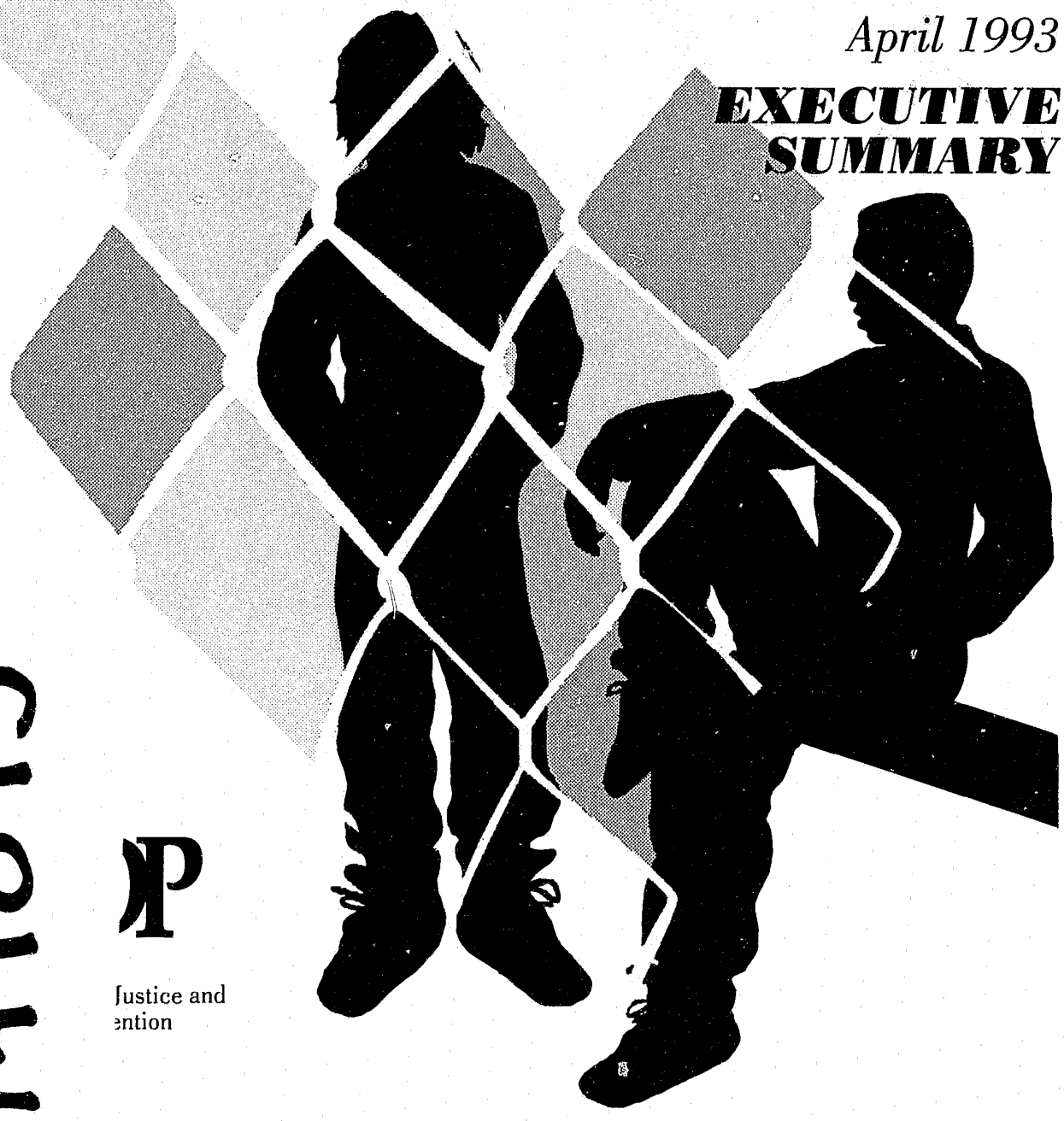
U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Conditions of Confinement:

A Study To Evaluate the Conditions in Juvenile Detention and Correctional Facilities

April 1993

EXECUTIVE SUMMARY



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Conditions of Confinement: A Study to Evaluate Conditions in Juvenile Detention and Corrections Facilities

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Office of Juvenile Justice and Delinquency Prevention

John J. Wilson
Acting Administrator

This is a pre-publication version of the Executive Summary. Pagination may be different in the final published version.

From the Administrator

It is my pleasure to present to you the Executive Summary of *Conditions of Confinement: A Study to Evaluate Conditions in Juvenile Detention and Correctional Facilities.* This study, commissioned by the Office of Juvenile Justice and Delinquency Prevention in response to the 1988 Amendments to the Juvenile Justice and Delinquency Prevention Act, is the most comprehensive nationwide research ever conducted on the juvenile detention and corrections field. It is remarkable that this research became a study both for and by the field. It involved the leadership of an exceptional research team at Abt Associates, a pool of experienced and dedicated consultants, and hundreds of administrators and staff who shared with us information about their facilities' operations and programs. It is this combination of leadership, talent and commitment that has made this study a truly significant contribution to our understanding of juvenile confinement conditions.

The results from this research present many challenges to policy makers and practitioners nationwide. The need for consensus and action is written across the pages. How do we provide conditions of confinement that ensure that basic needs are met and that a meaningful quality of life is provided? How, with pervasive crowding, staff turnover, and violence both inside and outside of institutions, can the field successfully accomplish its broader mission:

> "...to create legitimate, alternative pathways to adulthood through equal access to services that are least intrusive, culturally-sensitive and consistent with the highest professional standards?" —*The 1992 Juvenile Detention and Correctional Forum Mission Statement*

To meet the challenge posed by this report and its recommendations will require the cooperation of private organizations, courts and other governmental agencies, legislators, legal advocates, and professionals in the field. We need to begin a national movement founded on a basic human concern about justice for juveniles and the conditions of their confinement. As you read this document, think carefully and creatively about what you can do individually and through your employers and professional associations to respond to the challenges facing the field of juvenile detention and corrections. It is time that we begin to do the right thing by working together to achieve lasting improvements in the conditions of confinement for juveniles in this country.

John J. Wilson
Acting Administrator

Acknowledgments

This pioneering study would have been impossible without support and cooperation from leading juvenile justice organizations and practitioners at all levels. To obtain that support and cooperation, Abt and OJJDP involved juvenile justice leaders in all phases of the study. Their involvement improved response rates, sharpened the quality of the research, and made focused the fields' attention on conditions of confinement as a national policy issue.

Several organizations deserve specific recognition for endorsing the project, for encouraging their members to fully cooperate, and for inviting us to appear at their meetings to tell their members about the study or its findings. These include the National Juvenile Detention Association, the National Council of Juvenile and Family Court Judges, the National Association of Juvenile Correctional Administrators, the American Correctional Association, and the American Bar Association.

Specific thanks are due to a cadre of tireless juvenile justice practitioners who conducted 95 site visits, and to their employers who let them take time from their regular assignments to conduct site visits. The site visitors were:

Frederick R. Allen	Former Administrator, Department of Social Services/Division for Youth (New York)
Alfred Bennett	Criminal Justice Consultant (Indiana)
Melvin Brown, Jr.	Director, Montgomery County Juvenile and Adult Probation Departments (Texas)
V. Parkes Casselbury	Director, Policy Compliance and Accreditation Department of Youth Development (Tennessee)
Gwendolyn Chunn	Director, Division of Youth Services, Department of Human Resources (North Carolina)
Joseph DeJames	Director, Juvenile Detention and Monitoring Unit, Department of Corrections (New Jersey)
Donald DeVore	Executive Director, Montgomery County Youth Center (Pennsylvania)
John M. Manuel	Superintendent, Cuyahoga County Detention Center (Ohio)
Mary McHatton	Administrative Assistant/ Operations, Department of Corrections (Indiana)
Jane O'Shaughnessy	Rebound! (Colorado)
George M. Phyfer	Executive Director, Department of Youth Services (Alabama)
Samuel Sublett, Jr.	Accreditation Manager, Adult and Juvenile, Department of Corrections (Illinois)
Clarence A. Terhune	Former Deputy Secretary, Youth and Adult Correction Agency (California)
Celedonio Vigil	Superintendent, New Mexico Youth Diagnostic and Development Center

In addition, we thank Thaddeus Aubry, Northern Regional Director for the Virginia Department of Youth and Family Services, who helped us by pre-testing the site visit protocol, by preparing training materials and by helping to deliver a two-day training program for site visitors. We also thank Eastern Kentucky University for their logistical support during our site visitor training.

A group of practitioners consulted with staff and OJJDP on design issues during early phases of the project. They kept us focused on reality as we drafted data collection instruments. They were:

Robert C. Cushman	Justice Systems Specialist, Santa Clara County Center for Urban Analysis (California)

Charles Kehoe	Director, Department of Youth Services (Virginia)
Lloyd Mixdorf	Juvenile Programs and Projects Director, American Correctional Association
David Roush	Director, Calhoun County Juvenile Home (Michigan)
Joseph R. Rowan	Executive Director, Juvenile and Criminal Justice International, Inc. (Minnesota)
Robert Schwartz	Executive Director, Juvenile Law Center (Pennsylvania)
John Sheridan	Administrator, Bureau of Residential Services for Children and Youth Services (New Hampshire)

A distinguished advisory board also deserves recognition and thanks. Advisors met several times during late 1990 and early 1991 to help frame the project. They convened again in February 1992 to review results of site visits, and again in August 1992 to critique the first draft of the report. In addition to their sage advice, advisors were invaluable sources of contacts and information for project staff. Project advisors were:

Allen Breed	Chairman, Board of Directors, National Council on Crime and Delinquency
Earl Dunlap	Executive Director, National Juvenile Detention Association
Jeffrey Fagan	Associate Professor, School of Criminal Justice, Rutgers University
Hunter Hurst	Director, National Center for Juvenile Justice (Pennsylvania)
James Irving	Assistant Warden, Sheridan Correctional Center (Illinois)
James P. Lynch	Assistant Professor, School of Justice, American University
Patricia Puritz	Director, Juvenile Justice Center, American Bar Association
Denis Shumate	Superintendent, Youth Center at Beloit (Kansas)

We must acknowledge several officials at the Office of Juvenile Justice and Delinquency Prevention who played key roles. Irv Slott was Director of Research at the time the study began, and helped steer us from the shoals in the early months. Dr. James C. Howell succeeded Mr. Slott and provided strategic guidance and support during the final months. Throughout the effort, Barbara Allen-Hagen, our project monitor, functioned in many roles. She was an active collaborator on all major design and implementation decisions. She met frequently with staff and advisors, helped pre-test data collection instrument in juvenile facilities, and conferred with juvenile justice leaders to elicit their support for the project. She smoothed the way, provided sage counselor, and was both critic and task master.

Unfortunately, our pledge of confidentiality prevents us from publicly thanking the hundreds of staff and administrators in juvenile agencies and facilities who completed the mail survey, hosted site visits, or who helped us test and refine our data collection instruments.

Conditions of Confinement: A Study to Evaluate Conditions in Juvenile Detention and Corrections Facilities

In 1988 Congress directed the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to assess conditions of confinement for juveniles, to determine the extent to which those conditions conform to recognized national professional standards, and to report findings to Congress, along with recommendations for improvement. OJJDP selected Abt Associates, Incorporated, to conduct the study.

The congressional mandate must be viewed against the backdrop of changes in juvenile justice. Serious juvenile crime—particularly violent offenses reported to authorities—grew rapidly in recent years. Arrests for violent juvenile offenses and drug offenses rose sharply, even as overall juvenile drug use declined. Policy makers increased the severity of punishments for violent or habitual juvenile offenders. Many states made it easier to try and sentence serious juvenile offenders as adults.

Admissions to juvenile facilities rose after 1984 and reached an all-time high of nearly 690,000 in 1990. The largest increase was in detention, where admissions rose from just over 400,000 in 1984 to about 570,000 in 1990. The daily population of confined juveniles (based on CIC census one day counts) increased from about 50,800 in 1979 to about 65,000 in 1991. The populations of all types of facilities increased, except for ranches, where populations declined.

The characteristics of confined juveniles also changed sharply in recent years. Between 1987 and 1991 the proportion of minorities among confined juveniles rose from 53 percent to 63 percent, with the biggest increases among Blacks (37% to 44%) and Hispanics (13% to 17%). The percent confined for crimes against persons rose from 22 percent to 28 percent, and property offenses declined from 40 percent to 34 percent. The percent confined for drug related offenses rose between 1987 and 1989, and then declined somewhat in 1991, resulting in an overall increase of 4 percentage points (from 6 to 10 percent).

When Congress mandated the study, it was apparent that crowding was becoming a serious problem in juvenile facilities. By 1987 36 percent of confined juveniles were held in facilities whose population exceeded their design capacity. Key problems in adult corrections—crowding, litigation on conditions of confinement, major capacity expansion, and huge increases in costs—were beginning to be evident in juvenile facilities as well. Thus, it was important to learn more about conditions in juvenile confinement facilities, to pinpoint serious problems and to explore possible remedies.

Summary of Findings

Our findings suggest three major themes:

First, there are several areas—most notably living space, health care, security, and control of suicidal behavior—in which problems in juvenile facilities are substantial and widespread. There is also another set of areas where deficiencies, though less serious or widespread, are still important enough to warrant attention.

Second, our findings do not support the premise that high levels of conformance to nationally recognized standards results in improved conditions of confinement. For many important areas of facility operation, practitioners drafting standards did not specify outcomes that ought to be achieved. Instead, a large proportion of existing standards emphasize procedural regularity, which is, admittedly, an important objective. But we believe that in the future standards drafting agencies should emphasize performance-based standards that identify the outcomes facilities should achieve. Performance standards can quickly identify problems and can provide a bench mark against which improvements can be measured. Performance standards are particularly needed in areas such as education, treatment services, and health care—and ultimately, all aspects of facility operation.

Third, we found that deficiencies were distributed widely across facilities. Most had several deficiencies, and the types of deficiencies these facilities had varied considerably. We found few facilities with no deficiencies as well as few with deficiencies in most areas. If the objective is to substantially

improve conditions that confined juveniles experience, then efforts to improve or close a few "bad" facilities, while laudable, will have little overall impact. Rather, substantial improvements will require that a large number of less seriously deficient facilities improve several areas of facility operations.

Nineteen recommendations are offered to improve conditions of confinement.

Overview of Conditions

Table 1 displays conformance to assessment criteria from two viewpoints. First, it shows the percent of confined juveniles who are held in facilities that conform to all assessment criteria in each of the 12 topic areas (we later call this "juvenile-based" conformance). Second, it shows the percent of facilities that conform to all assessment criteria

Table 1
Summary Conformance Rates, by Topic Areas:

Topic Areas in Which Conditions Were Assessed	Percent of Confined Juveniles in Facilities that Conform[a]	Percent of Facilities that Conform[b]
Basic Needs		
Living Space (3 criteria)	24%	43%
Health Care (6 criteria)	26%	35%
Food, Clothing, and Hygiene (4 criteria)	39%	35%
Living Accommodations (4 criteria)	52%	49%
Order and Security		
Security (3 criteria)	20%	27%
Controlling Suicidal Behavior (4 criteria)	25%	51%
Inspections and Emergency Preparedness (4 criteria)	67%	55%
Programming		
Education (4 criteria)	55%	57%
Recreation (1 criteria)	85%	85%
Treatment Services (2 criteria)	68%	60%
Juvenile Rights		
Access to Community (5 criteria)	25%	25%
Limits on Staff Discretion (7 criteria)	49%[c]	76%

[a]This is the percent of juveniles held in facilities that conform to all assessment criteria in each topic area.

[b]This is the percent of facilities that conform to all the assessment criteria in each topic area.

[c]This excludes the assessment criteria on search authorization, which required facility administrators to authorize all searches. Only 14 percent of confined juveniles are in facilities that conform to this criteria. With this criteria included, only 6 percent of confined juveniles are in facilities that conform to all criteria.

Source: CIC census and Mail Survey. 1991.

(we later call this "facility-based" conformance). The relationship between these two measures tells us whether large or small facilities are more likely to conform. For example, if two-thirds of the juveniles are held in facilities that conform, but only one-third of the facilities conform, that means that bigger facilities are more likely to conform than smaller facilities. Conversely, if two-thirds of the facilities conform, but only one-third of the juveniles are in facilities that conform, then smaller facilities are more likely to conform than bigger ones.

This table should be interpreted cautiously. It is an inherently conservative indicator, because a facility must conform to all criteria. Moreover, we emphasize that conformance must be viewed in the light of more information about actual conditions and outcomes in facilities. That information, described below, often is not related to conformance to standards.

Table 1 shows that summary conformance rates are seldom high. Only 5 of the 12 topic areas have juvenile-based overall conformance rates of 50 percent or higher, and only six have facility-based conformance rates of 50 percent or higher. It also shows that on some topics smaller facilities are more likely to conform, while on others, bigger facilities are more likely to conform. For example, on Living Space, Health Care, Security, Suicide Prevention, and Limiting Staff Discretion smaller facilities are more likely to conform than larger facilities. On Inspections and Emergency Preparedness and Treatment Services larger facilities are more likely to conform than smaller facilities.

Table 2
Incident Rates Per 100 Juveniles, and
Annualized Estimates of Incidents in Juvenile Facilities

Type of Incident	Rate Per 100 Juveniles, Last 30 Days	Estimated Incidents Per Year
Injuries		
Juvenile-on-Juvenile	3.1	24,200
Juvenile-on-Staff	1.7	6,900
Staff-on-Juvenile	0.2	106
Escapes		
Completed	1.2	9,700
Unsuccessful Attempts	1.2	9,800
Acts of Suicidal Behavior	2.4	17,600
Incidents requiring Emergency Health Care	2.0	18,600
Isolation Incidents		
Short-term (1 to 24 hours)	57.0[a]	435,800
Longer-term (more than 24 hours)	11.0	88,900

[a]This does not include very short-term isolation (up to one hour) used to control behavior or instill discipline. Such practices are very common in juvenile facilities, and largely not documented, so that it is impossible to measure its occurrence with any accuracy.

Source: CIC census and Mail Survey, 1991

Table 2 displays data on key incident measures we examined —injuries (juveniles-on-juveniles, juveniles-on-staff, and staff-on-juveniles), escapes (completed, unsuccessful attempts), acts of suicidal behavior (attempted suicides, suicide gestures, self-mutilations), incidents requiring emergency health care, and use of isolation. All these are reported as incident rates per 100 confined juveniles. For injuries, escapes, suicidal behavior, and longer-term isolation, the rates are based on reported incidents during the 30 days before the mail survey. For shorter-term isolation, the rate is based on incidents reported during the 7 days before the mail survey. For emergency health care, rates are based on reported incidents during the 12 months before the mail survey. Table 2 also shows the estimated annual number of incidents, based on these rates.

There was substantial variation between and among facilities in these rates. A substantial number of juveniles were held in facilities where rates were zero or were very low. A smaller minority were held in facilities where rates were very high.

Areas With Substantial Deficiencies

There are four areas—living space, security, control of suicidal behavior, and health care—in which facilities display substantial and widespread deficiencies.

Living Space

A substantial proportion of confined juveniles have inadequate living space. Crowding is a pervasive problem in juvenile facilities. It is evident facility-wide, in living units[1], and in sleeping rooms.

In 1987, 36 percent of confined juveniles were in facilities whose populations exceeded their reported design capacity. By 1991 that increased to 47 percent. In 1991 one-third of confined juveniles were in living units with 26 or more juveniles, and one-third slept in rooms that were smaller than required by nationally recognized standards. Only about one-fourth of the confined juveniles were in facilities that conformed to all three living space criteria. Hence, almost three-fourths were in facilities that were crowded in some respect. Crowding is more common in larger, and less common in smaller facilities.

To eliminate crowded sleeping rooms, slightly over 11,000 juveniles would have to be removed from the population of confinement facilities, or an equal number of new beds provided in adequately-sized sleeping rooms. If that were done, it would still leave about 2,650 juveniles in facilities whose population exceeded design capacity.

Facilities have responded to crowding by restricting intake criteria (particularly in detention), by granting early releases (particularly in training schools), and by refusing to take new admissions when populations reach or exceed capacity (particularly in ranches). As a result, while more facilities have become crowded since 1987, average population levels in crowded facilities have remained at about 120 percent of reported design capacity.

We found that rates of injuries to staff by juveniles were higher in crowded facilities. As the percent of juveniles who sleep in dormitories with 11 or more residents increased, rates of injuries inflicted by juveniles on juveniles increased. Rates for short-term isolation and searches also were higher in crowded facilities.

> ***We recommend that large dormitories be eliminated from juvenile facilities. No new facilities should be built that contain large dormitories. In existing facilities, large dormitories should be replaced as soon as possible.***

Facilities can sometimes adjust intake or durations of confinement to cushion the effects of crowding, but they cannot alter the decisions of police, prosecutors, juvenile judges, and probation and parole officers or the systemic processes that cause crowding.

> ***We recommend that jurisdictions develop policies that regulate the use and duration of juvenile confinement and that guide future development of confinement and non-confinement placement options. To do this, states and localities should implement a planning process that identifies***

[1]A living unit is a self-contained area of a facility where a subgroup of confined juveniles sleep, participate in leisure activities, and attend to hygiene needs. Generally, juveniles eat, exercise (large muscle activity) and participate in programming outside their living units.

decisions that affect use of detention and confinement, that identifies characteristics of juveniles processed through the system, and that documents capacities of confinement and non-confinement placement options.

Security

Security practices are intended to prevent escapes and to provide a safe environment for both juveniles and staff. There are high levels of non-conformance with our security assessment criteria, and substantial problems with escapes and injuries in juvenile facilities.

While eighty-one percent of confined juveniles are in facilities with three or more facility-wide counts per day, only sixty-two percent are in facilities that classify juveniles on the basis of risk and use classification results to make housing assignments. Larger facilities are more likely to conform to the counts and classification criteria. Just 36 percent of confined juveniles are in facilities whose supervision staffing ratios conform to assessment criteria. Smaller facilities are more likely to conform to the supervision staff ratio criteria. Overall, just 20 percent of confined juveniles are in facilities that conform to all three criteria.

In the 30 days before the mail survey nearly 2,000 juveniles (slightly over 3 percent of the juvenile population) and 650 staff (slightly over 1.7 percent of all staff) were injured by juveniles in these facilities. Injury rates varied greatly. About 10 percent of confined juveniles were in facilities where 8 percent or more of the juveniles were injured by other juveniles in the 30 days before the mail survey, and one percent were in facilities where at least one of every four juveniles were injured during that time. A small number of facilities were similarly dangerous for staff. About 10 percent of juveniles were in facilities where 5 percent or more of staff were injured in the 30 days before the mail survey, and one percent were in facilities where 17 percent or more of staff were injured during that time.

As mentioned earlier, juvenile and staff injury rates were higher in crowded facilities, and juvenile-on-juvenile injury rates increased as the percent of juveniles housed in large dormitories increased. Injury rates for both staff and juveniles were higher in facilities where living units were locked 24 hours a day. In facilities we visited with locked living units, an emphasis on security dominated interactions between staff and juveniles. Interestingly, the percent of juveniles convicted of violent crimes was not related to injury rates.

Classification is supposed to protect juveniles by assessing their propensity to violence and by separating potential predators and victims. However, we found no relationship between conformance to the classification assessment criteria and rates of injury. The reasons are not clear. It is possible that existing classification procedures do not reliably distinguish violence-prone youth, or that crowding either diminishes facilities' ability to adequately separate predators and victims or increases the probability that confined youth will encounter violence-prone peers. More study of juvenile classification practices is needed to determine how to improve it.

During site visits facility administrators and staff frequently said that there would be fewer injuries if staffing ratios improved. Our study did not support that position: we found no relationship between supervision staffing ratios and rates of injury. However, we found that higher supervision staff turnover rates were associated with increased juvenile-on-

Study Description

The study was funded in the fall of 1990. OJJDP and Abt entered into a cooperative agreement in which both parties collaborated on all major decisions about the design and execution of the study.

The study covers all 984 public (operated by state and local governments) and private juvenile detention centers, reception centers, training schools, and ranches, camps, and farms in the United States. These facilities held about 65,000 juveniles on the date of the 1991 Children in Custody census, or about 69 percent of the juveniles confined on that date in the United States.

Three types of facilities that confine juveniles were excluded: (a) youth halfway houses, shelters, and group homes; (b) police lockups, adult jails, and prisons that hold juveniles tried and convicted as adults, and (c) psychiatric and drug treatment programs. We have no data on conditions of confinement in these facilities.

Prominent juvenile justice practitioners served as advisors, consultants and site visitors. Key juvenile justice organizations endorsed the study and urged cooperation from the field.

Strategy for Assessing Conditions

We used three approaches, where possible, to assess conditions of confinement.

- First, we measured conformance to 46 assessment criteria that reflected existing national professional standards in twelve areas that represented advisors' perceptions of confined juveniles' most important needs.
- Second, we analyzed data on other selected aspects of conditions of confinement for which no national standards existed, obtained from the mail survey, Children in Custody census, or site visits.
- Third, we analyzed data on selected incidents in facilities, including rates of injuries to juveniles and staff, rates of escape and attempted escape, rates of suicidal behavior, and selected security and control practices, such as rates of searches and isolation.

To decide whether serious problems existed, we reviewed data on all three levels, where available. In some cases, conformance rates for a particular assessment criteria were low, but other data on conditions suggested that non-conformance had minimal effects. For example, one assessment criteria required that the interval between an evening meal and the following breakfast be no more than 14 hours. A large proportion of juveniles were confined in facilities that did not conform. However, when we examined facilities' actual practices in more detail we found most non-conforming facilities missed the deadline by 15 or 20 minutes, and that on all other measures food service appeared generally satisfactory.

In other instances, conformance was moderate or high, but data on conditions or outcomes suggested problems. For example, almost all juveniles were in facilities that conformed to an assessment criteria requiring that facilities pass annual fire inspections. But during site visits we saw a disturbingly high proportion of facilities that had obvious fire safety violations, such as not marking fire exits or posting fire escape routes.

The 46 assessment criteria (which are described fully in Appendix A) were organized into twelve topic areas that were, in turn, grouped into four broad categories:

	Number of Assessment Criteria
Basic Needs	
1. Living Space	3
2. Health Care	6
3. Food, Clothing, and Hygiene	4
4. Living Accommodations	4
Order and Safety	
5. Security	3
6. Controlling Suicidal Behavior	4
7. Inspections and Emergency Preparedness	4
Programming	
8. Education	4
9. Recreation	1
10. Treatment Services	2
Juveniles' Rights	
11. Access to Community	5
12. Limits on Staff Discretion.	6
TOTAL	46

In developing measures for the assessment criteria, Abt reviewed requirements of nationally recognized standards for juvenile facilities. For example, advisors decided that confined juveniles need adequate living space. Abt consulted nationally recognized standards and found several bench marks. In terms of sleeping space, standards required 70 square feet per juvenile in single rooms, and 50 square feet per juvenile in rooms with three or more occupants. Standards also recommended that no more than 25 juveniles be housed in one living unit, and that facilities' populations should not exceed their design capacity.

We relied mainly on three sets of standards:

- American Correctional Association (ACA) standards (as amended in 1991), which are used as the basis for accrediting juvenile facilities.
- The National Commission on Correctional Health Care (NCCHC), an affiliate of the American Medical Association, also uses its standards (1984) to accredit health care services in juvenile facilities; and,
- American Bar Association/Institute for Judicial Administration (1980).

staff injury rates. In facilities with high turnover rates, overall levels of staff experience and training are likely to be lower than in facilities with low turnover rates. While we lack data to establish a direct link, during site visits administrators and practitioners frequently stated that inexperienced and less well trained staff were more likely to be injured by juveniles.

In the 30 days before the mail survey slightly over 800 juveniles (about 1.2 percent of the confined population) escaped from confinement facilities, and slightly more than another 800 attempted to escape, but failed.

We found no relationship between conformance to the classification criteria and escape rates. A growing number of facilities rely on perimeter fences as an obstacle to escape. Since 1987 the percent of facilities with perimeter fences increased from 38 percent to 47 percent. However, we found no conclusive relationship between perimeter fences and escape rates.

We recommend that juvenile justice agencies conduct detailed comparative studies of facilities with low and high escape and injury rates to identify policies and practices that can materially improve safety and security. These studies should pay special attention to procedures used to classify juveniles and the ways in which classification is used.

Controlling Suicidal Behavior

Suicidal behavior is a serious problem in juvenile confinement facilities. Ten confined juveniles killed themselves in 1990. In the 30 days before the mail survey 970 juveniles committed 1,487 acts of suicidal behavior (that is, attempted suicides, made suicide gestures, or engaged in self-mutilation). Thus, about 1.6 percent of confined juveniles engaged in suicidal behavior, and there were 2.4 suicidal behavior incidents for every 100 confined juveniles in the 30 days before the mail survey. On an annualized basis, more than 11,000 juveniles engage in more than 17,000 incidents of suicidal behavior in juvenile facilities.

Just half the confined juveniles are in facilities that monitor suicidal juveniles at least once every four minutes (the length of time after which permanent brain damage can occur in an attempted hanging—the most common method of suicide attempt in juvenile facilities). About three-fourths are in facilities that screen juveniles for indicators of suicide risk at time of admission, and about three fourths are in facilities that train staff in suicide prevention. Almost 90 percent are in facilities that have written suicide prevention plans. However, only about one in five confined juveniles are in facilities that conform to all four assessment criteria.

Our analysis showed that facilities that conduct suicide screening at admission and that train staff in suicide prevention have lower rates of suicidal behavior. Other suicide prevention measures—monitoring suicidal juveniles at least once every four minutes, and written suicide prevention plans—were not associated with suicidal behavior rates (but, these factors may be vitally important in preventing an attempted suicide from becoming a completed suicide). Detention centers that conformed to the supervision staffing ratio criteria had lower suicidal behavior rates. We found that as supervision staff turnover rates increased, suicidal behavior rates increased, which underscores the importance of staff training in suicide prevention.

Suicidal behavior rates increased as the percent of juveniles in single rooms increased. We found, however, that facilities frequently fail to cover housing for suicidal juveniles in their written suicide prevention plans.

We recommend that all juveniles be screened for risk of suicidal behavior immediately upon their admission to confinement facilities.

We recommend that suicidal juveniles be constantly monitored by staff. This means that suicidal youth should not be isolated or placed in a room by themselves. Of course, a mental health professional should assess suicidal youth as quickly as possible to determine if they should be removed from the confinement facility and placed in a medical or mental health facility equipped to deal with suicidal youth.

We also recommend that agencies study the causes of high supervision staff turnover rates, develop strategies to reduce high turnover rates and, and soften the effects of turnover by increased training.

Health Care

The most serious problem with health care is that health screenings (at admission) and health appraisals (within 7 days of admission) often are not completed in a timely fashion. Speedy completion of health screenings is needed to assure that juveniles who are injured, who have acute health problems, or who are intoxicated when they are presented for admission get immediate medical treatment. Timely health appraisals are required to identify juveniles' health care needs which require treatment during confinement, and to control the spread of communicable diseases.

Over 90 percent of confined juveniles get health screenings at some point, but only 43 percent get them within one hour of admission, as required by nationally recognized standards. Smaller facilities are more likely to conform to the health screening criteria. Health screening took more than three hours to be completed for almost one-fifth of the population of confined juveniles. Similarly, 95 percent get health appraisals at some point, but only 80 percent get them within a week. Larger facilities are more likely to conform to the health appraisal criteria.

One-third of the juveniles in detention centers have health screenings done by staff who have not been trained by medical personnel to perform health screening. Because the purpose of health screening is done to identify juveniles with injuries or conditions that require immediate medical care, using untrained staff to perform the screening is cause for concern.

We recommend that juvenile justice agencies act to ensure that initial health screenings are carried out promptly at admission and to ensure that health appraisals are completed

Data Collection and Preparation

Data for the study came from three sources:

- the 1991 Children in Custody (CIC) census;
- a special mail survey sent to all 984 facilities; and,
- two-day site visits to 95 facilities.

Survey Data

The 1991 CIC census had a 99 percent response rate for public facilities and an 86 percent response rate for private facilities. The project's mail survey had a 76 percent response rate. Data from the two were merged to produce a single record for each facility, which was used to assess conditions of confinement. CIC census data from 1979 to 1991 was used to describe trends in the use of juvenile confinement.

Site Visit Data

Altogether, researchers visited a nationally representative randomly selected sample of 95 public and private juvenile facilities: 30 detention centers, 30 training schools, 30 ranches, camps and farms, and 5 reception centers. Abt selected and trained fifteen prominent practitioners to collect data during site visits. Project staff accompanied site visitors to the 20 largest facilities to expedite data collection. During site visits we validated selected responses to the mail survey, recorded observational data, and asked staff and juveniles about conditions of confinement. Site visits began in September 1991 and ended in January 1992.

The site visit sample is stratified by type of facility. Within the four strata, samples were drawn so that larger facilities had a greater chance of being selected for a site visit. Eighty percent of the facilities initially selected agreed to host a site visit. Those that declined were replaced by a comparable facility (same type, same region, similar size). The final sample closely resembles the total distribution of facilities by region and by method of operation (public versus private).

In addition to interviewing facilities administrators and staff members, we also interviewed samples of five randomly selected juveniles at each site, or a total of 475 juveniles at all the facilities we visited.

Because the study focuses on conditions faced by confined juveniles, conformance rates generally are described in terms of the percent of juveniles confined in facilities that conform to each assessment criterion, rather than the percent of facilities that conform.

The results are reported by facility type for the nation as a whole. In order to protect respondents' confidentiality, data cannot be presented by state or by individual facilities. While this limits our ability to pinpoint specific states or facilities that may need particular improvements, a guarantee of confidentiality was deemed essential in order to get both high response rates and candid answers to sensitive questions.

or received within a week after admission. We also recommend that juvenile justice agencies take steps to develop and ensure the use of an adequate training program for non-medical staff who conduct health screenings.

In addition, there is no database on individual confined juveniles' health needs, on the health care services provided to them, or on changes in their health status while confined. Without such information, the adequacy of health care in confinement facilities cannot be assessed. Of particular concern is the fact that only 68 percent of confined juveniles are in facilities where tuberculin tests are performed, and only 53 percent are in facilities that test for sexually transmitted diseases.

We recommend that existing public health surveillance systems be expanded to include and separately track confined juveniles. We also recommend a general review of the health needs of and services received by confined juveniles based on a review of medical records of a national sample of confined juveniles.

Areas with Less Substantial Deficiencies

Education and Treatment

There are two areas—education and treatment services—in which conformance to assessment criteria is generally high, but in which we have no foundation for assessing the adequacy of services provided. Although there is extensive anecdotal and experiential evidence on the educational deficiencies and the emotional and mental health problems of juvenile offenders, we have no systematic empirical data on confined youths' educational or treatment needs and problems. Thus, we cannot determine whether facilities provide appropriate programs or whether juveniles make progress during confinement. Major new initiatives are needed to periodically collect such data.

We recommend that federal agencies support funding of a study to document educational needs and problems of a national sample of confined juveniles and to evaluate the capacity of educational programs in confinement facilities to serve those needs and to address those problems.

We recommend that federal agencies support funding of a study to document treatment needs of and services received by a national sample of confined juveniles.

Inspections and Emergency Preparedness

Most juveniles are confined in facilities that have passed recent state or local fire, life safety, and sanitation inspections. Despite that, during site visits we observed a large number of facilities at which fire exits were not marked, fire escape routes were not posted in living units, and a few at which fire exits were blocked with furniture or other objects.

We recommend that state and local fire codes for juvenile facilities be toughened and enforced more vigorously. In particular, we recommend that facilities be inspected more frequently, and that available enforcement authority be exercised more vigorously to correct violations. We also recommend that laws or regulations governing fire and life safety in juvenile facilities should be as rigorous as those that apply to schools, hospitals, or other public buildings.

Access to the Community

We estimate that on average confined juveniles are held in facilities that are 58 miles from where they live—that distance varies by facility type, so that training schools are, on average, farther from juveniles' homes than are detention

centers. Distance and location (e.g., wilderness-based programs) affect juveniles' access to the community. Most confined juveniles have adequate opportunity to visit with families or attorneys, to contact volunteers, and to communicate by mail. However, telephone calls are an exception: almost all juveniles can place a limited number of telephone calls per week, but 45 percent of confined juveniles are in facilities that do not permit them to receive telephone calls.

> ***We recommend that juvenile facilities permit juveniles to receive as well as to make telephone calls.***

Limits on Staff Discretion

There is generally high conformance to most criteria that limit staff discretion. However, search authorization is an exception: most confined juveniles are in facilities where line staff can authorize rooms searches and frisks. A substantial minority are in facilities where line staff can authorize strip searches. There was substantial variation in rates of searching, isolation, and restraint use among facilities. Relatively little of that variation could be explained by our analyses.

> ***We recommend more extensive comparison of conditions in facilities with high and low rates of use of search, isolation, and restraints in order to identify and test the rationales and effects of these variations in practice.***

Areas with Minimal Deficiencies

There are three areas in which conditions of confinement appear to be adequate: food, clothing and hygiene; recreation; and living accommodations. With respect to the latter, conditions are somewhat more problematic: detention centers generally have the least normalized and most institutionalized environments (sleeping rooms are starkly furnished, most residents wear uniforms, etc.). Nearly one-third of detained juveniles sleep in rooms that do not have natural light.

We offer no specific recommendations based on data collected and analyzed to date.

Other Recommendations

Performance-Based Standards

A substantial proportion of existing nationally recognized standards focus on developing written policies and procedures, or attaining specified staffing ratios, rather than defining outcomes that facilities should achieve. Performance-based standards are more difficult to formulate because they require standard-drafters to agree on the outcomes that should be achieved. In many instances we found that conformance to procedural standards had no discernable effect on conditions within facilities.

> ***We recommend that organizations that develop nationally recognized standards for juvenile facilities promulgate measurable performance standards that can serve both as goals for facilities to attain and as bench marks against which their progress can be measured. Such standards are particularly important in areas of security, health care, education, mental health services and treatment programming.***

Coordinating Reforms Among Organizations

Our recommendations for improving conditions of confinement will require leaders of several national organizations to confer on the goals to be served by juvenile confinement, and to discuss strategies to improve conditions of confinement. This collaboration likely will be needed for several years.

> ***We recommend that a joint committee be created whose membership represents all national professional organizations with an interest in juvenile confinement. Over the next four years members of this joint committee should work to implement recommendations in this report and to coordinate activities within their respective organizations***

toward the common objective of improving conditions of juvenile confinement. Appropriate federal agencies should encourage and support the work of this joint committee.

Further Research

There is substantial variation among facilities on three problem indicators—rates of escape (and attempted escape), injury, and suicidal behavior—as well as substantial variation among facilities on two control mechanisms—searches and isolation. Only a small amount of that variation can be explained by juvenile or facility characteristics in our analytical models.

We recommend further study of why facilities vary so dramatically in the ways they exercise control and the extent to which they provide a safe and secure environment.

We recommend that OJJDP support controlled research to study the effects of crowding on juvenile and staff behavior and on outcomes in detention and corrections facilities.

We recommend that the biennial Children in Custody census be modified to routinely collect data on staff turnover rates, use of isolation and searching, and the incidence of injuries, escapes and suicidal behavior.

We recommend that OJJDP support comparable studies of conditions of confinement for three groups of juveniles not covered in this study: (a) those placed in halfway houses, group homes, and shelters, (b) those tried and sentenced as adults; and (c) those placed in secure hospital treatment programs.

Limitations of the Study

In spite of good response rates, efforts to develop objective measurement criteria, and careful analysis of the data, there are several limits that must be recognized.

First, our findings must be interpreted cautiously. Conformance to existing nationally recognized standards does not tell the entire story about conditions of confinement. In some instances, high rates of conformance may not mean that all is well. In others, low rates of conformance may not mean that juveniles are in danger or that their constitutional rights are being violated. Conformance must be viewed in the context of other factors related to overall conditions in facilities.

Second, on many matters pertaining to conditions of confinement, juvenile justice practitioners (and the organizations that represent them) have not reached consensus on goals. As a result, a large proportion of existing nationally recognized professional standards specify procedures to be followed, but not outcomes to be achieved. If practitioners do not agree on outcomes, they are likely to interpret data on conditions quite differently. For example, one group may view data on search authorization as indicating sound security practice, while another may view it as indicating an excessive delegation of authority to line staff.

Third, this study relies mainly on self-reported data collected in the mail survey and the CIC census. An effort was made to validate some information items during the site visits. However, only a few could be validated in a fairly small number of facilities. In all studies of this sort the reliability of self-reported data varies according to the respondent's understanding of the question, the availability of data to answer it, and respondent's willingness to answer candidly. In this study all three are possible sources of error. The direction and magnitude such errors are generally not known.

Fourth, given fixed resources and deadlines, the breadth of our study limited its depth. Because we decided to measure conditions in 12 different topic areas in a mail survey to all public and private detention centers, reception centers, training schools and ranches, camps and farms, we had to limit our scrutiny to a handful of indicators in each topic area. Hence, some measures that arguably are important indicators of conditions had to be excluded.

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Limitations of the Study
(Continued)

Fifth, the study is based on data about facilities, not data about individual juveniles in facilities. This makes it more difficult, at times, to determine how non-conformance affects juveniles within facilities, or to identify links between variables. Without data on individual juveniles, we cannot determine, for example, if juveniles who are more frequently injured by other juveniles are more apt to engage in suicidal behavior. We also do not have data on individual juveniles' demographic characteristics, needs or problems, programs used while confined, or performance in those programs. Hence, we cannot determine if programming in facilities address juveniles' needs, or whether juveniles' improve in measurable ways (e.g., reading scores go up) while confined.

Finally, because this was the first systematic assessment of conditions of juvenile confinement, this is a preliminary, not a definitive, report on the subject. On several points, we found important data gaps that prevent assessment of problems or development of informed recommendations. Some of those gaps can be filled relatively inexpensively by altering routine data collection, like the biennial Children in Custody census. Others will require new studies.