operated facility. In a recent study of juveniles in the New York City jail system, researchers
determined that the group of juveniles making up the 7% of the total population who had been placed
in isolation for any duration were responsible for 53% of the total self-harm incidents. Juvenile
facilities with lower rates of room confinement also have lower rates of staff and youth injury,
suicide attempts, and youth behavioral incidents.

The criminal justice system treats juveniles differently than adults because they are cognitively,
behaviorally, physiologically, and experimentally different. Because of these factors, juvenile room
confinement or other forms of isolation and physical restraint should only be employed under
carefully defined, circumscribed, and well-supervised conditions.

Many professional and accrediting organizations in the field of juvenile justice and mental health
have developed standards and policies that govern the use of room confinement and are intended to
limit its use.

Most standards agree that the best practice use of youth room confinement should be:

- **Used as a last resort.** Room confinement should be used only in cases of threats to the safety
  of the individual or other residents and when other less intrusive interventions have failed.
  Room confinement should not be used for punishment, retaliation, or a matter of
  administrative convenience;

- **Time-limited.** Youth should be released from room confinement as soon as they are safely
  able. Room confinement of youth should not last longer than 24 hours, with many standards
  enacting stricter limits of two or four hours; and,

- **Closely Monitored.** Youth in room confinement should be checked on by staff frequently
  while in room confinement. It is also recommended that youth in room confinement for long
  periods of time be seen by mental health professionals. All instances of room confinement
  should be recorded and reviewed through a quality assurance program at each facility.
  Administrative approval should be sought to use room confinement in certain instances.

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Delinquency Prevention, U.S. Department of Justice. Retrieved from

Public Health* 104(3). 442-447.

Reducing the Use of Isolation [Toolkit]*. Retrieved from
http://dcs.nv.gov/uploadedFiles/dcs/nv.gov/content/Programs/JJS/CJCA%20Toolkit%20Reducing%20the%20use%20of%20Isolation.pdf. P. 9.


64 The exception on time limits is the American Correctional Association which allows up to five days of
disciplinary room confinement.

Additional recommended practices dating back to 1996 include:

- **Youth should have access to their own belongings**, books, and programming while on room confinement status.
- **Confinement or isolation should not be used when a youth is potentially suicidal.** Self-harming youth require immediate trauma-informed intervention, not room confinement.66

Research on juvenile room confinement is no longer in its initial stages. Data cited in past appendices of the Juvenile Room Confinement Annual Report began in 1980, and has snowballed in the past decade. This represents nearly 40 years of accumulated research. There is no research that supports the use of juvenile room confinement. The practice is traumatic and has little therapeutic value outside of limited medical settings. As guidelines and best practices are continually updated and supported by additional research and data, recommended use of juvenile room confinement will become increasingly constrained. New federal legislation has limited its use based on this research.

Methods for Reducing the Use of Room Confinement

Available information suggests room confinement remains fairly widespread in juvenile residential, detention, correctional facilities, and child/adolescent psychiatric facilities in the United States, despite concerns about its harmful effects.

A number of organizations have proposed steps and developed guidance for reducing the use of room confinement in both mental health and correctional settings, based on available research and best practices from facilities and states that have been successful in its reduction.

The National Association of State Mental Health Program Directors (NASMHPD) developed Six Core Strategies for Reducing Seclusion and Restraint Use67 and an accompanying planning tool which takes a public health prevention and continuous quality improvement approach to helping aide Mental Health facilities reduce seclusion.67 The Council of Juvenile Correctional Administrators (CJCA), has also developed a toolkit with steps facilities can take to reduce juvenile room confinement.68

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66 Id.
<table>
<thead>
<tr>
<th>NASMHPD Six Core Strategies for Restraining &amp; Seclusion Reduction</th>
<th>CJCA Five Steps to Reduce Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leadership towards organizational change;</td>
<td>1. Adopt a mission statement and philosophy that reflects rehabilitative goals;</td>
</tr>
<tr>
<td>2. Use of data to inform practice;</td>
<td>2. Develop policies and procedures for use and monitoring of isolation;</td>
</tr>
<tr>
<td>3. Workforce development;</td>
<td>3. Identify data to manage, monitor and be accountable for use of isolation;</td>
</tr>
<tr>
<td>4. Use of prevention tools;</td>
<td>4. Develop alternative behavior management options and responses; and,</td>
</tr>
<tr>
<td>5. Inclusion of children &amp; family in various roles within the organization; and,</td>
<td>5. Train and develop staff in agency mission, values, standards, goals, policies and procedures.</td>
</tr>
<tr>
<td>6. Utilization of debriefing techniques.</td>
<td></td>
</tr>
</tbody>
</table>

In general, successful efforts to reduce room confinement have focused on changing facility culture to ensure it is therapeutic, rehabilitative, and trauma-informed. Changes to policies and practices to restrict the use of room confinement and provide for more individualized responses to residents' aggression, when paired with data monitoring and reporting of all room confinement events to help facilities assess the impact of their changes and make further reductions, have also contributed to reduction in room confinement.69

Other successful approaches include staff training and education initiatives, as well as changes in facility approaches to behavior management. Facilities have implemented positive behavioral management techniques and therapeutic models to replace older models that were ineffective or heavily relied on room confinement.70 A number of reports and case studies have highlighted the benefit of outside technical assistance to help facilities reduce the use of room confinement.71

Although organizational standards are in agreement on the need to limit the use of room confinement, success at doing so has been uneven across states and individual facilities. Those that have successfully reduced room confinement have had to implement significant and ongoing changes to facility culture, policy, and practice to find new and different ways to respond to youth behavior and safety concerns.

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69 Id.
Federal Laws

In December 2018, President Donald J. Trump signed the First Step Act (FSA). The FSA limits the duration of solitary confinement for juvenile offenders in the federal system. The FSA requires specific attempts at de-escalation of the youth, including requiring the staff member to attempt to de-escalate the youth by talking to them, or to provide a licensed mental health professional to speak with the youth.\textsuperscript{72} The reasons for room confinement and circumstances for release must be explained. Confinements are limited to three hours for youth who are considered dangers to others, and 30 minutes for youth who are considered dangers to themselves. If after the time limit has expired, and the youth is still not sufficiently calm, the youth must either be transferred to another facility, or be moved to an internal location where services can be provided without room confinement. Finally, the FSA specifies, "Spirit and purpose.—The use of consecutive periods of room confinement to evade the spirit and purpose of this subsection shall be prohibited."\textsuperscript{73}

The Juvenile Justice Reform Act of 2018 now requires the Office of Juvenile Justice and Delinquency Prevention (OJJDP) administrator to report annually regarding states’ uses of isolation and restraints in juvenile detention and corrections facilities.\textsuperscript{74}

\textsuperscript{72} 18 U.S.C. § 5043 (b) (2) (A).
\textsuperscript{73} 18 U.S.C. § 5043 (b) (2) (D).
\textsuperscript{74} 34 U.S.C. §11117 207.
2018-2019 Findings

*Over the past three years, limited changes have been made to decrease reliance on juvenile room confinement as a management tool among the facilities that report.*

Based on the analysis of data provided by individual facilities, the OIG could only conclude that juvenile room confinement continued to occur in 2018-2019 and is relied upon in a manner similar to what was reported in previous years. As stated earlier in the report, formal changes to policies and practices on the use of room confinement have not contributed to a comprehensive facility change in reliance on the practice.

The data supplied — which is not externally verifiable — does not indicate that there is a shift towards relying less on room confinement overall, but rather there have been changes to the practice itself. Over the past three years, greater effort has been made by facilities in how juvenile room confinement is used, tracked, and reported, as shown in the Table below. However, little effort has been made to use best practices to reduce the heavy reliance on juvenile room confinement as a management tool.

*Juvenile Room Confinement (JRC) 3 Year Data Review*

<table>
<thead>
<tr>
<th></th>
<th>FY</th>
<th>#Youth in JRC</th>
<th>Incidents of JRC</th>
<th>Median Duration In Hours</th>
<th>% ended in &gt; 8 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-17 17-18 18-19</td>
<td>16-17 17-18 18-19</td>
<td>16-17* 17-18 18-19</td>
<td>16-17 17-18 18-19</td>
<td></td>
</tr>
<tr>
<td>NCYF</td>
<td>33 18 57</td>
<td>93 34 482</td>
<td>261* 240 2.5</td>
<td>0 0 83</td>
<td></td>
</tr>
<tr>
<td>YRTC-Kearney</td>
<td>140 125 134</td>
<td>839 1099 956</td>
<td>49.25* 20.75 15.5</td>
<td>6 16 31</td>
<td></td>
</tr>
<tr>
<td>YRTC-Geneva</td>
<td>53 56 52</td>
<td>376 726 460</td>
<td>22.0* 2.25 18.5</td>
<td>54 59 37</td>
<td></td>
</tr>
<tr>
<td>DCYC</td>
<td>180 174 201</td>
<td>403 392 463</td>
<td>70.75* 57.5 45.75</td>
<td>6 0 14</td>
<td></td>
</tr>
<tr>
<td>LCYS</td>
<td>154 89 79</td>
<td>473 276 130</td>
<td>2.25* 1.75 2.0</td>
<td>99 99 99</td>
<td></td>
</tr>
<tr>
<td>Madison</td>
<td>75 48 63</td>
<td>130 84 78</td>
<td>3.0* 1.5 1.5</td>
<td>95 98 96</td>
<td></td>
</tr>
<tr>
<td>Sarpy</td>
<td>29 36 45</td>
<td>57 75 114</td>
<td>2.5* 3.25 3</td>
<td>98 100 97</td>
<td></td>
</tr>
</tbody>
</table>

*The 2016-2017 Annual Juvenile Room Confinement Report the duration metric as an average (mean) starting in 2017-2018 this metric was reported as a median.*

**Subjective interpretations of the current statute has resulted in inconsistent reporting.**

Room Confinement as defined in Nebraska statute is any time a juvenile 18 years of age or younger is involuntarily placed alone in any area while residing in any type of institution, facility or agency that is not the child’s family home. Reporting exceptions are defined to be when the confinement lasts one hour or less, or when done as a result of normal sleeping hours with no other reasons for confinement. To clarify, the OIG would not expect a facility to report each time youth are retired to their sleeping quarters as part of normal operations (lights out, bedtime, quiet hours etc.) as an incident of juvenile room confinement.
However, some facilities have interpreted the definition of juvenile room confinement and associated reporting requirements differently and out of alignment with the legislative intent.

As noted in previous reports, two Psychiatric Residential Treatment Facilities (PRTF) do not view the statute as applying to them, leading to sporadic reporting or no reporting at all.

Other examples include organizations who do not relate sickbed policies to incidents of juvenile room confinement. Youth may at some point need to be separated from others for health reasons, which may include medical emergencies, contagious illnesses, and post-surgical recuperations. By narrowly interpreting room confinement to include only disciplinary or behavioral reasons, the “involuntary” portion of the definition is ignored.75

The OIG asked each facility about their sickbed policies because in some instances this could represent an involuntary confinement. This question revealed a variety of practices. NCFY and NCCW do not report youth on “lay-in” status in their room confinement reports. This status is determined by the facility’s nurse. Similarly, DCYC does not report involuntary medical quarantine. The YRTCs’ nurses are permitted to quarantine youth; these youth are reported as involuntarily confined. Madison’s policy is that youth who are unwell have the choice to remain in their rooms, thus it is not considered to be room confinement; Madison reported one medical quarantine in FY 18-19, which occurred when a determination was made by a physician that the youth should be held away from the general population. Sarpy requires a nurse’s permission for a youth to remain in their room, but quarantines are operationally difficult because most youth share a room with others, Sarpy does not report sickbed or quarantines. LCYS’s policy is based on a health care professional’s recommendations; the facility does report sickbed/medical confinements as incidents of room confinement.

Another relevant example is the issue of “normal sleeping hours”; facilities will regularly subtract eight hours of sleeping time from the duration of an incident. Facilities have changed their reporting practices to ensure that youth who are in confinement in the evening are considered to be out of confinement by a specific time at the end of the day. This practice was implemented to ensure that sleeping hours will not be counted in room confinement reporting; some youth then are re-confined in the morning. It is not known if contact with staff and peers is of sufficient quality or duration to consider the youth out of confinement. This practice does not reflect a change in room confinement events. It reflects a change in room confinement reporting.

The OIG has found that the subjectivity applied to juvenile room confinement practices and reporting has resulted in data that cannot be used to definitively quantify the use of juvenile room confinement by facilities in Nebraska. Each individual facility or agency is interpreting the statute, and therefore has determined its own definitions and practices. For further examples of data irregularities see Appendix D.

75 Neb. Rev. Stat. §83-4,125 “Room confinement means the involuntary restriction of a juvenile placed alone in a cell, room, or other area, including a juvenile’s own room, except during normal sleeping hours, whether or not such cell, room, or other area is subject to video or other electronic monitoring.”
The Jail Standards Board at the Nebraska Crime Commission and the Department of Health and Human Services-Division of Public Health have not revised their regulations to incorporate statutes related to juvenile room confinement.

Neither agency has implemented rules and regulations that mandate each facility to collect data and submit a report to the legislature.\textsuperscript{76}

The OIG was informed by the Crime Commission that there is no hearing scheduled to revise §83-4,134 to incorporate the requirements of this section which subjects a facility to disciplinary action for failing to comply with the requirements of the statute.

Public Health reported that proposed changes are being reviewed by the Board of Health. If accepted, regulations will be updated in the spring of 2020. Public Health reported that changes will reflect the requirements in statute.

\textsuperscript{76} §83-4,134.01
2018-2019 Recommendations

The OIG’s annual report on the use of juvenile room confinement must contain identified changes which may lead to a reduction of reliance on room confinement in Nebraska.\textsuperscript{77}

\textbf{The OIG recommends that legislation be passed that requires the following:}

\textit{All facilities adhere to best practices to reduce reliance on juvenile room confinement.}

Room confinement should only be used as a last resort, be time-limited, and be closely monitored. Facilities will make changes if they are legislatively required to do so. If not mandated, any further changes on its reliance will be unlikely.

Page 29 above gives guidance on how facilities can reduce reliance on juvenile room confinement.

Examples of state legislation relevant to juvenile room confinement can be found in Appendix B.

\textbf{Clarification of current legislative provisions related to juvenile room confinement.}

Specific language is recommended to clearly define the meanings of “facility” and “agency,” with explicit guidance on which organizations are required to report, and which are exempt. For example, Psychiatric Residential Treatment Facilities such as Immanuel/CHI and Boys Town do not report the use of juvenile room confinement. Whether they should do so is a legislative decision.

Legislation should include specific determinations of what constitutes voluntary confinements, in contrast to involuntary confinements. Clear definitions should also include what constitutes sickbed and other medical quarantines.

\textbf{Extension of the Crime Commission and Department of Health and Human Services-Division of Public Health responsibilities related to juvenile room confinement to include, at a minimum, on-site verification and standardized data collection and content.}

The OIG recommends all DHHS, and Crime Commission administrative language be revised to conform to Neb. Rev. Stat. §83-4,125 and Neb. Rev. Stat. §83-4,134.01. There are at least 16 different definitions of confinement language in the Nebraska Administrative Code, as well as other language in facility and agency policies. These expressions range from “time out” and “seclusion” to “solitary confinement.” See Appendix E.

The current role of DHHS and the Crime Commission is limited to verifying that documentation is collected and submitted to the legislature as set out in statute. Increased involvement is needed to verify the manner in which juvenile room confinement is used in the facility and the accuracy of the data collection and content.

\textsuperscript{77} Neb. Rev. Stat. §83-4,134.01 (d).
Visitation

Detainees who are not in internal disciplinary action will be allowed the opportunity to visit with parents/legal guardians, grandparents, or siblings who are over the age of 18. These are the ONLY visitors allowed. Siblings over 18 that have a different last name than that of the detainee must bring legal proof of relationship by producing a birth certificate before visitation will be approved. Step-brothers and step-sisters are not allowed to visit. Step-parents are allowed to visit if they are currently married to the biological parent. Visits will last one hour and occur twice a week for each unit, with one visiting hour occurring on the weekend. Detainees are restricted to two (2) visitors each visit. The only physical contact allowed is a brief hug and holding hands during the visit. Any other physical contact may be cause to terminate the visit. It is the detainee's responsibility to inform their parents of their assigned visiting hours.

It is strongly recommended that visitors arrive 30 minutes early for visitation. Visitors MUST, however, arrive fifteen (15) minutes prior to the scheduled visiting hour. NO VISITORS WILL BE ACCEPTED TO VISITING AFTER THE 15 MINUTE CUT OFF – NO EXCEPTIONS. Visitors must present two (2) pieces of I.D., one being a picture form I.D. Each visitor is allowed to bring up to $5.00 in coins or dollar bills if they wish to purchase items from the visiting room vending machines. No other personal items are allowed in the visiting area, including keys, purses, hats, jackets, etc. Lockers are provided in the waiting area for visitors to secure personal belongings while visiting. These lockers are operated with 25¢ in quarter form. The locker key must be kept in the visitor’s possession through visitation. Detainees are not allowed to bring any money or vending items back to the units with them. All vending items must be consumed during the visitation time. Braiding of hair is strictly prohibited during visitation. Any visitor who violates the visitation rules is being disruptive, or is suspected of being under the influence of alcohol or drugs will be required to leave the visitation area immediately. Any special visiting requests must be made to the Detention Manager at DCYC.

Community Tours

If you have a child who is struggling with making right choices and you are concerned that he/she may be going down the wrong path, the Community Tour may be able to assist you. We will invite you and your child to our facility to talk about these issues. We share what behaviors may land a youth in detention, with the hopes of turning around their behaviors. There will also be a short tour following.

Please fill out the following form and click submit. Slots are limited.

2019 Dates are as followed

January 17 or 31
February 14 or 28
March 14 or 28
April 11 or 25
May 9 or 23
June 13 or 27
July 11 or 25
August 8 or 22
September 12 or 26
October 10 or 24
November 14 or 28
December 12

Family Tour Sign-In

https://youthcenter.douglascounty-ne.gov/visitation
Douglas County Youth Center

Parent/Child Tour

Sign in sheet

Tour Request Date: ____________  Today's Date: ____________

Parent/Guardian name: ____________  Email Address: ____________________________

______________________________  _________________________________

Relationship:

☐ Parent  ☐ Grandparent  ☐ Foster Parent

☐ Sibling  ☐ Other (Please explain) ________________________________

Child’s name: __________________________  Age: ____

______________________________

Concern:

______________________________

Child’s name: __________________________  Age: ____

______________________________

Concern:

______________________________

Child’s Name: __________________________  Age: ____

______________________________

Concern:
Justice Department Discourages the Use of "Scared Straight" Programs

Established in the 1970s, Scared Straight programs are used throughout the United States as a means of deterring juvenile crime. They usually entail visits by at-risk youth to adult prisons, where youth hear about the harsh reality of prison life from inmates. The programs can involve tours of the facility, living the life of a prisoner for a full day, aggressive "in-your-face" presentations by inmates, and one-on-one counseling. However well intentioned these prison-visit programs may be, decades of research have shown that this approach is not only ineffective, but possibly harmful to youth.

A study by Anthony Petrosino and researchers at the Campbell Collaboration analyzed results from nine Scared Straight programs and found that such programs generally increased crime up to 28 percent in the experimental group when compared to a no-treatment control group. In another analysis of juvenile prevention and treatment programs, Mark Lipsey of the Vanderbilt Institute for Public Policy Studies found that youth who participate in Scared Straight and other similar deterrence programs have higher recidivism rates than youth in control groups. And a report presented in 1997 to the U.S. Congress reviewed more than 500 crime prevention evaluations and placed Scared Straight programs in the "what does not work" category. Despite these findings, Scared Straight programs continue to be used throughout the United States and abroad.


Citing the findings of the Campbell Collaboration study, Robinson and Slowikowski emphasized that the U.S. Department of Justice does not support Scared Straight-style programs, and instead focuses on programs that research has proven effective, such as mentoring programs, which use positive relationships to modify youth's behavior. "The fact that [Scared Straight] programs are still being touted as effective, despite stark evidence to the contrary is troubling," they wrote. The op-ed piece was picked up by 165 media outlets throughout the country. Of the three states whose programs were featured in the "Beyond Scared Straight" series, two—Maryland and California—suspended their programs in January. The Juvenile Justice and Delinquency Prevention Act of 1974, as amended, prohibits court-involved youth from being detained, confined, or otherwise having contact with adult inmates in jails and prisons. In keeping with the Act, and supported by research, OJJDP does not fund Scared Straight programs, and cites such programs as potential violations of federal law.

"It is understandable why desperate parents hoping to divert their troubled children from further misbehavior would place their hopes in a program they see touted as effective on TV, and why in years past policymakers opted to fund what appeared to be an easy fix for juvenile offending," wrote Robinson and Slowikowski. "However, we have a responsibility—as both policymakers and parents—to follow evidence, not anecdote, in finding answers, especially when it comes to our children."

OYS Policy and Advocacy Work Group
October 11, 2019
Memo Re: Guidelines for Advocacy at the State Legislative Level

OYS does not have a registered lobbyist, and as such legislative
advocacy/input/research on pending legislative bills must fall outside of the state
definition of lobbying unless OYS determines they would like to participate in
lobbying activities.

WHAT IS A LOBBYIST? - A person who is authorized to lobby on behalf of a principal
and includes an officer, agent, attorney, or employee of the principle whose regular
duties include lobbying. Neb. Rev. Stat. 43-1434(2)

WHAT IS NOT CONSIDERED LOBBYING? -
1. A person who limits his or her activities to appearances before a legislative
committee and who advises the committee at the time of his or her testimony
that he or she appears at the invitation of a named member of the Legislature
or at the direction of the Governor
2. Writing letters or furnishing written material to individual members of the
Legislature or to the committees thereof.

Situation 1:
If OYS is approached by a senator to testify at a committee hearing on a particular
bill, the individual who receives the request will obtain such request in writing from
the senator or their staff member and present it to the OYS Policy and Advocacy for
consideration.

The OYS Policy and Advocacy Workgroup will first determine whether to accept or
decline the invitation, and whether to testify in favor of, against or in a neutral
capacity to the legislative bill.

If the Workgroup recommends to testify in a neutral capacity, they must notify the
steering committee, but do not need to receive formal approval.

If the Workgroup recommends to testify in support or against a legislative bill, they
must notify the steering committee via email of their determination and the reasons
upon which the Workgroup’s decision was made. The Steering Committee has one
week to respond to the Workgroup’s decision, and such comments and/or concerns
will be taken up by the Workgroup. No comment represents an assent to the
committee testimony. If a majority of the Steering Committee is opposed to
providing testimony for or against a bill, the testimony will be provided in a neutral
capacity.
Situation 2:
If the Policy and Advocacy Workgroup determines to write a letter in a neutral capacity in regards to a legislative bill, they may proceed without formal approval from the steering committee, but will notify the Steering Committee along with a copy of the neutral letter.

If the Workgroup determines it is appropriate to write a letter in support of or against a legislative bill, they will provide a copy of the proposed letter to the Steering Committee via email. The Steering Committee has one week to respond and make comments to the proposed letter. Any comments and/or concerns will be addressed by the Workgroup. No comment represents an assent to the committee testimony. If a majority of the Steering Committee opposes the submission of the letter, the letter will be modified to a letter in the neutral capacity.