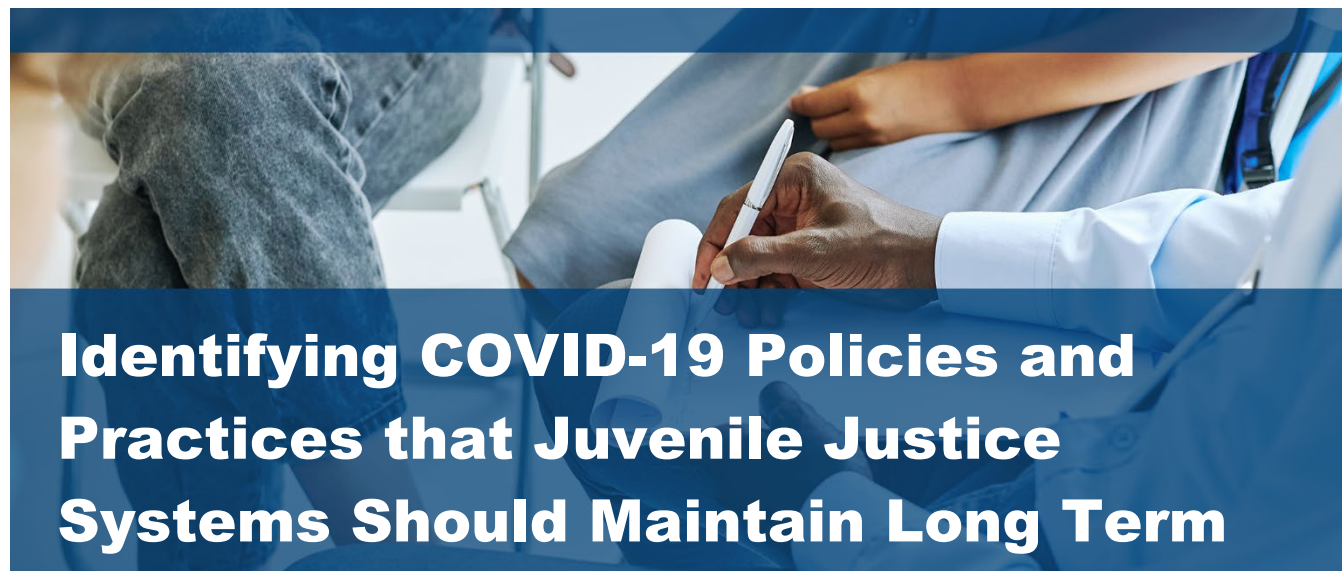




SEPTEMBER 2023

LISTENING SESSION 5: Juvenile Justice Specialists¹



Identifying COVID-19 Policies and Practices that Juvenile Justice Systems Should Maintain Long Term

Introduction

This report—focused on juvenile justice specialists—is the fifth in a series describing findings from listening sessions with juvenile justice practitioners about the effects of the COVID-19 pandemic on the juvenile justice system.

The COVID-19 pandemic **dramatically interrupted** the full spectrum of juvenile justice system activities, processes, and structures in the United States, from intakes to reentry. Across the country, juvenile justice practitioners responded to this public health crisis by implementing emergency policies to **mitigate** disease spread and maintain programming to the extent possible given public health orders and staff absenteeism. As the upheaval created by COVID-19 subsides and the country **“returns to normal,”** the juvenile justice field will benefit from a comprehensive assessment of the policies implemented and changed during the pandemic, with a specific eye toward what worked well, what did not, and the root causes for successes and challenges. It is clear that juvenile justice practice will not fully return to its pre-pandemic status and in many cases will **integrate changes** in policy and practice brought about by the pandemic. Because decisions about the COVID-19 response have typically been made at the state level, aggregating and

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analyzing information across states and across practitioners within the juvenile justice continuum is a difficult but important undertaking.

Our 2021 National Institute of Justice (NIJ)-funded project—Juvenile Justice Responses to the COVID-19 Pandemic—involves several research activities, including listening sessions, a systematic literature review, a policy scan, and case studies.

THROUGH THESE RESEARCH ACTIVITIES, WE AIMED TO ANSWER THREE QUESTIONS:

1.

How have juvenile justice systems **responded** to the COVID-19 pandemic?

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How have juvenile justice systems changed policies related to **transfers between and releases** from juvenile residential place facilities?

2.

How are different policy responses associated with **youth and public safety outcomes** (e.g., educational attainment, mental and physical well-being, recidivism, intakes, releases)?

3.

For policies associated with positive outcomes for youth or improved public safety, **what resources are needed** to sustain these policy changes in the long term?

Our team conducted **listening sessions** with a broad range of juvenile justice system practitioners to learn from their experiences during the pandemic and **to identify policies and practices** that juvenile justice systems can and should maintain long term (even as COVID-19 is now endemic). The goal of these listening sessions was to discuss policies and practices related to intakes, transfers, and early releases from juvenile residential placement facilities, as well as those intended to protect public safety, and ensure the safety, health, appropriate supervision, and long-term success of youth. We also asked practitioners to identify possible best practices for rapidly responding to similar threats that may emerge in the future—such as other public health emergencies and natural disasters—to ensure that juvenile justice systems have an experience-based guide that reflects important lessons learned for making difficult but effective decisions in emergency situations.

Setting, Participants, and Focus

Our **fifth listening session** took place in September 2023 with **state juvenile justice specialists**.

Recruiting for this specific sample proved to be challenging. Despite the large pool of juvenile justice specialists that we invited, only two people participated in this listening session. The research team speculates that the difficulty in

recruitment may have been due to staff turnover in these positions during the recruitment period or many of the individuals in these positions being very busy and working in other positions simultaneously. Although the small sample size attenuates the generalizability of our findings, the participants' input provides valuable insight into their experiences during the pandemic.

The position of juvenile justice specialist is unlike others in the justice system in that only one is employed in each state. The position came about because of the Juvenile Justice and Delinquency Prevention Act (JJDP), a federal law that gives protection to youth care and treatment in the justice system. States that follow this act receive funds to help support compliance monitoring. In response to this act, states developed State Advisory Groups (SAGs) to provide input on the use of JJDP funds and support compliance and reporting regarding the core requirements of the act. The Office of Juvenile Justice Delinquency and Prevention also strongly encourages states to have a dedicated staff person, often the juvenile justice specialist, to coordinate compliance monitoring efforts. In turn, the juvenile justice specialist often works with the SAG to organize meetings, monitor compliance, and support reporting on the three-year plan required by the JJDP. They can also serve as their state's racial and ethnic disparities coordinator. These are general duties—positions and responsibilities vary across states.

In addition to serving as state juvenile justice specialists, both participants also served in other roles (e.g., programs supervisor, program analyst) in their states' juvenile justice system. The focus of this session was to assess policy changes and implementation across a three-year period before, during, and after the pandemic. The meeting was co-facilitated by Dr. Kristan Russell, Gene Siegel, and Marly Zeigler from the National Center for Juvenile Justice.

Note: Because each state has only one juvenile justice specialist, this report does not mention the states the participants work in to protect their anonymity.

Findings

POLICY CHANGES DURING THE PANDEMIC

Prioritizing safety

In the listening session, both participants mentioned that the beginning of the pandemic was fraught with uncertainty and that their **main priority was safety for youth, their families, and staff members**. According to one participant, the first response within the juvenile justice system was to "freeze in place" while reactive plans were established. Both participants detailed the quick efforts taken to reduce the movement of youth and staff within and across facilities to mitigate the spread of COVID-19. When possible, these efforts included **reducing detention intakes, avoiding placement in congregate care settings, and implementing isolation and social distancing practices**. As time passed, practices and policies became less restrictive across both participants'

"There was so much unknown about spreading, masks, how to handle diversion, could intakes be stopped, how to prevent spread/exposure..."

locations.

Several other policy and practice changes took place within the juvenile justice system during the pandemic to ensure the safety of those involved. For example, one state implemented widespread COVID-19 testing policies. In residential settings where staff and youth were required to interact in person, agencies disseminated guidance on how to operate safely (by implementing procedures such as social distancing and masking). Both states provided

virtual services and teleworking options; the effects of these changes are discussed in more detail in the following section.

One participant noted that although their state's response was perhaps not as robust as desired, safety remained a priority, and masks were provided to staff, youth, and families (although individuals were not required to wear them). This state also implemented **quarantine practices** (as needed) within residential facilities. However, this participant also noted concerns about how these practices and the resulting social isolation affected youths' mental health. Probation services continued to conduct in-person visits with youth, and some departments within the state allowed employees to take safety precautions (including masking, social distancing, and conducting visits outside of the home).

Telework versus in-person work

In efforts to align with safety priorities and reduce spread, both participants' states offered some forms of teleworking when possible. Both participants noted that teleworking was not possible for most of the staff working in residential settings who needed to interact directly with youth in placement. Teleworking options were particularly helpful to staff who had children at home who were no longer in childcare or school during their regular working hours. However, essential staff who were unable to telework likely faced more challenges in balancing their work and home lives. These challenges were compounded by the concerns of contracting COVID-19 and spreading it to their families. The participants noted that teleworking and virtual options, when available, helped alleviate some of these stressors.

In addition to telework options, both participants mentioned that their states provided **various options for virtual visitation, services, and schooling for youth in placement**. One participant noted that although virtual settings may not be ideal for certain services, treatments, and types of educational content, they were necessary in the moment to reduce the spread of infection. They also noted that although staff understood these changes, they had concerns about the effectiveness of the services being provided and worried that the youth may not have been receiving the level of support that they needed. One respondent noted that they found that telework increased productivity and improved mental health for family service employees. Despite the previously stated concerns, one respondent indicated that teleworking in various formats has continued after the pandemic.

DIFFERENCES IN IMPLEMENTATION AND MONITORING

Differences in policy implementation

When asked about policy implementation, participants described substantially different experiences. For example, one participant described receiving policy and practice guidance on COVID-19–related procedures from the state and local levels, as well as internally within facilities. In this state, practitioners developed **several state-level committees aimed at ensuring collaboration and consistency in policy implementation** across state agencies. Policy updates were then distributed to families and staff as changes occurred. This participant also noted that all policies were detailed in nature, strictly documented, and disseminated to youth, staff, and families according to a specific process. Beyond state-level recommendations, residential facilities also received **guidance from onsite medical staff** to supplement the state's policies. All policies and information on how policy decisions were made were directly disseminated to parents, youth, and staff whenever possible.

The other participant's state enacted policy changes quite differently. Their state provided less guidance and implemented fewer restrictions. Most policies were **created at the local level**, and adherence to practices such as masking was left to personal choice. Policies in this state originated largely from individual jurisdictional directors' instructions to employees; as such, the process was highly individualized and varied greatly across jurisdictions.

When asked specifically about challenges in implementing new policies, one participant noted that employee responses—both positive and negative—to the policy changes varied across geographical locations within their state. Certain staff tended to be more vocal than others about their level of satisfaction with these changes, and administrators were tasked with **managing the employees and their responses** as effectively as possible. Another challenge involved ensuring that all primary stakeholders (including staff in group homes, schools, and the field) were consulted and able to come to a consensus on the changes. Both participants noted that although most stakeholders agreed on telework policies, some had concerns about supervising and monitoring employees who were working from home.

Differences in site monitoring

One of the primary responsibilities of juvenile justice specialists is to monitor their state's compliance with the JJDPa because participating states receive federal funds for this purpose. However, not all states participate in the JJDPa, and one of the two participants worked in a state that is considered nonparticipating. Thus, these two jurisdictions have different approaches to JJDPa compliance monitoring; although one state is considered nonparticipating (and thus does not receive federal funds), it still attempts to monitor at least some aspects of the JJDPa. **Different monitoring activities were also affected by pandemic-related policy changes.** In the participating state, site audits were suspended for a period of time during the pandemic for safety. This suspension made site monitoring more difficult because some parts of the audit were more difficult to carry out virtually. For example, observers were unable to verify "sight and sound" separation between youth and adults in facilities, which includes verifying that youth and adults are separated in housing, recreational spaces, dining areas, and other common areas to ensure that youth are not exposed to adult offenders who may influence, threaten, or abuse them.

In this particular state, the data from the pandemic years show that the number of incidents (e.g., holds)² decreased substantially in juvenile detention and has not returned to pre-pandemic numbers. This finding reflects an important effect of the pandemic and the associated effects of COVID-19–related policies on facilities. This participant indicated that these declines may be attributed to law enforcement implementing creative alternatives to secure confinement during the pandemic.

In the nonparticipating state, site monitoring occurred through an external nonprofit evaluator. However, early in the pandemic, the nonprofit evaluator completed its contract but did not receive additional funding to continue its monitoring visits. As such, this state has not received site monitoring in recent years, but the specialist noted that another nonprofit is working to apply for grant funding to restart these activities.

Conclusions

To understand the nature and effects of policy changes that occurred in response to the pandemic, the NIJ-funded Juvenile Justice Responses to the COVID-19 Pandemic project is undertaking a range of research activities, including a systematic literature review, a policy scan, case studies, and listening sessions. During our fifth listening session, we spoke with juvenile justice specialists from two states. Although this session included only two participants, both shared important lessons about differences in policy changes and implementation that likely apply to many other states. Although both states prioritized the safety of the youth, staff, and their families, their policies differed in whether safety changes (such as masking) were compulsory and in how the policy changes were codified and

² A "hold" refers to the temporary placement of a juvenile in a secured facility.

communicated to stakeholders. In addition, because they hailed from one participating state and one nonparticipating state with regard to the JJDP, participants articulated differing perspectives about how the pandemic affected compliance monitoring across sites. Insights such as these will be especially valuable as states consider which pandemic-specific policy changes should be maintained in the long term.