

CHECKLIST FOR

Juvenile Confinement* Decisions DURING AND AFTER COVID-19

The following checklist is a tool to help juvenile justice professionals responsible for placing youth in confinement to examine the criteria for confinement. Considerations of risks of confinement to youth—contracting COVID-19 or other communicable diseases, trauma, poor-long term outcomes—and risks to public safety are set forth with steps to use data, criminogenic risk assessments, and alternatives to confinement to guide decision-making. The goal of this checklist is to help practitioners use confinement sparingly and for the shortest amount of time consistent with both youth and public safety.

develo	p and in	county's/jurisdiction's current COVID-19 data and prevention/response plan; mplement plans that are specific to your facility and to the decision-making hat reflect the data and are consistent with those plans.	
	Partner with your local county health department to continually monitor the severity of COVID-19 spread and case numbers in your community and how your facility should operate to maximize the safety of youth and staff. This should include regular updates and briefings between health officials and facility administrators.		
	Invite local public health officials to tour and approve your facility's compliance with local public health orders.		
	Implement and continuously improve your facility's COVID-19 safety protocols. These protocols should include:		
		Procedures for youth intake, housing, assessment, and treatment while in the facility	
		An adequate area in the facility to process new youth that can allow for social distancing but that does not include isolation, except when it is occasionally medically necessary	
		Adequate staff to monitor all youth while socially distanced	
		Reduced population to allow physical space for social distancing	
		Adequate personal protective equipment for all staff and residents	
		Hygienic practices (frequent hand washing/sanitizing, sanitizing surfaces, etc.)	
		Regular testing of staff and residents for COVID-19, especially at entry and exit	
		Verify COVID-19 vaccination status at intake, if possible, provide vaccinations onsite	
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		COVID-19
		An adequate, designated area to quarantine youth who may have been exposed to a youth or staff member who has tested positive for COVID-19, while avoiding the use of isolation
		A detailed plan, developed in collaboration with the county health department, for how and when to gradually return to normal operations
		Rescind outstanding bench warrants issued for non-violent offenses and release youth from detention or placement as quickly as possible, when appropriate
using term r appea	an asse isk of vi r at cou	ds assessments as part of the confinement decision-making process. Before essment, be sure to determine what the risk assessment is measuring (short-iolent reoffending, long-term risk of general reoffending, risk of failing to art, etc.) and whether the type of risk assessed aligns with the type of risk edecision in question.
	outcor offens	der risk-relevant factors; these are factors that relate specifically to your me of concern. Examples of such outcomes include risk of rearrest for <i>any</i> se prior to the first court hearing; risk of rearrest for a <i>serious</i> offense (or other ic offense of concern, like violent offending); and risk of failing to appear at that g. ¹
	and se	on makers should consider the youth's experiences, trauma history, health ² ervice needs, and the impact of confinement on access to services, supports, ion, and other social interactions.
Based on the youth's risk score (low, medium, high), the following should serve as starting points for how to proceed:		
	It can assess may re	score is low, release the youth to the community with little intervention. be counterproductive to give youth services they do not need. ³ Use needs sments and discussions with the youth and family to understand how youth espond to services (i.e., responsivity) and to determine what services/supports, a youth may need.
	reduct	score is medium, release the youth to a confinement alternative with risk- tion supports. Examples include day reporting centers, after school programs, being a behavioral specialist.
	risk-re based	score is high, consider releasing the youth to a confinement alternative with eduction supports. There may be some youth who must be confined (e.g., on type of charge, previous history, threat of harm to self), but many youth in the community with appropriate and sufficient community supports and

	nfinement alternatives, especially if youth responsivity is high. Keep in mind that sk level can be changed by improving situational influences.	
[Make sure decision makers are trained sufficiently in the risk assessment (i.e., in the tool used, risk measures being used, and appropriate application of results) and prepared to prevent external influences (e.g., public perceptions) from motivating the detention/confinement decision.	
[Be creative when developing and administering services to moderate- and high-risk youth, especially during a pandemic. It may take more energy and thoughtfulness to engage these youth in services (should include emotional engagement and making sure it is feasible for youth to participate in services).	
If the decision maker decides to override the recommended decision associated with the risk assessment level identified above, the decision maker should be required to document the reason for override and track how often overrides occur. If the decision maker has a supervisor, the supervisor should approve each override. If the decision maker does not have a supervisor, all of the decision maker's overrides should be reviewed by another individual on a regularly scheduled basis. Overrides should be rare.		
conside they are	eeds assessment tool is not used, take steps to adopt one; be sure to only risk/needs assessment tools that are (a) validated for the population for which o be used ⁴ and (b) not centered around current offense, given lack of predictive urrent offense and potential biases in arrest and charging. ⁵	
and pos than ned	d sustain a dynamic confinement decision-making process so that youth in pre- adjudication confinement are continually reassessed and are not confined longer essary. Put services in place as soon as possible to permit a youth's release and the community. ⁶	
youth to to provid	se of services that can engage youth (both emotionally and ensuring it's feasible for participate) during pandemic conditions. This can include using existing technology a needed services and supervision and/or prioritizing the role of the family/d-adults in providing home-based support.	
Take ste	s to ensure that all youth are assessed and given access to services equitably.	
	oid confining a youth solely because relevant supports/services are not available their community.	
C i:	ork to address bias through training. Many forms of bias exist in juvenile justice intexts including, but not limited to, bias related to race, ethnicity, gender, LGBTQ+entity, native language, age, special education status, parent characteristics, family come-level, and neighborhood. Judges should organize bias training annually for emselves, judges in their jurisdiction, and stakeholders. This responsibility can	

	ared with stakeholders by requesting that they coordinate the specifics of the ng (i.e., dates and times, calendar invitations, and other particulars).			
confir	Biases in appraised risk level ⁹ and disparities in availability of alternatives to confinement can contribute to biases in decision making. To help reduce bias in confinement decisions:			
	Confinement in the least restrictive setting should be the highest priority. Incarceration of youth can have harmful consequences, as demonstrated by research.			
	Decision makers should reflect on their own biases and how to address them. ¹⁰			
	Evaluate your jurisdiction's risk-needs assessment tool(s) for racial bias by reviewing domains and items, cut-off scores, and type of risk assessed; continuously train staff how bias may exist in the tool(s) and how to use then in a way that mitigates bias. ¹¹			
	At each decision point, consider how bias is built into risk factors (e.g., history of arrest, association with negative peers), scoring (un)reliability, and justice system processing (e.g., police contact) and how that bias may impact identified risk level and the confinement decision.			
	Avoid making decisions that increase restrictions beyond what the appraised risk level indicates, and focus on matching services to needs.			
	When confinement is necessary, provide the explicit reason(s) for confining the youth.			
	Consider whether the youth's protective factors and/or existing family or community supports can reduce risk areas of concern.			
	When community-based alternatives to confinement are not readily available to address risk-relevant factors, consider an alternative set of supports/services (e.g., remote services). Develop services so there are appropriate risk-relevant services available to all genders and races/ethnicities in the community.			
	Identify community-based, client-centered, risk-reduction supports/ services prior to decision making; continue to seek/develop alternatives to confinement after a decision to confine.			
	Some youth (disproportionately those of color) are removed from the mainstream school setting. Make sure that your stakeholders understand the educational rights of youth, and partner with schools to rapidly re-enroll youth into school for pro-social opportunities that will allow for release.			

- Use pre-adjudication diversion as a way to limit the number of youth formally processed into the juvenile justice system. Pre-adjudication diversion can be used at many different decision-making points and can occur at school, when a youth comes into contact with law enforcement, 12 at the prosecutorial level, during probation/intake, during court hearings and at other stages of case processing. In order to reduce contact between the youth and the system, collaborate with school and law enforcement personnel to develop agreements about diverting youth without prior delinquency findings and youth alleged to have committed a misdemeanor or nonviolent offense; diversion of youth prevents them from being confined and/or from having to go before a judge. 13 Identify and use a distinct assessment tool for appraising youth appropriateness for detention. In making pre-adjudicatory detention decisions, consider using an assessment tool created specifically for juvenile probation officers and/or judges that is designed to assess the risk of rearrest prior to adjudication and/or failure to appear at the next scheduled court hearing. Such a tool should be developed and validated specifically for this purpose. Examples include those from Pennsylvania (Pennsylvania Detention Risk Assessment Instrument, or PaDRAI) and Montana (Montana Pre-Adjudicatory Detention Risk Assessment Instrument, or DRAI). Consider the reliability, validity, and equity of existing Detention Risk Assessment Instruments, versus the efficiency and cost of developing such a measure. Jurisdictions should consider if existing detention risk assessment instruments are appropriate to adapt for use locally prior to developing an entirely new instrument.
- Consider the spread of COVID-19 in your community and your facility. This is an especially important consideration for pre-adjudication confinement because of the flow of youth in and out of the facility. Youth can expose those at the facility to COVID-19 if they are already infected, or they can become exposed if they come into contact with someone at the facility and then expose their families or community when released.

Use a risk/needs assessment instrument designed for post-adjudication to decide what interventions, if any, would be appropriate for the youth being assessed, based on the Risk-Need-Responsivity Model (RNR). ¹⁴					
		Be aware of the specific risks measured by the risk assessment tool. It may assess more than one. Such risk may include:			
		Risk of reoffending in general (OYAS, SAVRY, VRS/YV, and YLS/CMI have strongest empirical support; the PACT and YASI are also popular tools) ¹⁵			
		Risk of reoffending for same offense			
		Risk of violent reoffending (SAVRY and the YLS/CMI have the most empirical support. Remember that "high risk" and "very high risk" refer to the likelihood of the outcome and not the seriousness of the outcome, and this likelihood isn't the raw probability of an event. It means that "high risk" has a higher likelihood than "low risk." Also, outcomes involving very serious violent offending (e.g., murder, armed robbery, aggravated battery) are not frequent enough to allow a prediction that would be accurate because of the "rare events" problem, meaning that any prediction of this kind of outcome would have a high percentage of false positive errors.) ¹⁶			
		Risk of rearrest over a specific time frame			
		Other types of risks (e.g., sexual offending)			
	Be a	ware of whether the tool is also measuring youth protective factors ¹⁷			
Matcl	n servi	ces to youth needs, and creatively engage youth.			
	need It is a defin	er risk youth may need little to no supervision, while youth with higher risks and is may benefit from more intensive services like Multisystemic Therapy (MST). also recommended that services involve a family approach that uses a broad lition of family (e.g., inclusion of a supportive relative or adult). Some of these include MST, Multidimensional Family Therapy, Functional Family Therapy, Treatment Foster Care Oregon Adolescents. ¹⁸			
	appo Use	routh placed on probation, do not revoke a youth's probation for missing intments or other technical violations, which may lead to longer placements. evidence-based services that are centered around the individual youth. tively working to engage youth should be a systemic priority.			
are al	Use assessment tools that measure youth responsivity and protective factors. If these tools are already implemented, use youth responsivity and protective factors to plan personalized services and supports.				
		ese tools have not yet been implemented, start assessing responsivity and ective factors as early as possible in system involvement.			

Use community-based risk reduction strategies available to youth that can serve as confinement alternatives, ensuring that the youth assignment to services is indicated by their risks and needs.			
	Consider confinement only for youth identified as high risk while continually seeking to identify new or non-traditional supports and/or alternatives to confinement programming. Confinement decisions should be <i>dynamic</i> and consistently reassessed.		
	Implement supports immediately (<i>upon release is very important</i>). In order to have supports available upon release, begin planning for release when a youth enters placement post-adjudication.		
Consistently reevaluate youths' access to and use of alternatives to confinement to preve youth from being detained or placed and to ensure they are in confinement for as little times as possible. This approach will also help probation officers, service providers, and others involved in a youth's case stay up-to-date on what services and confinement alternatives are available and what youth populations they are targeted to serve.			
Address potential barriers to accessing these supports. Ensure that justice practitioners are continually supporting access to confinement alternatives by identifying and addressing barriers and reinforcing services and supporting engagement.			
	If practitioners are not assigned to addressing barriers, assign someone to this role so that they can support youth in the community, or find out if someone in the community is already working to address service barriers in the community (non-profits or other groups).		
whene	h on probation commit a technical violation, avoid confinement as a response ever possible. Instead, use constructive problem solving and interventions to gically address the reasons for technical violations and use incentives to promote be behaviors. ¹⁹		

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- 2 In all cases, a youth who has a pre-existing condition should be treated differently than an otherwise physically healthy youth.
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- 4 Vincent, G. M., L. S. Guy, and T. Grisso. 2012. Risk Assessment in Juvenile Justice: A Guidebook for Implementation. Chicago: John D. and Catherine T. MacArthur Foundation
- 5 Baglivio, M.T., Wolff, K.T., Piquero, A.R., Howell, J.C., & Greenwald, M.A. (2017). Risk assessment trajectories of youth during juvenile justice residential placement: Examining risk, promotive, and "buffer" scores, *Criminal Justice and Behavior*, 44, 360; Mulder, E. Brand, E., Bullens, R., & van Marle,

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- Services should not be dependent on Wardship/formal court jurisdiction. Services should be stand-alone eligible and be available to the youth and family if the case is dismissed.
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- For more information about how to address bias in your jurisdiction refer to Addressing Bias in Delinquency and Child Welfare Systems: Eliminating Racial and Ethnic Disparities in Juvenile and Family Courts is Critical to Creating a Fair and Equitable System of Justice for All Youth. https://njdc.info/wpcontent/uploads/2018/07/Addressing-Bias-Bench-Card-1.pdf
- Steinhart, D., Annie E. Casey Foundation, Juvenile Detention Risk Assessment: A Practice Guide to Juvenile Detention Reform, 19-10 (2006). Retrieved from https://www.aecf.org/resources/a-practice-guide-to-juvenile-detentionreform-1/
- Start by taking this implicit bias test created by Project Implicit https://implicit.harvard.edu/implicit/takeatest.html; Here is a website that gives the basics about bias and talks about how to address bias https://www.learningforjustice.org/professional-development/test-yourself-for-hidden-bias
- St. John, V., Murphy, K., & Liberman, A. (2020). Recommendations for addressing racial bias in risk and needs assessment in the juvenile justice system. *Child Trends*. https://www.childtrends.org/publications/recommendations-for-addressing-racial-bias-in-risk-and-needs-assessment-in-the-juvenile-justice-system
- 12 Encourage youth probation department to communicate with Law Enforcement Agencies about which kids will not be accepted for intake at your custodial facility, i.e. low risk youth, non-violent felonies, youth whose parents can pick them up at the scene, etc.
- Models for Change Initiative in Pennsylvania (2010). Guide to Developing Pre-Adjudication Diversion Policy and Practice in Pennsylvania. Retrieved from https://www.pccd.pa.gov/Juvenile-Justice/Documents/Pre-Adjudication_ Diversion_Policy_Guide.pdf

- Risk-Need-Responsivity (RNR) is a model that focuses on assessing the risk of an individual, assessing their needs based on eight criminogenic needs, and their ability to respond to treatment (responsivity). Treatment should be centered around the following domains: family, education/vocation, substance use, thinking/behavior/decision-making/problem-solving, peers, leisure time, and trauma. For more information see Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. Source. Psychology, Public Policy, and Law, Vol 16(1), Feb 2010, 39–55.
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- 17 https://youth.gov/youth-topics/juvenile-justice/risk-and-protective-factors Hartnett, D., Carr, A., Hamilton, E., & O'Reilly, G. (2017). The effectiveness of functional family therapy for adolescent behavioral and substance misuse problems: A meta-analysis. Family Process, 56(3), 607-619; Tan, J. X., & Fajardo, M. L. R. (2017). Efficacy of multisystemic therapy in youths aged 10-17 with severe antisocial behaviour and emotional disorders: systematic review. London journal of primary care, 9(6), 95-103; van der Pol, T. M., Hoeve, M., Noom, M. J., Stams, G. J. J., Doreleijers, T. A., van Domburgh, L., & Vermeiren, R. R. (2017). Research Review: The effectiveness of multidimensional family therapy in treating adolescents with multiple behavior problems-a metaanalysis. Journal of Child Psychology and Psychiatry, 58(5), 532-545; Vidal, S., Steeger, C. M., Caron, C., Lasher, L., & Connell, C. M. (2017). Placement and delinquency outcomes among system-involved youth referred to multisystemic therapy: A propensity score matching analysis. Administration and Policy in Mental Health and Mental Health Services Research, 44(6), 853-866; Weisman, C. B., & Montgomery, P. (2019). Functional Family Therapy (FFT) for behavior disordered youth aged 10-18: An overview of reviews. Research on Social Work Practice, 29(3), 333-346.
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