

Examining Juvenile Justice System Responses to the COVID-19 Pandemic: A Policy Scan

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ABSTRACT

We conducted a comprehensive policy scan across 50 states, the District of Columbia, and Puerto Rico to document how juvenile justice systems responded to the COVID-19 pandemic, an unprecedented disruption to institutional operations affecting confined youth. Our policy scan included coding across six overarching topics: emergency preparedness, visitation, intakes, transfers and waivers, releases, education and probation. We coded 32 variables related to juvenile justice system responses to the COVID-19 pandemic. We placed special emphasis on (1) policies related to statewide efforts to reduce the juvenile justice population during the pandemic, and (2) policies related to mitigating spread of infection (by implementing screening and social distancing measures). This study documents efforts to reduce the juvenile justice population (through intakes and releases), to protect the health and wellbeing of young people and staff, and to balance the needs for youth development with physical safety in domains such as visitation and education within juvenile detention and confinement facilities.

Our findings offer important insights into the structure and resilience of juvenile justice systems during emergencies. Across jurisdictions, we identify three key themes: (1) widespread, but uneven, efforts to reduce detention populations through changes in intake and release practices; (2) rapid, and often improvised, adoption of technology to maintain services such as education, court access, and family contact; and (3) significant variation in the documentation and public availability of policy changes. Notably, we observed gaps in documentation across politically diverse states, suggesting that transparency during crisis response is shaped less by ideology and more by administrative capacity and infrastructure.

By highlighting disparities not only in policy responses but also in their visibility, this study contributes a critical evidence base for understanding how juvenile justice systems function under stress. These findings underscore the need for stronger documentation practices, greater institutional preparedness, and more equitable transparency to ensure accountability and informed decision-making in future public health or system-wide crises.

KEYWORDS: Juvenile Justice, COVID-19, Policy, Public Health

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BACKGROUND

The COVID-19 pandemic dramatically interrupted the full spectrum of juvenile justice system activities, from intakes to reentry. Juvenile justice system practitioners quickly responded to this public health threat by implementing emergency policies to mitigate disease spread. As the spread of COVID-19 subsided and the country “returned to normal,” many industries embraced policy changes that resulted from the exogenous shock of the pandemic, such as remote work (Valdez et al., 2023). Such policies were widely accepted to improve workplace efficiency and employee satisfaction. When it comes to the juvenile justice field, it is less clear the extent to which policy changes resulting from the COVID-19 pandemic supported youth rehabilitation and public safety or undermined these goals. In many cases, for example, states implemented policies that reduced both intakes and releases to juvenile justice facilities, accelerating seemingly overnight what decades of advocacy and initiatives like the juvenile detention alternatives initiative aimed to accomplish for years (Petrosino et al., 2021). On the other hand, experts raised concerns about other policies such as moving to only virtual visitation for detained youth. While scholars often theorize that crises can be catalysts for social change (Almond et al., 1973), research finds that crisis is a catalyst only for crisis-related policies (Hogan et al., 2022). In this paper, we conducted an important analysis about the policies juvenile justice systems implemented as a response to the COVID-19 pandemic; setting the stage for future discussions about which policies should (and should not) be sustained long term.

Admissions to and Transfers Between Juvenile Residential Placement Facilities

One of the most urgent issues introduced by the COVID-19 pandemic was the risk of infection for youth and staff in juvenile detention facilities. Although early research indicated that young people are less vulnerable to severe outcomes from COVID-19, it was unclear how this applied to juveniles in detention centers. The physical environment of a juvenile detention center presents challenges to mitigating disease spread, as young people must interact in confined spaces with other detained youth. Additionally, employees travel to and from work each day, thus increasing potential exposure to the virus within facilities. Overcrowding, poor ventilation in older juvenile detention facilities, regular intakes of new individuals, and internal healthcare systems that were unprepared for disease mitigation of this scale exacerbate health care risks (Pyrooz et al., 2020). Indeed, within the first six months of the pandemic, 41 states and three US territories reported COVID-19 infections among detained youth, and 43 states reported COVID-19 infections among detention facility staff (Rovner, 2020). Adult incarcerated populations had COVID-19 infection rates five times higher than the general population, and COVID-19 related mortality rates three times higher than the general population (Committee on the Best Practices for Implementing Decarceration as a Strategy to Mitigate the Spread of COVID-19 in Correctional Facilities et al., 2020).

Some jurisdictions attempted to reduce the detained juvenile population by diverting youth from formal processing and reducing arrests. A survey conducted by the Annie E. Casey Foundation (AECF) found that some jurisdictions experienced more than 25 percent declines in total intakes in the first months of the pandemic, due in large part to school closures (Kelly, 2020). Declines in intakes

were also driven by policies related to arrests; for example, a few states told police to arrest youth for only the most serious and violent charges (Youth Correctional Leaders for Justice, 2020). Other states requested diverting and deferring charges for low-risk youth until the pandemic ended. Research has not associated diverting youth with increased recidivism; even so, some states only began this practice as a response to the pandemic (Schwalbe, Gearing, MacKenzie, Brewer, & Ibrahim, 2012).

Juvenile courts were also forced to adapt to the pandemic. Notably, juvenile courts adopted virtual juvenile hearings, and this transition to a remote environment may have increased accessibility to justice, particularly in rural jurisdictions (NCJFCJ, 2020a). Virtual court hearings also introduced challenges related to equitable access to technology and internet needed for a virtual connection and brought up important questions about whether virtual hearings are appropriate for all case types. Qualitative research documented juvenile court judges' concerns about being able to assess child welfare. Judges also expressed concerns about not knowing whether there were others present off screen pressuring a young person's response (Russell, Hickman, Kanewske, Zeiler, Siegel, Decker, & Lafferty, 2023).

Some jurisdictions also enacted policies to prevent transmission during transfers between residential placement facilities. For example, some facilities implemented 14-day quarantines in cohorts before and after transfer, in line with guidance from public health officials (CDC, 2020). Others implemented more strict quarantining procedures, keeping youth in situations similar to solitary isolation (Kelly, 2020). Traditional isolation methods for virus containment, however, may not be appropriate for confined youth. Indeed, public health officials spoke against this practice because prior research indicates that solitary confinement is a damaging and unnecessary response to controlling

COVID-19 (Cloud et al., 2020). Additionally, many jurisdictions also halted in-person family visits, which may have negatively affected youth. However, virtual visitation may have been better than no visitation for families who could not access their child's facility or who were not allowed access to their child's facility. Virtual visitation, then, may be an important long-term option for juvenile facilities. The decision about whether to isolate young people, and whether to broadly embrace virtual visitation are just two examples highlighting how juvenile justice systems had to contend with the balance between youth wellbeing and the physical safety of youth and staff.

Another challenge facing juvenile detention facilities was the implementation of educational and other wraparound services. Preliminary reports from program staff found that socially distanced educational programming was not an adequate substitute for pre-pandemic instruction (Council of Juvenile Justice Administrators, 2020). Indeed, pedagogical best practices for working with youth like active learning, hands-on exercises, differentiated instruction, and even building trusting relationships with students can be hampered by virtual only instruction. On the other hand, access to virtual or online classes may benefit youth in confinement by expanding access to additional subjects or topics of interest.

Releases From Juvenile Residential Placement Facilities

To help overcome the risks to youth associated with being held in residential placements, some juvenile justice practitioners enacted policies to release low-risk youth early (Kelly, 2020). For example, a 2020 AECF study found that Juvenile Detention Alternative Initiative populations dropped by one-third between March 1, 2020 and June 1, 2020, largely due to early releases at the onset of the pandemic (Kelly, 2020). COVID-19 also introduced

unique challenges for probation and parole, which are critical to assess. Increases in diversions and early releases from residential placement facilities resulted in an increased number of youths on community supervision (National Council on Crime and Delinquency, 2020). In response, probation and parole officers used video technology for regular check-ins and, in some instances, released youth from community supervision early. Many jurisdictions also provided youth with technology to facilitate virtual supervision and to attend virtual hearings (NCJFCJ, 2020b). However, virtual community supervision has limitations. For example, probation and parole officers expressed concerns that shifts to self-reporting (versus clinical testing) for substance use may yield inaccurate results.

Trauma and Youth Safety, Health, and Long-term Success

COVID-19 also impacted the needs of justice system involved youth. Many jurisdictions use evidence-based risk assessments to assess youths' needs on a regular basis (Schwalbe, 2007). Preliminary research found increases in mental health needs, likely due to trauma associated with the pandemic (Lee & Taxman, 2020; Vivrette et al., 2020). A more thorough assessment is needed to identify whether these changes were associated with or exacerbated by policy changes such as halted family visitation, solitary isolation, reduction in services, or poor quality of services delivered in a remote environment.

To better understand both the challenges faced and responses by the juvenile justice system and the nearly 28,000 youth it serves (National Center for Juvenile Justice, 2024), we conducted a nationwide scan of publicly available resources regarding juvenile justice responses to COVID-19, which is the focus of this paper. We believe that understanding

how divergent jurisdictions learned about COVID-19, developed policies and practices to deal with it, and refined their responses over time has implications for both the specific aspects of COVID-19 and the general policy process in juvenile justice. The importance of documenting and learning from these responses is captured in the work of Lockwood, Viglione, and Peck (2023), who concluded their study by noting: "Overall, the COVID-19 pandemic has altered the nature of juvenile community supervision and in turn has forced juvenile probation agencies to adjust to unprecedented challenge" (p. 73). During the pandemic, for example, juvenile community supervisors described having less contact with low-risk clients and had increased difficulty monitoring high-risk clients because they were not permitted to meet face-to-face. Many overcame this challenge through drive by visits and increased reliance on technologies to facilitate check-ins (Lockwood et al., 2024). Another study found that juvenile probation officers had difficulty holding youth accountable and responding to noncompliance during the pandemic (Alward, et. al., 2024).

COVID-19 is not the only time the juvenile justice field has been forced to respond to unprecedented change. We can turn to other historical events to examine the conditions under which governments have been able to launch juvenile justice reforms that may otherwise have been unachievable in the absence of a significant shock (Keller, 1993). In 1967, the *in re Gault* Supreme Court decision granted due process rights to minors, forcing the juvenile justice system to restructure legal procedures to ensure fairness (387 U.S. 1). Additionally, in 1974, the Juvenile Justice and Delinquency Prevention Act introduced a nationwide framework that shifted juvenile justice systems to focus on rehabilitation and deinstitutionalization (42 U.S.C. § 5601 et seq.). As a result, juvenile justice systems had to make

rapid changes to continue receiving federal funding. Some of the larger changes included not incarcerating youth for status offenses and incarcerating youth separately from adults. As with these other historical changes to the juvenile justice system, COVID-19 introduced a unique set of circumstances where policy change was possible. However, unlike the other policies which were codified in legislation, COVID-19 public emergency ended, and the country faced significant pressure to return to normal.

Amid this return, it is important to document which policies are worth keeping and which should be left behind. Moule and colleagues (2022) offer suggestions about how lasting policy change may be accomplished, arguing that overcoming institutional cynicism is a key to successful policies and practices. Based on the strong findings from procedural justice research, they posit that policies and practices that are perceived to be procedurally legitimate by staff (e.g., staff input in development and implementation, holistic approaches, paying attention to staff needs, adding flexibility to new practices) are more likely to be implemented and supported.

Many policies enacted in response to the COVID-19 pandemic were exaggerated implementations of policies that were already underway, such as diversion for non-violent and technical offenses, de-incarceration of youth in general, reductions in the school-to-prison pipeline, and increased accessibility to justice for youth in rural areas through virtual court hearings and visitation. Other policies were implemented in the absence of research into potential outcomes or despite research indicating that the resulting practices could harm youth. The field needs a better understanding of how policy changes in response to COVID-19 affect youths' mental and physical wellbeing as well as their progress toward educational and career goals. Documenting what, exactly, juvenile justice systems did during this time is an important foundational step to accomplish that goal.

STUDY METHODS

Our team carried out a comprehensive policy scan across all 50 states, the District of Columbia, and Puerto Rico. Although Puerto Rico is not a state, we included it because, as a U.S. territory, their juvenile justice system mirrors state-level goals and follows federal requirements for juvenile justice system administration. Similarly, DC is not a state, but its juvenile justice system is administered similarly to U.S. states. A policy scan is a structured approach to examining existing policies, laws, or regulations relevant to a particular population or area of practice (Presley et al., 2015). This approach is particularly well-suited for examining complex policy environments, as it enables researchers to characterize the current policy landscape, assess variation across jurisdictions, and identify gaps or inconsistencies in policy coverage (Rhodes et al., 2020; Rowel et al., 2005). Policy scans are widely used across diverse fields, including public health and criminal justice to contextualize program and system-level factors and to inform evidence-based decision-making (Hayek, 2016; Lloyd-Seiger et al., 2025; Paynter, 2021). Importantly, this methodology is appropriate for the present study given the decentralized nature of the U.S. juvenile justice system, where policies are developed and implemented at the state and local levels. By systematically reviewing policies across jurisdictions, a policy scan allows for meaningful cross-state comparison and supports the identification of patterns that may influence implementation and outcomes.

Using publicly available information, our team coded 32 variables related to juvenile justice system responses to the COVID-19 pandemic. We placed special emphasis on (1) policies related to statewide efforts to reduce the juvenile justice population during the pandemic, and (2) policies related to mitigating spread of infection (by implementing screening and social distancing measures). For the

purposes of this policy scan, we included any policy changes that were implemented between March 1, 2020, and May 11, 2023. We used this end date because this was the date that President Joe Biden declared the public health emergency for COVID-19 over in the United States.

Our policy scan included coding across seven overarching topics: intakes, transfers and waivers, visitation, education, releases, community supervision, and emergency plans. For each of these overarching topics, our team answered multiple specific questions (see Table 1).

Codes assigned to each variable were Yes, No, Varied at local level, and No information available. States were coded as Yes on a topic if the research team found publicly available statewide guidance (pertaining to both state- and locally run facilities) concerning all the questions of interest for that topic. States were coded as No on a topic if coders found extensive policies on some questions under that topic but nothing on one or more other questions on that topic; for example, if a state provided extensive guidance on most of the seven questions about releases but did not provide any information about one of them. A state was also coded No when its policies explicitly stated it would not implement a change in response to COVID-19.

States were coded as Varied at the local level if the research team found publicly available guidance on that topic that varied at the county or facility level and no statewide guidance was otherwise documented. States were coded as No information available when the research team was unable to find any publicly available information about the variable.

To carry out the scan, coders did both broad and specific searches for policies. They started with a broad internet search using Google's search engine with the state name and the topic of interest. We first

identified twelve domains of interest: courts, intakes, visits, releases, probation, transfers, healthcare, parole, education, detention, fines and fees, and direct services. We eliminated and combined some categories as we proceeded with the search and determined that some categories had more or less information available. For example, "Alabama" AND "Juvenile" AND "Virtual" AND "Court" AND "COVID-19." Our team did not use systematic search strings (i.e., search strings that are designed to be reproducible), given the diversity in juvenile justice system operations state to state. Instead, coders searched for and looked at the first five pages of results for each broad search. We used a broad search to facilitate identification of policy change documentation at the state and local levels, which may not be published and identifiable in scholarly search engines. If a broad search did not yield anticipated results, coders went directly to specific state and local government websites to search for information. Often the search features on these websites were not useful, and coders would point and click through the websites to search for guidance around COVID-19. In cases where we found significant missing data, we reached out to the state directly via email and phone call to ask about their policy and updated our scan accordingly. We began with cold outreach to the state juvenile justice specialists. A list of these individuals with their contact information is available through the Office of Juvenile Justice and Delinquency Prevention website. If this individual could not answer our questions, we would ask for a referral to the right individual. We made three outreach attempts to each juvenile justice specialist before concluding this effort. For four states, information from follow-up outreach allowed us to fill in missing data.

Table 1. Policies examined by domain

Topic	Questions Examined
Intakes	• Did states release official guidance encouraging alternatives to detention because of COVID-19? • Did courts suspend in-person appearances? • Did courts move intake hearings to virtual or phone format? • Did these policies apply only to non-evidentiary hearings? • Were pre-adjudication intakes suspended for any period of time? • Were post-adjudication intakes into youth facilities suspended for any period of time? • Were there orders related to quarantining/social distancing for new intakes prior to being placed in a facility? • Were detention orders suspended for administrative offenses such as failure to appear?
Transfers to and waivers between facilities	• Were transfers between facilities suspended for any period of time? • Were there orders related to quarantining/social distancing for transfers prior to being placed in a new facility? • Were waivers to adult facilities suspended for any period of time?
Visitation at juvenile detention facilities	• Did juvenile correction facilities suspend in-person visitation? • Did juvenile correction facilities allow for virtual/video visitations? • Did these policies apply to attorney visits? • Were there any additional screenings (i.e., temperature checks) for in-person meetings?
Education at juvenile detention facilities	• Did educators switch to virtual instruction? • Were youth provided electronic devices to support learning?
Releases from juvenile detention facilities	• Did the state make any effort to reduce its juvenile detention population via early release? • Were youth released early based on risk assessment scores? • Were youth released early based on category of their offense? • Were youth released early based on medical vulnerability? • Were youth released early based on how close they were to their sentence end date? • Were releases temporary? • Did these policies apply to youth charged as adults?
Community supervision	• Did in-person visits from community supervision officers transition to virtual visits at any time during the COVID-19 pandemic? • Did court hearings for probation/parole transition to a virtual capacity at any time? • Did in-person drug testing stop at any time? • Did community service stop being ordered at any time for youth on community supervision? • Were sanctions for probation violations reduced/lessened? • Were early probation terminations ordered/granted?
Emergency plans	• Did the state have a juvenile justice emergency preparedness plan at the outset of the COVID-19 pandemic? • Did the state have a juvenile justice emergency preparedness plan after the COVID-19 pandemic?

Four coders conducted the scan, with each coder assigned to a designated number of states or territories. Next, each of the four coders double-coded one of each of the other coders' states (three total states to double-code, per coder). Finally, we met as a group to discuss any areas of disagreement and any areas where coders were unsure of their classifications. Disagreements were relatively rare (less than ten cases). In cases of disagreement, we examined the source material as a team and made a decision.

FINDINGS

In the following section, we describe the results of our policy scan. We present each of our overarching topics and the specific policy questions outlined in Table 1. Our overarching topics relate to different stages and characteristics of juvenile justice systems,

including: intakes, transfers to and waivers between facilities, visitation at juvenile detention facilities, education at juvenile detention facilities, releases from juvenile detention facilities, community supervision, and emergency plans. The specific policy questions were determined by our team using their combined expertise in the juvenile justice system. As our team conducted our policy scan, we met to adjust specific policy questions, as needed.

Intakes

Juvenile justice intake is the initial process for young people who come into contact with the juvenile justice system. Juvenile intake policies span courts and secure confinement facilities. We coded eight policies related to new intake hearings in juvenile courts and intakes to juvenile confinement facilities based on the questions in Table 1. Table 2 summarizes our key findings related to intakes. A list of findings by state is available in Appendix A.

When it came to policies related to juvenile intake, we found that 22 states released official guidance

Table 2. Juvenile intake policies related to COVID-19 for 50 U.S. States, the District of Columbia, and Puerto Rico

	# Yes (%)	# No (%)	# Varied at local level (%)	# No information available (%)
Official guidance encouraging alternatives to detention because of COVID-19	22 (42%)	13 (25%)	3 (6%)	14 (27%)
Suspension of in-person intake hearings	29 (56%)	3 (6%)	17 (33%)	3 (6%)
Move to virtual intake hearings	35 (67%)	0 (0%)	9 (17%)	8 (15%)
Move to virtual limited to non-evidentiary hearings	7 (13%)	15 (29%)	2 (4%)	28 (54%)
Suspension of pre-adjudication intakes to facilities	10 (19%)	9 (17%)	7 (13%)	26 (50%)
Suspension of post-adjudication intakes to facilities	5 (10%)	10 (19%)	5 (10%)	32 (62%)
Suspension of detention orders for administrative offenses	8 (15%)	10 (19%)	1 (2%)	33 (63%)
Quarantine for new intakes to facilities	37 (71%)	2 (4%)	5 (10%)	8 (15%)

encouraging alternatives to detention because of the pandemic. An additional three states released guidance at the local level, albeit not uniformly at the state level. In total, 46 states documented that they suspended in-person intake hearings either at the state level (n=29) or local level (n=17) at some point during the pandemic. This clearly demonstrates the significant impact that COVID-19 had on juvenile courts. Further, that most states in our scan moved to virtual or phone intake hearings for juvenile court is a testament to how quickly jurisdictions adapted to technology to keep systems running. We also examined whether the move to virtual intake hearings applied only for non-evidentiary hearings. We found that this was the case for nine states and that for two additional states it was the case for at least one locality. Fifteen states released public information that virtual hearings would take place for all intake hearing types, and data were not available for 28 states.

For variables related to suspending new intakes to facilities (pre and post adjudication) as well as suspending detention orders for administrative offenses, there was much less information publicly available. We found documentation of suspending pre-adjudication intakes at the state or local level within states for 17 states and post-adjudication intakes for 10 states. Just nine states or localities within states documented that they suspended detention orders for administrative offenses.

Transfers to and Waivers Between Facilities

Young people may be transferred between juvenile justice facilities for a variety of reasons including the security level of the facility, a need for specialized treatment programs not available at their current facility, number of beds available, or to be closer to their family or legal representation. If these transfers halted during COVID-19, it could have negative impacts on youth wellbeing or exacerbate inequalities, particularly for youth living in rural areas. Youth may also receive a waiver to the adult criminal justice system depending on the nature of their crime, their criminal history, and state and local statutes. While transfers to adult facilities have become a relatively rare practice, it is still a practice that many consider to undermine developmentally appropriate justice for young people, as youth placed in adult facilities have higher rates of physical and sexual assault, suicide, and psychological harm (Roper v. Simmons, 543 U.S. 551 (2005); Miller v. Alabama, 567 U.S. 460 (2012)). We coded three variables related to transfers and waivers, summarized in Table 3.

Information about the suspension of transfers between juvenile facilities was available for 27 states. Eleven states indicated they did not suspend transfers between facilities; in nine states transfers were suspended at the state level; and in seven states it varied by locality. Information regarding whether young people had to quarantine upon arrival at a new facility following a transfer was not publicly

Table 3. Policies related to transfers and waivers for juvenile facilities COVID-19 for 50 U.S. States, the District of Columbia, and Puerto Rico

	# Yes (%)	# No (%)	# Varied at local level (%)	# No information available (%)
Suspension of transfers between facilities	9 (17%)	11 (21%)	7 (13%)	25 (48%)
Quarantine requirements for transfers	19 (37%)	2 (4%)	4 (8%)	27 (52%)
Suspension of waivers to adult facilities	1 (2%)	9 (17%)	0 (0%)	42 (81%)

available for 27 states. Two states had publicly available information indicating that they did not require quarantine for transfers; 19 states required quarantine for transfers; and in four states it varied at a local level. There was sparse information related to suspension of waivers to adult facilities as information was not available for 42 states. This may

distance from the home to the facility was the largest barrier to in-person visits (Young, Nadel, Bales, Pesta, & Greenwald, 2019). With this in mind, making virtual visitation possible may improve wellbeing for youth who otherwise would have received no contact with their families. We coded five variables on this topic, summarized in Table 4.

Table 4. Policies related to visitation in juvenile detention facilities during the COVID-19 pandemic for 50 U.S. States, the District of Columbia, and Puerto Rico

	# Yes (%)	# No (%)	# Varied at local level (%)	# No information available (%)
Suspension of in-person visitation	43 (83%)	1 (2%)	6 (12%)	2 (4%)
Allowed for virtual/video visitation	43 (83%)	1 (2%)	5 (10%)	3 (6%)
Virtual visitation applied to attorney visits	18 (35%)	9 (17%)	5 (10%)	20 (38%)
Health screenings for in-person visits	44 (85%)	0 (0%)	2 (4%)	6 (12%)

be because juvenile waivers to adult facilities are rarely used, thus, states did not prioritize publishing information about policy change. Among the 10 states for which we were able to find information, nine did not suspend waivers to adult facilities and one did suspend waivers.

Visitation at Juvenile Detention Facilities

Visitation for confined and detained youth helps maintain positive family connections, supports their mental health, can improve their behavior during confinement, and potentially reduces recidivism rates by providing a crucial link to the community. One study found that youth who receive visits from parents in the first two months of their sentence had faster declines in depressive symptoms relative to youth who did not have visits (Monahan, Goldweber, & Cauffman, 2011). Removing visits may have significant negative impacts on young people. A study examining barriers to visitation found that

Information about the suspension of in-person visitation was available for all but two states. We coded a policy as yes if in-person visitation was suspended for any amount of time during the COVID-19 pandemic. We found that 43 states suspended in-person visitation, one state never suspended in-person visitation, and for six states it varied locally. Following a similar trend, we found that 43 states allowed virtual or video visitation, one state did not, and for five states it varied locally. Our team also looked for information about whether virtual visitation policies applied to attorney visits. This information was not available in 20 states. For 18 states, attorney visits moved to virtual, in nine states attorneys were exempt from virtual visitation requirements, and in five states it varied locally. Most states required some form of health screening, such as a temperature check prior to in-person visitation when in-person visitation resumed. For

two states it varied locally, and information was not available for six states.

Education at Juvenile Detention Facilities

Every state has a law requiring that young people receive free public education. This requirement applies to young people in detention facilities (Assistance to States for the Education of Children with Disabilities, 2006). To assess policies of juvenile justice systems related to education for young people housed in juvenile detention facilities during the COVID-19 pandemic, we coded two variables, summarized in Table 5.

Simonds, & Wooderson, 1980; Mace, Rohde, & Gnau, 1997; Forrest, Tambor, Ensminger, & Starfield, 2000). Further, research finds that the experience of detention may make it more likely that young people with reoffend, compromising public safety (Benda & Tollet, 1999). Release from juvenile detention is a process that involves a review of the juvenile’s case and a transition back into the community, often under community supervision. It is important to understand how COVID-19 affected early releases given the potential benefits to young people and public safety. To assess policies of juvenile justice systems related to releasing youth from detention facilities during the COVID-19

Table 5. Policies related to education in juvenile detention facilities during the COVID-19 pandemic for 50 U.S. States, the District of Columbia, and Puerto Rico				
	# Yes (%)	# No (%)	# Varied at local level (%)	# No information available (%)
Switch to virtual instruction	24 (46%)	6 (12%)	7 (13%)	15 (29%)
Provided with electronic devices to support learning	12 (23%)	11 (21%)	3 (6%)	26 (50%)

Most states moved to virtual instruction for education during the pandemic; we found information for 44 states, and for two states policy varied at the local level. In general, virtual education took place either on individual devices or with young people in the classroom and the teacher remotng in on a large screen. There was less information available about whether young people were provided with electronic devices to support virtual instruction; we did not find this information for 26 states. Twelve states provided individual electronic devices; eleven states did not; and for three states it varied locally.

pandemic, we coded seven variables, summarized in Table 6. We added an additional category to this table, Not Applicable. For the 10 states for which we coded “No” to the top-level policy question, “Did the state make any effort to reduce juvenile detention population via early releases,” we coded subsequent follow-ups about early release policies as “Not Applicable.”

Releases From Juvenile Detention Facilities

Research on incarcerated youth consistently finds that detention has a negative effect on young people’s wellbeing, education, and future employment (Kashani, Manning, McKnew, Cytryn,

Table 6. Policies related to releases from juvenile detention facilities during the COVID-19 pandemic for 50 U.S. States, the District of Columbia, and Puerto Rico

	# Yes (%)	# No (%)	# Varied at local level (%)	# No information available (%)	#Not applicable (%)
Effort to reduce juvenile detention population via early releases	28 (54%)	10 (19%)	4 (8%)	10 (19%)	N/A
Early releases based on risk assessment scores	7 (13%)	6 (12%)	2 (4%)	27 (52%)	10 (19%)
Early releases based on offense category	13 (25%)	2 (4%)	5 (10%)	22 (42%)	10 (19%)
Early releases based on medical vulnerability	9 (17%)	2 (4%)	6 (11%)	25 (48%)	10 (19%)
Early releases based on sentence end date	8 (15%)	1 (2%)	7 (13%)	26 (50%)	10 (19%)
Were early releases temporary	6 (12%)	7 (13%)	2 (4%)	27 (52%)	10 (19%)
Did early release apply to youth charged as adults	2 (4%)	3 (6%)	0 (0%)	37 (71%)	10 (19%)

We found that 28 states made an official effort to reduce the juvenile detention population through early releases, 10 states did not allow early releases due to the COVID-19 pandemic, and for four states it varied locally. Information about the criteria used to determine early release eligibility was sparse. Seven states released youth early based on risk assessment scores, six did not release youth early based on risk assessments, and for two states that policy varied locally. Thirteen states released youth based on offense category, two did not, and for five states it varied locally. Nine states allowed early releases based on medical vulnerability, varying locally for an additional six states. Eight states allowed early releases based on sentence end date, varying locally for an additional seven states.

We also were interested in whether early releases were temporary, which was the case for six states and varied locally for an additional two states. Seven states, however, indicated that early releases were

permanent. However, we could not find this information for more than half of the states in our scan (n=27). Information was limited about whether early release policies applied to youth charged as adults, with only two states allowing it and three not allowing it. However, this information was missing for 37 states. It is possible that this information was not published because it is a relatively rare circumstance, or because once juveniles are charged as adults, the adult department of corrections policies become applicable.

Community Supervision

Juvenile community supervision refers to a system of monitoring and guiding young people in the community, whether they are returning from confinement or detention or were adjudicated to receive community supervision without a period of confinement. We coded six variables on this topic, summarized in Table 7.

Table 7. Policies related to juvenile community supervision during the COVID-19 pandemic for 50 U.S. States, the District of Columbia, and Puerto Rico

	# Yes (%)	# No (%)	# Varied at local level (%)	# No information available (%)
Community supervision officers transition to virtual visits at any time	19 (37%)	4 (8%)	7 (13%)	22 (42%)
Court hearings for probation/parole transitioned to virtual at any time	15 (29%)	2 (4%)	5 (10%)	30 (58%)
In-person drug testing stopped at any time	3 (6%)	8 (15%)	3 (6%)	38 (74%)
Community service stopped being ordered at any time	2 (4%)	4 (8%)	1 (2%)	45 (87%)
Sanctions for probation or parole violations reduced/lessened	6 (12%)	2 (4%)	2 (4%)	42 (81%)
Early community supervision terminations ordered/granted	6 (12%)	2 (4%)	0 (0%)	44 (85%)

In 19 states, community supervision officers transitioned to virtual visitation in place of in-person at some time during the COVID-19 pandemic; for an additional seven states this practice varied locally. Similarly, court hearings for community supervision went virtual in 15 states, and this policy varied locally in an additional five states. Research with juvenile probation officers during the pandemic highlighted concerns with holding youth accountable, particularly as it relates to halting in-person drug testing (Alward, et al., 2024). We found little documentation of this policy change, with no information available in 38 states, clear evidence in just three states, and three states where the policy varied locally. We also found minimal information around changes in sanctions and early terminations

of community supervision because of the COVID-19 pandemic.

Emergency Plans

The United States Office of Juvenile Justice and Delinquency Prevention's Justice Working Group on on Children and Disasters provides guidance to state and local juvenile justice systems related to emergency preparedness, including to develop comprehensive emergency plans. As part of our scan, we examined which states had documentation of emergency preparedness plans at the outset of the COVID-19 pandemic, and which states had them by the end of the public health emergency for the pandemic (see Table 8).

Table 8. Policies related to emergency preparedness during the COVID-19 pandemic for 50 U.S. States, the District of Columbia, and Puerto Rico

	# Yes (%)	# No (%)	# Varied at local level (%)	# No information available (%)
State emergency preparedness plan for juvenile justice facilities at the outset of the pandemic	41(37%)	2 (8%)	N/A	9 (42%)
State emergency preparedness plan for juvenile justice facilities by the end of the pandemic	44 (29%)	1 (4%)	N/A	7 (58%)

We found that 41 states had an emergency preparedness plan for juvenile justice facilities at the outset of the COVID-19 pandemic. Two states did not have a plan in place and we were unable to find publicly available information for nine states. By the end of the public health emergency, we found that 44 states had implemented an emergency plan for juvenile justice facilities with one state not implementing a plan and no publicly available information for seven states.

DISCUSSION OF FINDINGS

The COVID-19 pandemic and the resulting public health emergency introduced unprecedented challenges for juvenile justice systems throughout the country. This study provides insight into the policy changes that occurred in this unique time. Although today it is generally understood that young people are at less risk of dying from COVID-19 than are adults, especially those elderly, this was unknown at the outset of the pandemic. Juvenile justice system practitioners had to work quickly to implement policies that would mitigate disease spread and protect the young people in their care as well as the staff supporting them. Doing so was particularly urgent for juvenile detention centers, where environments posed an increased threat of disease spread. At the same time, practitioners had to contend with potential harms to young people associated with enacting standard disease mitigation policies such as isolation and quarantine.

A unique feature of a public health crisis is that policies that are thought to be in the best interest of most people are implemented quickly, because policy makers feel forced to act quickly (LaPorte,

2007). This situational urgency tends to remove the usual bureaucracy from policy implementation. Researchers often emphasize the need for evidence-based policy change, but the COVID-19 pandemic, like other crises before it, introduced a brief era of policy change based on the best information available at the time. In some cases, these policy changes accelerated reforms that may have a net positive on young people. In other cases, policy changes came at a cost to young people, families, and juvenile justice system employees. Accordingly, there are several lessons that can be drawn from this policy scan. We highlight three themes across the variables we coded that seem key.

First, efforts to find alternatives to keep youth in the community or release detained youth who do not pose significant public safety threats were widely implemented throughout the country. Second, juvenile courts, detention centers, and community supervision embraced technology, increasing system efficiencies and access to justice. Finally, accessing information about policy changes was difficult in several states, highlighting a gap in transparency and communication from juvenile justice systems to the public, including affected young people and their families.

Population Reduction

We find that two policies can be examined together to understand the extent to which states formalized guidance related to reducing the juvenile justice population: (1) whether states released youth from detention early, and (2) whether states released official guidance to divert youth from entering the population. In 28 states, there was a formal effort made to reduce the juvenile detention population because of COVID-19. In four states, efforts were made at local levels only, without statewide policy or guidance. This is not surprising, given that courts and

juvenile detention facilities are not uniformly state run. However, 10 states undertook no formal state-wide efforts, and another 10 had no publicly available information pertaining to state-wide efforts.

Some states used risk assessment scores to make release decisions, while others released based on the category of offense or how close juveniles were to their initial release date. Overall, information about how early release decisions were made was sparse. Qualitative research with juvenile justice practitioners may shed some light on this issue. Juvenile court judges in one study indicated that in many cases decisions about early releases were made on a case-by-case basis, with no formal rule guiding the decisions (Russell et al., 2023). The covertness of early release decisions may reflect the courts' perceived urgency of the situation, which did not allow them to stop and create a systematic decision-making process. Further, in 22 states there was official guidance encouraging alternatives to detention for youth; this varied locally for an additional three states. Research with juvenile justice practitioners found that efforts to reduce the juvenile population tended to accelerate existing reforms to adopt alternatives to detention in many states (Hickman et al., 2023). The decision to let courts make case-by-case decisions about early releases and for states to announce sweeping policies encouraging alternatives to incarceration introduces a question about what elicits an emergency response, or whether an emergency should be needed to reduce the juvenile detention population. Researchers and advocates have consistently documented the negative effects of detention for juveniles (Lipsey, 1992; Ackerman & Kennedy, 2024). Some have gone as far as to classify over incarceration of young people as an urgent threat to wellbeing. Moving forward, what circumstances will define when emergency measures are justifiable to protect young people in the juvenile justice system?

Though our policy scan showed that a substantial number of states encouraged reductions in the juvenile detention population, many policy changes were made at more local levels. This pattern may reflect the nature of juvenile justice systems themselves as many operate at the local level, in contrast to adult corrections systems that typically operate under a statewide entity (such as a department of corrections). Indeed, in one study, juvenile justice system practitioners indicated that some states do not have systems in place to disseminate guidance across all juvenile justice facilities because of a fragmented county- or locality-specific approach to juvenile justice administration. In contrast to the county- or locality-specific approach, statewide approaches allow for easier implementation of broad policies (Hickman et al., 2023). As it concerns juvenile systems, even in times of statewide emergency, the most effective strategy may be to let local, on-the-ground decision makers determine the most appropriate course of action. Additionally, it is possible that many more states did encourage reductions in their juvenile detention populations, but this guidance was simply not made publicly available.

Technology Adaptations

Our policy scan also highlights the ways that juvenile justice system practitioners had to act quickly to adapt technology that could facilitate routine tasks previously performed face to face or in person. The most prolific use of technology identified in this scan is the use of video conferencing software. We saw a move to embrace virtual environments within courts, detention, and community supervision policies. Virtual meetings for intakes, visitation, education, and supervision helped to mitigate disease spread, but it remains how these virtual activities may have impacted young people. In a focus group with juvenile crime analysts, participants were probed on whether they had data to examine the effectiveness of virtual activities. The

analysts reported that they did not collect attendance and dosage data on in-facility activities, and for many data was not available at all (Hickman et al., 2023). Court practitioners also raised concerns about virtual hearings, noting that it is harder to assess wellbeing through a virtual meeting (Russell et al., 2023). The move to embrace technology had the unanticipated effect of improving efficiencies for some courts and community supervision by allowing courts to move through backlogs and community supervisors to more easily manage large caseloads through reduced travel time (Anderson, 2024; Thomson Reuters, n.d.).

Information Documentation

A final theme from this study is the variation in what information about policy changes is documented and made publicly available. Relative to other domains such as courts and corrections, policies related to community supervision were less likely to be documented. Indeed, for four of six variables we examined in community supervision, no information was documented in three quarters or more of the states and territories included in the scan. For families and youth trying to navigate the juvenile justice system, this lack of transparency and communication could lead to missed visitation opportunities, missed court hearings, increased sanctions, and, consequently, potentially being pushed further into the juvenile justice system.

Documenting policy changes in juvenile justice is critical. First, it supports transparency. Keeping a clear record of policy changes ensures that agencies and institutions remain accountable to the public, stakeholders, and communities they serve. Transparent and well-documented policies foster trust between the juvenile justice system and those communities. Clear documentation shows a commitment to ethical practices and meaningful

reform. Further, documenting changes helps ensure that new policies are communicated properly, so judges, probation officers, lawyers, and all other stakeholders apply the policies uniformly, promoting fairness in the system. When looking at availability of information by state, both Republican- and Democratic-leaning states were prone to under documenting policy changes. The lack of a clear partisan pattern in data availability suggests that documentation gaps are less about political will and more about administrative capacity and institutional norms. This is supported by a trend we saw in which larger states tended to have more documentation available, perhaps because larger states may have more personnel with bandwidth to make policy changes public. Given that both Republican- and Democratic-leaning states under-documented policy changes suggests that even where there may have been a stated commitment to transparency, agencies were still constrained by operational realities. During the pandemic, juvenile justice systems were rapidly adjusting detention practices, court procedures, and intake policies, often in crisis mode, perhaps leaving documentation behind in favor of immediate system functioning.

A deeper implication is that documentation itself may be an indicator of institutional resilience. States that were able to document changes likely also had better data systems and pre-existing transparency practices making them better able to maintain procedural clarity during a system shock. There may also be a temporal dimension. Early responses were often improvised, with documentation catching up later. Larger states may have been better positioned to retrospectively formalize decisions while smaller states may have relied more on informal communication channels like emails or internal memos that never got consolidated into public records.

CONCLUSION

As we reflect on the policies changes that took place, it is important to consider whether COVID-19 was a catalyst for change in the juvenile justice system, and if so, how the change impacted youths and decision makers within the juvenile justice system. A recent study found that disasters rarely lead to changes in disaster policy (Nohrstedt et al., 2021). However, scholars also point out that a full return to normal after a crisis is typically not desirable or feasible. This is, in part, because crises are deeply political (‘t Hart, 1993; Boin et al., 2017). The COVID-19 pandemic was incredibly politicized and any future analysis of the long-term changes to the justice system must account for the ways it was politicized nationwide and at the state and local levels. Future research is needed to understand how policy changes implemented during the pandemic affected youth wellbeing and longer-term outcomes, such as educational attainment and employment as well as reoffending.

Future quantitative research could examine proxies for administrative capacity like agency budgets, staff size, and centralization of juvenile justice capacity on policy changes and policy change documentation. Additionally, qualitative research on equity and accountability in juvenile justice system practices can provide important information about how youth are treated during system shocks, and the impact on families and communities not just of policy changes, but of limited documentation of changes including information on rights, procedures, and safety measures affecting their children.

Similarly, research is needed to examine the effect of the pandemic on staffing trends in the field at large. Future research could also examine the societal and political response to the pandemic. One recent study offers three potential pathways for the political and societal response to the COVID-19 pandemic

(Boin and ‘t Hart, 2022). The first pathway would involve an organized effort to learn, or to implement evidence-based solutions to any policy failures exposed during the pandemic. A second pathway is to examine policy changes post-COVID-19 as the outcome of “a political blaming contest;” policy changes will be the result of politicians trying to escape blame and others trying to push for a return to business as usual. The final, “crisis-exploitation” pathway involves the centralization of power for incumbent politicians who can use the crisis to push through reforms (Boin and t’Hart, 2022). While assessing which pathway COVID-19 followed when it comes to juvenile justice policy changes is beyond the scope of this paper, it is worth exploring in future research. Amid the political chaos, lay vulnerable children, families, and victims of crime who will experience the consequences of any response.

Limitations

Our policy review is not without limitations. While policy scans provide a systematic approach to characterizing policy environments, they are inherently limited by reliance on publicly available documents, variability in policy interpretation, and an inability to assess implementation or effectiveness. We understand that we may have some incomplete or even outdated information. For many states, their response to the COVID-19 pandemic was constantly changing with new guidance and information; thus, their juvenile justice systems were also changing rapidly to implement and pull back policies according to changing public health information. Our scan included only publicly available information and policies. We did not reach out to individual agencies to confirm their policies or to request their policies. If states choose not to make their policies publicly available or if they are not regularly updating their policies on their websites, our coders might have miscoded them. However, this raises a larger question about giving families of young people in detention centers access to

information concerning the working of the detention centers.

We also only coded policies at the statewide level (we reviewed policies at a local level to confirm instances where policies varied at a local level). Although looking at local policies would provide an interesting look into the inner workings at the local level, the variation throughout the country and the sheer number of local agencies made this untenable.

DECLARATION OF INTEREST

The authors declare no conflicts of interest related to the content of this article. The research was conducted independently, and no financial or personal relationships influenced the findings or conclusions presented in this study.

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Appendix A. Table 1. Policy Scan Results by State, Intakes

State	Official guidance encouraging alternatives to detention because of COVID-19	Suspension of in-person intake hearings	Move to virtual intake hearings	Move to virtual limited to non-evidentiary hearings	Suspension of pre-adjudication intakes to facilities	Suspension of post-adjudication intakes to facilities	Quarantine for new intakes to facilities	Suspension of detention orders for administrative offenses
Alabama	No	Yes	Yes	No Info	No Info	No Info	Yes	No Info
Alaska	No Info	Yes	No Info	No Info	No Info	No	Yes	No Info
Arizona	No Info	Yes	Yes	No Info	Varied	No Info	Yes	No Info
Arkansas	No Info	Yes	Yes	No Info	No Info	No Info	Yes	No Info
California	Yes	Yes	Yes	No Info	Yes	No Info	Yes	No Info
Colorado	Yes	Yes	Yes	No Info	Yes	No Info	Yes	No Info
Connecticut	Yes	Yes	Yes	No Info	Yes	No Info	Yes	No Info
Delaware	Yes	Yes	Yes	No Info	Yes	Yes	Yes	Yes
DC	Yes	Varied	Yes	Yes	Varied	Varied	Yes	Yes
Florida	Yes	Yes	Yes	No Info	No Info	No Info	Yes	Yes
Georgia	Yes	Yes	Yes	No Info	Varied	No Info	Yes	Yes
Hawaii	No	Varied	Varied	No	No	No	Varied	No
Idaho	No Info	Yes	Yes	No Info	No Info	No Info	No Info	No Info
Illinois	Yes	Yes	Yes	No	Yes	Yes	Yes	No Info
Indiana	Yes	Yes	Yes	No Info	No Info	No Info	Yes	No Info
Iowa	Yes	Varied	Yes	No Info	No Info	No Info	Yes	No Info
Kansas	Varied	Varied	Yes	No Info	No Info	No Info	Yes	No Info
Kentucky	Yes	Varied	Yes	No Info	No Info	No Info	No Info	No Info
Louisiana	Yes	Yes	Yes	No Info	No Info	No Info	Yes	No Info
Maine	No Info	Yes	Yes	Yes	No Info	No Info	Yes	No Info
Maryland	Yes	Yes	Yes	No Info	No Info	No Info	Yes	No Info
Massachusetts	Yes	Yes	Yes	Yes	No Info	No Info	Yes	No Info
Michigan	Yes	Varied	Varied	No Info	No Info	No Info	Yes	Varied
Minnesota	Varied	Varied	Varied	No Info	No Info	No Info	Varied	No Info
Mississippi	No Info	Yes	Yes	No Info	No Info	No Info	Yes	No Info
Missouri	No Info	Yes	No Info	No Info	No Info	No Info	Yes	No Info
Montana	No Info	Yes	Yes	No Info	No Info	No Info	No Info	No Info

Nebraska	No	Varied	Varied	Varied	Varied	Varied	Yes	No
Nevada	No Info	No	No Info	No Info	No Info	No Info	Yes	No
New Mexico	No	No	Yes	No	No	No	Yes	No
New Hampshire	No Info	Varied	Yes	No	No Info	No Info	Yes	No Info
New Jersey	Yes	Varied	Yes	No	Varied	Varied	Yes	No Info
New York	No	Varied	Yes	No	No Info	No Info	Varied	No
North Carolina	Yes	Varied	Yes	No	No	No	Yes	No
North Dakota	No Info	Varied	Varied	No	Varied	Varied	No Info	No Info
Ohio	No	Varied	Varied	No	No	No	No	No
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Oregon	No	Yes	Yes	Yes	No	No	Yes	Yes
Pennsylvania	Yes	Yes	Varied	No	Yes	No	Yes	No Info
Rhode Island	No Info	No Info	No Info	No Info	No Info	No Info	No Info	No Info
South Carolina	Yes	Varied	Varied	Varied	Varied	Varied	Varied	No
South Dakota	No	No	Yes	Yes	No	No	No	No
Tennessee	No	Varied	Varied	No	No Info	No Info	Yes	No Info
Texas	No Info	Yes	Yes	No	Yes	Yes	Yes	No Info
Utah	No	Yes	Yes	No Info	Yes	No Info	Yes	No Info
Vermont	No Info	Yes	Yes	Yes	No	No Info	No Info	No Info
Virginia	Yes	Varied	No Info	No Info	No Info	No Info	No Info	No Info
Washington	No	Yes	Yes	No	No	No	Varied	Yes
West Virginia	No	Yes	Yes	No	No Info	No Info	Yes	No Info
Wisconsin	Yes	No Info	No Info	No Info	Yes	Yes	Yes	Yes
Wyoming	Varied	No Info	No Info	No Info	No Info	No Info	No Info	No Info
Puerto Rico	No	Yes	No Info	No	No	No	Yes	No
Total Yes	22	29	35	7	10	5	37	8
Total No	13	3	0	15	9	10	2	10
Total Varied at Local Level	3	17	9	2	7	5	5	1
Total No Information	14	3	8	28	26	32	8	33