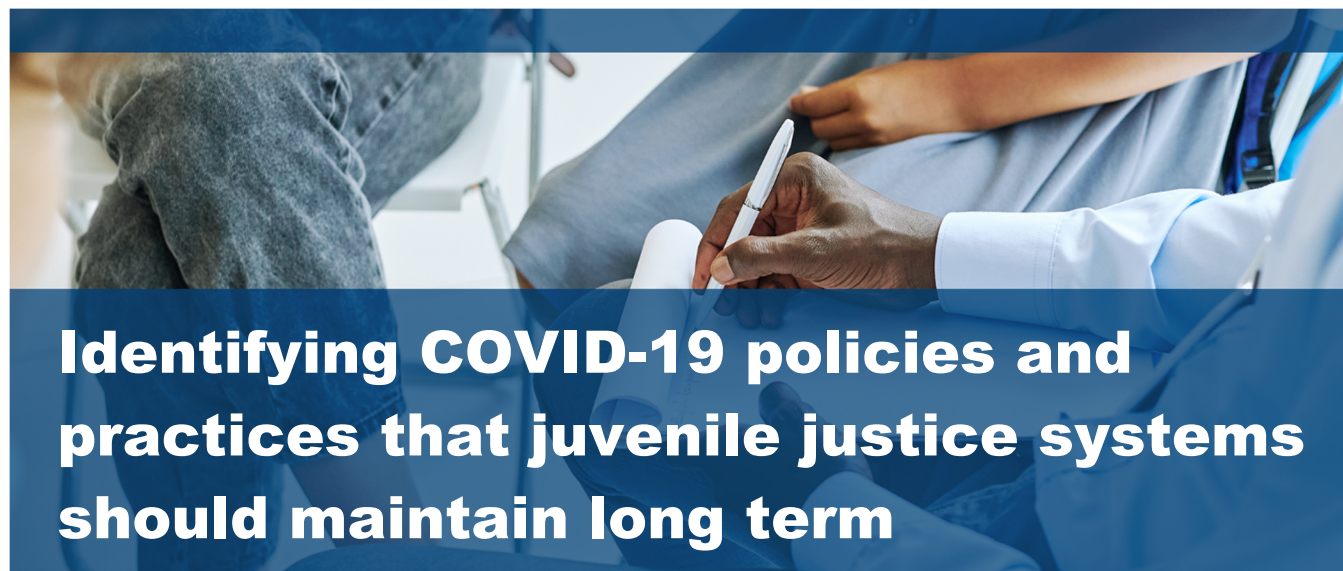MARCH 2023

LISTENING SESSION 1: Juvenile Justice System Crime Analysts[1]

Identifying COVID-19 policies and practices that juvenile justice systems should maintain long term

Introduction

This report–focused on juvenile justice system crime analysts–is the first in a series describing findings from a listening session with juvenile justice practitioners about the effects of COVID-19 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-COVID-19 status, and in many cases will **integrate changes** in policy and practice brought about by the disease. Because decisions about the COVID-19 response have typically

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been made at the state level, aggregating and 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, policy scan, and case studies.

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

1.

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

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 wellbeing, 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 juvenile 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 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

Dr. Melissa Sickmund of the National Center for Juvenile Justice and Dr. Shelby Hickman of Abt Associates organized and co-facilitated the listening sessions. The sessions were conducted using Zoom and usually involved six to twelve participants. Participants responded to semi-structured questions agreed upon by the research team prior to the sessions. Our **first listening session** took place in March 2023 with the **Council of Juvenile Justice Administrators (CJJA) Data and Analysis Committee**. This group brought together seven crime analysts serving in juvenile justice systems throughout the country. The focus of this session was discussion of the implementation and evolution of various policy changes that took place over the course of the pandemic, as well as conversation about what data collection and analysis efforts, if any, took place over the three years of the pandemic. We summarize the listening session and highlight several of the most notable findings below.

Findings

POLICY CHANGES DURING COVID-19

Participants enumerated several prominent policy changes occurring over the course of the pandemic and discussed the various precipitating events/conditions, justifications, benefits, and challenges associated with these policy changes.

Limited availability of services for youth

The pandemic **limited justice systems' ability to offer treatment services** (including case management and education) for youth, especially in group settings. This presented a challenge because:

- While some jurisdictions implemented **virtual/remote services**, there is currently no clear data on which/how many services transitioned to a virtual format, nor whether those virtual services were as effective as in-person services. In short, systems appear to have kept very few records about such changes. Following this, documenting these changes is a major focus of this research effort.
- Dr. Sickmund (co-facilitator) noted that the 2020 Juvenile Residential Facility Census included questions about changes in practices and policies and only 62% of respondents said they discontinued in-person

group counseling or classroom activities due to COVID-19. This was a smaller percentage compared to other policy changes like changes in visitation, signage, phone call access, etc.

Quarantining

Respondents mentioned that policies related to quarantining, while necessary for mitigating the spread of a deadly virus, had **unintended negative consequences** on youth mental wellbeing.

> "[Quarantining] was bad for kids and for staff because staff had to wear hazmat suits…that changes the way you typically work with kids when they first came in."
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> "We are still quarantining youth when they first come into the facility, and it definitely has an impact on their mental health when they first came in."
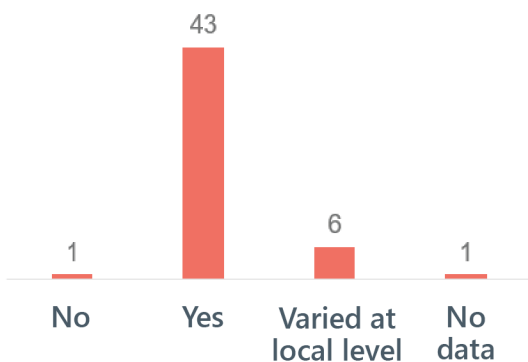
Virtual visitation

We shared findings from the policy scan (conducted by Abt/CNA earlier in the research project) with the group, showing that 32 states **suspended in-person visitation** and 41 states **implemented virtual visitation** policies.
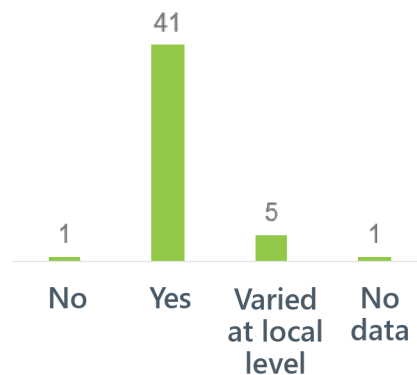
Respondents noted that policies allowing for virtual visitation or increasing youths' phone time may have benefits beyond the pandemic because they increase youths' ability to interact with their families (especially those families who face barriers to in-person visitation).

> "Sometimes parents don't have transportation, but virtual visitation allows kids to still see their families."

Did juvenile detention facilities suspend in-person visitation at any point during the COVID-19 pandemic?

Category	Value
No	1
Yes	43
Varied at local level	6
No data	1

Did juvenile detention facilities implement virtual visitation policies?

| Category	Value
No	1
Yes	41
Varied at local level	5
No data	1

Reducing the juvenile justice population

We shared two **data points from our policy scan** related to reducing the juvenile justice population with respondents. Those data points are displayed below.

22 STATES

released official guidance encouraging alternatives to detention for juveniles due to COVID-19

Was there a statewide policy to reduce the juvenile detention population (early releases) due to COVID-19?

Category	Value
No	10
Yes	28
Varied at local level	4
No data	10
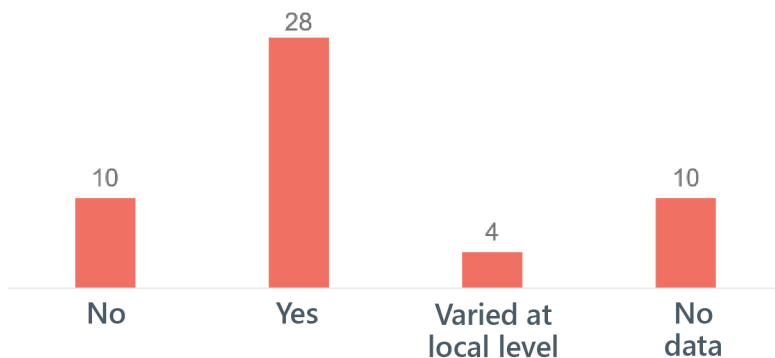
Participants noted that some states do not have systems in place to disseminate guidance across all juvenile justice facilities because of a **fragmented county- or locality-specific approach** to juvenile justice administration.

A representative from Maryland, a state with official guidance related to reducing the juvenile justice population, described what this guidance looked like in practice. Maryland uses a statewide (not a county-by-county) system—the Department of Juvenile Services—to manage all aspects of juvenile justice (except for the courts); this made it relatively easy to implement these policies.

> "We lowered facility populations, we tried to speed up releases, and to limit new placements. This was undertaken statewide."

> "It was an idea that was already in motion and COVID-19 really accelerated the reforms we wanted to undertake."

Additionally, Baltimore City in Maryland was an Annie E. Casey Foundation Juvenile Detention Alternatives Initiative (JDAI)2 site prior to the pandemic and had already been embracing many alternatives to detention. The respondent from Maryland noted that **COVID-19 was a catalyst to accelerate reforms that were already underway**.

Other states with similar guidance noted that in addition to promoting early releases, state guidance included policies like reducing the number of available beds per facility to allow for **single occupancy rooms and social distancing**.

When asked if they thought policy changes during COVID-19 have bolstered or weakened **public support for alternatives to detention**, respondents said it is hard to know the impact of policy changes responding to COVID-19, and it depends on who is being asked. One respondent noted that juvenile justice is cyclical and tends to go through waves of being more punitive and more rehabilitative. This respondent said it is hard to tell where the pendulum is at this time, but "it will be interesting to watch." Respondents also noted that none of their jurisdictions made the news during COVID-19 for their policy changes, which may indicate a lack of backlash for these policies.

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2 For more information about the Casey Foundation's JDAI program, visit https://www.aecf.org/work/juvenile-justice/jdai.

Use of youth cohorts

Participants reported that violent incidents in juvenile justice facilities declined during COVID-19 after a period of increasing violence prior to the pandemic. Respondents told us that prior to the pandemic, something they were troubleshooting was how to address the rising trend of **violent behavior** in juvenile justice facilities. During COVID-19, these incidents **declined significantly nationwide**.

Two respondents on the call attributed reductions in violent behavior to the use of youth cohorts in the facilities. Broadly, the **cohort method** involved assigning juveniles to small groups and limiting interaction and movement to these groups. For instance, juveniles assigned to the same cohort lived, ate, and engaged in programming together and did not physically interact with individuals in other cohorts.[3]

> "During COVID-19, youth had to stay in cohorts. Previously, a lot of youth might be in the cafeteria or in recess at the same time. During the pandemic, they were isolated to their housing unit, so it was only one housing unit at a time doing things, and our violence rate dropped….When we started to intermingle youth again, our violence rate went up."

Despite the **positive outcome of declines in violence**, participants were apprehensive about the use of cohorts beyond the COVID-19 pandemic. The cohort method, while effective at keeping violence down, **limits youth socialization and learning opportunities** that they would otherwise have by interacting with more of their peers. As one respondent from Rhode Island explained, "Once they are released, they need the social skills to interact with a range of people. So, it was positive because there was less violence, but maybe not positive socially." When asked what facility staff thought of the cohort method, respondents said staff "loved it. It made their jobs easier," because it allowed them to deal with fewer youth at one time.

We asked the seven respondents if there were other ways of encouraging cross-unit socialization—but in a different, more structured way—to keep violence down. Respondents said there was some consideration of having a hybrid model where there are opportunities for broader socialization while maintaining the cohorts, but that **staffing shortages** make such an approach infeasible. Prior research notes that juvenile justice facilities have for at least the last 10 years experienced a marked "staffing crisis" with systems seeing high rates of employee turnover and burnout, as well as challenges in recruitment and retention (Sheppard et al., 2022, p. 1; see also Mikytuck and Cleary, 2016). Respondents echoed these sentiments, lamenting the nationwide lack of people wanting to take on direct care positions in the juvenile justice system (while noting that this issue is less pronounced for those in leadership positions).

> "As we started coming out of the pandemic, people have more opportunities for different types of jobs and every system we've talked to is hemorrhaging staff."

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[3] This is similar to the "bubble" or "household" methods encouraged by the CDC to limit spread during the height of the pandemic (Willem et al., 2021).

EVOLUTION OF THE JUVENILE JUSTICE SYSTEM RESPONSE TO COVID-19 OVER THREE YEARS OF THE PANDEMIC

We also asked participants how, if at all, the strategy for dealing with COVID-19 changed during the last three years. Respondents noted that they implemented strategy changes based on CDC guidance and rates of community infection. Other respondents noted that compliance with these strategies varied throughout the pandemic.

Some of the responses are listed below:

- "It is fair to say that the response evolved as people were learning. We were dependent on the department of health and CDC on what to do in terms of masking, etc."
- "We had a policy where it was red, orange, yellow, depending on where we fell during the specific time frames, and it looked at prevalence in the community and in the facility, and that dictated certain things we did with the youth."
- "The compliance with the masks got challenging as things lessened in the community and people did not like [that] they had to wear masks (kids or staff). So policies did not really change, but compliance with strategies changed."

We also asked if there was a **statewide effort to coordinate the response** to COVID-19 among juvenile institutions and treatment centers. Nearly all respondents said the effort was coordinated. The respondent from Arizona, however, noted that it varied:

> "In Arizona, it was fragmented, but [what] we did come together on was that we coordinated statewide when we did intakes. Instead of doing things every single day, we did it in groups so we could have those cohorts and keep them separated from the general population for a two-week period."

Data collection and analysis related to COVID-19

We asked respondents if their states or jurisdictions began any **new data collection or analysis** projects in response to COVID-19. Respondents said that new data collection was limited largely to **tracking vaccinations, infections, and distribution of personal protective equipment**.

Most respondents indicated that data on COVID-19 infections was used for internal purposes, though Colorado made data on outbreaks in facilities publicly available as well.

We also asked about the challenges inherent in analyzing the effects of the discussed policy changes (including virtual visitation, early releases, and the cohort method). Respondents **identified several barriers** to a policy evaluation that explores, for example, that impact of COVID-19 policy changes on mental health and wellness, violence in facilities, or even recidivism, including the following:

- There are a limited number of jurisdictions in the country that track at the level of detail needed to assess the impact of policy changes. Most systems track where kids are and maybe whether they participated in a treatment.

- There are complications to using juvenile justice system data, as there are different definitions and concerns about data reliability across agencies in the same jurisdiction (e.g., defining recidivism), much less across states.

> "We are simply not tracking fidelity, dosage, quality, what you would need if you wanted to really assess something like real visitation versus virtual visitation."

Conclusions

Undoubtedly, the COVID-19 pandemic dramatically affected the US juvenile justice system as states and administrators implemented policy changes to maintain the safety and wellness (physical, mental, and emotional) of residents and staff. To better understand the nature and effects of these policy changes, 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 first listening session, we spoke with seven crime analysts (and members of the CJJA Data and Analysis Committee) serving in state juvenile justice systems to hear their perspectives on what kinds of policy changes were implemented in their jurisdictions during the pandemic and what the effects of these changes were. Information shared during this listening session most directly helps us answer our first research question (How have juvenile justice systems responded to the COVID-19 pandemic?) but provided fewer answers to our other two research questions seeking to determine how different policy changes affected youth and public safety outcomes and how positive policy changes/effects can be sustained long term. Participants discussed policy changes relating to availability of services for youth, quarantining, virtual visitation, limiting infection by using cohort methods, and formal efforts to reduce the juvenile justice detention population. However, regarding the assessment and efficacy of these policy changes, respondents noted several barriers to effective data analysis, including poor consistency and reliability in data collection within and across jurisdictions. We believe this represents a missed opportunity for juvenile justice systems to learn more about their capacity to change and integrate new practices. There is uncertainty around potential benefits or harms of policy changes for young people and staff. Given this, more research is needed to unpack the effects of policy changes, including whether policies were applied equitably for different groups of young people and whether the outcomes of those changes were distributed equitably.

Early research from the Annie E. Casey Foundation finds that racial and ethnic disparities in juvenile intakes and releases widened during the pandemic. For example, white youth were more likely to benefit from early release policies than Black or Hispanic youth. In this listening session, we learned that crime analysts not only rarely have time for such evaluation activities, but often do not even collect the data elements they would need to do so. Partnerships between researchers, training and technical assistance providers, and criminal justice system practitioners could help to identify and address data gaps to support evaluation, particularly if such partnerships can be established prior to new policy implementation efforts.

In future reports, we hope to address many of these unresolved issues.

Citations

Mikytuck, Alyssa M. and Hayley Cleary. "Factors Associated with Turnover Decision Making Among Juvenile Justice Employees: Comparing Correctional and Non-Correctional Staff." *Journal of Juvenile Justice* 5, no. 2 (2016).

Sheppard, Keller G., Michaela M. Wilson, Lacey H. Reddick, Garrett O. Tucker, and Ashley H. Schwab. "Reducing Staff Burnout and Turnover Intentions in Juvenile Justice Residential Commitment Programs: The Promise of Trauma-Informed Care." *Journal of Criminal Justice* 82 (2022): 101979.

Willem, Lander, Steven Abrams, Pieter J. K. Libin, Pietro Coletti, Elise Kuylen, Oana Petrof, Signe Møgelmose, James Wambua, Sereina A. Herzog, Christel Faes, Philippe Beutels, and Niel Hens. "The Impact of Contact Tracing and Household Bubbles on Deconfinement Strategies for COVID-19." *Nature Communications* 12, no. 1 (2021): 1524.