Ch.3 Physical Plant Design and Operations

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As with most public institutions, the story of youth confinement facilities is ever evolving. Affected by society’s view of adolescence, crime trends, social science, politics, and economics, juvenile confinement facilities have changed from houses of refuge of the 1800s to more sophisticated facilities of the 21st century. Youth confinement facilities are marked by a seemingly unexplainable variation in design, structure, program, size, staffing, and philosophy. A growing consensus and body of best practice literature is taking root among juvenile justice professionals that can help guide the construction and operations of youth confinement facilities. It is the purpose of this chapter to highlight some of the principles and concepts that help professionals in the field implement those ideas.

Given that we live in a society that has decided to process some children and youth in the adult criminal justice system, this chapter also discusses many design and operations principles as they relate to the confinement of youth in facilities intended to serve adults.

Conditions of Confinement

The term “conditions of confinement” refers to all aspects of facility design and programming that impact the quality of care and supervision that offenders—both youth and adult—receive while confined. This includes the design of the physical plant, the structure and variety of programming provided, the nature and quality of staff supervision and interaction, and a host of facility policies and daily practices. One of the most comprehensive reviews of conditions of confinement in juvenile confinement facilities is a study conducted in 1991 by Abt Associates, Inc., pursuant to a contract with the Office of Juvenile Justice and Delinquency Prevention (OJJDP).[1]

Although other categories of facility operations could be constructed, this study identified twelve subject areas for investigation:

- Living space
- Medical services
- Food, clothing, and hygiene
- Living accommodations
• Security  
• Suicide prevention  
• Inspections and emergency preparedness  
• Education  
• Recreation  
• Mental health services  
• Access to the community  
• Limits on staff discretion

Assessment criteria were developed for each of these areas; researchers surveyed 984 facilities and conducted on-site visits in nearly 100 facilities. The results of this work clearly suggested that there was a long way to go in terms of facilities consistently meeting established standards for best practice. This study also highlighted the specific challenges and dangers of youth being held in overcrowded facilities, a trend that continued well into the 1990s.[2]

A more recent survey of youth in placement, summarized in an OJJDP 2010 Bulletin, assesses some of these same facility and program elements from a youth’s point of view.[3] Among other things, youth were asked about their perceptions of program activities; relationships with staff; sense of safety; clarity and consistency of rules; discipline; use of confinement, isolation, and restraints; and whether their basic needs were met. Among a number of significant findings, perhaps the most significant was related to the often-low quality of youth–staff relationships and youth perceptions of not being treated fairly.[4]

The factors noted above are the elements that confinement professionals have control over, as we know they rarely get to decide whom their facilities serve. The result is that facilities hold youth of widely divergent ages, needs, culture, and skills.[5] Youth are held for varying lengths of time, varying purposes, and with varying expectations and understandings of what can be accomplished while they are confined. Therefore, a critical challenge is to develop confinement facilities and programs that have the flexibility and efficacy needed to maximize positive outcomes for youth and minimize the harmful effects of confinement.

Another commonly used framework for assessing conditions of confinement was developed by the Youth Law Center using the term C.H.A.P.T.E.R.S., wherein each letter stands for a number of physical plant, program, staff, and operational areas.[6] A succinct overview of the C.H.A.P.T.E.R.S. issue areas is included as part of the Annie E. Casey Pathways to Juvenile Detention Reform series and serves as a useful way for practitioners to think about all the factors that have an impact on youth in custody.[7]

Understanding that “we cannot do nothing,”—that whatever we do has an impact on youth in the facility—we are necessarily required to ask ourselves a fundamental question: “What are the outcomes we want to achieve in how we operate the program?”[8]
Conditions of confinement are of particular concern regarding youth held in adult jails and prisons—facilities that were not intended and are not generally equipped to meet the developmental and other unique needs of young people. Despite the fact that a significant number of national professional associations have developed position statements opposing the confinement of youth in adult facilities, this practice continues across the country. (See Ch. 19: Complex Issues and Vulnerable Populations: Placement of Youth in Adult Facilities).

After We Lock Them Up, Then What?

Most juvenile justice practitioners would agree that the primary purpose of short-term confinement programs and facilities is to safely confine youth who are alleged to have committed a delinquent act and are a danger to others, or to ensure that they are available for court purposes. This purpose, adopted by the Board of Directors of the National Juvenile Detention Association (NJDA) in 1989, remains the ideal for most practitioners but does not always reflect the reality. Especially as juvenile arrest rates and pre-adjudication populations have declined over the last decade, other decision makers have increasingly used secure detention for a wide variety of purposes, including post-dispositional confinement and as a consequence for technical violations of a court’s order. Adult jails, where some young people find themselves rather than in a juvenile detention center, serve a similar purpose: holding individuals who are awaiting court processing or who are serving short sentences after having been prosecuted as an adult.

Regardless of the challenge posed by the multiple missions of short-term confinement, the time youth are in confinement presents an opportunity for change, to teach new skills, to assess or evaluate a youth’s needs and responses to intervention, and to be part of a larger system’s efforts to redirect youth into becoming a contributing member of the community.

For longer-term juvenile and adult correctional confinement programs, where the mission is significant behavior change, the responsibility and opportunity to effect such change is evident. But, justice system partners outside of confinement commonly underestimate the potential impact a facility or program can have on confined youth. Unfortunately, even facility leadership and staff commonly let the challenges posed by the nature of short-term confinement facilities and the varying populations in these facilities inhibit their goals.

Although progressive short-term confinement staff are not approaching the work as “treatment” in a traditional sense, many realize that much can be accomplished beyond the fundamental function of safe confinement. A wide variety of educational, behavioral, restorative, and skill-development programs are being conducted in facilities every day, proving that some of the preconceived notions about limitations of short-term confinement can be overcome with thoughtful planning. The concept of “helpful programming” outlined by David Roush helps define a value-added role for short-term confinement facilities within
the overall juvenile justice system.[9] In particular, Roush dispels some of the myths about what can be accomplished in short-term programs, illustrated in the following table:

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
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<tr>
<td>Helpful programs are not compatible with short-term, pre-adjudicatory, secure juvenile detention.</td>
<td>Many facilities include pro-social and other competency-based programming that can be of use to youth when they are released from the facility.</td>
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<tr>
<td>Programs that require some continuity are hard to implement in detention, given the volatile nature of the population in terms of admissions, length of stay, diverse ages, etc.</td>
<td>It can be a challenge to implement some programs with fidelity to the continuity desired, but many programs can be implemented that are consistent with the best research about what works with youthful offenders, and they can contribute to the beginning of a change process.</td>
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<tr>
<td>Behavior change is not possible during such a brief stay.</td>
<td>Research suggests that substantive learning and behavior change can occur, sometimes even with relatively brief interventions. An example of emerging research that illustrates this is a study at the Cook County Juvenile Temporary Detention Center that shows a reduced level of subsequent offending for youth who were involved in cognitive-behavioral programming while in custody.[10]</td>
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In some ways, Roush suggests, the very nature of juvenile detention provides a unique opportunity to provide “helpful programming” because 1) it is a safe and controlled environment; 2) most detention facilities are relatively small, which helps promote higher levels of staff–youth interaction; 3) detention can be a good place to stabilize youth (physically and emotionally) and get them started on a positive track; 4) most detention facilities are under local control, providing a more direct connection with families and community resources; and 5) thinking of detention as a process within a larger framework of an organized intervention strategy can help guide the nature of programming delivered to youth.[11]
Although youth being processed in the adult system and housed in an adult jail facility may, like confined adults, have some contact with family and community resources, jail facility staff must be much more intentional about ensuring 1) a safe and controlled environment, 2) adequate and appropriate staff–youth interaction, 3) a physically and emotionally stable environment, and 4) staff that is supportive and prepared to use an intervention strategy as they engage with youth. Staff that work with youth confined in adult facilities must receive special training specific to the knowledge and skills needed to be prepared and effective in working with youth. Administrative staff in adult confinement facilities should carefully select staff they believe appropriate for or who have indicated a specific interest in working with youth in a confinement setting.

Equally important, confinement facilities should not operate in isolation from other components of the juvenile justice system. The goals and programming of confinement facilities need to be aligned with the goals and programming of other components of the justice system, particularly probation and supervision programs and services, as most of these youth will likely to return to family and the community upon their release from confinement.

Time spent in a confinement facility should not be viewed as a “time out” from expecting the youth to work on critical thinking and social skills that may be part of the larger system’s plan. Rather, it can be seen as a time to accelerate acquisition of these skills. This goal can be realized by aggressively focusing on a number of strategies, for example:

- **Promoting communication strategies** among key confinement staff and other staff in the justice system, ensuring that there is an appropriate sharing of information that helps confinement staff better serve the youth and helps provide ongoing system professionals with needed observations and information about the youth that can aid in community programming.
- **Using consistent program materials** and ensuring that staff are trained to reinforce the programming that youth receive in the community. A simple example would be, if a probation department utilizes a specific cognitive-behavioral curriculum, that same curriculum should be available in confinement so youth are working on the same issues and skills in confinement as they will be when they get out.
- **Ensuring that the educational program is assessing and building skills** that the youth will be able to apply when he or she reenters the community, including developing strong relationships with community-based schools and sharing information appropriately to ensure continuity of education programming.
- **Building a behavior management and discipline program around principles, strategies, and language that is consistent with other programming** the youth will experience in the community. Reinforcement and consistency of programming as youth enter and leave confinement is important in promoting long-term behavior change.

In sum, despite the challenges, there is much that can and should be done in confinement facilities to promote positive, pro-social behavior change in youth. It simply makes sense to
have youth leave facilities with more skills and a greater chance of being successful in the community than when they came in.

**Overcrowding: The Root of All Evil?**

Overcrowding, particularly chronic or sustained overcrowding, poses a significant obstacle to successfully operating any confinement facility.\[12\] Overcrowding has a detrimental impact on all aspects of a facility, including 1) the safety and health of all those confined, particularly youth; 2) the ability of a facility to provide quality programming; 3) the stability and effectiveness of staff; 4) the quality of relationships that staff can create with both youth and adults; and 5) ultimately, the positive impact that facilities can have on supporting reentry into the community.

In *Crowding and Its Effects*, which addresses the issue of overcrowding in juvenile detention, David Roush, with the National Partnership for Juvenile Services (NPJS), highlights the downward spiral that takes place when chronic overcrowding occurs. This downward spiral begins with the increased social density that adds stress for youth and staff alike, to challenges in completing even the basic daily routines, to increases in misbehavior that lead to higher levels of youth and staff conflict, and to a too common systemic response that then becomes even more repressive and reinforces an “us vs. them” mentality among youth.\[13\] These issues are well known to practitioners and were confirmed in the *Conditions of Confinement* study but are often less understood by policy makers who have little connection with the day-to-day operations of facilities.\[14\] Fortunately, there are nationally recognized professional groups that have taken strong positions about the dangers of overcrowding, including the National Juvenile Detention Association (NJDA, in 1995) and the National Council of Juvenile and Family Court Judges (NCJFCJ), the Youth Law Center, the National Juvenile Justice Network (NJJN, in 2009), and the Council of Juvenile Correctional Administrators (CJCA).

In recent years, as the result of declines in juvenile arrests and efforts to reduce confinement—such as the Juvenile Detention Alternative Initiative (JDAI)—the percentage of juvenile detention facilities that are consistently over capacity has declined, but overcrowding still exists. As states and jurisdictions close facilities and push youth to other programs, there is a risk of returning to those higher rates of overcrowding. Aggressive efforts to reduce the population by limiting the number of youth entering confinement facilities to only those that truly need to be confined and shortening the lengths of stay can go a long way to reducing overcrowding, and this should be step one.

When facilities are overcrowded, research demonstrates that there are a variety of observable and changeable aggravating factors that impact conditions of confinement.\[15\] Operating within the facility, practitioners can take steps to lessen these and other dangers that overcrowding presents by doing some or all of the following:
1. Develop a proactive behavior management strategy that reinforces youth learning and socially responsible decision making within the facility itself, recognizing that safety and security is ultimately enhanced as a result.
2. Pursue a daily schedule of strong and varied education, enrichment, and physical activities that minimizes the amount of free, unstructured time youth have to engage in undesirable activities.
3. Ensure that staff are well trained in basic observational skills that proactively identify the emotional and relational changes in youth that may be precursors to problem behaviors. Ensure that staff are well trained and supported to respond to and de-escalate crisis situations, both verbally and physically.
4. Ensure appropriate screening and classification of youth to help protect the safety of youth in custody;
5. Maintain direct supervision of and interaction with youth in custody, relying on technology only as an aid to supervision, not as a substitute for direct supervision.
6. Maintain a facility that is clearly secure, and that within the facility there are a variety of options to separate and supervise youth as needed to reduce risk.

Although the research upon which these recommendations are based was conducted in juvenile detention facilities, these steps would be effective in lessening the negative impacts of overcrowding in any confinement facility, juvenile or adult.

Any professional who has experienced sustained overcrowding conditions can attest to the emotional toll it takes on staff, on the attitudes and behavior of those in confinement, and on the quality of care and supervision provided by staff.

**Facility Environment**

**Begin with the Mission in Mind**

There is a commonly accepted axiom associated with architecture that states, “form follows function.” Or, is it “function follows form?” Though the first phrase is the one commonly accepted, perhaps the truth lies in the fact that form and function are inextricably linked together and reflect one of the core messages of this chapter—that facility design can serve either to maximize positive outcomes or to limit them. The conditions in which we confine youth and under which staff work in are in many ways a visible expression of how detention professionals view their role and mission in the juvenile justice system.

Carefully developed program values and mission should form the foundation of facility design and environment; this takes time. Leaders must also consider the role of the facility in the larger justice system (local, regional, state, or federal). (See Ch. 8: Management and Facility Administration) [3]

**Design Options** [3]
It is not the intent of this chapter to fully explore various design details, as ultimately that is the role of facility administration working hand-in-hand with an architect/consultant/planner that has specific experience designing confinement facilities. There will be literally dozens, if not hundreds, of major and minor decisions made as part of a design process. This chapter focuses instead on some of the major principles and choices that ultimately impact conditions of confinement.

An excellent summary for policymakers that are thinking about building or expanding a facility is *Construction, Operations, and Staff Training for Juvenile Confinement Facilities*, authored by David Roush and Michael McMillen.[16] The strengths of this summary are a simple outline for the design process, some solid design principles, and how facility design, programming, and staff work together to provide a safe and effective program for youth. Similar resources exist related to adult facilities, but rarely do they address design principles related to serving youth, despite the fact that thousands of youth under age 18 are held in adult facilities around the U.S.

Keeping the mission and goals of the facility in mind, there are several key considerations that will impact a facility’s design, including:

1. **Location, location, location.** It may be possible to build a facility on a plot of land with minimal limitations, but it is more common that the location is determined by space already owned by the jurisdiction and is perhaps adjacent to other court or juvenile or law enforcement service.

2. Whether the facility is **new construction or a remodel** of either an old confinement facility or a building that was never intended to include a confinement facility. For example, constructing a facility within a building that has been serving as an office building, a warehouse, or some other purpose, is something that should be approached with considerable caution. Similarly, remodeling an adult jail to be used as a juvenile facility presents a host of problems that are seldom understood by policymakers who are unfamiliar with the functional and programmatic differences between juvenile and adult programs.

3. **Meeting both industry and jurisdiction standards.** Facilities should be designed to comply with current industry standards, such as those promulgated by the American Correctional Association (ACA) for Juvenile Detention Facilities.[17] It should be noted that ACA also provides standards for Juvenile Training Schools or Correctional Facilities and updates these standards through supplements provided periodically (most recently in 2012). States also promulgate standards for juvenile confinement facilities, typically setting standards for housing units, safety, sanitation, healthcare, programming, discipline, supervision, staffing levels, managing youth with disabilities, and other facility functions. Whereas state standards sometimes represent the minimum standards...
that must be met, the ACA standards may be considered as best practice standards. When possible, planners should opt for meeting the (often more stringent) ACA standards.

Adult confinement facilities that serve youth should also be aware of ACA and other standards specific to serving youth in confinement and should program according to these standards.

1. **Careful assessment of current and future need.** Although it is difficult to predict the future, planners should nonetheless spend time on the following:
   1. Assess current practices to ensure that any or all alternatives to confinement are maximized in a manner consistent with meeting the needs of youthful offenders and promoting community safety. No one should proceed with new construction or expansion of an existing facility unless current conditions of confinement are substandard and substantive work has been done related to alternatives. For example, by using the core strategies of JDAI and implementing practice changes, countless sites around the nation have realized they did not need to build a new facility or expand an existing one.
   2. **Carefully assess trends** in juvenile arrests, demographic data, and court and law enforcement practices to determine current and to project future need.[18] That projection may impact site selection, the initial size of the facility, and the elements of the design that permit (or inhibit) future expansion. There are ways to initially construct a facility in such a way to avoid the “if you build it, they will come” approach and still allow cost-effective expansion at some point in the future.

Much of this work can be done prior to engaging a consultant or architect, but more often than not, an up-front investment in a quality needs assessment is advisable. Expert advice and feedback pay big dividends in the long run.

Once a decision has been made to build or remodel a facility, there are a number of basic structural design options that could be considered. For example:

1. A living unit design in which many of the program functions of the facility are in a central area surrounded by living units (pods, cottages, units) of optimum size. The design would include secure rooms for sleeping, showers, restrooms, and some form of a dayroom for programs or free-time activities. The capacity of the living units may vary depending on the overall size of the facility (a larger facility may have living units that are larger than a smaller facility). Smaller living units (10–15) are easier to supervise and provide programming but may be less cost-effective overall than larger living units (25–30). In this model, youth can be supervised in the living unit for parts of the day and then are typically moved within the facility for education, recreation, and other programming as well as support services (healthcare, food service). This design permits the following:
1. Shared or centralized supervision of youth, so that staff can come together to share supervision duties in common areas as well as provide ready support to each other when needed in the living units.

2. The flexibility to classify and separate youth in a way that ultimately provides greater safety and reduces the potential for problematic behavior that may occur when too many youth with varying needs, ages, and issues are grouped together.

3. Relatively easy expansion, depending on the site (assuming common areas support it) by adding a living unit as needed. If the site permits, the initial design will include a plan for additional living units or dayrooms and common areas without necessarily having to expand the existing common areas (overcrowding of common areas can be lessened by carefully scheduling the movement of youth).

4. A more linear design in which living units and program areas may be more spread out along longer corridors or hallways or perhaps even on different floors of a facility. Although this model may also have living units of various sizes, spreading supervision out across a larger footprint can create problems when staff need to support each other in one of the areas. Nonetheless, sometimes the footprint of the space dictates greater distance from one part of the facility to another, and additional staff may be needed to sufficiently cover that space.

5. Although more common for adult facilities, larger congregate facilities for youth have been built over the years. This model may include features such as dormitories, multi-youth rooms for sleeping, and living units that congregate large numbers of youth together. However, problems associated with this model have become more evident in terms of inability to properly classify and separate youth, manage the emotional environment, and ensure the safety of youth from other youth. Too often policymakers believe this model is more staff-efficient, allowing high youth-to-staff ratios because youth are in one area. But, this is a penny-wise, pound-foolish method of housing youthful offenders who are prone to impulsive behavior in a high-energy environment. Confinement professionals should resist efforts by policymakers to economize by constructing these types of facilities.

Other Environmental and Physical Plant Considerations

In any facility, whether a new one or an expansion or remodel, there are countless decisions to be made about the facility and program. This document does not explore these in detail, but a few basic concepts are worth noting, including:

1. Let the sun shine in. Natural light makes a difference for everyone living and working in a confinement facility. There is simply something disorienting and somewhat depressing about never seeing natural light, so when it is possible to bring light into the facility through windows or skylights, it is worth the investment. This is particularly true in situations in which an individual is confined for long periods of time, such as 30 days or more.

2. Colors can make a difference. Certain colors (versus others) on the walls and furnishings can create a more relaxed atmosphere, ideally reducing the institutional feel
of the facility.

3. **Safety and security does not have to mean bars and steel furniture.** Durable, residential-grade furniture that is movable and comfortable 1) provides ways to configure a room for varied purposes, and 2) reduces the feeling of “jail” created by fixed steel tables and chairs. Walls can be made from safety glass that permits good visibility and supervision of various program areas and reduces the sense of confinement that youth may develop over time.[19]

4. **Complying with state and local building codes and the Americans with Disabilities Act (ADA).** Similar to state or local regulations that may provide minimum program and operational requirements for facilities, there are building codes and federal regulations that outline basic requirements of the design process. Facility planners and architects are normally well aware of these requirements, but it is up to the program leaders to make sure that the standards are applied in a manner that is consistent with other goals of program operations. Sometimes these requirements can be applied in a manner that is not conducive to good behavior management, efficient staffing and adequate supervision, and meeting the developmental needs of adolescents, so it is important for facility leadership not to assume the architect or planners understand the best way to implement the regulations.

It is important that the facility is secure, and it is even more important that youth perceive the facility to be secure, thus reducing the temptation to think they can escape by overcoming staff or finding some other avenue. Creating this secure “envelope” can be accomplished in such a way that permits that internal living and program areas can be less institutional in nature.

**Direct versus Indirect Supervision**

It has become increasingly apparent in juvenile and adult confinement facilities that it is important to ensure direct supervision of youth in living units, classrooms, during program activities, and during routine daily functions. To those policymakers who may be familiar with larger, congregate type facilities or are not aware of the long-term benefits (including to safety and security) of direct supervision, it may seem that it would be cost effective to hire fewer staff and use various indirect means to monitor youth. This could mean supervising youth through electronic means or having staff “roam” the facility (including cells and dayrooms) observing them through glass but rarely interacting directly with youth for substantial periods of time.

Direct supervision of youth in all areas of the facility permit staff to 1) have a better sense of the emotional atmosphere in a living unit or be aware of potential conflicts between youth; 2) more effectively shape behavior of youth through more immediate positive or negative reinforcement; 3) develop a respectful relationship with youth in custody, because it is positive, respectful relationships that contribute most to safety and security; and 4) prevent some of the harmful effects of grouping delinquent youth together—what is sometimes referred to as peer contagion.[20]
The Importance of Staff Involvement in Planning

The process of designing a new facility or expanding an existing one must include key detention leadership and direct-care staff from the beginning. Creating a planning team from all levels of the organization has significant benefits, including:

- **Design programs.** Staff input will impact adjacencies of various functions—how youth will be moved from one part of the facility to another, how and by who programs will be provided, how youth will be supervised on a 24/7 basis, how basic needs and routine living functions are best accomplished, how best to ensure the safety of youth and staff, and more.

- **Integrate design with the behavior management program.** Involvement of staff from the start helps ensure that the design supports the kind of flexibility and options staff need to provide preventive supervision and intervention.

- **Promote team “buy in” to the design and operations of the facility.** Staff input throughout the process helps inform dozens of key decisions and helps inform some of the tradeoff decisions that can arise in the planning process, especially when the facility site imposes limitations on what might otherwise be a better design.

- **Solve problems as they arise.** Ideally, the process of design and construction goes through an orderly process without problems or changes being required. And, certainly the perspective of the key planners (architects, policymakers) makes a difference in how well everything works, but there inevitably will be change orders and roadblocks that require timely and well-thought-out adjustments. It is critical to have a functioning staff planning team that has worked through the original plan, developed a good working relationship with one another, and can respond promptly to problems as they arise. A time of crisis or major roadblock is not the time to create a working group and expect optimum results.

- **Share the workload.** Staff members involved in the process can take on specific tasks or responsibilities during and after the design and construction phases and can serve as ambassadors to other staff, both to get input and to help explain decisions that are made along the way. There is typically more than enough work to go around, and giving staff the opportunity to step up and learn new skills has long-lasting benefits for the organization.

As one would expect, there are facilities that have been built or expanded with little input from direct-care and supervisory staff. When decisions are made without taking the time to involve all levels of staff, buy in to the overall program is lessened and an adversarial culture often develops.

**Overcoming the “I Know What I Know” Challenge**

We all know what we know and too often don’t know what we don’t know (as Donald Rumsfeld would say, there are “known unknowns and unknown unknowns”). Before becoming too confused, suffice it to say that the application of this idea related to design
and conditions of confinement is that all staff (including leadership) can be limited by what they know and how they have done things in the past rather than keeping up with diverse practices and new approaches that can accomplish the same or even better outcomes.

Staff experience is often limited to one facility or program. When meeting staff from other facilities, the questions are endless about how others do what they do, how other programs function in areas of supervision, discipline, basic routines, needs, activities, and education, as well as how the facility’s design compares with their own. Therefore, in forming a staff team to provide input to new facility design or expansion, it is important to do the following:

1. **Hit the road.** Take a team to see other facilities and purposely select facilities that have varying design and program components as much as possible. Staff can see the best and the worst of other programs, what works and what doesn’t, what things to avoid and what things to support, and how their peers perceive the program or facility.

2. **Provide staff with information about best practices and industry standards.** This is clearly important for leaders who often have a greater chance of keeping up with best practices; exposing line staff to best practice and industry standards can help them break out of the “this is the way we’ve always done it” perspective and elevate their sense of professionalism.

3. **Seek advice from others.** This certainly pertains to the architect or consultant that has been chosen to help lead the effort but also suggests it is useful to invite in others who have gone through the process and may operate other facilities or programs of a similar nature.

**Who Makes the Final Decisions about Facility Design?**

Rarely are confinement professionals in the position to make the ultimate decisions about the nature of facility construction, expansion, or remodeling. Policymakers at the local level (for detention and jail facilities) or state or federal level (for juvenile and adult correctional facilities) typically have to “sign off” on the plan. The process can vary but may include special committees responsible for public works or other administration officials who have oversight of a project. This does not mean, however, that those responsible for operating the facility are powerless in the process. Rather it means that facility leadership must attend to the following:

- Understand the parameters (including cost) that policymakers have established and the issues and needs that they have to deal with.
- Articulate the highest values underlying the program and best possible outcomes for facility design and operations.
- Do the homework on various designs or operational models and be able to explain the rationale for various choices that will need to be made along the way.
- Respond promptly to inquiries for information and work proactively to provide information to policymakers at the right times during the process.
• Work with policymakers to find solutions or compromises that meet their needs without significantly hampering ultimate conditions of confinement.

When these things are done well, the gap between what is best and what is decided can be substantially reduced, if not eliminated. So, it is critically important that program leadership be thoughtful and strategic about the relationship with the “deciders” and avoid any hint of an adversarial relationship, at the same time holding true to the values and vision needed to create and run a good program.

**Building a New Facility versus Remodeling An Existing One**

It was previously noted that there are many variables that go into facility design and operations, not the least of which is that it is more common to expand or remodel an existing facility than it is to build a new one. Given the cost of building a new facility, it is often attractive to policymakers to expand or remodel an existing facility or building (including a building that was never intended for use as a confinement facility). And, given the longevity of many public buildings, including adult and juvenile confinement facilities, it is not uncommon to face the challenge of updating and remodeling a facility that was designed and built in the 1960s or 1970s using a much different set of values than exist today. Local jurisdictions often will “hand down” former adult jails to be remodeled and reconfigured for juvenile use. In some ways, this is the worst choice for a good juvenile confinement program.

When working with a hand-me-down adult facility, it is possible to maximize its usefulness by doing a few things. For instance:

1. Paint can go a long way to changing the atmosphere of a facility. As referenced previously, brighter, less institutional colors can influence a youth’s emotional reaction to being locked up.
2. Replace steel, institutional furniture with residential grade, movable furniture (also referenced previously).
3. If possible, replace bars that may separate areas or even non-supporting walls that separate areas with safety glass or large windows that allow good supervision and create a greater sense of openness.
4. Replace cell or room doors that may be essentially jail bars with steel or other durable finish doors (with needed observation ports), again to reduce the sense that the facility is or was a jail.
5. Develop and maintain an active and constructive program of behavior management, activities, education, recreation, crisis counseling, and visitation. Even in a less desirable facility, if youth are kept active, busy, and engaged, the negative aspects of a facility can be minimized.

For those not familiar with adolescent development and best practices with youth in confinement, it seems counterintuitive to make the facility nicer in some way. It is therefore
important for confinement professionals to focus on the positive outcomes of making these kinds of changes, including:

- Reduced behavior incidents, including assaultive behavior (youth-on-youth or youth-on-staff).
- Reduced need for hands on interventions, significantly reducing the risks of either youth or staff injury (extended staff absence due to injury is both emotionally problematic and costly in terms of overtime and workers compensation claims and benefits).
- Increased opportunities for youth to learn the kinds of skills and build competencies that are valued in the community and important for reentry. Given that safe confinement of youth is expensive (as is any residential program that operates on a 24/7 basis), it simply makes sense to maximize that investment. (See Ch. 18: Transition Planning and Reentry) [4]

It is possible to articulate and maintain high expectations for youth while they are confined so that time is not viewed as some sort of luxury or vacation. In fact, one could argue that it is an appropriate time to raise expectations by focusing and accelerating their educational programming, attending to and teaching new pro-social behaviors, and providing a safe space for youth to think about the impact of their behaviors on others and themselves.

Operational Costs and Cost Efficiency

Over the lifetime of even the most expensive facility, staffing and operations are much costlier than in the original construction. Roush and McMillen estimate that as much as one-third of a facility’s construction costs need to be allocated for one year of operating, the majority of which is personnel costs.[21] Whether one-third or one-quarter, or somewhere in that range, it is easy to see that within three to four years, a program’s operating costs will match the cost to build it. Projecting 30 or 40 years into the future, a facility can easily cost ten times as much to operate as to build.

Facility management must consider this long-term operation cost during the design phase and as an ongoing responsibility. In a previous reference to various design options, a desirable design involves living units and dayrooms that hold an optimum number of youth and permit direct supervision in those units and in common areas. Making living units too small and requiring staff to be in a direct supervision role will require more staff than larger living units, but making living units so large that they require multiple staff to supervise will also cost more. Similarly, staff efficiencies can be garnered by using safety glass or large windows instead of walls to separate areas or program space where practicable. Therefore, a “….design based on staffing efficiency—even if it will involve higher construction expenditures—is of utmost importance.”[22]

Too often the true cost of operating a confinement facility is less evident to the community and to policy makers. For example, although the cost of constructing a 36-bed facility will
be higher than a 24-bed facility, the cost of operating the larger facility is far more significant. Jurisdictions that have taken advantage of JDAI principles and process (whether or not formally involved with the Casey Foundation or with the OJJDP-funded Jurisdictional Planning Assistance that was previously provided by the Center for Research and Professional Development at Michigan State University) have discovered that many alternatives can be developed at a fraction of the cost while still maintaining public safety. [23]

Facility leadership also has a fiduciary responsibility to operate in as cost-efficient manner as possible while still providing the kind of programs that will produce positive outcomes for youth and the community. One good way to accomplish this, as well as fulfill another positive outcome, is to reach out to the community for resources. This could include connecting with community-based programs that can come into the facility and provide constructive activities and useful programs, donations of supplies (art supplies, books, recreational supplies, etc.), and items that can be used as reinforcers in a behavioral management program. Good fiscal management over time goes a long way to building program credibility with key policymakers—credibility that will be needed when crises arise or additional needs are identified.

As with juvenile confinement facilities, the design of adult facilities in which youth will be held needs to take into account these same factors, making the design of the facility consistent with the developmental and programming needs of young people. Also, the Prison Rape Elimination Act (PREA) places requirements on adult facilities that should be incorporated in the design process so that the adult facility can cost-effectively meet those standards and provide a safe environment for youthful offenders. (See Ch. 19: Complex Issues and Vulnerable Populations: Placement of Youth in Adult Facilities) [2]

Facility Dynamics

Confinement facilities are subject to the same kinds of social dynamics and political shifts that impact other facets of community life. From the 1950s into the early 1970s, confinement facilities often held status offenders as a matter of course. The popular notion that “nothing works,” based on a survey of studies on adult offender rehabilitation done by Robert Martinson, began to infiltrate the dialogue among corrections professionals and policymakers, giving fodder to those that were already inclined to believe that the only sure solution to crime control was locking up offenders.[24] As serious juvenile crime rose in the 1980s and early 1990s, and the erroneous predictions of a generation of youthful superpredators taking over our streets took root in political “get-tough” sound bites, the demand to lock up youthful offenders grew dramatically, and states changed their laws to make it easier to do so.[25]

Interestingly, since the latter 1990s and into the 21st century, jurisdictions that had become addicted to confinement as the solution to youth crime and other forms of misbehavior
found themselves with space in their facilities that could be used for other purposes, most predominantly for responding to technical violations of supervision or probation. Another way of saying “if you build it, they will come” might be something like, “if we have extra space, I’m sure we can find a good use for it.” As a result, populations of youth in detention centers declined at lower rates than might be expected, based on youth crime rates.

Fortunately, in recent years, as jurisdictions have developed more cost-effective alternatives and research has provided evidence that community-based alternatives can be successful in redirecting youth behaviors, we have seen the population in youth confinement facilities decline fairly dramatically. Other changes have occurred in the juvenile justice system that have finally led to these reductions. The result is that dozens of short- and long-term facilities around the country have closed, and others have downsized or consolidated in some way. Some of these closures are highlighted in Advances in Juvenile Justice Reform, 2009—11, published by NJJN.

Downsizing or closing facilities, while desirable in the long run, is not without a downside. For example, in 2012, DuPage County in Illinois closed its juvenile detention facility—one of the most highly respected programs in the nation—to house the few remaining youth in neighboring Kane County. This is a fiscal benefit for both counties, but it also means that youth from DuPage County are now more distant from their homes and parents or caregivers. In Wisconsin, both the boys’ and girls’ correctional facilities located in the southeastern part of the state (where the majority of youth are from) were closed, and youth were moved to a facility in the northern part of the state. Between 2007 and 2011, 37 facilities in New York State were closed, in some cases as the result of concerns about maltreatment and in some cases simply for fiscal reasons. All of these closures have not been without controversy, as jobs are lost or reallocated, funds saved from closures are not always reinvested into prevention programs, and families face greater challenges in connecting with their children in custody.

It may be a while before we are able to fully assess the impact of these closures and downsizing on the conditions of confinement for youth. Practitioners need to understand and be ready in the event that juvenile crime and arrests begin to climb again. Facilities that have been downsized or consolidated may once again be subject to overcrowding and all its associated problems, including potential liability for harm that comes to youth in care. It is important to institutionalize some of the positive gains that have been made, including the following:

- Tighten criteria for placing into custody youth who commit new offenses.
- Develop community-based alternatives to help ensure adequate supervision of youth in a manner consistent with public safety.
- Implement expedited court procedures to reduce the length of time youth are confined.
- Develop outcome measures and data systems that can support the notion that confining youth unnecessarily is not cost-effective.
As a practitioner, it is easy to be trapped into believing that our focus should be on the number of youth in custody more so than whether or not the right youth—those that really need to be confined—are in facilities. Without careful attention to these issues, we risk a relapse to confining youth as a first resort, rather than a last resort.

This shifting landscape of juvenile confinement facilities is occurring at a time when there is more and more attention being paid to whether anyone under age 18 should be confined in an adult facility at all. For example, from 2011 to the writing of this chapter, 11 states passed laws limiting states’ authority to house youth in adult jails and prisons.\[29\] In some cases these limitations apply only to pre-trial or pre-conviction, but in others a youth convicted in adult court might be held in a more appropriate juvenile facility. It remains to be seen what the longer-term impact of these changes may be on the downsizing trend, but most juvenile justice professionals would agree that juvenile facilities are more readily able to meet the needs of youth than adult facilities are.

**Safe Physical Management or Confinement**

There are many facets of a confinement program that contribute to the safety of youth and staff and the security of the facility in terms of protecting the community. Previous sections of this chapter focused on various facility design concepts. However, once inside the secure confines of the facility, a critical element of safety is the implementation of a sound, research-informed behavior-management program.

One of the precepts of *The Balanced Approach to Juvenile Probation*, a seminal work in the field of juvenile justice, is that our communities are safest when individuals (including youth) have the capacity and will to make law-abiding decisions in their daily interactions in society.\[30\] This simple idea can be applied inside a confinement facility as well, namely, safety is maximized when youth in care make pro-social, responsible choices about how they interact with other youth, how they respond to facility staff and expectations, and how they respond in the times of crisis or confrontation that inevitably occur. How staff interact with youth, how staff reinforce (one way or the other) the behavior choices of youth, and how all components of the confinement program are integrated to reinforce positive choices is critical to creating a safe environment.

**Behavior Management, Control, and Safety**

It is not uncommon for confinement staff to conflate these three distinct but interrelated concepts into some sort of unified way of supervising and intervening with youth. However, it is important to distinguish these concepts and be clear, when developing the behavior management system, where one begins and the other ends.

**Safety**

It is clear that staff are ultimately responsible for ensuring safety within the facility. This has been referenced in terms of facility design, but it also comes into focus around issues of
discipline, use of restraints and seclusion, supervision, and other program operations. In dangerous situations, staff have to intervene quickly and dramatically to ensure the safety of everyone in the facility.

Control

Staff may often mistake control for good behavior management by assuming that the highest priority is to ensure that youth obey, often through coercive means, a myriad of rules that have been created to make overall supervision and management of the facility easier and allegedly consistent.

Behavior Management

This refers to an overall strategy and set of techniques that promote the development and expression of desired behaviors or eliminate undesirable behaviors. For some, the concept of behavior management may be an overarching concept that includes safety and control, and some may think about behavior management as a discipline. Unfortunately, despite its root meaning—to teach—discipline is more commonly defined as punishment or negative consequences as a means of changing behavior. For that reason, it is preferable to think about the collection of strategies that promote behavior change.

More importantly, lost in an overly zealous focus on managing or controlling behavior is the important contribution that programs can make by placing a greater emphasis on concepts of positive youth development. Identifying and building on youth strengths is in some ways a challenge to the conventional thinking of the juvenile justice system as a whole, let alone confinement professionals working in limiting environments. Yet, what could be more important than taking every opportunity we have to help youth acquire the emotional, interpersonal, and cognitive skills necessary for a successful transition from adolescence to adulthood? Integrating these concepts into the larger juvenile justice system can be carried further into operations and programming for juvenile detention in which core assets are identified and staff are focused on building assets rather than simply controlling behavior. [31]

A Behavior-Management Continuum

It is important to think about behavior management as a continuum of both positive and consequential strategies that can be used to shape the behavior of youth in care, taking note that many youth will respond differently to these reinforcers. Although these strategies are specific to programming for youth, they may also be effective in shaping behavioral change in many young adults.

A fundamental challenge in any group setting is to design a set of expectations and reinforcers that can be applied with some measure of consistency and yet allow for some variation when necessary to deal with particularly needy youth. This chapter previously referenced the nature of youth placed in juvenile confinement facilities and its variations
across a number of domains, including domains such as emotional maturity and self-control. In addition to the “normal” issues of adolescent development—including brain development—many youth enter confinement facilities with undiagnosed or untreated mental health and trauma issues that contribute to the behaviors that led to their confinement. These same issues play a role in how youth respond to the conditions of their confinement. (See Ch. 6: Adolescent Development) [3]

Any behavior-management system operates within the context of personal interactions (observation, respectful communications, personal style) between staff and youth, as well as the program components (rules, reinforcers, tools, etc.), the basics of which are well summarized by Nelson Griffis in *Behavior Management in Juvenile Detention and Corrections: A Personal Strategy and Behavior Management in Juvenile Detention and Corrections: A Programmatic Strategy.*[32] Readers are encouraged to review those works and take note of a few basic underlying strategies:[33]

1. State rules in simple and positive (expected behavior) terms when possible.
2. Present rules in writing, and ensure that staff can explain the reason for each rule or expectation.
3. Focus on developing a relatively small list of rules or expectations rather than a laundry list of “do not” rules. Griffis suggests that eight to twelve expectations should be sufficient to convey normally expected behaviors.
4. Enlist staff commitment to the rules so they can be reinforced as consistently as possible.

Griffis also notes that there are several types of reinforcers that can be developed and used to increase desired behaviors and extinguish undesirable behaviors.[34] They are:

1. Material reinforcers, tangible items that youth can earn in response to positive behaviors.
2. Activity reinforcers, opportunities to do something the youth likes.
3. Social reinforcers, often in the form of verbal praise or recognition.
4. Token reinforcers, coupons, tickets, or other items that youth can earn for new or improved behavior and that can then be exchanged for material or activity reinforcers.

More details and examples of reinforcers for each of these categories can be found in the referenced source documents.

Additionally, a couple of basic principles need to be kept in mind when developing reinforcers and implementing them—namely, 1) when developing the reinforcers for a behavior-management system, it is imperative that the reinforcer be important to the youth if it is to have an impact; and 2) timeliness of reinforcement is important; the reinforcer should be provided as soon after the behavior as possible.
Keeping this in mind, a behavior reinforcement system can start with relatively simple, low-level reinforcers up through more restrictive and dramatic interventions. These types and levels of reinforcers are not mutually exclusive.

Level 1

**Verbal reinforcers** such as praise and recognition should be provided at a ratio of four- or five-to-one, positive-to-negative. Social science research confirms that repeatedly recognizing and reinforcing the desired behavior is more effective at promoting behavior change than relying solely on criticism. From a youth’s point of view, having staff criticize them without making an effort to verbally praise or recognize positive behaviors is simply unjust.

Level 2

**Token reinforcers**, perhaps in the form of coupons or other tangible tokens, can be used by the youth to “purchase” additional activities or material items.

Level 3

Using **point or level systems** to delineate expected behaviors and document performance can be then turned into various forms of social or token reinforcement. More sophisticated systems are integrated with other program components, for example cognitive-behavioral programs, so that the youth are acknowledged for applying the skills and knowledge they may learn while in group. At the same time, youth who are not meeting behavior expectations should not earn the points or move up on levels.

Level 4

**Punishment such as a short “time-out”** removes the youth from the surroundings. Initial time-outs may be for brief periods of time, for example, as short as five minutes, during which a youth has the chance to stop and think about the behavior that led to the consequence and to explain what he or she should do differently. Contrary to what some think, longer time-outs are generally not needed to accomplish the desired goal of the behavior change, with research suggesting that time-outs in the range of 15 to 45 minutes are generally successful.\[35\] Successfully implementing time-outs to change behavior is a combination of art and science. (Refer to **10 Tips for Time-Outs** following this section.)

Level 5

**Longer-term reduction in privileges.** Systems can be developed in which youth earn certain privileges (extended bedtime, commissary privileges, access to other personal items). It can be appropriate to link these additional privileges to a continuation of expectations of positive behavior. In doing so, however, programs should avoid setting up the system in such a way that youth perceive staff taking away the privilege as a response to inappropriate
behavior; rather, it is an opportunity to reinforce the behaviors that are expected for the youth to earn the behavior.

Longer-term room confinement or seclusion is too often viewed as part of a behavior-management process, but more recent research raises the specter of seclusion as a tactic that retraumatizes youth and does more harm than good.[36] Some sort of separation from other youth and the reinforcing nature of the attention they may get from their peers may be appropriate, but it should not be confused with room confinement that may be necessary for safety reasons. For example, if a youth has been involved in assaulting another youth, the offending youth may need to be confined until other safety plans can be fully implemented. Similarly, a reduction in privileges should not be confused with taking away various rights that youth may have, whether through formal regulation or legal rulings. For example, a right that cannot be taken away is the ability to contact or be contacted by an attorney, and basic care needs must still be met.

Many youth will respond to well-defined and well-explained expectations as well as lower levels of reinforcement. Others may require higher-level interventions. This is helpful information for case planners as they work to assess a youth’s need for and response to consistent and responsible adult supervision. Overall, the basic principles that apply to reinforce behavior for youth on the outside can be used to teach new behaviors in a confinement facility.

Comparing Short- and Long-Term Programs

Although the basic principles related to shaping behavior are similar in both short- and long-term facilities, the expectations may be higher and the focus of what behavior to change may differ. Some basic expectations are consistent, but it is fair to 1) place higher expectations on youth in longer-term facilities, as there is more time for youth to learn and exhibit a greater range of behaviors and greater self-control than may be available in a short-term program; 2) identify a wider range of behaviors that should be learned given the longer time in care; and (3) place a greater emphasis on identifying specific and perhaps more individualized behaviors that will be useful for a youth released from a longer-term correctional program. Opportunities to learn and practice new behaviors are greater in long-term programs, and there is often a greater opportunity for youth to fully integrate these behaviors with other cognitive-behavioral programming to which they are exposed.

10 Tips on Time-Outs

1. The time-out should occur immediately when the behavior is observed (assuming it is a behavior that the rules indicate requires a short time-out).
2. Keep the time-out as short as possible to achieve the purpose of behavior change.
3. The length of the time-out should not start until the youth is quiet or cooperative.
4. The time-out should be away from a place of ongoing activity.
5. Instructions for the time-out should be given in a matter-of-fact manner, not when the staff member is angry.
6. Be consistent about using time-outs; that is, use the time-out for the same behavior each time it occurs, and do not extend the time-out based on a relapse in behavior.
7. Verbally acknowledge the youth for taking the time-out successfully.
8. As soon as possible after the completion of the time-out, try to recognize a desired positive behavior.
9. Do not threaten to use time-outs unless you are prepared to follow through.
10. Make sure to identify and explain the desired behavior when you are attempting to extinguish an undesirable behavior.

Legal Issues Related to Behavior Management

Without having a well-constructed behavior-management program, good supervision, and well-trained staff, individual staff members are too often left to their own devices to manage behavior. Staff who do not understand the basic principles of social learning theory and behavior change will resort to tools they believe will be effective, often substituting ineffective and risky personal strategies of control. It is exactly these responses that can lead to the creation of abusive, inconsistent, and constitutionally invalid conditions of confinement. Excessive room confinement, inappropriate use of chemical agents or restraints, use of excessive force that results in injury to youth, use of corporal punishment, and other forms of abuse could result in investigations that lead to considerable liability and expense for the agency.

Civil Rights of Incarcerated Persons Act (CRIPA)

Youth rights are protected by the federal Civil Rights of Incarcerated Persons (CRIPA) regulations, which were enacted in 1980 to help eliminate unlawful and abusive conditions of confinement. CRIPA grants the Department of Justice (DOJ) the authority to investigate complaints it may get about conditions of confinement, to appoint special investigators or monitors to provide oversight for facilities and recommend corrective action, and to file court action if needed to secure enforcement of the civil rights of confined youth.

Under CRIPA, as may also be the case under other suits filed in court related to conditions of confinement, parties may enter into a consent decree in which the facility or program agrees to comply with a number of changes and come into compliance. Failure to live up to the consent decree can result in the DOJ filing a contempt motion with the court or imposing additional oversight and reporting requirements for the facility, or both. CRIPA can be viewed as a tool that the DOJ can use to improve egregious conditions of confinement in youth programs. The Youth Law Center has played a leading role in tracking significant CRIPA investigations and litigation related to juvenile correction facilities over
the past several decades.[37] The reasons for litigation or CRIPA investigations fall within the following areas:

- Abuse or excessive use of force.
- Excessive use of restraints or isolation.
- Failure to protect youth from harm.
- Failure to provide a therapeutic environment and rehabilitative treatment.
- Failure to provide required services (education, mental health, healthcare).
- Inadequate staffing or staff training.
- Environmental safety issues (crowding, fire safety).
- Failure to provide access (mail, attorney, telephone).

The Youth Law Center also notes that, for the nearly 60 facilities or programs cited more often than not the investigation or litigation is based on three or more of these areas of concern. This suggests that the lack of compliance with basic requirements related to conditions of confinement is endemic to all aspects of operation within a program rather than isolated to a specific violation.

Beyond the involvement of the DOJ through CRIPA actions, there are many examples of lawsuits and case law related to conditions of confinement. The following are a few recent examples:

- In Illinois, the American Civil Liberties Union (ACLU) was involved in litigating the conditions of confinement in the Cook County Temporary Juvenile Detention Center *(Jimmy Doe, et. al. vs. Cook County)*, which led to an agreement in 2002 to improve conditions and services related to physical and mental healthcare, overcrowding, nutrition, sanitation, and discipline. The work to really improve these conditions goes on, as the ACLU and others monitor whether the department has implemented the kinds of change required. The order was updated in 2007, creating the Office of Transitional Administrator, and since that time, significant change has occurred (despite continued legal wrangling over a variety of issues), some of which is captured in a report issued in 2012 by the National Council on Crime and Delinquency (NCCD).[38]
- Also in Illinois, the ACLU filed a class action suit *(R.J., et. al. v Illinois Department of Juvenile Justice)* against the Illinois Department of Juvenile Justice related to conditions of confinement for approximately 1,000 youth confined in the state-run juvenile correctional justice facilities.[39] In September, 2002, the parties entered into a consent decree in which the department agreed to improve conditions in 1) mental health services, 2) educational services, 3) the excessive use of room confinement, 4) the safety of youth inside the facility, and 5) holding youth beyond the original commitment date solely because no community-based placement was available.
- The ACLU filed suit and reached a settlement in 2011 with the Montana State Prison involving the solitary confinement of youth, as well as the treatment of mentally ill prisoners *(Raisilten Katka v State of Montana, 2009).*[40] The important aspect of this case is the practice of isolating youth under age 18 within adult facilities, in large part as the
result of being unable to manage the behavior of those youth. In many cases the behavior is the result of mental health issues that have not been properly diagnosed or treated.

- In 2008, the Texas ACLU filed a class action complaint against the Texas Youth Commission as the result of subjecting girls to unnecessary solitary confinement, routine strip searches, and excessive physical force.[41]

A more complete search of case law would reaffirm that programs that fail to adhere to meeting the basic needs of youth in confinement are at risk of facing litigation that will prove to be far more complex and expensive than actually taking steps to provide adequate services in the first place. Though it is not uncommon for suits to result in settlements or some form of consent decree before completing the civil suit process, the costs of defending and responding to these suits can rise rapidly and take significant time away from actually running the facility or program.

CRIPA investigations and actions related to youth are not unique to juvenile facilities. In some ways, adult facilities that hold youth may be under greater scrutiny and may be at greater risk of facing actions, given that the needs of youth may vary from the predominant population. Staff in adult facilities are often not well trained to deal with adolescent behaviors, and policies in response to inappropriate behavior are not adapted to fit the needs of youth. There is too often a presumption that youth are mini-adults and that any changes in program or protocols that would actually be more effective with youth are seen as special treatment. For example, a youth’s acting out may be perceived to be an overt, intentional challenge to adult authority, and the response that is implemented (solitary confinement) can do much more harm than good and even result in disaster. Therefore, leaders in adult confinement facilities that hold youth need to work hard to establish adequate training programs for staff, ensure that proper mental health and educational resources are available, and that behavior management protocols are developmentally appropriate.

Fortunately, most confinement professionals never face these kinds of complaints, but in some cases, policymakers and jurisdictions need this kind of outside pressure, financial risk, and public condemnation before sufficient funding is provided to improve the program.

**Legal Requirements**

Statutes and administrative rules vary from state to state but in general set some parameters about what is required in both juvenile and adult confinement programs, whether they are small, short-term programs or larger, longer-term correctional programs. More often than not, these statutes and rules set minimum standards that may or may not meet ACA or other best practice standards. This chapter previously highlighted some of the physical plant standards, but other conditions of confinement may be informed by statutes or rules. Some of the common requirements that practitioners need to be aware of include:
Requirements for a Treatment or Behavior Plan

It is less common for a treatment plan (sometimes referred to a case plan) to be required for short-term programs than longer-term correctional programs. However, even in short-term programs, practitioners should consider developing behavior plans and coordinating information-sharing with those responsible for reentry or community placement, so the time in detention can be put to maximum use. In long-term programs, it is much more important and practical to develop and implement a case plan. Some common elements of treatment plans are 1) a substantive review of prior treatment interventions, assessments, and educational records; 2) comprehensive risk and needs screenings and assessments to identify treatment needs that will be the primary focus of programming; 3) identification of significant supports (family and other community members) who can be engaged with the youth and treatment and play a powerful role in supporting successful reentry; 4) setting measurable treatment goals and objectives that give the youth a direction to work towards and a way of identifying progress toward release and reentry; 5) identification of any specialized services that will be needed during placement; 6) decisions related to classification and housing assignments; and 7) an outline of the process required to review the case plan. Typically, some period of time (30 days, for example), may be established as the maximum length of time allowed to complete the plan, the related processes for approvals, and dissemination of the plan. (See Ch. 18: Transition Planning and Reentry). [4]

Medical Treatment and Services

Youth placed in confinement facilities almost universally bring a history of poorly addressed physical and mental health needs, and higher rates of traumatic injuries, alcohol and other drug use, mental illness, and abuse. In addition to normal adolescent development issues, left unaddressed, these factors contribute to a high risk of lifelong health problems.[42] Although there may be variation in the requirements for the provision of medical services, the need for professional standards in critical areas of healthcare is self-evident, and good standards have been promulgated by the National Commission on Correctional Health Care (NCCHC). Standards for juvenile confinement facilities cover a wide range of components, from delivery of care, to training, to personnel and management. For short-term programs, a minimum requirement (though not universally in place) related to healthcare will include an initial screening completed by a healthcare professional (this is not the same as the minimal health screen that may be done by non-medical staff at the time of admission that is designed to identify any emergent health concerns, gather information about medications, screen for self-harm, etc.). Ideally for short-term programs, and required for longer-term programs, a more thorough physical health exam is often required and includes a review of immunizations and emergent dental concerns as well as addressing physical and mental health issues.

All programs, regardless of length, should provide the opportunity for youth to confidentially request medical services from a healthcare professional on a routine basis. How routine that is may vary and be determined by state rules, but it is important that
health concerns are not left unaddressed. Larger, longer-term programs should be able to provide this on a daily basis. Smaller, short-term programs ideally should provide access to healthcare at least four to five times per week.

Additionally, all facilities will face the challenge of dealing with healthcare crises that arise from injuries that occur while the youth is in the facility, drug-related withdrawal or abuse, treatment for chronic illnesses such as diabetes, and simply normal health issues. It is often difficult for non-medical staff to properly assess the urgency of these situations. Therefore, procedures have to be in place, staff need to be trained, and resources must be available so that staff can respond appropriately to ensure the health and safety of all youth. Evident in some of the CRIPA and other lawsuits noted previously are situations in which a program failed to respond appropriately to these emergent medical issues. Negligence and failure to act, either in an individual case basis or in terms of not having sufficient resources and procedures in place to deal with these situations more generally, will ultimately result in liability.

Plants for Suicide Screening and Prevention

All facilities, whether short term or long term, will typically be required to have procedures in place to screen for self-harm risk at the time of admission and in the event of crises or other events that may trigger self-harm concerns, protocols for placing youth on or removing youth from some form of watch, which will require higher levels of supervision and intervention, documentation, and communication protocols among both confinement staff and mental health professionals, and procedures in place to intervene in the event of a suicide or self-harm situation.

Fortunately, youth suicide in juvenile detention is relatively rare, but even one time is too many Negligence and complacency place youth in harm’s way and create liability for programs. It is not uncommon to hear some staff say “…he is just trying to get attention...” or “…she is just mad, it will pass...” as if all youth have the rational capacity to understand the potential for self-harm. Self-harm attempts are not always preceded by depressive behavior, and—more often than not—youth may give out clues about what they are thinking in ways that can be easily overlooked by poorly trained staff. Practitioners should be familiar with the good research about suicide in youth facilities and measures that need to be put in place to prevent it; these are outlined by Lindsay Hayes in *Suicide in Juvenile Confinement Facilities: A National Survey*.[43]

Mental Health Services

All facilities need to provide or have readily available services to address the mental health needs of youth. The focus of these services may vary based on the type of facility, for example:

- In a short-term detention program, a minimum standard should be a mental health screening that can identify some of the most emergent mental health concerns such as
risk of self-harm; whether the youth is currently receiving mental health services and, if so, develop options to support continuation; whether the youth is taking psychotropic medications and, if so, ensure those are administered and delivered appropriately; and providing crisis stabilization and support for youth experiencing overt symptoms of trauma, depression, or severe anxiety. (See Ch. 11: Mental Health: Mental Health Screening and Assessment).

- Short-term confinement programs may also assist in overall case planning and development by administering a basic mental health screening tool that can help identify previously unidentified mental health concerns (MAYSI-II, GAIN, POSIT).
- Facilities have an obligation to appropriately share this kind of information with ongoing case planners or providers so as to help ensure successful reentry to the community.
- Longer-term programs have the responsibility for providing more in-depth assessment of needs and then providing or ensuring the necessary mental health services by appropriate mental health clinicians. This becomes part of the overall treatment plan that is implemented while the youth is in custody and then integrated as soon as possible into a reentry plan.

A recent example of how the lack of adequate mental health services may result in a lawsuit is in the 2012 case referenced previously—R.J. v Bishop.

Implementing PREA

Other chapters of the Desktop Guide will address in more detail the operational and staffing requirements for confinement facilities that are outlined in PREA—passed by Congress in 2003—and its recently promulgated standards. The requirements of PREA represent good confinement practices that help to ensure the emotional and physical safety of youth in custody, whether in short-term or long-term, juvenile or adult confinement facilities. Practitioners can access information through a variety of sources, but a good place to start is the National PREA Resource Center or the National Institute of Corrections (PREA Toolkit) site. (See Ch. 4: Developing and Maintaining a Professional Workforce: References and Background Checks)

Family Engagement Issues

It is well known that most youth placed in confinement facilities, whether short- or long-term, go home to their families upon release. Some youth may be released to other placements before returning home, and a small percentage may end up living independently. But it is not uncommon for practitioners to be heard saying something like, “they all go home.” This suggests that there is everything to be gained and little to lose by finding ways to respect and proactively engage key family members while a youth is in custody so as to support successful reentry back into the community. (See Ch. 18: Transition Planning and Reentry)
For safety and security reasons, there may be exceptions to the rule, but in general, confinement facilities should be proactive and do the following:

1. Encourage and support appropriate family contact, generally through policies related to visitation and phone calls, but also through other kinds of supports. For example, in Wisconsin, the Division of Juvenile Corrections provides weekly bus trips for family members wanting to visit their youth in the distant juvenile correctional facility. State regulations may impose certain minimum requirements on who can visit, how often, or for how long or for phone calls at the time of admission or while in placement. Minimum standards often will not meet best practice standards.

2. Create opportunities for parents or caregivers to learn more about what their child is experiencing while in custody. This may take the form of written information provided to parents or caregivers about the facility, the program, and the ways in which the family can stay involved with their child while he or she is in custody.

3. Keep parents informed of their child's progress in terms of learning new social skills, education, and other changes in behavior that they can then reinforce with their child after release.

4. Take advantage of technology to support contact, for example a facility that is distant from a youth's home may work with a local jurisdiction to promote videoconferencing between a youth and family.

5. Clearly identify for parents or caregivers whom they can contact for general information or in the event of any concerns or emergency.

6. Train all staff to respond to parent concerns promptly and respectfully. Most parents understand that their child may be giving them one side of the story when problems or conflicts arise, but they want to make sure that any concerns are heard and professionally addressed.

This approach is in contrast to policies that may 1) be inflexible and create unnecessary barriers to family contact (visiting hours that do not accommodate a parent's work schedule); 2) impose fiscal barriers on family contact (though more true in adult facilities, it is not uncommon to find youth confinement facilities in which the only phone calls that can be made to a parent are done on a collect basis—too often through some vendor that is charging exorbitant rates, only to kick back some portion as revenue to the jurisdiction); and 3) in the name of security, impose unnecessary restrictions on physical contact, who can visit, or simply create uncomfortable space for visitation to occur—concerns that can often be overcome with little or no added expense.

Creative and progressive programs may promote or support a parent peer support network in which parents of youth who have been in custody can be trained and may even receive a stipend for being a resource to parents of youth new to the facility. Remember that a parent or caregiver will be one of the most influential persons in determining whether a reentry plan is successful. A parent's perception of the overall juvenile system will be impacted—one way or another—by how confinement staff and programs treat them.
Parents who feel isolated from their child’s life or feel disparaged or blamed by the system are not going to be good allies in a reentry plan. Conversely, parents who feel respected, are well informed, and are given opportunities to be engaged may become strong partners or advocates in supporting their child’s success, both while their child is in custody and when he or she is released. A logical corollary to the question “How would you want your child to be treated while in custody?” is one that says, “If you were the parent of a child in custody, how would you like to be treated?”

Youth in Adult Facilities—Time for a Change

Finally, the whole notion of family engagement is something that is typically not seen as relevant for adult confinement facilities or for facilities that have been designed and are perhaps staffed by correctional officers not properly trained to work with youth. The focus is often solely on the individual youth or “inmate,” and little attention is paid to the important role of parents. For youth in adult facilities, if the youth is under the jurisdiction of the adult system (direct file, original adult charges, waived or transferred to adult court, sentenced to jail or a correctional facility), parents may be essentially ignored as having any legal standing in relation to the youth in custody. They may not be kept informed of behavioral problems, may not be afforded what could logically be considered parental rights, may have very limited opportunities for contact, and are rarely engaged in any kind of reentry planning.

The notion that a youth under age 18 is considered an adult by the justice system is certainly contrary to how parents may view their child and how important being part of a family is to a youth in confinement. The fact that family still plays a significant role in the youth’s life—whether or not the justice system recognizes it—has implications for how the youth responds to and survives the adult confinement experience and perhaps how successful his or her ultimate reentry to the community may be.

Treating youth as adults opposes headlong the overwhelming evidence about adolescence and brain development and places practitioners in adult facilities in the almost impossible position of providing supervision and programming in a facility that is far from developmentally appropriate. Youth in adult facilities are at higher risk of abuse, have significantly higher rates of suicide, and are clearly susceptible to adopting negative behaviors to survive their confinement experience.[45] Practitioners that work with youth in adult facilities have the odds of success stacked against them. They are trained to work with adults, they work in facilities designed for adults, they have staff-to-youth ratios that are much lower, and they are minimally trained in the basics of adolescent development. There is no time to waste for policymakers and confinement leaders to take a much more proactive approach and use the growing knowledge about what works to change how we deal with youthful offenders who cross over into the adult confinement world.

The Present and the Future—A Tipping Point
Violent juvenile crime is at a 32-year low. Dozens of juvenile confinement facilities around the country have been closed as the result of declining custody populations. Through the work of organizations like the National Center for Youth in Custody (NCYC), NPJS, CJCA, ACA, and others, confinement practitioners are gaining more progressive and practical training, guidance, and technical assistance. Active advocacy groups such as the ACLU, the NJJN, the Justice Policy Institute (JPI), the Haywood Burns Institute, the Campaign for Youth Justice, and many others have turned their attention not only to reducing unnecessary confinement of youth but also to conditions of confinement. More communities around the country are developing successful alternatives to confinement and reducing costs—hopefully often reinvesting some of the savings in prevention and early intervention programs.

On the other hand, there remains a legacy of poorly designed facilities constructed during the confinement boom of the late 1980s and 1990s (facilities often designed and constructed by planners and architects whose experience was solely with adult facilities and programs), a penchant for states to bow to political pressures that result in minimum rather than best practice standards, a largely uneducated public about the important role that confinement facilities play in an effective justice system, an overreliance from other systems on confinement as a response to problem behaviors (the school-to-prison pipeline), and—perhaps worst of all—racial disparities that continue to diminish the future of another generation of minority youth.

So, this is where we are. Where might we go? There are clearly some things that should help us shape the future, including the following:

1. The growing understanding of adolescent brain development. Although consistent in most ways with good adolescent development literature, the window into the brain of adolescents has been opened by research that affirms that adolescents are subject to making bad decisions as well as being capable of change.
2. Increasing understanding of the impact of trauma on brain development and behavior. We continue to learn more about how traumatic or adverse childhood experiences play out in the behavior of youth and how better to design both environmental and programmatic responses that can reduce the harmful effects of re-traumatizing youth and enhance the likelihood of successful behavioral interventions.
3. Improved assessment and screening tools that can help identify a youth’s risk, needs, and strengths in a multitude of domains (mental health, trauma, AODA, education). These are tools that can and should be used to ensure appropriate screening and treatment planning for youth in confinement and should make their way into routine practice.
4. Better research about what works in teaching new thinking and behavioral skills to youth. This knowledge can be integrated into behavior-management programming with youth and contribute to a growing library of cognitive-behavioral strategies and tools that can be used with youth to help them understand how to interrupt antisocial
thinking patterns and learn new decision-making and behavioral skills that can be used when they reenter the community (rather than focusing solely on skills they need to survive in an institutional setting).

5. A growing sense of professionalism among confinement leaders and staff. Confinement professionals must understand that dealing with youth in confinement is an important and meaningful opportunity to promote positive behavior change. This is a profession in which there is a unique and profound body of knowledge about best practice standards and “tools” and skills that set it apart from other professions.

In many ways, “it is the best of times and the worst of times.” We know now more than ever about the harmful effects of unnecessary confinement and about the basic characteristics of effective interventions with youthful offenders. We cannot predict the future or control all the factors that impact the lives of youth in our communities, but we can make informed choices about the design of our facilities, the character and skills of those that work with youth on a day-to-day basis, and about the programs we provide to youth.

The responsibility to create the future lies with the readers of this guide. In your hands rests the future of confinement facilities and the thousands of youth who will be affected by what you do.

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Endnotes


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