

**THE IMPACT OF COVID-19 ON JUVENILE JUSTICE SYSTEMS:
PRACTICE CHANGES, LESSONS LEARNED, AND
FUTURE CONSIDERATIONS**

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Contents

EXECUTIVE SUMMARY	4
INTRODUCTION.....	8
PURPOSE/GOALS.....	8
STUDY DESIGN AND LIMITATIONS.....	9
RESULTS.....	10
CHALLENGES	29
LESSONS LEARNED	36
CONCLUSIONS AND FUTURE CONSIDERATIONS.....	39
APPENDIX A: DETAILED METHODOLOGY.....	41

EXECUTIVE SUMMARY

The unprecedented COVID-19 pandemic has significantly impacted global organizations, state-operated agencies, local jurisdictions, private businesses, and individuals alike. In March of 2020, juvenile justice agencies were instantly faced with the overwhelming challenge of maintaining 24/7 daily operations while ensuring the safety and well-being of staff and youth in their care. Juvenile justice leaders had to think quickly and generate creative solutions to the challenges they faced.

Methodology/Approach

To gather information about the pandemic experience, the Council of Juvenile Justice Administrators (CJJA) reached out to its member agencies. A 13-item questionnaire was developed and sent to state-level juvenile justice agencies in all 50 states and 12 local CJJA member entities. In addition, jurisdictions were asked to provide population data from 2019 and 2020. Thirty-five jurisdictions (31 state agencies and four county jurisdictions) completed the questionnaire, providing valuable information regarding changes to their admission and release standards; facility and educational programming; youth access to electronic devices; family communication and engagement; and other topics. As part of the data collection process, additional information regarding challenges and lessons learned/key takeaways were gathered through structured interviews with eight (8) jurisdictions. Jurisdictions were selected to participate in the interview phase based on the responses provided in the electronic questionnaire. Among the factors considered in the selection process was the ingenuity or uniqueness of the response strategies employed. In addition, authors ensured facilities of all sizes were represented in the sample. For additional information on sampling methodology see “Appendix A: Detailed Methodology” section of this report.

Reported Challenges

Participants highlighted challenges ranging from inadequate resources to supporting staff working remotely. A list of challenges obtained from questionnaires and interviews were grouped into seven categories. The primary challenges identified by agencies were:

- 1) navigating the unknown (jurisdictions had never before experienced a pandemic);
 - 2) providing information and meaningful support to families;
 - 3) providing timely information to stakeholders and the public;
 - 4) managing staff stress;
 - 5) managing staff resistance;
 - 6) attempting to continue essential facility programming and services; and
 - 7) limitations resulting from inadequate IT infrastructure.
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Responding agencies also illuminated many innovative solutions and practice changes implemented in response to the health crisis. Examples include: establishing more restrictive admissions criteria and opportunities for earlier release to protect staff and youth from spread of the coronavirus; allowing youth unlimited video calls with family members; providing youth cell phones upon release to foster communication with agency workers; and providing youth access online college classes while in the facility, to name a few.

Key Takeaways

Jurisdictions reported five main key takeaways/lessons learned from the COVID-19 experience:

- 1) Use the pandemic as an opportunity to challenge old ways of doing business and be open to innovative solutions;
- 2) Be prepared by having a robust emergency response plan to avoid any delay in taking action;
- 3) Practice frequent, consistent, and transparent communication with youth, staff, families, and other stakeholders;
- 4) Create mechanisms to clearly demonstrate care and concern for staff by conducting frequent check-ins and employ other strategies to promote staff wellness; and
- 5) Invest the necessary resources to meet challenges encountered, especially IT solutions and alternative opportunities to keep young people engaged and supported.

Policy and Practice Changes

One notable theme that emerged among responses was many agencies changed practices related to management of youth and interaction with families. Fewer jurisdictions changed standards for admissions, releases, or revocations of post-release community supervision. Select highlights of practices jurisdictions plan to retain post-pandemic are provided below. Additional details can be found in the “Questionnaire Responses” section of this report.

- 1) *Admissions, revocations, and aftercare monitoring*
 - Utilize detention or commitment only when necessary to protect public safety and scrutinize placements/admissions to ensure secure confinement is warranted (i.e., flight risk, danger to self or others, etc.)
 - Use more stringent criteria and an approval process to determine whether a warrant should be requested.
 - Use virtual platforms to supplement in-person contacts including engaging community treatment providers; providing agency programming statewide; and monitoring lower risk (i.e., youth diverted from secure placement).
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- 2) *Standards for releasing juveniles from post-adjudication facilities to their communities and length of stay*
 - Use videoconference technology to support re-entry planning, reviews, and to connect youth to community resources prior to release.
 - Regularly evaluate all youth for release readiness and strongly consider youth's treatment progress, appropriate treatment dosage, and if comparable services can be continued in the community (thereby reducing the youth's length of stay in placement).

 - 3) *Delivery of facility-based treatment and other services including communication with families*
 - Use videoconference technology for staff meetings, family visits and therapy, tele-health appointments, mental health sessions, connecting youth to a mental health clinician prior to release, aftercare planning, religious services, detention hearings, etc.
 - Retain operational changes related to programming including smaller treatment group sizes; using a cohort approach to facility programming (individual units programming together); and requiring medical staff to attend to the youth on the units to reduce risk of exposure.
 - Provide additional opportunities to engage with families including allowing daily phone calls; offering youth unlimited letter writing and video visitation with family members; and offering flexible family visitation hours.

 - 4) *Delivery of facility-based educational instruction*
 - Use technology to support remote learning – i.e., use video conference platforms, laptops, and tablets as part of education service delivery.
 - Offer access to post-secondary educational opportunities through university and technical college remote platforms.
 - Provide additional supports for struggling students.

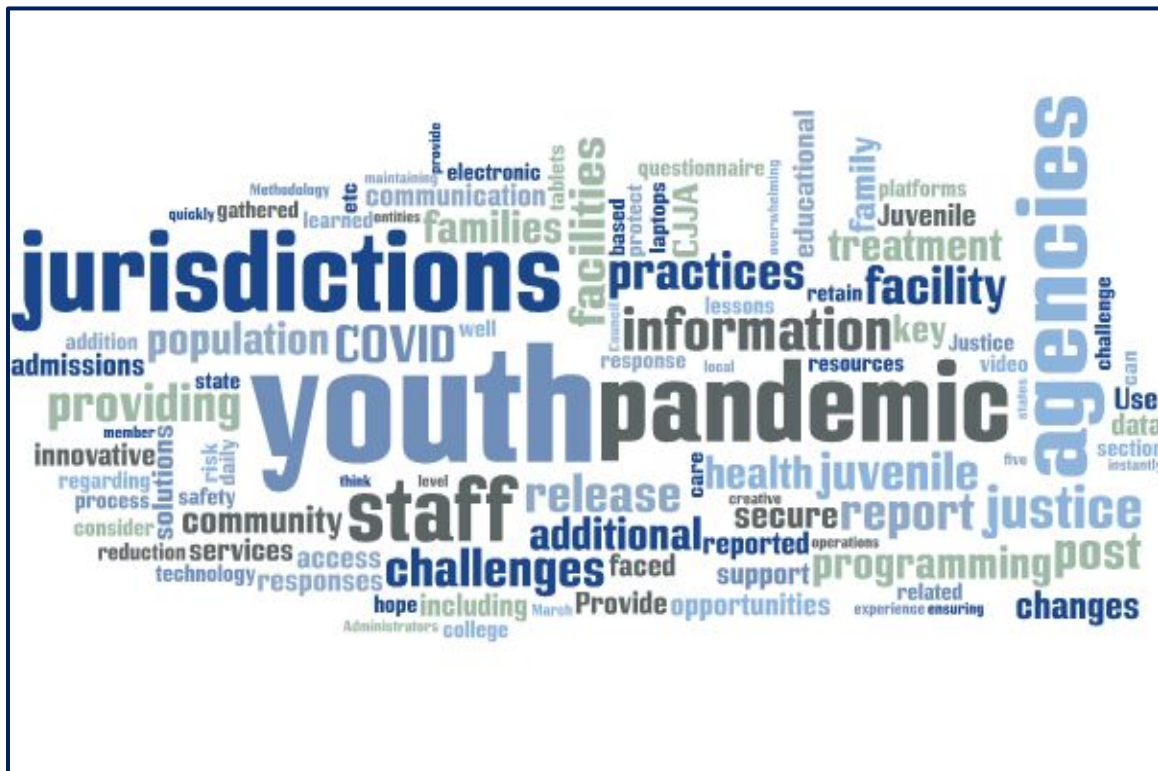
 - 5) *Access to electronic devices for youth while in the facility and/or upon release*
 - Provide youth access to secure computers (i.e., tablets, iPads, laptops, etc.) for educational, treatment, and other prosocial activities in secure facilities.
 - Provide basic smart phones and phone/data cards to families in need to facilitate virtual sessions/visits.
 - Provide Wi-Fi hot spots, laptops, and tablets for youth in the community who are enrolled and active in college level classes.
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Change in Population

Results gathered from participating jurisdictions indicate a shift in youth population resulting from the COVID-19 pandemic. Additional details regarding the impact of the pandemic on juvenile justice system population can be found in the “Results: Changes in Juvenile Justice Populations” section of this report. Some of the key findings include:

- 59% of jurisdictions reported at least a 20% reduction in secure population, and 1 in 5 reported at least a 40% reduction. These represent substantial reductions over the course of just 12 months.
- Of states reporting demographic data, more than half indicated the reduction in population for Black youth was larger than for White youth.

This report does not attempt to analyze whether all changes were in line with best practices; it will be years before the field fully understands the implications of altered policies and practices on young people’s wellbeing and long-term trajectories. Rather the intention is to shed light on the currently identifiable impact of COVID-19 on juvenile justice agencies. The rapidly evolving nature of the pandemic shows the need to continue to take actions to protect the health and wellbeing of the youth detained, as well as the staff in the facilities. Ultimately, it is the hope of CJJA that jurisdictions will be inspired to identify promising practices and consider innovative approaches that also may be retained post-pandemic.



INTRODUCTION

With the onset of the COVID-19 pandemic in March of 2020, juvenile justice agencies and other entities who operate 24/7 facilities were instantly faced with the overwhelming challenge of maintaining daily operations while ensuring the safety and well-being of staff and youth in their care. For almost two years, agencies and facilities have demonstrated their ability to think and act quickly, to adapt, and to be creative. This report provides a snapshot of the responses from a sample of juvenile justice agencies throughout the country to the COVID-19 pandemic, challenges faced, lessons learned/key take-aways, and practices that agencies hope to retain post-pandemic.

PURPOSE/GOALS

As a national organization charged with providing leadership and education to improve the effectiveness of juvenile justice agencies and facilities, the Council of Juvenile Justice Administrators (CJJA) felt compelled to develop a resource related to the COVID-19 pandemic. Early in 2021, CJJA gathered information to help support jurisdictions' responses to the current pandemic and future health crises. In addition, it is our hope that this report allows jurisdictions to identify promising practices and consider innovative approaches that may be beneficial to retain post-pandemic. More specifically, this report aims to provide readers with the following information gleaned from the jurisdictions that responded to CJJA's survey:

- Data on specific quantitative measures (i.e., differences in population changes by race and ethnicity);
 - Examples of practice changes made in response to the pandemic;
 - A detailed list of challenges jurisdictions encountered;
 - A series of solutions that agencies and facilities implemented to meet the needs of youth and families;
 - A compilation of benefits/positive implications of implementing new practices;
 - A catalogue of "lessons learned/key takeaways" from juvenile justice professionals; and
 - Considerations for future exploration.
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STUDY DESIGN AND LIMITATIONS

The development of this report consisted of one quantitative and two qualitative components. These include: 1) collection of juvenile justice population data; 2) an online questionnaire; and 3) structured interviews with selected jurisdictions. All 50 state agencies and 12 local CJA members were asked to provide juvenile justice population data and complete the questionnaire. A total of 29 states and four counties provided quantitative juvenile justice population data. A total of 31 states and four counties responded to the online questionnaire. Eight jurisdictions that represented diverse juvenile justice agencies were selected for interviews. Jurisdictions interviewed included:

- Alaska Division of Juvenile Justice
- Arizona Department of Juvenile Corrections
- Connecticut Judicial Branch, Court Support Services Division
- Louisiana Office of Juvenile Justice
- Arizona Maricopa County Juvenile Probation Department
- Maryland Department of Juvenile Services
- Ohio Department of Youth Services
- Utah Division of Juvenile Justice Service

Data gathered throughout the data collection process included total population in post adjudication placements; policy and practices changes; challenges encountered; and lessons learned as a result of the COVID-19 pandemic. A more detailed methodology can be found in Appendix A of this report.

It is important to note a few limitations. These include:

- 1) The information provided does not reflect input from all state and county juvenile justice systems in the United States. As stated in the Methodology section, the results reflect feedback from 35 jurisdictions who completed the electronic questionnaire and eight (8) jurisdictions who participated in the structured interview process.
 - 2) Although jurisdictions were asked to provide juvenile justice population data in several areas (i.e., average length of stay; number of admissions within the system at designated points in time; number of releases across the system; and daily population), not all data could be fully analyzed. Due to differences in definitions across jurisdictions, varying approaches to tracking these data (i.e., some states were not capable of breaking down the data to capture all ethnicities), and a low response rate from county jurisdictions, only population data for state-operated secure facilities were able to be analyzed and are presented in this report.
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- 3) The long-term impacts of changes instituted due to the COVID-19 pandemic remain to be seen. Some of the changes made which were implemented by necessity, were untested, and/or were not in line with established best practices. For example, jurisdictions will not know how remote educational services affected youth learning achievement; how decreased facility programming (i.e., treatment groups, recreation, the absence of mentors and volunteers, etc.) and remote family engagement and contacts impacted youth outcomes; and/or the overall impact of these factors on recidivism, for years to come.

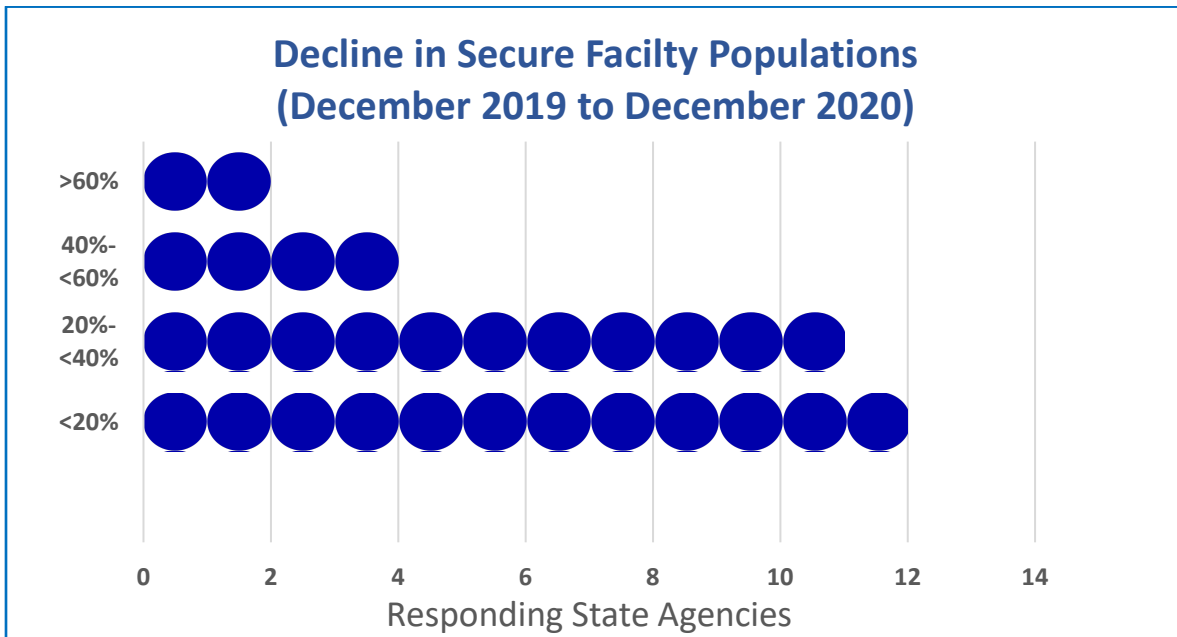
Note: The responses to the narrative portion of the CJA survey were submitted by agency leaders. Their responses represent their perspective and the pandemic's impact on their facilities and may not represent the perspective of other managers, direct care staff, young people in the facilities, or their families.

RESULTS

Changes in Juvenile Justice Populations

Many jurisdictions reported court closures and temporary practice changes that involved putting limits on which youth were placed in secure post-disposition facilities. In addition, many jurisdictions reported releasing qualifying youth under a "state of emergency" clause. All states reporting population data in 2019 and 2020 reported declines in their total secure placement populations. To understand the impact of these changes, jurisdictions were asked to submit juvenile justice data related to facility populations. Data analyses performed aimed to shed light on two key areas: 1) change in total secure facility populations within state juvenile justice facilities and 2) differences in population changes by race and ethnicity. Due to variations in the way states categorize various ethnicities, the research team was able to create limited findings in this area. As such, the Youth of Color category included ethnicities such as Hispanic/Latino, Black/African American, Asian, American Indian, Alaska Native, Hawaiian Pacific Islander, etc.

The results are graphically represented below. These results represent data submitted from the following states: Alabama, Alaska, Arizona, Colorado, Connecticut, Florida, Georgia, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Massachusetts, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Virginia, Washington, Wisconsin, and Wyoming. Local county data was not included in the analysis. There were two states that provided responses to the online questionnaire but did not provide juvenile justice population data.



DATA TABLE	
Decline in Secure Facility Population	# of States
Greater than 60%	2
40% to less than 60%	4
20% to less than 40%	11
Less than 20%	12

Figure 1. Decline in secure population in state-operated secure post-disposition facilities responding to questionnaire, using two points in time – December 2019 compared with December 2020.

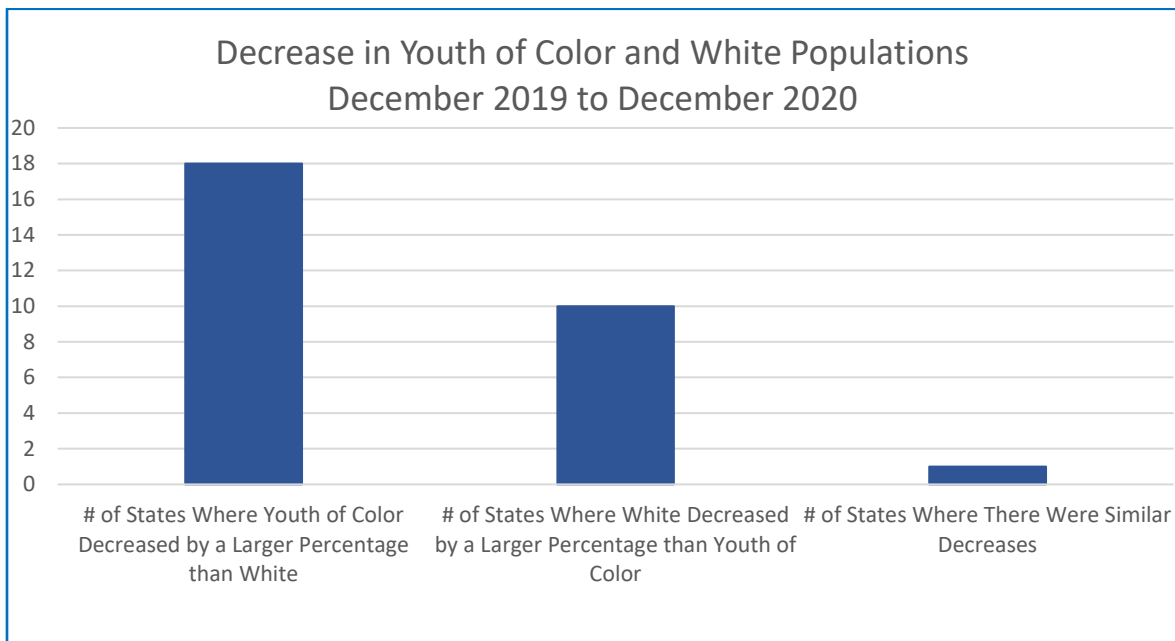
Results show approximately 59% of jurisdictions responding (17 of the 29 included in the analysis) experienced at least a 20% reduction in the total youth population in their secure facilities. Approximately 20% of jurisdictions (6 of 29) reported more than a 40% reduction in the total secure facility juvenile justice population within their state. A little less than half of states (41%, or 12 of 29) had less than a 20% reduction in their secure facility populations for the two points in time (December 2019 and December 2020).

Results suggest during the COVID-19 pandemic, 62% of the states (18 of 29) that submitted data for this analysis witnessed a larger overall percentage decrease of Youth of Color in their secure facilities when compared with White youth. Approximately a third of states (10 of 29) reported a larger decrease in facility population for White youth when compared with Youth of Color. One state reported an increase in the White population across its secure juvenile justice facilities. In addition:

- Of 28 states reporting the number of African American youth in custody, 16 reported a larger percentage drop in the number of African American youth than White youth.

- Of all 25 states reporting Hispanic youth in custody, all saw a larger percentage drop in the number of Hispanic youth compared with White youth.
- The one state that reported Youth of Color in the aggregate saw a larger percentage drop in Youth of Color than White youth.

It is important to note that where jurisdictions provided Hispanic/Latino data, youth in those categories were included with Youth of Color. However, one jurisdiction reported its race data without breaking out ethnicities, so the data for that state could include Hispanic/Latino youth in any race category. Because many states do not include tribal facilities data in their reporting of Native American numbers, we are not providing a separate analysis of those data because they are incomplete. Other race groups, including Asian, Pacific Islander, Other, and Two or More Races were reported by half or fewer of the jurisdictions.



DATA TABLE	
Result	# of States
# of States Where Youth of Color Population Decreased a larger % than White Youth*	18*
# of States Where White Youth Population Decreased a larger percentage than Youth of Color	10
# of States Where There Were Similar Percentage Decreases (<0.5% difference)	1

**One state experienced a decrease in Youth of Color and an increase in White youth in their state-operated secure facilities.*

Figure 2. Number of states with population changes broken out by Youth of Color and White youth using two designated points in time (December 2019 and December 2020).

Jurisdiction Responses and Practice Changes: Electronic Survey and Interviews

The following information detailing agency and facility responses to the pandemic was gathered from jurisdictions who submitted responses to the electronic questionnaire (N=35) and interviews with select state and local jurisdictions (N=8). It is important to note, these responses were provided by agency leaders and may not be reflective of the perspective of other managers, direct care staff, families or young people.

For ease of understanding, the online questionnaire questions (Q) appear in bold font; themes and specific practice examples obtained from jurisdictions during interviews are provided below. It is important to note that the examples provided represent an array of solutions employed by jurisdictions and not all examples listed reflect “best practices” or are endorsed by CJA. Although the questionnaire was intended to focus on post-dispositional practices, some jurisdictions included information about detention practices. Their comments were included in this report since detention practices can impact post-dispositional placements.

The online questionnaire included both closed-ended (“yes/no”) items and open-ended items with an opportunity to provide more detailed information. County and state data are not reported separately but rather, combined to provide an aggregate data set. Additionally, some jurisdictions did not answer specific questions on the electronic questionnaire and therefore, the sample sizes vary for each question. The following charts show jurisdiction responses to each of the electronic questionnaire items. The total number of respondents and the type of jurisdiction (i.e., state or county) are indicated for each question below. Themes that emerged from the responses are provided below each chart.

Although each jurisdiction had different emergency response strategies, there were several common approaches reported across jurisdictions. Two of these were: allocating additional resources and regularly communicating and engaging with staff and families. Some jurisdictions indicated changes to standards for admissions, releases or revocations of post-release community supervision.

Respondents indicated the pandemic required allocating additional resources to successfully meet challenges encountered and ensure youth and staff safety. Examples of resources were: obtaining virtual platforms to support education, mental health services, family visits, court hearings; purchasing tablets and hotspots; upgrading wireless connectivity in the facility; purchasing software to help restrict internet access on youth tablets; and providing hazard pay for individuals posted on quarantine units, to name a few. Jurisdictions interviewed reported using a variety of sources to fund these initiatives such as federal grants, federal pass-through dollars, state flex funds, and community sponsors.



Strategic communication and support to families and staff were also key components of effective response strategies employed by agencies. Jurisdictions consistently reported an increase in communication at all levels of the agency. Examples provided were: case managers and facility group leaders regularly updating youth and families; agency leaders issuing daily COVID-19 status reports and posting results on the agency website; and daily calls with the emergency command team. Regular communication also included keeping partners and stakeholders informed such as public health officials, other state agencies, medical staff, other agency leaders, and facility directors.

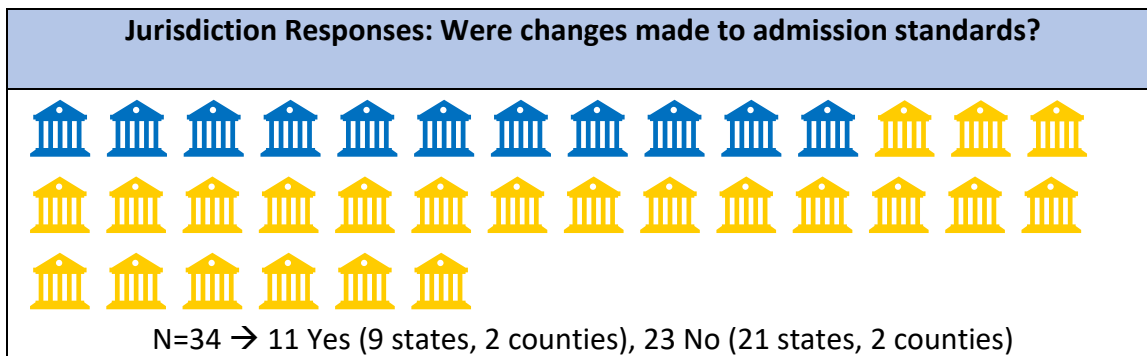
Throughout the pandemic, jurisdictions employed key strategies for supporting and acknowledging staff using a variety of communication tools. Examples of staff support strategies are: individual emails from agency leaders; monthly video calls to acknowledge staff members of the month; weekly online video birthday celebrations; and staff creating a music video in which staff held posters thanking one another for their work.

**Questionnaire Responses: N = 35
(31 state agencies and 4 county jurisdictions)**

Q1: In response to the pandemic, were changes made in your state's or county's **standards for admissions to post-adjudication juvenile facilities?** (e.g., seriousness of offense, risk level, availability of rehabilitative treatment, etc.)

LEGEND

 
YES NO



Themes and examples from respondents included:

- a) *Juvenile court hearings were conducted via video or telephonically.*
- b) *Implemented strategies to reduce the number of youth admissions and keep youth in the community.*


- Issued a temporary moratorium on all admissions.
- Implemented a staggered and strategic admission process (i.e., admissions were limited to every other Tuesday instead of weekly).
- Prohibited the use of the detention facility as a sanction – i.e., detention placements were only permitted when there was a new law violation or a youth was deemed a significant public safety risk (not for technical violations).
- Increased the use of alternatives to confinement such as releasing youth on GPS monitoring.
- Prior to detaining youth, the Deputy Chief or Chief used formal criteria to determine if youth were eligible for detainment. If youth did not meet the established criteria, the County Attorney fast tracked the review process making a determination within 24 hours.
- Required a seven-day notice prior to youth being admitted.
- Created an additional approval process to admit youth into the facility – i.e., Chief Judge was required to review all orders for admission to the detention.
- Conducted a review of outstanding warrants and requested court orders allow certain active warrants to be modified to permit a call-in warrant hearing. If youth was eligible, the youth was released to the parent or guardian and court information provided.

In response to the pandemic, Maryland's highest court established additional criteria beyond those in statute for detention and placement. These included the expectation that judges would consider potential health risk, whether intended programming is still available, whether the purposes of commitment could be achieved at present, and whether DJS had provided an alternative community-based plan.

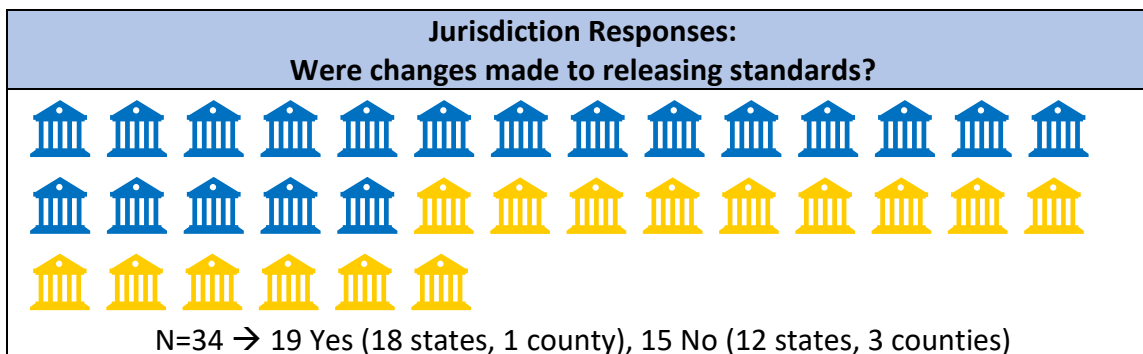
Additionally, prior to the pandemic youth cases were reviewed every 30 days. During the pandemic, this requirement was changed to every 14 days. Stakeholders are considering whether to make this more frequent review time frame required by law.

Q2: In response to the pandemic, were changes made to your agency's **standards for releasing juveniles** from post-adjudication facilities to their communities? (e.g., youth were released early based on time served, risk level, program length, etc.)

LEGEND



YES NO



Themes and examples from respondents included:



- a) *Implemented an accelerated release process based on individual youth factors.*
 - Identified specific factors qualifying youth for an expedited release. Examples of factors considered included: Length of time at the facility (within two months of release); type of offense (non-violent); progress in treatment; low risk youth who were awaiting placement for possible diversion; youth who served their minimum sentence; youth risk-level for contracting COVID-19 (underlying conditions); whether youth could access needed services in their community (i.e., continue/complete treatment), etc.

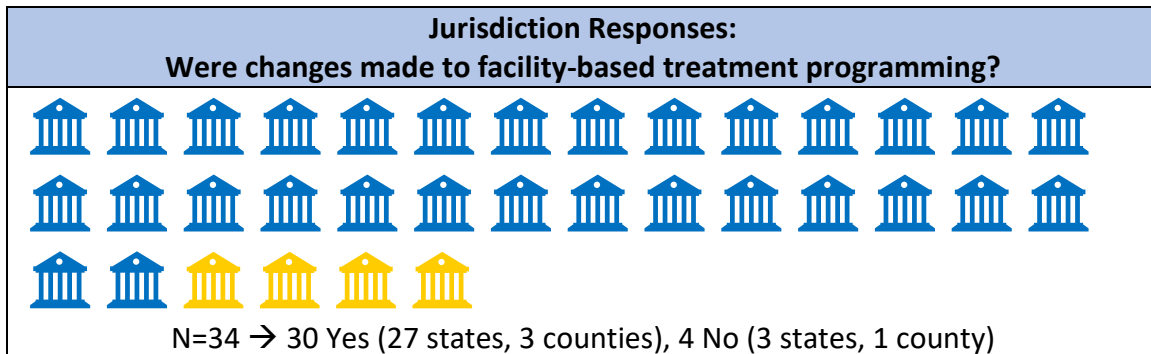
The state of New Jersey enacted legislation (by P.L. 2020, c. 111 (S2519)) on release standards which granted up to 244 days of public health emergency credit to youth in the custody of the NJ Juvenile Justice Commission (JJC). As of November 4, 2020 certain juveniles and parolees were eligible for earlier release by using the emergency health credits. In addition, the NJ JJC reduced its length of stay for probationers in residential community homes from five months to four months.

b) *Implemented and/or enhanced the youth review and planning process.*

- Conducted monthly plan reviews to track the status and progress of treatment for committed youth (and ensure length of stay was aligned with treatment goals).
- Revised youth reentry plans to address COVID-19 factors such as vulnerable people in the home, family economic status, etc.
- Increased family involvement in the planning process.
- Created systems to allow release reviews to be conducted via video conferencing and digital filing with the courts.

Q3: Were changes made to facility-based treatment programming in response to the pandemic? (e.g., virtual meetings with treatment professionals, size of groups, length of treatment program, moved final treatment stages to be delivered post-release in the community, etc.)

LEGEND	
	
YES	NO



Themes and examples from respondents included:

- Used a cohort approach in which all unit youth stayed together to minimize mixing of youth (i.e., activities, education, etc.)*
- Created the infrastructure to support telehealth and used technology to continue service delivery.*
 - Providers developed site-specific alternative service delivery plans which addressed providing services to youth in a safe manner.
 - Established additional phone access for youth and computer stations for virtual meetings.
 - Developed and implemented a scheduling process to allow providers to pre-schedule their appointments for the length of time youth needed.
 - Used remote platforms to work with families, youth, and community-based clinicians in preparation for release; conduct treatment team

meetings; court appearances; release planning; risk assessments; screening for services; and building rapport with youth in detention awaiting commitment placement.

c) *Maintained or altered treatment service delivery.*



- Declared mental health staff as “essential workers” so youth continued to receive the weekly treatment dosage.
- Increased the dosage of treatment by increasing the number of individual sessions with youth and family members (i.e., family therapy sessions were conducted more frequently due to access to the telehealth).
- Decreased the number of youth in treatment groups to ensure social distancing (i.e. group sizes were three to eight youth).

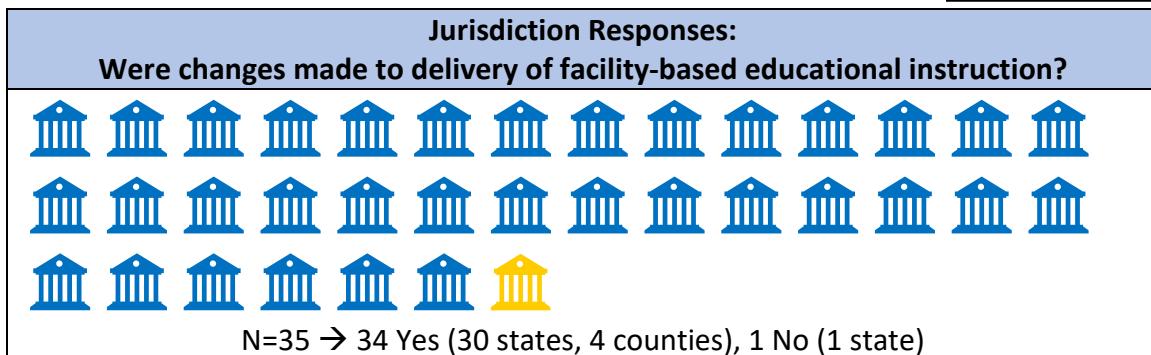
d) *Increased emphasis on trauma informed care.*

- Increased conversations in treatment groups and in individual sessions about the pandemic, vaccines, etc.

Q4: Were changes made to the **delivery of facility-based educational instruction** in response to the pandemic? (e.g., remote classes, changes in class size, add or drop classes or content, etc.)

LEGEND

 
YES NO



Themes and examples from respondents included:

a) *Changed the format/structure for delivering educational services.*

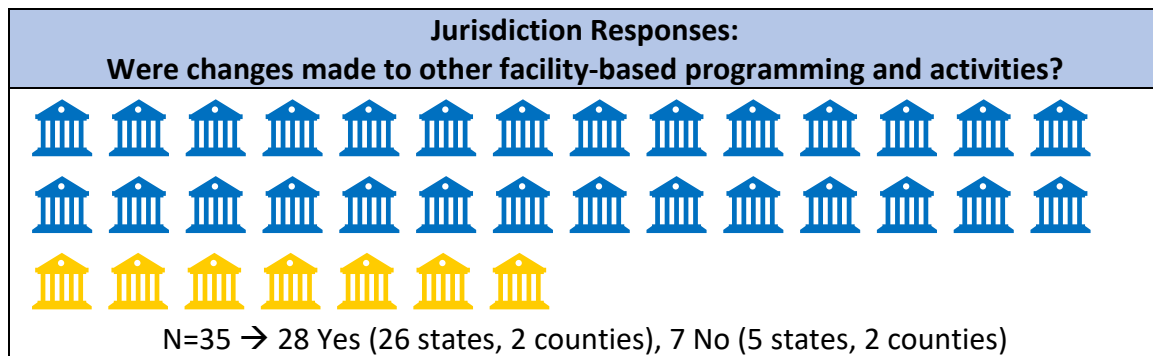
- Moved to a remote learning/online platform.
- Implemented a hybrid model (partial in-class instruction and some remote learning).
- Reduced classroom size and implemented social distancing protocols.
- Vocational and career education classes were suspended or greatly modified due to the hands-on components.
- Offered and engaged youth in online college classes.

- Youth were required to complete instructional educational packets on their units.
- b) *Changed group movements to prevent mixing of residents and education staff.*
- Youth from individual units attended classes together.
 - Teachers changed classrooms while youth remained in the classroom.
 - Teachers held classes on individual units.
 - Teaching staff were assigned to teaching cohorts/hallways to reduce their exposure to each other (teachers only have face-to-face contact with the youth in their cohort/hallway).
 - Teachers were assigned staggered lunch schedules to allow cohorts access to a lunchroom/workroom while preventing cross-contamination.
 - Class periods were shortened to allow for social distancing.
- c) *Increased educational support to students.*
- Teachers conducted regular check-ins with students via telephone to keep students engaged.
 - Increased support to students with higher academic needs and who were struggling academically. Examples include: creating a virtual reflection room to support the specific behavioral needs of students; conducting targeted intervention sessions once per week for struggling students; continuing to provide speech therapy, occupational therapy, and school psychology services for those youth whose treatment plans warranted these services.
 - Loaned tablets to youth who were being released to facilitate the continuation of educational services once they returned to the community.
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Q5: Were changes made **to other facility-based programming and activities** in response to the pandemic? (e.g., implementation of trauma-informed practices, family programs, new service opportunities for youth, etc.)

LEGEND

YES NO





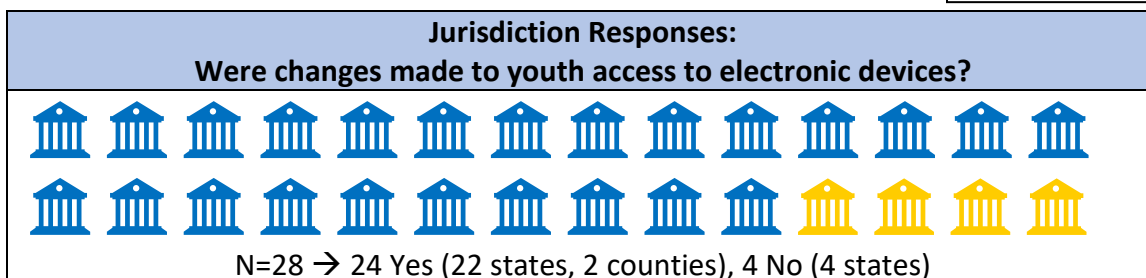
Themes and examples from respondents included:

- a) *Residential providers created site-specific pandemic plans to address alternative service delivery modalities.*
 - Since in-person visits were suspended, providers were asked to develop detailed plans and specific strategies for helping youth and families remain engaged and connected to their academic goals.
- b) *Suspended or reduced the frequency of face-to-face facility programming.*
 - Suspended community outings.
 - Reduced or suspended gym time including all close-contact sports.
 - Halted all in-person visitation (no visitors/contractors/facilitators/attorneys.).
- c) *Increased pro-social activities and use of tools.*
 - Created more meaningful days of activities to include job readiness programs and activities for older youth following a decision to separate the GED students from the K-12 students.
 - Youth made and donated masks.
 - Increased the number of board games, DVD players, books, art supplies, journals, puzzle books, etc.
 - Used additional treatment tools to supplement treatment (e.g., Carey Guides, Brief Intervention Tools (Cognitive Interventions), educational COVID-19 videos, etc.)

- d) *Conducted treatment sessions by providing designated cell phones to youth in quarantine.*
- e) *Implemented changes to meal routines.*
 - Cafeterias were closed and meals were served on the units.
 - Implemented social distancing protocols during mealtime.
- f) *Instituted new protocols regarding family visits.*
 - Increased the amount, duration, and opportunities for scheduled and unscheduled video visitation and telephone calls with family members.
 - Limited the number of visitors to two parents and/or guardians.
 - Installed clear plexi-glass screens to separate youth from visitors.
 - Prohibited youth and visitors from physical contact.
 - Conducted family visits outside when appropriate (i.e., warmer weather).
- g) *Provided virtual religious services and/or pre-recorded videos.*

Q6: In response to the pandemic, have you changed **access to electronic devices for youth in your facilities** for communication and/or activities? (e.g., tablet, cell phone, laptop, etc.)

LEGEND	
	
YES	NO



Themes and examples from respondents included:



- a) *Youth were issued and provided access to electronic devices* (for example: Google Chrome books, iPads, JPay kiosks, or Android tablets) for education, telehealth with medical doctors and clinicians, family visits, virtual court hearings, Resident Council meetings, Multi-Disciplinary Team (MDT) meetings, and online college classes, etc.
- b) *Established additional computer stations* to allow youth to participate in remote activities.
- c) *Provided additional resources to youth in medical quarantine.* For example, issued dedicated cell phones to allow youth to maintain frequent contact with

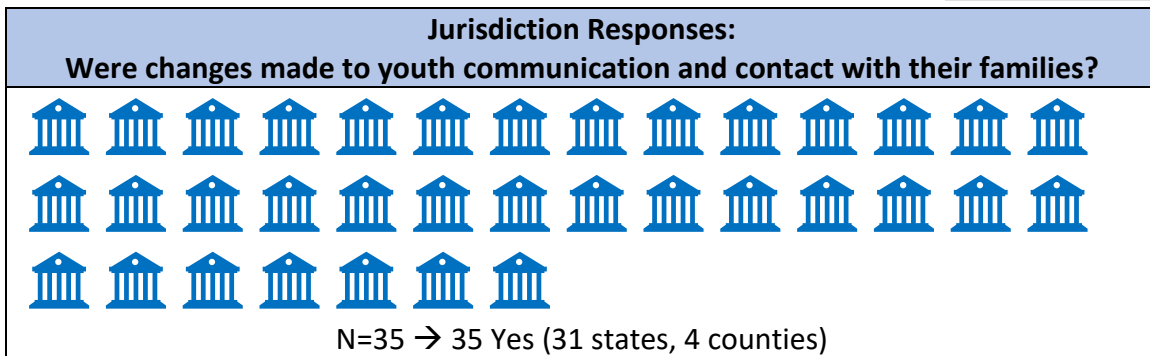
family members; allowed access to gaming systems and portable DVD players; etc.

d) *Implemented a protocol to provide basic smart phones and phone/data cards to families in need to facilitate participation in virtual sessions/visits.*

Q7: In response to the pandemic, were changes instituted regarding **youth communication and contact with their families?** (e.g., changes in quantity of phone and remote visits, new opportunities for families to send things, etc.)

LEGEND

 
YES NO



Themes and examples from respondents included:

- a) *Increased video visits and phone calls with family members.*
- All youth were provided daily phone calls to family members (regardless of youth’s program level).
 - Expanded visitation hours to allow for additional remote video visits with families.
 - Telephone fees were waived for facility youth.
 - Additional time was added to automated telephone accounts for all youth.
 - Issued designated cell phones for youth in quarantine.
- b) *Implemented changes to allow safe in-person visits with families (later in the pandemic).*
- Implemented a two-family member limit during in-person visits.
 - Implemented additional safety protocols (e.g. plexi-glass, mask mandate, social distancing protocols, visits conducted outside, etc.)



Communicating with and Supporting Families During the Pandemic

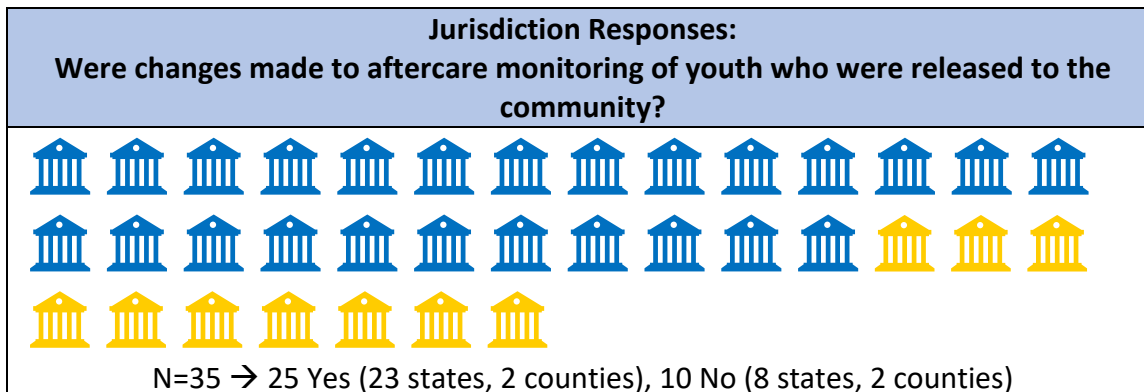
As part of a comprehensive communication strategy, the Maryland Department of Juvenile Services (DJS) organized live streaming events for families led by the Agency’s Chief Medical Administrator. During these sessions the Chief Medical Administrator shared information, invited questions from family members, and gathered feedback on what supports families needed. These sessions were recorded and posted on YouTube with restricted invite-only access (a link sent to participants only). Additionally, DJS held monthly family engagement groups which was a suggestion brought forth by families during a live family streaming event. DJS has continued to host live family streaming events on a quarterly basis.

During the pandemic, the Connecticut Judicial Branch, Court Support Services Division revised flexible funding guidelines to assist clients and families with their human service needs. This involved securing additional resources and connecting families to identified community-based supports (i.e., food, health resources, and crisis interventions).

Q8: In response to the pandemic, did you institute **changes to aftercare monitoring of youth who were released to the community?** (e.g., use of GPS electronic monitoring, remote visits, curbside visits, etc.)

LEGEND

 
YES NO



Themes and examples from respondents included:


- a) *Altered the way in which field case workers/parole officers interact with youth.*
 - Used virtual visits (i.e., Zoom, FaceTime, etc.) and texting as strategies to stay connected with youth and families.
 - Conducted curbside and/or yard visits.
 - Increased the number of virtual contacts and spot checks.

- Implemented the practice of requiring supervisory approval for all in-person contact (i.e., approval was based on risk level of youth).
- Implemented unsupervised urinalysis testing.

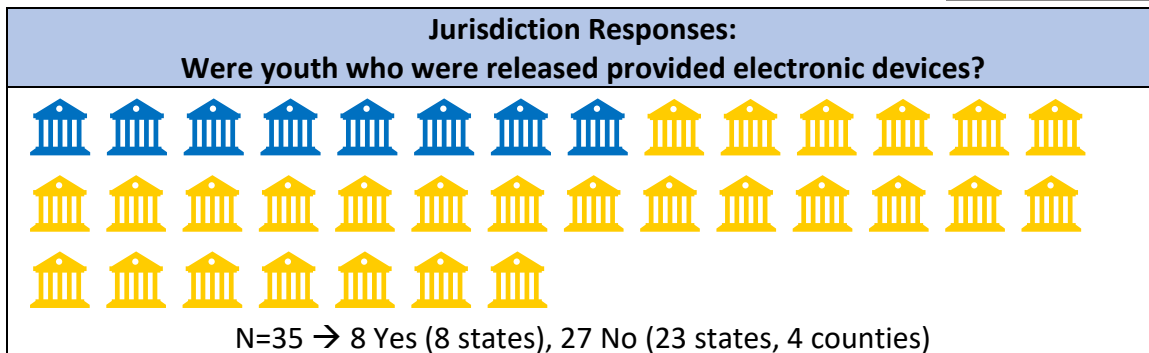
b) *Purchased laptops and agency cell phones for parole officers to facilitate increased contacts and monitoring.*

Q9: In response to the pandemic, **were youth who were released provided electronic devices?** (e.g., phones, laptops, tablet, etc.)

LEGEND



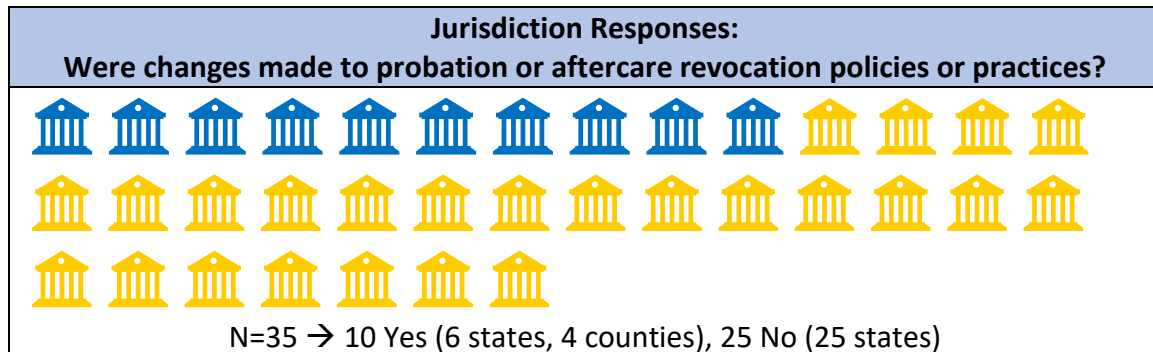
YES NO



Themes and examples from respondents included:

- a) *Youth preparing for release were issued tablets and Wi-Fi hotspot devices with free internet access for the purpose of accessing community-based telehealth, mentoring, education services, and evening reporting center programs. Note: Jurisdictions reported using flex funds and grant funds to purchase these items.*
- b) *Laptops and tablets were made available by request of the youth and with parole officer senior management approval.*
- c) *Provided youth under community supervision access to cellphones.*
- d) *Parents were offered electronic devices to ensure contact with youth (e.g., tablets, Wi-fi hotspots, smart phones, etc.)*

Q10: Were any changes made to **probation or aftercare revocation policies or practices** as a result of the pandemic? (e.g., senior authorization needed for revocation, decision by seriousness of offense, risk level, population of facilities, etc.)



LEGEND

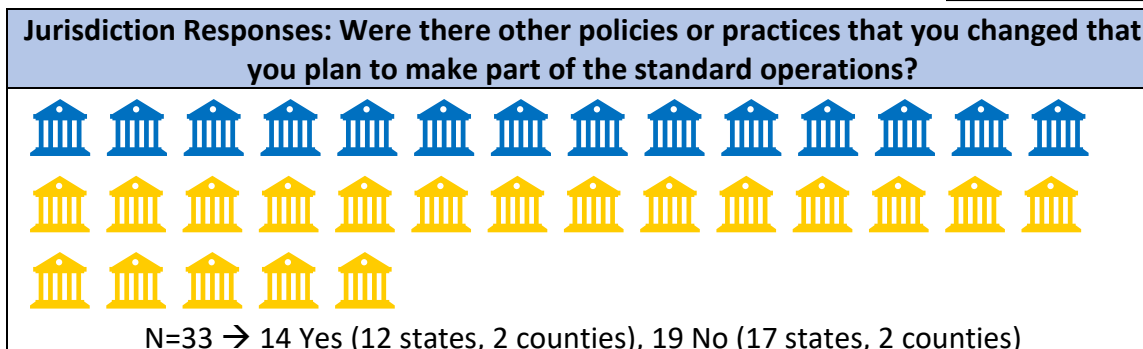
Themes and examples from respondents included:

- a) *Probation violations were suspended.*
- b) *Restricted the use of detention to crimes against persons, weapon-related offenses, etc. (i.e., detention was not used for property crimes, drug-related offenses, or probation/conduct violations).*
- c) *Developed criteria and implemented a new approval process for placing youth in custody.*
 - Detention placement decisions, including revocations for technical violations, required senior supervisory approval to determine the level of public safety risk.
 - Designated agency leaders (e.g., Deputy Chief) were provided the authority to review youth prior to placing youth in detention. If youth responded “yes” to questions on the COVID-19 screen (via telephone) or a youth tested positive for the virus, leaders could override the normal detention process and request a call-in warrant hearing.
 - Managerial consultation was required prior to seeking a judge’s signature for a Take Into Custody (TICs) request for probation violations. In addition, all authorized TICs were subject to a second judicial review by the Chief Administrative Judge for Juvenile Matters before a youth was allowed to be placed into detention.

Q11: Are there other policies or practices not outlined in previous sections that you changed in response to the pandemic that you plan to make part of the standard operations post-COVID-19?

LEGEND

 
YES NO



Although the pandemic created a number of significant challenges, the health crisis also sparked several beneficial practice changes. Jurisdictions reported that several of the new practices improved youth and staff safety and contributed to facility and system efficiencies. Therefore, many facilities have decided to retain some of these practices post-pandemic. Examples of practices implemented in response to the COVID-19 pandemic (listed in previous sections of this report) that agencies have decided to retain post-pandemic are described below.

Admissions, revocations, and aftercare monitoring

- Continue to use detention or commitment only when necessary to protect public safety - i.e., continue scrutinizing each placement for need, especially for probation violations and nonviolent offenses; continue to use alternatives to detention (e.g., GPS monitoring); etc.
- Limit the number of admissions by continuing to scrutinize placements/admissions to ensure secure confinement is warranted (i.e., flight risk, danger to self or others, etc.)
- Retain the practice of call-in warrant hearings and call-in screenings.
- Continue to use stringent criteria and an approval process to determine whether a warrant should be requested.
- Continue to use virtual platforms to supplement in-person contacts including engaging community treatment providers; providing agency programming statewide; and monitoring lower risk or youth diverted from secure placement.

“The District will continue ensuring that youth committed on non-violent offenses are only securely detained as a last resort.” – *District of Columbia, Department of Youth Rehabilitation Services*

“We expect the enhanced contacts for service provision to continue post-pandemic as the use of technology has expanded the ability of staff to maintain contacts with service and treatment providers in a more efficient manner.” – *New Jersey Juvenile Justice Commission*

Standards for releasing juveniles from post-adjudication facilities to their communities and length of stay

- Continue to use videoconference technology to support re-entry planning, reviews, and to connect youth to community resources prior to release.
- Continue to regularly evaluate all youth for release readiness and strongly consider youth’s progress in treatment, dosage needed, and if comparable services can be continued in the community (thereby reducing the youth’s length of stay in placement).

Delivery of facility-based treatment and other services including communication with families

- Continue to use videoconference technology for staff meetings, family visits and therapy, tele-health appointments, mental health sessions, connecting youth to mental health clinician prior to release, aftercare planning, religious services, detention hearings, etc.
 - Retain smaller treatment group sizes.
 - Retain a cohort approach to facility programming (individual units programming together).
 - Continue increased treatment dosage for youth and families.
 - Continue flexible family visitation hours.
 - Retain the opportunity for daily phone calls with family members, unlimited letter writing, and additional video visitation sessions with family members.
 - Continue holding family visits and professional meetings in outdoor spaces when possible.
 - Continue to provide virtual trainings to staff.
 - Medical staff attending to the youth on the units to decrease risk of exposure.
-

Delivery of facility-based educational instruction

- Continue to use video conference platforms as part of education service delivery and/or for instruction during inclement weather.
- Continue to issue tablets and laptops to youth and staff for remote learning and other facility programming.
- Continue to expand educational opportunities for youth – i.e., post-secondary learning through university and technical college systems; accessing remote educational services across each campus (educational programs that may not be offered on a specific campus); etc.
- Retain additional supports for struggling students – e.g., a virtual reflection room to support the specific behavioral needs of students; using a Targeted Intervention Day to provide more focused support and instruction; etc.
- Continue to separate the GED students from the K-12 students in order to tailor services to youth – e.g., job readiness programs and activities.
- Retain physical safety measures related to education – i.e., Unit residents attending school together; line movement changes to prevent mixing of residents; limit the number of youth in the school building; etc.

Jurisdictions articulated some of the benefits of virtual programming: Rural facilities having greater access to volunteer programming/services through remote platforms; using remote platforms to secure and retain math and science teachers; a decrease in resources needed to transport staff and youth for reviews, hearings, appointments, etc.; and an increase in youth programming since youth were not traveling for release review meetings.

“...we will continue to conduct reentry planning that is youth and family driven and provide support to the family/young person regarding economic, housing, medical care.”

– *State of WA, Juvenile Rehabilitation Division in the Dept of Children, Youth, and Families*

Access to electronic devices for youth while in the facility and/or upon release

- Continue to provide youth access to secure computers (i.e., tablets, iPads, laptops, etc.) for educational, treatment, and other prosocial activities.
 - Continue the practice of providing cell phones to youth in medical isolation.
 - May continue to provide basic smart phones and phone/data cards to families in need to facilitate virtual sessions/visits. May continue to provide Wi-Fi hot spots for youth in the community who are enrolled and active in college level classes. Will continue to provide parole youth access to laptops and tablets when requested by youth and parole officer.
-

Changes agencies would like to retain but may not be able to

- A lower census to provide more effective programming for youth and families.
- Virtual court hearings.
- Conducting intake for new youth every two weeks instead of once per week.

CHALLENGES

Eight jurisdictions were chosen to participate in follow up interviews. In addition to elaborating on answers provided in the online survey, representatives from each were asked about challenges they faced and positive impacts they saw from changes implemented in response to the COVID-19 pandemic. Jurisdictions highlighted their greatest challenges as:

- Navigating the unknown (jurisdictions had never before experienced a pandemic)
- Providing information and meaningful support to families
- Managing youth and staff stress
- Managing and dissolving staff resistance
- Continuing essential facility programming and services
- Limitations resulting from inadequate IT infrastructure
- Responding to stakeholders and managing public perception

Navigating the Unknown

Universally, jurisdictions cited the greatest challenge responding to the health crisis was navigating in uncharted waters – the unknown. Many explained that the frequently changing guidance from the federal Center for Disease Control and Prevention (CDC) and state and local governing bodies (i.e., health departments) made it even more difficult to develop a solid and effective response strategy (i.e., “trying to hit a moving target”). As a result, jurisdictions were left in limbo – not knowing if they should issue policy variances or revise protocols to support operational changes prompted by the pandemic. Not having clear direction or a less than sturdy foundation contributed to growing staff fears and resistance.

Providing Information and Meaningful Support to Families

Throughout the pandemic it was necessary for agencies and facilities to keep families informed of changes in policies and practices – e.g., suspension of in-person visitation; efforts to minimize risk of COVID-19 to youth and staff; incidents of outbreaks, etc. This required designating an individual or a team of individuals to develop a call schedule and to make these calls on a weekly basis (or more often as needed). These duties were in addition to existing job duties for individuals charged with contacting families. To make sure staff provided accurate information and to facilitate consistency in messaging, some jurisdictions created bullet points and talking scripts for those

individuals making the phone calls. During this process some jurisdictions prompted staff to gather information about specific family needs, particularly as it related to maintaining communication with their children. In response to the information gathered, agencies and facilities provided families with laptops, hotspots, and access to Wi-Fi. Some agencies also reported providing families with resources to meet their basic needs such as food and hygiene products.

Managing Youth and Staff Stress

As mentioned, the uncertainty and lack of timely information fueled fear among staff and youth. Managing these fears was a tremendous challenge for facility and agency leaders. While direct care staff returned to work each day, some carried with them the care and concerns for their families at home and an underlying fear of increasing the risk of exposure to loved ones. Additionally, some jurisdictions reported suffering the loss of staff and family members to COVID-19, which required creating avenues to support staff and youth while they grieved the loss of their colleagues, mentors, and family members. Jurisdictions responded to emotional reactions and concerns from staff by increasing communication and providing additional support (e.g., regular support groups led by clinicians).

Managing and Reducing Staff Resistance

Jurisdictions interviewed reported staff members' fears often manifested as staff resistance. Agency administrators and facility managers had to develop strategies to effectively address staff opposition. Staff resistance came in the form of not wanting to comply with the mandatory mask mandate; an unwillingness to work shifts on quarantine units; and not wanting to conduct the COVID-19 screening process (e.g., questions, temperature check, etc.), to name a few. To dissolve this resistance many jurisdictions used a strong communication strategy that included setting clear expectations; sharing research from the CDC and public health; communicating frequently and in a variety of formats (e.g. emails, live streaming Q&A sessions led by the Secretary/ Agency Director, etc.), and implementing incentives to reward compliance (e.g. the "Mask Up Challenge" in which staff could earn lunch or additional administrative leave if the facility was 100% compliant with the mask mandate).

Continuing Essential Facility Programming and Services

Interviewees reported trying to maintain daily operations and regular programming within the confines of CDC guidelines/restrictions (i.e., mandatory mask mandates; six (6) feet social distancing; additional sanitizing procedures; etc.) was a tremendous challenge. Facilities needed to continue to provide effective treatment and programming to positively impact youth and families (i.e., increase protective factors and decrease recidivism) in the face of public health limitations. While some jurisdictions were able to continue providing treatment and educational services

remotely, other jurisdictions struggled to deliver vocational curricula and connect youth to employment in the community. As a safety precaution, many jurisdictions halted all in-person visits (e.g., family members, volunteers, etc.) One jurisdiction reported challenges resulting from judges who required youth to have a successful home pass or facility furlough prior to being released to their discharge resource. Because of safety concerns home passes/furloughs were suspended and since courts were not in session, youth remained in community residential programs longer than necessary.

In addition, staff shortages due to staff members contracting the virus; staff members having to quarantine because a family member became ill; or staff members not wanting to work on quarantine units, only complicated matters. To address staff shortages, some jurisdictions implemented a practice of requiring probation/parole officers to post within the facility since probation/parole staff had some of the same training as facility staff. Most jurisdictions provided increased pay (“hazard pay”) for individuals who were posted on the quarantine units.

Limitations Resulting from Inadequate IT Infrastructure

An inability to support remote platforms was another challenge identified by interviewees. Some jurisdictions reported issues establishing wireless connectivity because of the building structure and/or the remote location of facilities. Additional IT challenges included parents not having access to updated technology. Some jurisdictions met this challenge by purchasing the necessary equipment for use by families (e.g., Wi-fi hotspots, tablets, cell phones, etc.) An inability to move into a remote video format immediately resulted in a delay in services and less than optimal service delivery methods (e.g., work packets for education).

Providing Timely Information to Stakeholders and the Public

Some jurisdictions described challenges with managing and responding to union representatives, the media, and other partners. Others reported experiencing pressure from youth advocates who pushed for the immediate release of a large number of youth and resistance from county officials regarding practice changes (e.g., intake reduced from weekly to every other week). Jurisdictions addressed this by employing a robust and consistent communication strategy. This included regular meetings with stakeholders and using a variety of methods to communicate (i.e., emails, memos, live question and answer sessions, etc.)

Promising Practices

Representatives from those jurisdictions interviewed explained that the pandemic allowed them to highlight and eliminate long-standing barriers to success. The pandemic also inspired innovation, encouraged flexibility, and spurred effective practice changes.

Several of the innovative practices appear to be aligned with desired system outcomes including:

- 1) Creating system efficiencies and moving the system to more closely align with best practices in juvenile justice .
- 2) Increasing the focus on youth, family, and staff needs which resulted in improved relationships.
- 3) Improved programming and services to youth and families.
- 4) Improved partnerships with community members and stakeholders.
- 5) Improved short-term outputs and outcomes for youth.

1) Creating system efficiencies and moving the system to more closely align with best practices in juvenile justice.

- Provided an opportunity to evaluate the purpose of out-of-home placement; why youth are confined; the degree of public safety risk; and whether re-confining youth for technical violations or low-level behavioral non-compliance is necessary. As a result, probation/parole officers expanded their understanding of graduated sanctions and shifted to using alternatives to detention (i.e., filing a petition instead; using GPS tracking for high-risk youth; etc.)
- Some jurisdictions reported reduced length of stays in 2020 compared to earlier time periods.
- Assigning a social worker to concentrate on finding family members with the goal of increasing the number of youth supports and locating placement options for youth.
- Increased transparency and communication at all levels (examples: staff, youth, families, community, other stakeholders).
- Increased the presence of parole/probation staff in the community to more regularly engage with youth. One jurisdiction plans to decrease the number of field offices to encourage field staff to conduct the required youth contacts in the community rather than in an office setting.
- Reduced the number of intake facilities which were previously operating below capacity.
- Generated savings of time and financial resources by conducting appointments virtually or delivering the service on the youth's unit instead of transporting youth to/from community mental health appointments; to/from court; to/from the facility infirmary when youth are sick; etc.

In response to the pandemic, Utah DJJS altered how youth are placed in secure care facilities. The new practice requires senior supervisory approval prior to revoking a youth and placing him/her in detention. This practice will be retained post-pandemic. UT DJJS has witnessed a 20% reduction in technical violations for youth on probation during this time.

- Created a “fast track” that required an expedited review by the County Attorney (within a 24-hour period) of youth cases who did not meet the new criteria for detention placement.

2) Increased focus on youth, family, and staff needs which resulted in improved relationships. Examples include:

- Case workers called each family on a regular basis to keep them informed which may positively influence level of trust.
- Agency hosted organized live streaming events for families that were facilitated by agency leaders. During these sessions agency leaders shared information, invited questions from family members, and gathered feedback on what supports families needed.
- Facility staff were pushed to engage with youth in more meaningful ways as a result of a decrease in structured programming. This was particularly apparent for youth in quarantine as staff increased their interactions by playing board games, working on activity packets, and making artwork with youth.
- Implemented a cohort approach in which all youth and staff stayed together on the unit for all activities which reinforced the concept of a “family.” This enabled youth to exercise their problem-solving and conflict resolution skills with their peers.
- Facility staff (at all levels) shared a similar experience (i.e., fears, concerns, practice changes, uncertainty, “having a voice” by generating solutions, etc.) which strengthened bonds and reinforced the need for teamwork.
- Staff and youth were required to huddle twice a day to talk about their daily goals; how they were feeling; and identify their focus for the day. This fostered vulnerability among staff and allowed staff to lean on one another for support.
- Managers and agency leadership increased communication and transparency (i.e., regular briefings, memos, answering individual emails from direct care staff, etc.) which can positively influence trust in leadership and strengthen agency and facility culture.
- Established staff support groups and invited all staff to participate which sent a positive message of care, concern, and support.
- Staff increased their involvement in youth-oriented meetings (e.g., MDTs, treatment groups, etc.) as a result of a decrease in the amount of time needed to

During the pandemic Utah DJJS invested in the IT infrastructure to allow youth access to higher education. Youth can now work towards earning an Associate or Bachelor’s degree while in the care of the state. Recently, the Utah state legislature passed a bill <https://le.utah.gov/~2021/bills/stat ic/HB0279.html> allowing general funds to be used to cover the cost of higher education.

- transport youth to court or to activities within the facility. This reinforced that direct care staff are an essential part of the team.
- Probation/parole officers increased the number of contacts through video calls and curbside visits which strengthened their relationship with youth.

3) Improved programming and services to youth and families. More specifically:

- Increased family engagement using virtual video platforms in Multi-Disciplinary Teams (MDT) meetings and family therapy sessions.
- Smaller treatment groups allowed for more personal and meaningful interactions.
- Increased dosage due to treatment groups being held on the units (i.e., reduced transportation time) and an increase in activities to keep youth engaged.
- Education components and services were strengthened:
 - Youth were provided access to higher education (Associate and Bachelor's degrees) through online platforms.
 - Implemented a "reverse learning" classroom in which lessons are presented through virtual platforms and in-person classrooms are used for interactive lab experiences.
 - Implemented weekly targeted interventions to work with youth who were struggling academically.
 - Teachers conducted daily check-ins with students to help them stay connected.
 - Developed and implemented a specific education protocol to address student disengagement.
- Improved release planning for youth that involved identifying specific actions to mitigate public safety risk if a youth was released into the community (i.e., what the family will need to support youth success).
- Implemented a process to prevent service gaps and foster a seamless transition by allowing youth to continue individual mental health sessions with the facility clinician until they were fully connected to similar services in the community.
- Enhanced the orientation process for committed youth who resided in detention and who were awaiting placement. The state agency established a system to build rapport with these youth by conducting a virtual orientation session prior to youth being placed in a longer-term facility. This session provides an opportunity for staff to introduce themselves; to explain what to expect while in the program; and answer any questions the youth may have.

During the pandemic, Connecticut Judicial Branch, Court Support Services Division (CT CSSD) worked with youth advocates and probation/parole officers to develop individualized plans to prevent student disengagement. This involved purchasing necessary equipment for youth and families such as laptops and Wi-Fi hot spots.

- Provided food, Wi-Fi hot spots, laptops, and cellular phones to families in need to ensure basic needs were met and allowing families to maintain seamless communication with youth.
 - Provided formal training to probation/parole officers regarding the resources available to families and how to access these services (e.g., food pantries, nutrition programs, COVID-19 testing sites, etc.) This information will continue to be provided to families moving forward.
-

“Some districts report seeing students recovering credits at a higher rate during the pandemic [due to use of computer assisted instruction]” --- *Florida Department of Juvenile Justice*

4) Improved partnerships with community members and stakeholders. Examples include:

- Increased collaboration with youth advocates through regular meetings in which the agency provided up-to-date information. Youth advocates then relayed this information to families and the community at large.
- Strengthened community relationships as evidenced by community members purchasing all items on the facility’s Amazon wish list.
- Increased partnerships with other agencies and facilities through daily emergency command team meetings.
- Improved partnership with the courts by working together to permit youth to be held in detention a maximum of 72 hours.

5) Improved short-term outputs and outcomes for youth. Jurisdictions provided examples of how the pandemic influenced key agency measures. Examples include:

- A decrease in the number of “preventable” incidents.
 - A reduction in youth-on-youth violence including gang-related incidents.
 - A decrease in the number of technical violations for probation youth.
 - A reduction in the number of violations committed by youth on GPS monitoring.
-

LESSONS LEARNED

A key part of improving the juvenile justice system and the services provided is reflecting on lessons learned. The eight jurisdictions interviewed were asked what they learned from their experience responding to the global pandemic and what they might do differently in the future. Five main themes emerged. These include:

- 1) Use the opportunity to challenge old beliefs and practices and be open to innovative solutions.
- 2) Be prepared and have a robust emergency response plan to avoid any delay in taking action.
- 3) Practice frequent, consistent, and transparent communication with staff, youth, families, and stakeholders.
- 4) Create mechanisms to clearly demonstrate care and concern for staff by conducting frequent check-ins and employing other strategies to promote staff wellness.
- 5) Invest the necessary resources to meet challenges encountered, especially IT solutions.

1) Challenge old beliefs and be open to innovative solutions.

Many of the interviewed jurisdictions reported that the pandemic allowed systems to identify long-standing barriers and to generate creative solutions to issues that had previously been deemed as impossible to fix or solve. During the pandemic, many jurisdictions implemented significant system practice changes that they plan to retain post-pandemic. One of the most salient examples is implementing additional layers of approval (i.e., by probation/parole supervisors, court judges, agency leaders, etc.) to ensure only the most high-risk youth are placed in secure facilities. Detention and secure facility populations have been reduced by applying further scrutiny regarding why youth are revoked and/or placed in care. Another example is creating and implementing essential data reports to inform decisions that had been stalled for months in the agency IT queue.

Jurisdictions also described challenging old beliefs related to youth and families. Prior to the pandemic many youth were restricted to a few phone calls a week to their families, which had to be earned as part

Increased Treatment Dosage and Engagement

The Ohio Department of Youth Services reported an increase in programming time and treatment services during the pandemic. This outcome was the result of youth receiving the majority of programming on their unit rather than youth having to be transported throughout the facility or campus.

Similarly, Arizona Maricopa County Juvenile Probation Department reported staff engaged youth more often since youth were programming on the unit. The pandemic also encouraged staff to engage with youth in more creative ways.

of the behavioral level system. During the pandemic to foster relationships and provide additional support to youth, many facilities removed the phone call limitations. Youth were permitted to call families more often or whenever it was needed. Some jurisdictions will be retaining this practice after witnessing the positive impact it had on youth well-being.

2) Be prepared. Agencies and facilities must have a robust emergency response plan to avoid delay in taking action.

Jurisdictions emphasized the importance of having a robust and updated emergency response plan. Several agencies stated that although they had a plan, it was not comprehensive and/or it was difficult to operationalize. Jurisdictions encourage agencies to:

- Ensure all staff are trained on the relevant emergency response protocols and structures prior to the event.
- Create a list of additional family members for each youth - alternative contacts who can provide support to youth if the primary contact/family member falls ill.
- Ensure that all resources identified in the emergency response plan are available (e.g., an adequate supply of Personal Protection Equipment (PPE); additional IT equipment; etc.)
- Adopt a long-term vision and plan for a longer duration than anticipated (include back-up plans).
- Ensure the plan includes staff coverage, specifically who will cover for mandatory posted positions (e.g., Medical Director, direct care staff, etc.)
- Include staff and youth wellness as part of the plan. For example, during the COVID-19 crisis some jurisdictions lost staff members to the disease and had not resource-planned on how best to support staff and youth through the grieving process.

3) Frequent, consistent, and transparent communication with staff, youth, families, and stakeholders is critical.

Jurisdictions emphasized the importance of regular communication that is sincere, informative, transparent, and consistent across all layers of the agency. More specifically, jurisdictions advised that agency communication experts develop a formal comprehensive communication plan that details communication with youth, families, staff, stakeholders, the media, etc. At a minimum, the comprehensive strategy should reflect:

- Using a variety of communication methods (e.g., video, written, etc.) to reach all types of learning styles.
 - Organizing formal meetings to bring team members together to discuss issues and problem solve in real-time (e.g., daily huddles twice per day).
-

- Creating forums by which families can stay informed and agency leaders can answer questions families may have (e.g., Live Streams, monthly support groups, etc.)
- Developing a call schedule and designating individuals responsible for contacting families on a regular basis. This also included developing talking points to better ensure consistency in messaging and to gather information about family needs.
- Regular direct communication to all staff from agency leaders (e.g., emails/memos, virtual question and answer sessions, etc.)
- Regular communication with stakeholders and partners (i.e., law enforcement, prosecutors, public defenders, youth advocates, etc.) to share response strategy updates and protocol changes.
- Consistently updating the agency website with the most recent response information.
- Consistently corresponding with the media through planned interviews (to include talking points) and press releases.
- Regular meetings with labor unions from the onset to work through any concerns and resistance and provide an opportunity for feedback.

4) Staff support is essential. Create mechanisms to clearly demonstrate care and concern by conducting frequent check-ins with staff and employing other strategies to promote staff wellness.

In the midst of the pandemic, jurisdictions realized the critical value of providing staff support during difficult times. Specific examples of giving appreciation, recognizing staff for their efforts, and providing support include:

- Conducting grief support groups before and after shifts to support staff in the grieving process (in response to the passing of a colleague).
- Implementing a 10-hour shift schedule to allow three consecutive days off.
- Calling staff regularly to ask how they are feeling and to share available resources.
- Meeting with field staff who were re-deployed to facilities to work and explaining why they were here, what to expect, and answer questions.
- Providing incentives for complying with new protocols – e.g., a “Mask Up” challenge in which staff were provided lunch or additional administrative leave for demonstrating 100% compliance with the mask mandate.
- Individual and group emails from agency and facility leaders thanking staff and acknowledging a job well done.

5) Invest the necessary resources to meet challenges encountered, especially IT solutions.

Many jurisdictions advised agencies to invest in IT infrastructure (e.g., Wi-fi capabilities) to support telehealth and video platforms. Jurisdictions encouraged others to research

grant opportunities (state and federal) to purchase the additional resources needed. Specific suggestions included:

- Providing technology (e.g., smart phones, Wi-Fi hot spots, etc.) to field officers, families, and youth in the community to facilitate video check-ins and visitations with youth.
- Providing flip phone and tablets to youth in quarantine to allow for more frequent contact with their families. It is important to note that jurisdictions consistently reported that having ways to monitor these devices such as checking the phones in/out and having filtering software on tablets prevented youth from abusing this opportunity.
- Creating a formalized data tracking system with automated reporting options on important measures (e.g., youth testing positive, number of tests conducted, results, etc.). This allowed jurisdictions to make decisions and readily share information with staff and stakeholders.

CONCLUSIONS AND FUTURE CONSIDERATIONS

The COVID-19 pandemic took the world by surprise and in most cases, juvenile justice agencies were less than adequately prepared to effectively manage the crisis. Jurisdictions struggled to maintain daily operations in 24/7 facilities when confronted with strict safety precautions and the loss of staff members, all in the midst of navigating the unknown. That said, in the face of enormous challenges, agencies worked to adapt to unknown circumstances. Jurisdictions reported investing significant resources to implement practices and procedures to ensure youth and staff safety; maintain daily operations; and ensure staff, youth, and families felt supported in this time of need. Perhaps surprisingly, jurisdictions witnessed some key take aways from the COVID-19 experience including challenging old (and often less than effective) practices and implementing structures that better align with best practices in juvenile justice.

One important finding that stands to encourage system reform is that 62% of states participating in this study reported a decrease in the number of Youth of Color housed in secure state-operated juvenile justice facilities larger than the decrease in White youth. This finding may prompt individuals to ask a number of questions related to Racial and Ethnic Disparities (RED) and the overrepresentation of Youth of Color in secure facilities. Questions for juvenile justice leaders and professionals to consider may include:

- Is our average length of stay for youth appropriate or can this time be reduced with the same positive outcomes?
 - If youth are managing successfully in the community, what additional tools did we provide to facilitate and support youth in their success (i.e., family support
-

and resources, more frequent visits with parole/probation officers using technology, etc.)?

- If youth are positively engaged and crime-free while in the community, is it necessary or beneficial to treat these youth in a higher level of care such as a secure facility?

In the interest of best practices and the “do no harm” rule, it is incumbent upon juvenile justice leaders to further explore these questions.

The long-term impacts of the COVID-19 pandemic still remain to be seen. For example, it is likely that systems will not know the true impact of remote educational services on youth learning achievement; the impact of decreased facility programming (e.g., treatment groups, recreation, the absence of mentors and volunteers, etc.); the influence of increased family engagement and contacts; and/or the impact on recidivism, for years to come. It will be important for agency leaders and researchers to establish structures and indicators today to allow this information to be obtained in the future.

It is the hope that this report serves as a springboard to support one another in preserving and advancing effective innovations; sharing jurisdiction needs; and generating new solutions to prepare for unforeseen challenges ahead. Future considerations may include conducting a study to determine the short and long-term impact on the mental health of youth and staff. It may also be useful to host roundtables of juvenile justice leaders and managers to share practices that will be retained post-pandemic. In addition, since this report reflects interviews with top agency leaders, facilitating discussions with youth, families, and youth advocates could shed light on which practices should be retained and/or suggestions for future practice modifications.

APPENDIX A: DETAILED METHODOLOGY

The development of this report consisted of two inter-related phases or components: 1) Population data; 2) An electronic questionnaire; and 3) Structured interviews with selected jurisdictions. These data collection methods gathered information regarding policy and practices changes; challenges encountered; and lessons learned as a result of the COVID-19 pandemic. Each of these methods is described in more detail below.

- 1) *Excel Data Spreadsheet* – A spreadsheet was sent to state-level juvenile justice agencies in all 50 states and all local CJA member entities. Jurisdictions provided data in four key areas: Average length of stay; number of admissions within the system (at designated points in time throughout 2019 and 2020); number of releases across the system (at designated points in time); and daily population (ADP) within the system (at designated points in time). Unfortunately, due to limitations described in previous sections of this report, analyses were only able to be performed on data related to secure facility populations in state-run facilities. Quantitative analyses included data submitted by the following states: Alabama, Alaska, Arizona, Colorado, Connecticut, Florida, Georgia, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Massachusetts, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Virginia, Washington, Wisconsin, and Wyoming. There were two states that provided responses to the online questionnaire but did not provide juvenile justice population data.
 - 2) *Online questionnaire* – The primary intent of the questionnaire was to gather information regarding policy and practice changes implemented as part of a COVID-19 response plan. A 14-item questionnaire was developed that included two demographic questions (i.e., questions to identify type of jurisdiction (state/county)) and 12 questions to gather information on specific practices. The questionnaire was sent to state-level juvenile justice agencies in all 50 states and 12 local CJA member entities. Recipients were encouraged to participate, although participation was strictly voluntary, and jurisdictions did not receive compensation for submitting the completed questionnaire. A total of 35 jurisdictions made submissions – 31 state agencies and four (4) county entities. The participating state agencies are listed above. The four county entities were: Alameda County (CA), Contra Costa County (CA), Maricopa County (AZ), and Washington County (OR). Thematic analyses were conducted on each of the qualitative questions posed. Some of the questions included, but were not limited to:
 - In response to the pandemic, were changes made in your state's or county's standards for admissions to post-adjudication juvenile facilities? (e.g., seriousness of offense, risk level, availability of rehabilitative treatment, etc.)
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- In response to the pandemic, were changes made to your agency's standards for releasing juveniles from post-adjudication facilities to their communities? (e.g., youth were released early based on time served, risk level, program length, etc.)
- Were changes made to facility-based treatment programming in response to the pandemic? (e.g., virtual meetings with treatment professionals, size of groups, length of treatment program, moved final treatment stages to be delivered post-release in the community, etc.)
- Were changes made to the delivery of facility-based educational instruction in response to the pandemic? (e.g., remote classes, changes in class size, add or drop classes or content, etc.)
- Were changes made to other facility-based programming and activities in response to the pandemic? (e.g., implementation of trauma-informed practices, family programs, new service opportunities for youth, etc.)
- In response to the pandemic, have you changed access to electronic devices for youth in your facilities for communication and/or activities? (e.g., tablet, cell phone, laptop, etc.)
- In response to the pandemic, were changes instituted regarding youth communication and contact with their families? (e.g., changes in quantity of phone and remote visits, new opportunities for families to send things, etc.)
- In response to the pandemic, did you institute changes to aftercare monitoring of youth who were released to the community? (e.g., use of GPS electronic monitoring, remote visits, curbside visits, etc.)
- In response to the pandemic, were youth who were released provided electronic devices? (e.g., phones, laptops, tablet, etc.)
- Were any changes made to probation or aftercare revocation policies or practices as a result of the pandemic? (e.g., senior authorization needed for revocation, decision by seriousness of offense, risk level, population of facilities, etc.)
- Are there other policies or practices not outlined in previous sections that you changed in response to the pandemic that you plan to make part of the standard operations post-COVID-19?
- Are there any changes you made in response to the pandemic that you do not anticipate keeping but would have liked to?

As part of the data collection strategy, jurisdictions were also asked to provide quantitative data in four key areas: Average length of stay; number of admissions within the system (at designated points in time throughout 2019 and 2020); number of releases across the system (at designated points in time); and daily population (at designated points in time) within the system.

- 3) *Targeted interviews* – A total of eight (8) jurisdictions were selected to participate in a one and a half hour (1 ½) structured interview. Interviews were conducted via video conference with agency and/or department leaders. The
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purpose of the interview was to gather additional information and clarification on policy and practice changes; discuss challenges jurisdictions faced; and highlight lessons learned/key takeaways from their response to the global pandemic. Jurisdictions were selected to participate in the interview phase based on the responses provided in the electronic questionnaire. Among the factors considered in the selection process was the ingenuity or uniqueness of the response strategies employed. In addition, it was important to create a sample that represented various sizes of juvenile justice systems across the nation. For simplicity purposes Average Daily Population (ADP) was used to determine the size of the system. A “small” juvenile justice system was defined as having an ADP of 1-100; a “medium” system had an ADP of 101 - 200 youth; and systems with an ADP greater than 201 youth were considered “large,” for the purposes of this report. Based on these criteria there were two (2) small, four (4) medium, and two (2) large juvenile justice systems selected and whose agency leadership agreed to be interviewed. Both county and state entities were represented in the sample. The chart below provides more detailed information regarding jurisdictions that were interviewed.

Participating Jurisdiction	Youth Population Range Between April 2019 and December 2020	System Size
<i>Alaska Division of Juvenile Justice</i>	114 - 159	Medium
<i>Arizona Department of Juvenile Corrections</i>	174 - 187	Medium
<i>Connecticut Judicial Branch, Court Support Services Division</i>	15 - 24	Small
<i>Louisiana Office of Juvenile Justice</i>	203-242	Large
<i>Maricopa County Juvenile Probation Department (Arizona)</i>	113 - 202	Medium
<i>Maryland Department of Juvenile Services</i>	136 - 358	Medium/Large
<i>Ohio Department of Youth Services</i>	355 - 518	Large
<i>Utah Division of Juvenile Justice Service</i>	69 - 110	Small/Medium

Interviews were conducted using a standard set of questions to guide and consistently gather information across participants. Interview questions focused on innovative practice changes related to each of the categories outlined in the electronic questionnaire; challenges encountered; the positive implications of new practices implemented; and lessons learned/key takeaways. As part of the natural process, interviews also included additional questions that arose organically to clarify the

jurisdiction's unique responses. Questions were sent to participating jurisdictions one week in advance of the scheduled appointment to allow interviewees to adequately prepare for the interview. All eight interviews were completed in March 2021.

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