperature checks at the beginning and sometimes during their shifts. They are required to wear protective masks to limit the risk of contagion and to engage in extra duties to clean and disinfect facilities.

It is not a far reach to conclude that direct care staff are under enormous pressure and stress as they manage facility operations and help ensure the safety, health, and wellness of youth entrusted to their care. Emergency protocols that suspend or limit admissions and expedite releases have had a positive impact on the staffing situations of these facilities. As previously mentioned, reductions to population, early releases,
and suspended admissions, combined with population management strategies are factors that have positively impacted staffing plans in many state facilities.

Facilities that implemented early health screenings of staff were able to create a rotation of available healthy workers. Illinois is using a load-management and rotational approach in which direct care/program staff are on duty for a 14-day rotation and then off for 14 days. Other states have employed a similar approach referred to as a “Fireman’s shift” which is a 48-hour shift that requires staff to sleep overnight at the facility. At the end of the 48-hour shift staff have five (5) days off. These shift rotation approaches help maintain healthy staff while also allowing staff time to take care of their families. A handful of agencies report paying shift differentials or hazard pay to incentivize essential staff to report for duty. Under California’s unified structure and employee classifications, probation field officers have been called to replace facility staff during shortages.

Staff education, training, and stress management programs have helped mitigate the negative impacts of work stress. However, this is an unprecedented time and as such, juvenile justice directors report that staff are experiencing a range of additional stressors, increased job duties, longer shifts, and increased health risk concerns. All directors also maintain that among their top priorities is to help manage and promote staff wellness which includes addressing staff anxieties and fears promptly. To tackle staff wellness, New York state has implemented a new hotline to provide needed emotional support and connections to resources.

Many state juvenile justice agencies are also working closely with their Employee Assistance Program (EAP) to connect staff with counselors and support services. In North Dakota, the Director has scheduled appointments for staff to regularly check-in with EAP counselors. In Utah, staff are encouraged to take a desktop wellness survey at regular intervals to increase self-awareness and monitor burn-out.

The practices, policies and issues covered in this publication will continue to evolve. CJJA will continue to communicate with its members and affiliates and provide opportunities to hear from subject matter experts, state agency directors and facility superintendents on emerging issues. As a response to these remarkable times, CJJA will host a series of webinars and additional listening sessions as well as publish updates to its website. For more resources, please visit the CJJA website http://cjja.net/.
Resources

Council of Juvenile Justice Administrators (CJJA)
Navigating the Impact of COVID -19 on JJ Policy and Practice Webinar
http://cjja.net/

Florida Department of Juvenile Justice (DJI)
http://www.djj.state.fl.us/covid-19

Illinois Department of Juvenile Justice (DJI)
IL DJJ Family-Video-Based-Therapy-and-Teletherapy.pdf

Oregon Youth Authority (OYA)
https://insideoya.com/2020/03/16/coronavirus/
https://www.facebook.com/OYAYouth/

National Conference of State Legislatures (NCSL)

New York’s Juvenile Justice and Opportunity for Youth (DJJOY)
Facility-COVID-Unit-Exposure-Response-Plan-3-28-20-NY.pdf
Facility COVID-poster-NY.pdf
Guidelines-for-the-use-of-Personal-Protective-Equipment-3-20-20-NY.pdf
DJJOY-temp-visitation-guidance-NY.pdf
Parent Call Script –NY

Utah Division of Juvenile Justice Services (DJJS)
https://jjs.utah.gov/