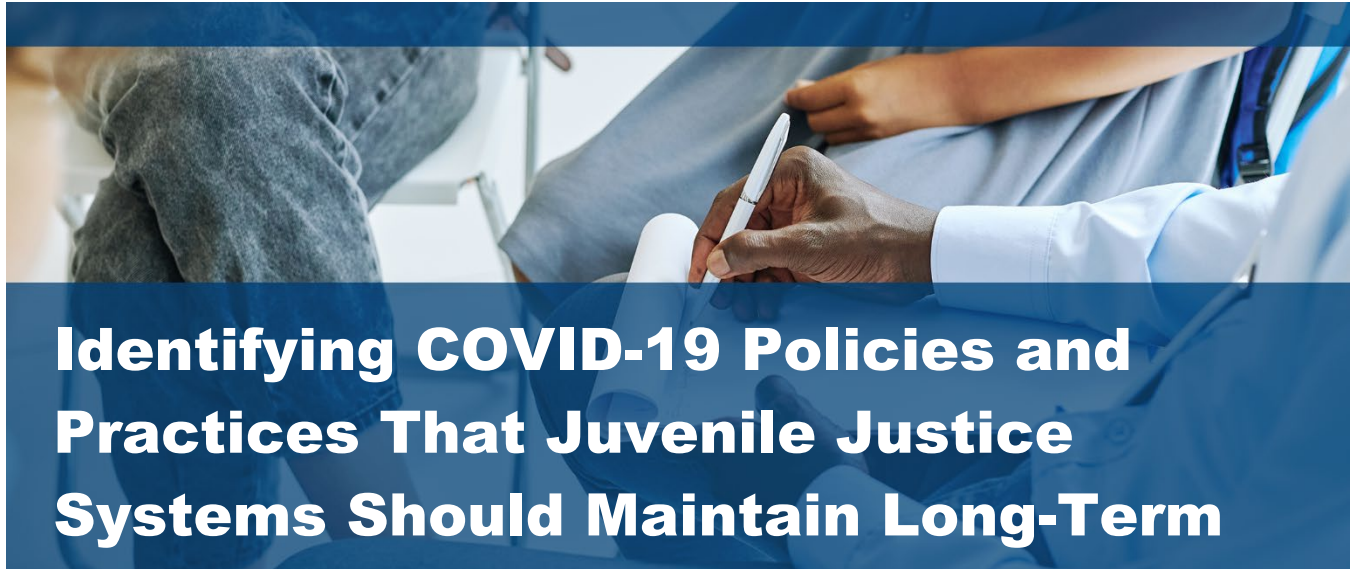




JUNE 2023

LISTENING SESSION 4: Juvenile Detention Administrators¹



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

Introduction

This report—focused on juvenile detention administrators—is the fourth in a series describing findings from listening sessions with juvenile 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 the pandemic 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

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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 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 placement 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.

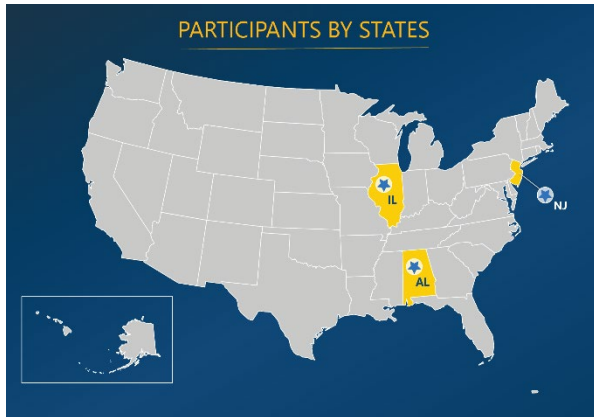
For policies associated with positive outcomes for youth or improved public safety, **what resources are needed** to sustain these policy changes in the long term?

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 in the 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 evidence-based guide that reflects important lessons learned for making difficult but effective decisions in emergency situations.

Setting, Participants, and Focus

Our **fourth listening session** took place in June 2023 with **Detention Administrators**. In total, there were four participants, one currently working as director of youth detention, two as superintendents, and one as a deputy

superintendent. During the pandemic, these individuals had to adapt to changing circumstances and staffing shortages by stepping into various roles throughout the facility. Taking on these roles afforded the administrators more direct contact with the youth on a daily basis, provided perspective into the challenges associated with these roles, and allowed them to be creative in their efforts to respond to the pandemic. Most indicated they have since returned to their pre-pandemic “norm” in terms of their job duties and responsibilities. The focus of this session was



to assess how detention administrators responded to the pandemic; to establish how these changes relate to outcomes for youth, staff, and public safety; and to identify challenges and innovations, as well as assess which changes have been retained.

The meeting was co-facilitated by Dr. Kristan Russell, Gene Siegel, and Marly Zeigler from the National Center for Juvenile Justice (NCJJ).

Findings

POLICY CHANGES DURING THE PANDEMIC

Ensuring the safety of youth, staff, and families

We asked participants about their main priorities at the beginning of the pandemic. All participants emphasized facility-wide policies to **prioritize the safety and health of the youth, staff, and families** but also mentioned challenges in implementing those policies because of conflicting guidance from different sources (e.g., state and local health departments and the CDC). This conflicting guidance resulted in delays in some policy implementation as administrators worked to identify which guidance to follow. Despite these challenges, respondents implemented numerous policy changes, including the following:

- Securing and distributing personal protective equipment (PPE) such as masks to youth and staff
- Implementing testing protocols for youth and staff
- Implementing isolation guidelines for youth
- Activating COVID-19 units for youth who had contracted COVID-19 to prevent the spread of the virus among the general population
- Using screening and temperature-scanning procedures for youth, staff, and any others (e.g., family, volunteers) entering the facility
- Closing to the public, allowing only youth and essential personnel to enter the facility

- Installing handwashing stations and mandating their use, in some cases, before being permitted to enter the facility
- Encouraging social distancing practices, especially during mealtimes and recreational activities
- Keeping youth physically separated from one another to mitigate spread

In the beginning of the pandemic, detention administrators were left to develop their own policies and procedures. Respondents indicated that several months passed before they received comprehensive guidance from their health departments or another responsible agency regarding how to ensure the safety of youth, staff, and families. In some states, administrators from independent facilities set up calls to share and learn from each other.

Embracing technology

Participants were asked about the ways they used technology throughout the pandemic and what technology practices might be retained post-pandemic. Notably, they mentioned the use of technology to keep youth connected to their families and to allow them to attend court proceedings remotely. Participants noted using virtual alternatives for several types of interactions including hearings, meetings with attorneys, visitations with family, education, and services such as counseling.

Most participants noted that these virtual technologies are still being used today, often in a hybrid manner and in new ways that fit their current needs. One example of this includes a jurisdiction that purchased software during the pandemic to aid in scheduling vaccinations and has since **repurposed this software to aid with scheduling visitation**.

Some participants noted the challenges that came along with increasing engagement with virtual options. Primarily, participants noted **requiring additional staff** to supervise the youth in separate areas while using the computer or phone. Staff also needed to consider and address issues of confidentiality in virtual settings. In addition, not all families have access to the necessary technologies, but the facilities worked quickly and creatively to close those gaps. For example, when one child's family did not have access to a cell phone but could access a laptop, administrators in this jurisdiction provided the youth with a laptop to visit family via Skype.

Facilities took innovative approaches to the shift to virtual hearings. One participant described how they **temporarily transformed their library into a courtroom space** to accommodate the technology. This provided youth with a safe, court-like space to virtually engage in court proceedings.

Visitation changes

During the pandemic, facilities reduced in-person visitation to decrease exposure to the virus and mitigate spread. As mentioned previously, many jurisdictions embraced the addition of virtual visitations. Jurisdictions utilized virtual conferencing (e.g., Skype, Zoom), phone calls, and video calling apps like Facetime and Google Duo to facilitate youth visits with family. One participant mentioned that their facilities **purchased both Android and Apple phones to ensure youth could video call their families** using whichever service their families had access to.

Facilities typically have visitation time restrictions due to limited space and the need to accommodate visits for all youth. However, the use of virtual alternatives allowed some facilities to extend the time youth spent visiting with their families and increase the number of visits possible. Similarly, in-person visitations were typically restricted to a certain number of visitors, and in some cases, family members were unable to visit because of a lack of transportation or how far they lived from the facility. The shift to virtual visitation allowed youth to visit with many members of their family on the calls, rather than only those who could attend an in-person visitation.

Participants also discussed implications for staff; with virtual platforms, facilities needed fewer staff to facilitate visitation for multiple reasons:

- Family members did not need to be approved and physically screened for contraband before visitation
- Less space was needed to conduct visitations
- An increase in the number of people visiting virtually did not result in an increased need for staff

Participants' experiences were consistent with what we found in our policy scan. For example, we found that 39 states implemented orders related to quarantining or social distancing for new intakes, 48 states suspended in-person visitation at least temporarily during the pandemic, and 46 states implemented virtual visitation.

The participants noted that in-person visits within their facilities have resumed. All participants noted that virtual options for visitation remain in place for those who need or prefer these options, though facilities encourage in-person visits.

IMPACT OF THE PANDEMIC

Youth mental health

Participants described how the pandemic affected the mental health of youth in facilities, noting the fear, isolation, and concerns of abandonment the youth felt. At the same time, the adults in their lives, including facility staff and their families, were experiencing many of the same emotions while simultaneously working to reassure the youth.

Participants noted that, especially early in the pandemic, youth were worried about their safety and the safety of their families. Despite their worries, participants noted youth were quick to adapt and comply with ever-changing guidelines, repeatedly referring to these young people as "resilient" throughout the session. They further highlighted that the mutual experience of facing the pandemic in this setting led to a certain level of camaraderie and that youth were on their best behavior during this time.

Jurisdictions made best efforts to prevent major disruptions in services during the pandemic. Participants noted that in some cases, providers quickly transitioned to remote services or transferred youth to alternative tele-psych services. Others mentioned that they lost service providers completely. The issue seemed to be more common for jurisdictions that contracted out for mental health services, as those who had on-staff service providers appeared to have fewer disruptions. In most cases, jurisdictions were able to set up alternatives and find new service providers or replace existing staff if necessary. One facility lost their service provider contract completely but had a contract for medical services that included mental health services that began providing such services shortly thereafter.

Staff mental health

Participants described "very real changes" in the mental health conditions of their staff during the pandemic. They noted that this was a difficult challenge to address, as many had not dealt with staff-related mental health issues in the past. They acknowledged that they had not done a sufficient job of supporting the mental health needs and concerns of staff members prior to the pandemic, but that **the pandemic emphasized the need to prioritize staff mental health moving forward.**

In the face of these challenges, administrators attempted to address the rising mental health concerns among staff. For example, a few participants mentioned they brought in mental health professionals to provide counseling and support to staff. Others mentioned the CARES Act, which helped provide funding for staff through hazard pay. Many jurisdictions gave their staff additional compensation time to be used for respite or mental health days. Participants

also described spending more time working alongside staff, increasing visits and communication with them, and bringing them things like food and beverages to improve morale.

“In being fully transparent, I believe the staff, as well as administrators, are probably still dealing with the effects of [COVID-19] and the shutdown.”

Communication needs

Participants emphasized the need for increased and consistent communication with youth, staff, and families throughout the pandemic, particularly because policies and procedures changed frequently. It was necessary to make sure that all staff were on the same page, and that relevant information was disseminated from staff to youth and families accurately and in a timely manner.

Detention administrators also described the importance of daily communication with detained youth. It was important to carefully monitor where staff and youth were in terms of mental health and overall understanding of the pandemic. All participants emphasized their desire and effort to make sure staff and youth knew the administrators were there and could provide support.

Understaffing

Participants described challenges with staff retention and understaffing consistent with similar issues across industries and organizations during the pandemic. Aside from the loss of line staff, these facilities also lost staff employed in other capacities, such as kitchen staff, barbers, mental health and service providers, teachers, and volunteers.

Understaffing created significant challenges for the facilities in ensuring youth had adequate monitoring and access to the resources and services they typically received.

Interestingly, when asked about the topic of behavioral issues during the pandemic, participants noted that cases involving an increase in behavioral issues or incidents were likely related to staffing issues. Specifically, they explained that due to staffing issues, there were many new staff members working in the facilities who had little education or experience working with these populations and in these settings. New staff also had less training in behavior modification and de-escalation techniques, and they were likely less familiar with methods for implementing these strategies. As such, **any increase in behavioral issues may have been a direct result of having fewer staff adequately prepared to de-escalate and manage conflicts and situations that could rise to this level.**

Using pandemic-related grant funding

Most participants indicated they applied for grant funding during the pandemic to support their facilities' ongoing operations. Most noted they had received some sort of grant funding, which they used in varied ways:

- Purchase of new equipment
- Purchase of pandemic-related safety equipment (e.g., handwashing stations, PPE, cleaning carts, sanitizing machines, temperature screening kiosks)
- Purchase and installation of new technology (e.g., software, devices)
- Hiring of part-time staff to facilitate virtual conferencing and family visitation

- Financial support for staff (e.g., hazard pay)

Although some of these purchases appear to be pandemic-specific, many participants noted the continued use of these items or having innovatively repurposed them to be useful in today's reality (such as the repurposing of vaccination scheduling software discussed above).

Conclusions

To better 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 second listening session, we spoke with juvenile detention administrators. Detention administrators are responsible for, among other things, ensuring compliance with security standards in the facilities they oversee, including maintaining systems for transportation of detained youth. The pandemic required administrators to respond quickly to a security and physical health threat. In this listening session, administrators told us that they were required to make decisions to keep youth and staff secure in the initial stages of the pandemic without any systematic guidance. In addition, when guidance was available, they often received conflicting guidelines from different authorities, which exacerbated an already stressful situation. Despite these challenges, detention administrators quickly adapted, implementing virtual visitation policies, administering PPE, and implementing health measures like temperature checks and vaccinations. Administrators in this listening session also raised concerns about staff and youth mental health, noting that more attention should have been paid to this important issue during the pandemic. A common theme across listening sessions with different juvenile justice system practitioners was that the pandemic led to significant staffing shortages, further exacerbating stress and accelerating burnout for the remaining staff. More research is needed to address this serious staffing shortage for juvenile justice system practitioners, particularly for staff in juvenile detention facilities.