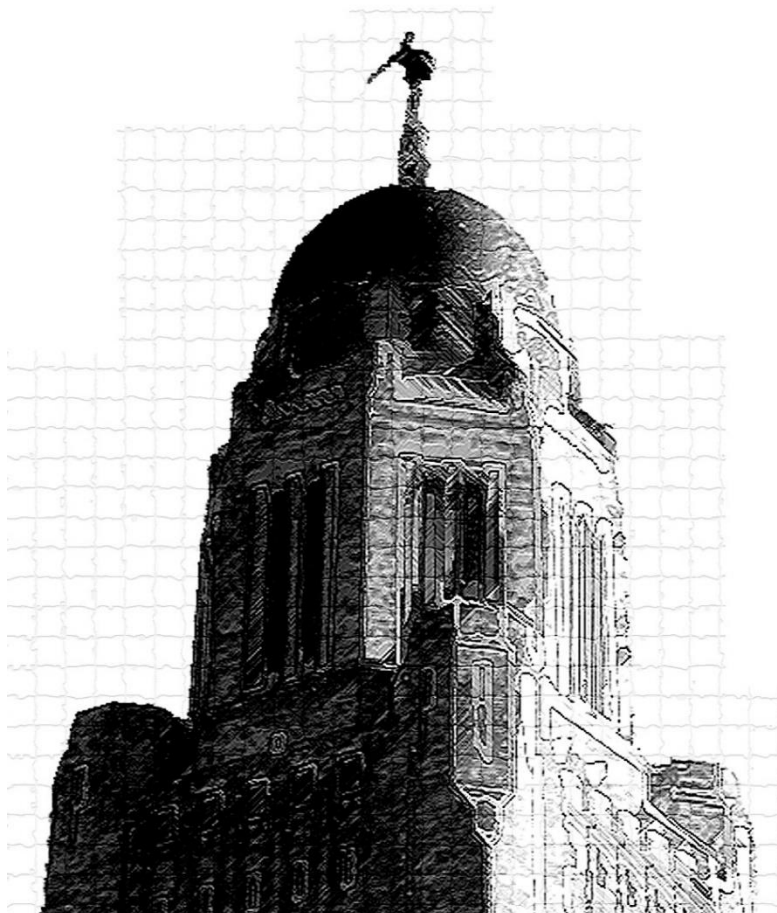


JUVENILE ROOM CONFINEMENT IN NEBRASKA

2017-2018 ANNUAL REPORT



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Providing accountability for the Nebraska child welfare and juvenile justice systems

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Executive Summary

Nebraska law requires a wide variety of facilities that serve children and youth to document information every time a child is placed in room confinement – involuntarily restricted to a room, cell, or other area alone – for an hour or longer. Facilities must report quarterly on their use of room confinement to the Nebraska Legislature.¹

Nebraska has adopted definitions as well as documentation and reporting requirements designed to “provide increased accountability and oversight regarding the use of room confinement for juveniles in a juvenile facility.”²

The Office of Inspector General of Nebraska Child Welfare (OIG) is charged with preparing an annual report on the use of juvenile room confinement. The annual report must contain:

- An assessment of juvenile room confinement in each juvenile facility. “Juvenile facility” is defined broadly to include state-run correctional facilities and local detention centers, which house children in the justice system, as well as residential child-caring agencies³ - mental health centers, group homes, and shelters – which can serve any child;⁴
- Model evidenced-based criteria on the use of room confinement; and
- Identified changes which may lead to a reduction in room confinement.⁵

The following annual report examines juvenile room confinement in Nebraska between July 1, 2017 and June 30, 2018 (FY 17-18).

Juvenile room confinement encompasses a wide variety of practices at different types of facilities where youth are being served in different ways for a wide range of purposes. Based on its definition in Nebraska law, juvenile room confinement is an umbrella term.⁶ Different facilities keep youth involuntarily alone by using practices which may be known or referred to as segregation, restrictive housing, special management, isolation, seclusion, disciplinary confinement, time-out, and room restriction, among others.

Depending on the specific practice and facility, youth in room confinement receive different levels of contact with staff and peers, privileges, and care. Facilities and the interventions they use fall under a variety of state and federal requirements, depending on the type of facility and the service provided to youth.

This report should not be read as all juvenile room confinement occurring in Nebraska. The practice is underreported due to agencies’ interpretation of statute related to both what constitutes an incident of room confinement and what agencies and facilities are required to report.

¹ *Id.*

² Neb. Rev. Stat. §83-4,134.01.

³ Neb. Rev. Stat. §83-4,125.

⁴ This refers to both privately placed youth and youth served through Nebraska’s child welfare and juvenile justice systems.

⁵ Neb. Rev. Stat. §83-4,134.01.

⁶ Neb. Rev. Stat. §83-4,125 states, “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 OIG received room confinement information from 33 individual facilities comprised of five different types of juvenile facilities in Nebraska:

- 2 - Correctional Institutions facilities administered by the Nebraska Department of Correctional Services (NDCS);
- 2 - Youth Rehabilitation and Treatment Centers (YRTCs) administered by the Nebraska Department of Health and Human Services (DHHS) Office of Juvenile Services (OJS);
- 4 - Juvenile Detention and Staff Secure Detention Facilities operated by counties and overseen by the Jail Standards Board of the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission);
- 7 - Mental Health and Substance Abuse Treatment Centers licensed by the DHHS Division of Public Health (Public Health); and,
- 18 - Residential Child-Caring Agencies licensed by the DHHS Public Health.

Of the 33 reporting facilities, ten reported the use of juvenile room confinement. Three of those facilities reported less than ten incidents of room confinement during FY 17-18.

Based on the data reported by the seven facilities across the state with more than ten incidents of room confinement, the measures of juvenile room confinement has generally not changed between FY 16-17 and FY 17-18. During FY 16-17 the total number of youth subject to room confinement was 844 for a total of 2,776 incidents of room confinement. In FY 17-18, the total number of youth subject to room confinement was 546 youth, 2,686 times. Youth ranged in age from 11-18 years and were put into room confinement most frequently due to physical assault, verbal assault, administrative reasons and behavioral infractions/rule violations.

There was a significant improvement in several facilities increasing the rate at which room confinement incidents are being ended at or before both four and eight hours. The Youth Rehabilitation and Treatment Centers in both Kearny and Geneva (YRTC-Kearney, YRTC-Geneva), Lancaster County Youth Services Center (LCYSC), Patrick J. Thomas Juvenile Justice Center (PJTJJC), and Northeast Nebraska Juvenile Service Center (NNJSC) all submitted data indicating improvement in this area. Notably, three of the four detention centers (LCYSC, NNJSC, and PJTJJC) are ending room confinement incidents within 8 hours or less 95-100% of the time. Douglas County Youth Center (DCYC) not only failed to improve from the previous year, but declined in this area.

In terms of the frequency of individual youth subject to multiple occurrences of room confinement; the median for all reporting facilities was 21%, indicating just over 20% of youth subject to an incident of room confinement were responsible for 50% of the total reported.

The youngest youth was an 11 year old experiencing room confinement four times at DCYC for a total of 194 hours for reasons such as disobeying a direct order, intimidating or threatening behavior, destruction of property, and horse playing.

Administrators explained their experiences with room confinement overall, and there were commonalities across facilities:

- Youth most frequently confined were deemed the “toughest cases/youth”, those perceived to pose the greatest challenge to the system and least likely to have adapted to the institutionalized setting;
- There was a diverse course that led to an incident of room confinement ranging from the youth being uncooperative to needing protection from other youth to being physically assaultive;
- Several facilities reported efforts to reduce the use of room confinement focused on programming, changes to their behavior management plan, and adding direct service staff; and
- The biggest challenges to reducing use was youth with significant mental health needs, gang affiliation both in and out of the facility, and youth whose length of stay was so long they were no longer invested in making progress.

As part of the Juvenile Room Confinement Annual Report for FY 17-18, the OIG continues to recommend the following changes to reduce the use of juvenile room confinement:

- **Best practice** use of juvenile room confinement should be adopted in every facility, which includes the following:
 - The use of Juvenile room confinement should only be used as a last resort when all other least restrictive measures have failed.
 - An incident of juvenile room confinement should be time-limited. The youth should be released as soon as they are safely able to be.
 - Youth in room confinement should be closely monitored. Youth should be checked on by staff frequently, and when the incident is for an extended period of time, the youth should be seen by a mental health professional
- **Leadership to reduce the use of room confinement** is required. A change in administrative thinking, facility culture and a shift in facility vision, values and philosophy relating to the use of room confinement is necessary for successful change.
- **Transparency** and the use of juvenile room confinement should be reported by all institutions serving youth. Data should be made available for analysis and monitoring.
- **Workforce Development** should focus on being trauma informed and include alternatives to the use of room confinement.
- **Alternatives to room confinement** should be built into policy and procedure. Staff should be provided intensive initial and ongoing training on the alternatives.

The issues surrounding the use of juvenile room confinement are not simple. Change requires a willingness by stakeholders to consider what research says about the practice and an openness to have a dialogue about what its current function is, what is acceptable, and what alternatives could be put in place. As child welfare and juvenile justice systems begin to address the effects trauma has on youth they serve, the use of juvenile room confinement, in all its forms, will be an issue requiring evaluation of its utility, and its affects. A dedicated effort by all to set new goals, find alternative responses, and develop new trauma-responsive policy and procedures to reduce the use of juvenile room confinement will be necessary.

Report Process, Limitations, & Analysis

In preparation of this report, the OIG undertook a number of activities to assist facilities with understanding reporting requirements and accurately reporting room confinement use. The OIG took steps to assure the interpretation of reported data was done in a consistent manner, taking into consideration that each facility may have situations unique to their physical building and youth population that would need to be accounted for.

Data Collection & Review

Prior to the drafting of the report, the OIG requested data not filed, and policy/procedure updates made by their facility July 1, 2017 – June 30, 2018. Interviews with all facilities were conducted October 2018. Administrators were given the opportunity to discuss efforts made towards reducing the use of room confinement by their facility not reflected in policy and procedure documents, room confinement reduction challenges, successes and unique situations faced by their facilities, as well as their specific room confinement data reported for FY 17-18. The OIG reviewed the following material for this report:

- Quarterly facility room confinement reports submitted to the Legislature and/or to the OIG covering July 1, 2017 through June 30, 2018;
- Federal and state regulations that govern juvenile facilities' use of room confinement;
- Individual facility's written policies and procedures for utilizing different forms of room confinement; and,
- Academic research and available reports on the history, impact and appropriate use of juvenile room confinement, and effective methods for reducing its use.

Limitations

This report cannot be considered a comprehensive review of juvenile room confinement in Nebraska for a number of reasons:

- **Verification** – The OIG was not able to verify the accuracy of the room confinement reports submitted by juvenile facilities against other records. Facilities self-report.
- **Gaps in Required Reporting** – The OIG considers “room confinement” as defined in Nebraska statute to be an umbrella term that includes seclusion. However, some Mental Health Centers have interpreted the definition differently and do not report their seclusion numbers.

It is possible other facilities also did not report practices which fall under the scope of room confinement. Examples of this would include hospitals that may qualify as a “juvenile facility” under the law since they provide 24-hour care to groups of children, or hospital based behavioral health units such as Richard H. Young Hospital Behavioral Health Adolescent Unit and Bryan Medical Center's mental health inpatient hospitalization program. None of these facilities submitted reports, nor did the OIG specifically request them to do so.

While schools would not be required to report under current statute, they are another example where incidents of children being put involuntarily in a room, alone, for over an hour, is not reported.

Appendix B provides information on juvenile facilities that reported — facilities that fully reported, partially reported, and did not report. Any facility that provided all quarterly reports to the OIG before this report was finalized is listed as reporting. However, some missed reporting timeframes or failed to post their reports to the Legislature’s website.

- **Inconsistent Information** — The OIG collected and analyzed a significant amount of information surrounding each incident of room confinement. However, there were inconsistencies in how facilities selected and entered this information. One example was differences in reporting the reason for room confinement, occurring not only between facilities but also between different staff at the same facility. As an example, the same type of behavior, such as a fight, would be documented as “assaultive” by one facility/staff and as a “rule violation” by another. Due to these inconsistencies, caution should be used when comparing the reasons for the room confinement between facilities or from year to year.
- **Variances in the Calculation of Total Time in Room Confinement** — Based on individual facilities’ interpretation of statute, there was a large variance in the reporting of time spent in room confinement. For example, a youth may have been in room confinement for 24 hours, but a facility would report a total number of hours that did not include time designated as “normal sleeping hours” or time spent engaged in programming or in normal hygiene routines. These significant reporting errors were discussed with individual facilities and addressed for the fiscal year 2018-2019.

Data Reported

The OIG analyzed the use of room confinement by facility type to provide context around factors that influence the use of room confinement, including the differences in facility function, type of population served, and specific policies and standards.

In order to analyze the use of room confinement at each type of juvenile facility, the OIG reviewed available data and when possible, calculated eight measures as a means of ascertaining a descriptive analysis of the use of juvenile room confinement in all reporting facilities.

The following measures were calculated at facilities reporting more than ten instances of room confinement in the fiscal year:

- **Total Incidents/Total Youth:** The total number of room confinement incidents and the associated total number of individual youth confined.
- **Median Duration of Room Confinement:** The median duration statistic represents the midpoint of incidents based on the length of time. In general it represents the middle point in the data with half the incidents below the median and half above. The OIG made the decision to report this number instead of the average duration statistic because the average can be distorted by a few incidents of low or high duration. The median is more robust and reflects more accurately the central tendency of room confinement duration.

- **Percentage of Room Confinement Incidents Ending in Four Hours or Less:** Of the total incidents of room confinement, the number that ended in four hours or less.
- **Percent of Room Confinement Incidents Ending in Eight Hours or Less:** Of the total incidents of room confinement, the number that ended in eight hours or less.
- **Longest Incident:** The incident of room confinement that represents the longest duration.
- **Shortest Incident:** The incident of room confinement that represents the shortest duration.
- **Age Range:** The range of juvenile age from youngest to oldest youth associated with an incident of room confinement at each facility.
- **Frequently Confined Youth:** The fewest number of individual juvenile room confinement incidents required to equal approximately one half of the total room confinement incidents.

Juvenile Room Confinement in Nebraska

The practice of the involuntary placement of a youth alone in a room or specific area is referred to as room confinement by Nebraska statute⁷ and in this report, however, it includes a wide variety of practices known as solitary confinement, segregation, special management, isolation, seclusion, room restriction, restrictive housing, and others which have been developed and evolved over time. In general, juvenile room confinement is utilized as a means to control youth behavior in situations where youth pose a safety threat to themselves or others, or in situations where youth have violated facility rules. Regulations, policies, and practices on when, how, and why juvenile room confinement is used differ among types of facilities. The use of room confinement is often used despite research associating it with serious consequences for mental and physical health including:

- “Increased risk of self-harm and suicidal ideation;
- Greater anxiety, depression, sleep disturbances, paranoia, and aggression;
- Exacerbation of the on-set of pre-existing mental illness and trauma symptoms; and,
- Increased risk of cardiovascular related health problems.”⁸

Room confinement can have a harmful impact to youth placed alone for long periods of time, and juvenile facilities with lower rates of room confinement also have lower rates of staff and youth injury, suicide attempts, and youth behavioral incidents.⁹

Nebraska law requires juvenile facilities to document the use of juvenile room confinement of over one hour and submit a quarterly report on the use of room confinement to the Legislature. The Office of Inspector General of Nebraska Child Welfare (OIG) is charged with reviewing and analyzing the reports.¹⁰

In December of 2017, the OIG issued the first Juvenile Room Confinement in Nebraska Annual Report. Changes were made in 2018 to the laws governing documentation and reporting on room confinement with the passage of LB 670. The changes took effect July 1, 2018 and will not be captured in OIG reports until the 2018-2019 annual report on juvenile room confinement.

Main changes included:

- Clarifications to the definition of room confinement;
- A requirement that facilities publicly report data on individual juveniles and room confinement events, rather than aggregate numbers; and,
- Consequences for facilities that do not follow room confinement documentation and reporting requirements. According to Neb. Rev. Stat. § 83-4,134.01, facilities that do not follow Nebraska’s laws on juvenile room confinement are now subject to discipline by either the Nebraska Commission on Law Enforcement and Criminal Justice’s Jail

⁷ Neb. Rev. Stat. §83-4,125.

⁸ Haney, C. (2001). The Psychological Impact of Incarceration on Post-prison Adjustment. In *Prison to Home: The Effect of Incarceration and Reentry on Children, Families, and Communities*. Retrieved from <http://aspe.hhs.gov/basic-report/psychological-impact-incarceration> on October 24, 2018.

⁹ Council of Juvenile Correctional Administrators. (2015). “Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation [Toolkit].”

¹⁰ Neb. Rev. Stat. § 83-4,134.01.

Standards Board or the Nebraska Department of Health and Human Services' Division of Public Health, depending on the type of facility.

Facilities Reporting Juvenile Room Confinement

The following section presents information about room confinement at five different types of juvenile facilities in Nebraska, which include ten individual facilities that reported:

- Correctional Institutions administered by the Nebraska Department of Correctional Services (NDCS);
- Youth Rehabilitation and Treatment Centers (YRTCs) administered by the Nebraska Department of Health and Human Services (DHHS) Office of Juvenile Services (OJS);
- Juvenile Detention and Staff Secure Detention Facilities operated by counties and overseen by the Jail Standards Board of the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission);
- Mental Health and Substance Abuse Treatment Centers licensed by the DHHS Division of Public Health (Public Health); and,
- Residential Child-Caring Agencies licensed by the DHHS Public Health.

Nebraska Department of Correctional Services

The Nebraska Department of Correctional Services (NDCS) operates facilities that house people convicted of crimes in Nebraska's criminal courts and sentenced to prison terms. While most of its inmates are over 19 years of age (the age of majority in Nebraska), some NDCS inmates are minors. These youth have been tried, convicted, and sentenced to prison terms in adult criminal court, rather than juvenile court, which handles the majority of cases against children.

Policy on Room Confinement at NDCS

NDCS regulations on room confinement are generally applicable across the prison system and contain few provisions specifically related to youth. At NDCS facilities, room confinement is generally referred to as restrictive housing.

Under the 72 NAC 1-002, restrictive housing is defined as, "conditions of confinement that provide limited contact with other inmates, strictly controlled movement while out of cell, and out-of-cell time less than 24 hours per week. Restrictive housing is divided into two distinct types called "immediate segregation" and "longer-term restrictive housing." Immediate segregation is used in response to behavior that creates a risk to the inmate, others, or the security of the institution for not more than 30 days.¹¹ Longer-term restrictive housing is a housing assignment used as a behavior management intervention of over 30 days.¹²

Under the NDCS regulations, all restrictive housing, "shall be used predominantly as a short-term intervention, in the least restrictive manner possible consistent with institutional safety and security" and "the purpose shall be as a risk- and needs-based intervention, rather than primarily as a mechanism for punishment or incapacitation."¹³ The use of restrictive housing for inmates under the age of 19 requires approval of the warden within eight hours of placement.¹⁴

NDCS policies also allow for a practice called room restriction – where inmates are confined to their room during free time and their privileges are restricted. Depending on the circumstances (whether the room is occupied by another), this practice could also constitute juvenile room confinement.

Use of Room Confinement at NDCS

Requirements under federal law prohibit sight, sound, and physical contact between youthful inmates and adult inmates.¹⁵ Due to these requirements, most facilities administered by NDCS do not house those under the age of 19. Of the ten facilities operated by NDCS, only two reported housing juveniles and using juvenile room confinement during the past fiscal year - Nebraska Correctional Youth Facility (NCYF) in Omaha, and the Nebraska Correctional Center for Women (NCCW) in York.

¹¹ 72 NAC 1-002.06. (Nebraska Administrative Code)

¹² 72 NAC 1-002.07.

¹³ 72 NAC 1-004.02.

¹⁴ 72 NAC 1-004.03(B)(i).

¹⁵ 28 CFR 115.14. (Code of Federal Regulations).

Nebraska Correctional Center for Women

The Nebraska Correctional Center for Women (NCCW) reported one instance of room confinement. The duration was 103 hours (just over 4 days). This incident of reported room confinement at NCCW was due to a physical assault of staff. NCCW houses all female youth under the age of 19 for NDCS, but there are so few in the NDCS system that they usually only house one or two youth each year, usually for a few months before they turn 19.

Nebraska Correctional Youth Facility (NCYF)

NCYF is a facility that specifically houses male offenders, aged 21 and under. The facility has a total of 127 beds. Between July 2017 and June 2018, the facility served a total of 125 inmates, 54 youth were 18 years and under, with an average daily population of 20 for youth in that age group.

Nebraska Correctional Youth Facility utilizes restrictive housing. While the facility reported the total number of hours a youth was in restrictive housing, the hours the juvenile was not alone was deducted from the total. For the purpose of this report, the OIG considered the total number of days/hours the youth was placed in restrictive housing as a whole.

The NCYF Juvenile Room Confinement Measurement Tables found on page 12 provides information about the frequency and duration of room confinement incidents at NCYF and reasons for the incidents.

The total use of room confinement at NCYF decreased when compared to fiscal year 2016-2017. Moving from 93 incidents and 33 individual youth to 34 incidents involving 18 youth for this fiscal year. The age range for confined juveniles was 17-18 years.

Unchanged from FY 16-17, the percentage of incidents ending in both four hours and eight hours remained at 0.

The longest period of room confinement at the facility was 7,152 hours (298 days). The involved youth was an 18 year old male. Administration at NCYF explained to the OIG that this specific youth was placed on LTRH as a result of active membership in a security threat group (prison associated gang), and that during his time in long term restrictive housing he received 26 misconduct reports, over half of them during the first few months of placement. NCYF reported that this youth was able to complete multiple rehabilitation programs during his placement, including earning his high school diploma, and that he was able to earn incentives that included time with positive peers, and daily phone calls.

The shortest period of room confinement was 24 hours due to an 18 year old male making verbal threats of violence toward staff. The median duration of room confinement at NCYF was 672 hours (28 days).

When analyzing the occurrence of frequently confined youth, data indicated that NCYF confined five juveniles for the sum of 17 room confinement incidents. The reasons including behavioral infractions, threats of violence towards another youth, and for protection and safety from another youth.

The administration at NCYF provided additional details about their reasons for room confinement, stating that they did not feel like the categories provided matched with their reasons for room confinement. According to administration, there were 14 room confinement incidents due to serious acts of violence, 14 due to threats of violence, 3 because the juvenile's presence in the general population would create a significant risk of physical harm to the juvenile, 2 incidents of room confinement because the juvenile was an active member in a security threat group, or prison related gang, and 2 due to threats to incite a group disturbance or recent attempted escape.

Current Efforts to Reduce Room Confinement

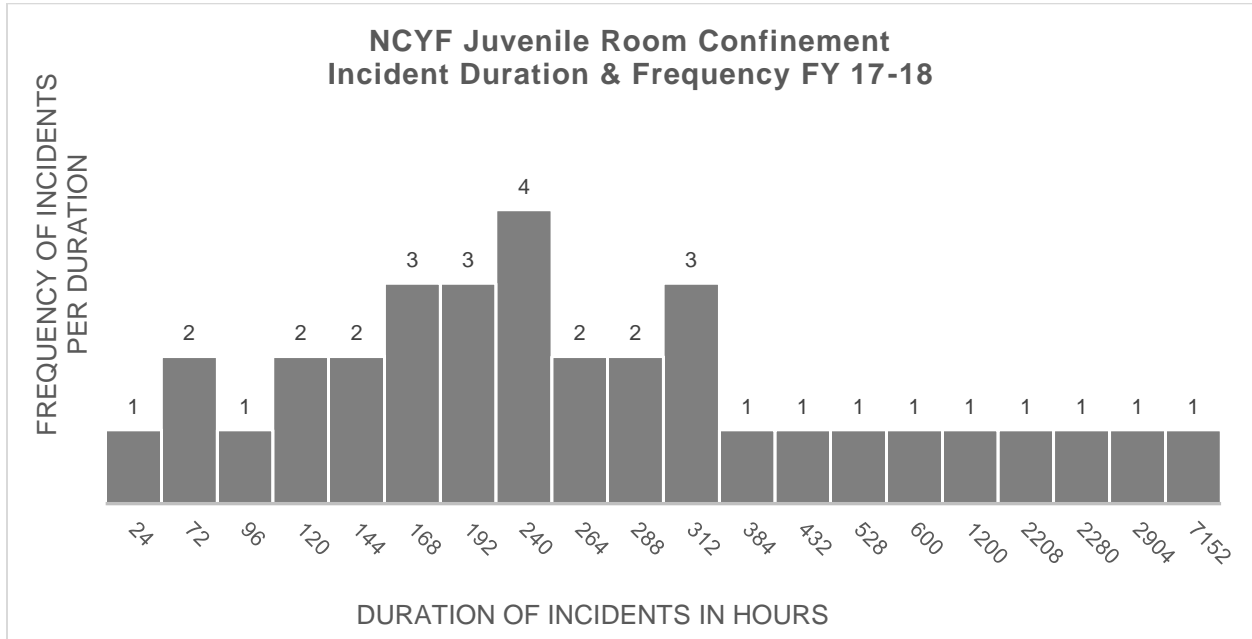
In 2015, the Legislature directed NDCS to begin developing a plan to reduce the use of restrictive housing overall.¹⁶ The Legislature also required NDCS to promulgate rules and regulations governing the use of restrictive housing.¹⁷ The new regulations have been adopted and are summarized in the "Policy on Room Confinement" section earlier.

In addition to policy changes, administrators with NDCS shared that reducing restrictive housing has been a focus across facilities. Strategies have not focused on juvenile room confinement in particular. Across facilities, reducing room confinement has been difficult due to resource limitations stemming from over-crowding at most NDCS facilities. While NCYF shared that they have more resources, comparatively, than many other NDCS facilities, they indicated that a major driver of juvenile room confinement is, "a small percent" of youth that are particularly disruptive to facilities. NCYF administrators shared that they lack good options for working with these youth.

¹⁶ Neb. Rev. Stat. 83-173.02. Restrictive housing is defined in 83-170 as "conditions of confinement that provided limited contact with other offenders, strictly controlled movement while out of cell, and out-of-cell time of less than twenty-four hours per week." It includes both immediate segregation and longer-term restrictive housing.

¹⁷ Neb. Rev. Stat. 83-13.03(1).

NCYF JUVENILE ROOM CONFINEMENT MEASUREMENTS



NCYF Reasons Reported for Room Confinement FY 17-18

Reported Reason for Room Confinement Incident	Number of Related Incidents	Percentage of Total Incidents
Behavior Infraction/Rule Violation	17	50%
Threat to Safety of Facility	8	24%
Assault/Physical Aggression	4	12%
Protection from another Youth	3	9%

NCYF Room Confinement Summary

	FY 17-18	FY 16-17
Total Incidents/ Total Individual Youth	34/18	93/33
Percentage of Incidents Ending in 4 hours	0%	0%
Percentage of Incidents Ending in 8 hours	0%	0%
Median Duration of Incidents	240 hours	
Age Range	17 - 18 years	
Longest Room Confinement Incident	7152 hours (298 days) — 18 year old male considered an active member in a security threat group	
Shortest Room Confinement Incident	24 hours (1 day) — 18 year old male for verbal threats of violence towards staff	
Frequently Confined Youth	5 youth comprised 17 incidents	

Youth Rehabilitation and Treatment Centers

The DHHS Office of Juvenile Services (OJS) operates two Youth Rehabilitation and Treatment Centers (YRTC) in Kearney (boys) and Geneva (girls) that serve youth in the juvenile justice system, ages 14 through 18. Every youth at the YRTC is committed there by a court that determines that the youth has already, “exhausted all levels of probation supervision and options for community-based services.”¹⁸

Policy on Room Confinement at the YRTCs

DHHS rules and regulations authorize the use of room confinement either for reasons of safety and security or as a disciplinary sanction if the youth has violated a facility rule. Regulations distinguish between two different kinds of room confinement - room restriction, which both YRTCs consider a cooling off period, which can last up to an hour, and disciplinary segregation which can last for up to 5 days.¹⁹ YRTC Administrative Regulations also allow for room confinement for protective or investigative safekeeping.²⁰

YRTC policy specifies that every instance of room confinement that lasts longer than an hour must be approved by a supervisor and documented. Policy requires youth in room confinement be given programming that approximates what they would regularly receive. Youth must be closely observed while in room confinement. Youth who are suicidal must have “continuous one-to-one observations,” until evaluated by mental health professionals.²¹

YRTC-Geneva and YRTC-Kearney also have individual Operating Memoranda (OM) on facility responses to youth behavior which outline de-escalation strategies in addition to specific procedures on room confinement. Procedures related to room confinement differ in a number of ways between facilities. YRTC-Geneva’s OM on room confinement specifies that its use is, “to help the juvenile bring her behavior into control so that she may return to her regular program in the shortest amount of time possible, while also ensuring safety, security, and good order of the facility.” It also specifies that room confinement is not to be used as a disciplinary measure.²² Conversely, YRTC-Kearney allows room confinement to be used as a disciplinary sanction.²³

Use of Room Confinement at YTRCs

While the policies differ, YRTC administration emphasized to the OIG that both facilities utilize room confinement as a strategy to assist the juvenile in bringing their behavior into control while also maintaining and ensuring the safety, security, and good order of the facilities. Furthermore, in practice, YRTC-Kearney does not place youth in room confinement for specific durations of time as a punishment. Administrators told the OIG that emphasis is placed on

¹⁸ Neb. Reb. Stat. §43-286.

¹⁹ 401 NAC 7-007. http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-401/Chapter-7.pdf.

²⁰ AR 302.1 Governing Juvenile Conduct.

²¹ *Id.*

²² Operating Memorandum 302.1.5 “Governing Juvenile Conduct.”

²³ Operating Memorandum 302.1.6b “Governing Juvenile Conduct.”

returning youth back to the population as soon as they are calm, able to process the incident, and identify alternative solutions. Both YRTCs reported utilizing juvenile room confinement during the past fiscal year.

YRTC-Kearney

YRTC-Kearney maintains a total of 172 beds, they served a total of 216 youth with their average daily population for FY 17-18 being 97 youth.

For FY 17-18, YRTC-Kearney reported 1,099 incidents of room confinement involving a total of 125 individual youth. This is an increase of 260 incidents from last reporting period, however, the facility showed a marked decrease in the length of time youth spent in room confinement. YRTC-Kearney Juvenile Room Confinement Measurement Tables found on page 16 provides further details on the use of room confinement at the Kearney facility for FY 17-18.

YRTC-Kearney showed improvement in ending room confinement in both under four and under eight hours. FY 16-17 showed an average of 3% of incidents ending in four hours and 6% ending in eight hours, while data for this reporting period indicated those percentages increasing to 9% and 16% respectively.

The longest period of room confinement was 124.5 hours; a drop from the previous year's high of 129 hours. The youth involved was an 18 year old male, confined for the assault of another youth. The shortest period of room confinement was 1.25 hours of an 18 year old youth for administrative reasons (investigation of an assault). The median duration of room confinement incidents at YRTC-Kearney is 20.75 hours.

19 youth were confined a total of 548 times, to make up one-half of the total room confinement incidents. The age range for this group was 16 - 18 years, with one individual 16 year old confined 43 separate times for a total of 1,491.5 hours and a second individual 17 year old confined 42 separate times for a total of 1,450.5 hours.

Consistent with FY 16-17 reporting, Physical Assault and Behavior Infractions/Rule Violations make up over half of the room confinements.

YRTC-Geneva

YRTC-Geneva maintains a total of 82 beds. During the fiscal year they served a total of 64 youth with an average daily population of 33.

During FY 17-18, 56 individual youth ages 14-18 years, were confined a total of 726 times. YRTC-Geneva's number of individuals confined stayed consistent when compared with the number of individuals confined during FY 16-17, however, the number of room confinement incidents increased from 376 to 726. Detailed information about the frequency, duration and cause of room confinement at this facility can be found in the YRTC-Geneva Juvenile Room Confinement Measurement Tables found on page 17.

A decrease in room confinement length of time was noted in the percentage of incidents ending in both four and eight hours. During FY 16-17, YRTC- Geneva reported ending 46% of incidents in four hours and 54% in eight hours. FY 17-18 data indicated the facility is now ending 54% of incidents in four hours or less and 59% of incidents in eight hours or less.

The longest period of room confinement involved a 16 year old female, lasting 119 hours following an attempted escape. YRTC-Geneva ended 155 incidents of room confinement in 1.25 hours (the shortest duration of incidents). The median duration of room confinement at YRTC-Geneva is 2.25 hours.

When analyzing frequently confined youth, data showed one individual 15 year old female was confined 58 times for a total of 931.5 hours, including room confinement for at least five incidents of self-harming behavior. In total, half (362) of the room confinement incidents involved 11 individuals during the reported period.

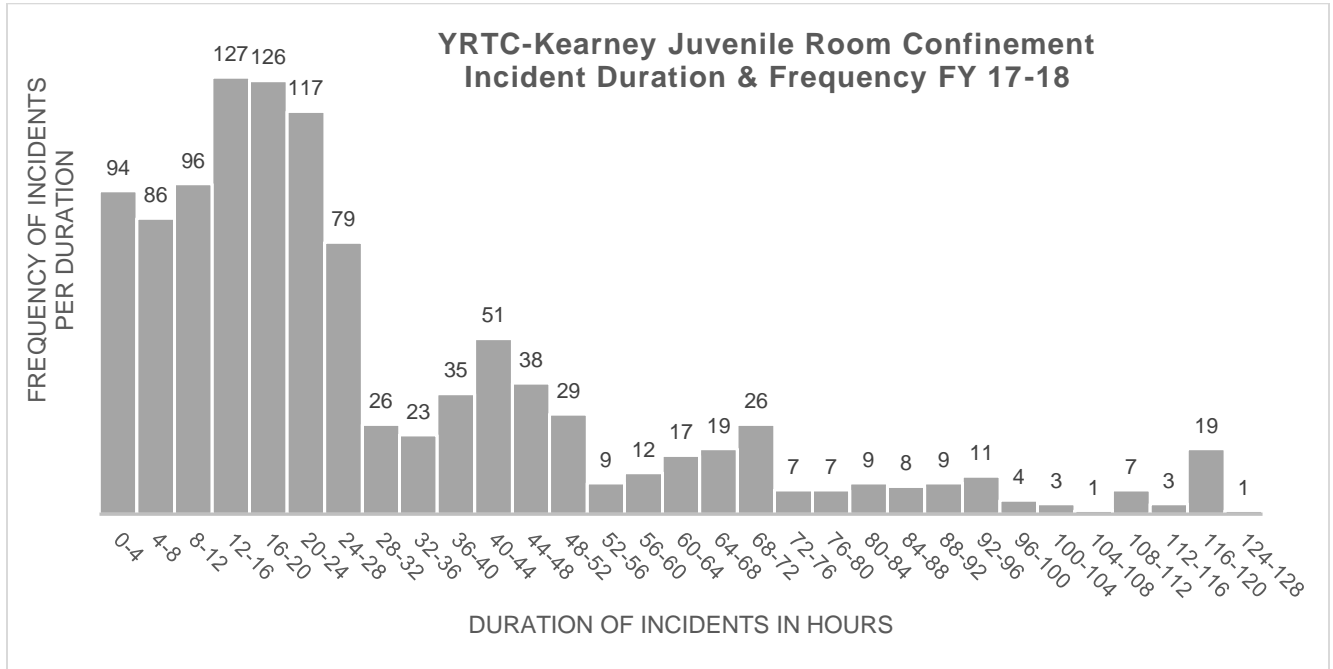
Administrative reasons was the most often cited reason for room confinement for the second year in a row. However, this year administrative reasons are responsible for 49% of the room confinements compared to 39% as reported in the FY 16-17 report. Anecdotal documentation of the Administrative Incidents reveals that the use of room confinement in this category ranged from a youth getting into an argument with peers resulting in one hour of room confinement to planning an escape that lead to over 78 hours of room confinement. Of serious concern is documentation in this category that indicates room confinement being used for disciplinary measures, which goes against the YRTC-Geneva policy.²⁴ Best practice use of room confinement would indicate that administrative incidents should account for very few incidents of room confinement, and safety issues such as assault would account for more room confinement incidents; yet physical assaults only produced 9% of the room confinement incidents at YRTC-Geneva for this fiscal year.

Another concern is the number of room confinement incidents (78) generated as a result of self-harm and suicide attempts, as this was noted in FY 16-17 Juvenile Room Confinement Annual Report as well. During FY 16-17 interviews, administrators at YRTC-Geneva conceded that they have few options when youth are repeatedly self-harming, and shared that they struggle with the large number of youth sent to YRTC-Geneva who have extremely serious histories of trauma and mental illness. YRTC-Geneva is not a mental health facility and has limited mental health resources. While best practice dictates that placing youth with trauma histories in room confinement should be particularly limited, administration has reportedly limited options available to them. Based on the number of room confinement incidents as a result of self-harm and suicide attempts, this situation seems not to have improved during the past year.

The Office of Juvenile Services Administrator provided this statement, “The YRTC-Geneva has had youth this past year admitted to the hospital for acute psychiatric care, however, self-harming behavior does not meet criteria for admission into these facilities. Youth will only be admitted if they are acutely suicidal. The reason for placement in a room is to limit any objects that may be used for self-harm and to create a safe environment for that youth until they can receive services by mental health staff and begin to feel safe again. Procedures are in place to keep very close watch on youth who are at risk to self-harm while being out of their rooms or after an episode of self-harming behavior. Isolation for self-harm is only used when a youth is actively harming themselves and ceases when the youth then feels safe.”

²⁴ Operating Memorandum 302.1.6b “Governing Juvenile Conduct.”

YRTC-KEARNEY JUVENILE ROOM CONFINEMENT MEASUREMENTS



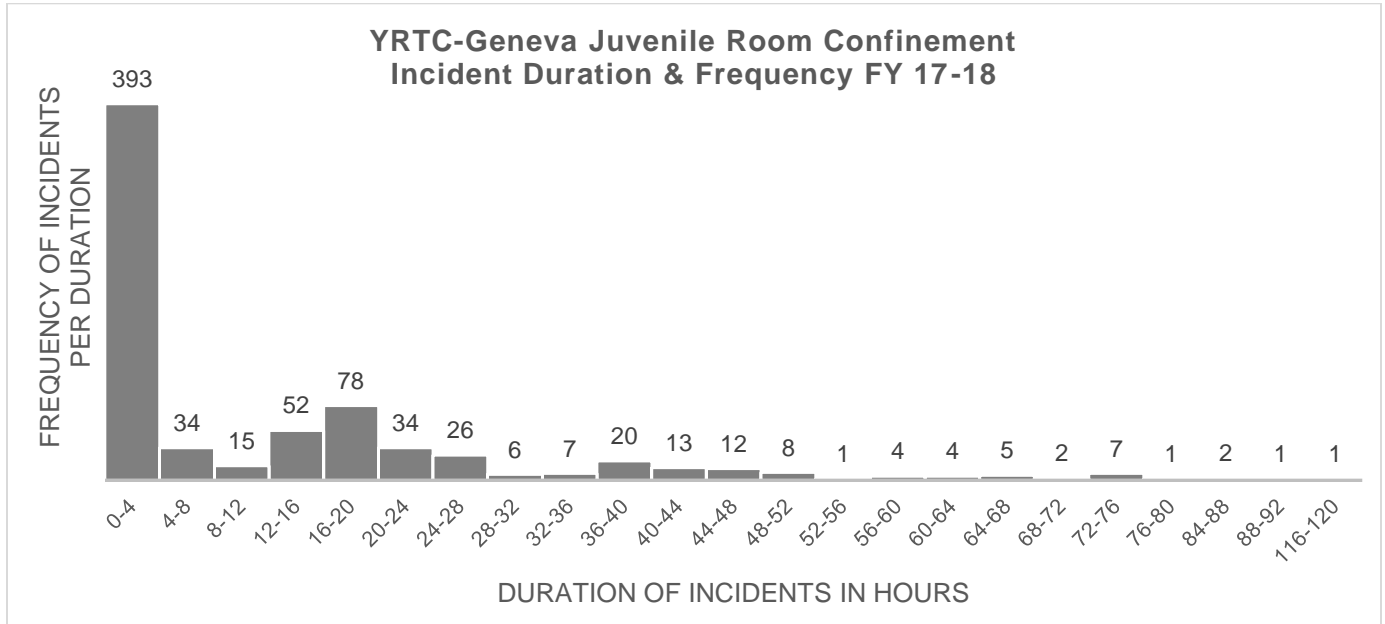
YRTC-Kearney Reasons Reported for Room Confinement FY 17-18

Reported Reason for Incident	Number of Related Incidents	Percentage of Total Incidents
Physical Assault	437	39%
Behavior Infraction/Rule Violation	271	24%
Verbal Aggression/Assault	155	14%
Administrative	130	12%

YRTC-Kearney Room Confinement Summary

	FY 17-18	FY 16-17
Total Incidents/ Total Individual Youth	1099/125	839/140
Percentage of Incidents Ending in 4 hours	8.5%	3%
Percentage of Incidents Ending in 8 hours	16%	6%
Median Duration of Incidents	20.75 hours	
Age Range	14 - 18 years	
Longest Room Confinement Incident	125.5 hours — 18 year old male for the assault of another youth	
Shortest Room Confinement Incident	1.25 hours — 18 year old male while under investigation for assault	
Frequently Confined Youth	19 youth comprised 548 incidents	

YRTC-GENEVA JUVENILE ROOM CONFINEMENT MEASUREMENTS



YRTC-Geneva Reasons Reported for Room Confinement FY 17-18

Reported Reason for Incident	Number of Related Incidents	Percentage of Total Incidents
Administrative	358	49%
Self-Harm/Suicide Attempt	78	11%
Physical Assault	70	9%
Verbal Assault/Aggression	62	8%

YRTC-Geneva Room Confinement Summary

	FY 17-18	FY 16-17
Total Incidents/ Total Individual Youth	726/56	376/53
Percentage of Incidents Ending in 4 hours	54%	46%
Percentage of Incidents Ending in 8 hours	59%	54%
Median Duration of Incidents	2.25 hours	
Age Range	14 - 18 years	
Longest Room Confinement Incident	119 hours of an 16 year old female due to being an escape risk	
Shortest Room Confinement Incident	1.25 hours of an 18 year old female due to being verbally aggressive towards staff	
Frequently Confined Youth	11 youth comprised 362 incidents	

Current Efforts to Reduce Room Confinement

The OIG is encouraged by the efforts YRTC is making towards reducing juvenile room confinement at the facilities. The process started two years ago in 2016, when they began participating in the program *Reducing Isolation in Youth Facilities*, developed by the Council for Juvenile Correctional Administrators (CJCA), and the facilities completed the technical assistance phase of the program this fall. This best practices program includes technical support and oversight as facilities move towards reducing room confinement through staff training and support, developing and utilizing action plans and adjusting policy and procedure to reflect best practices. Several members of the OJS administration are members of the CJCA and participate in meetings/training opportunities focused on the reduction of room confinement.

Administration stressed that the process is gradual and must start from the top down. In conjunction with participating in the *Reducing Isolation in Youth Facilities* program, administrators state that significant changes to programming have been made, including increasing focus on the use of evidenced based practices, and making data driven decisions. The YRTC administration stated that the staff and administration of the facilities are committed to changing their culture, providing better programming for youth, and ultimately responding to each youth's needs in a manner that is consistent with best practices.

In August of 2018, internal memos were sent to staff at each YRTC further restricting the use of room confinement at each facility, including a directive that it will not be used as punishment at either facility. The memos can be found in Appendix C.

Identified Facility Changes for YTRCs

Review Mental Health Services at YRTC-Geneva: The number of youth who experience room confinement because of self-harming or suicidal behaviors indicates that there is a need to assess whether there are enough mental health staff and whether already existing staff need additional training and education to deal with the large number of youth who have extensive mental health, trauma, and self-harming histories.

Juvenile Secure and Staff Secure Detention Facilities

Juvenile secure and staff secure detention facilities are residential facilities operated by local governments in Nebraska. There are currently four juvenile secure and staff secure detention facilities in Nebraska – Douglas County Youth Center (DCYC), Lancaster County Youth Services Center (LCYSC), Northeast Nebraska Juvenile Services Center (NNJSC), and the Patrick J. Thomas Juvenile Justice Center (PJTJJC). These facilities primarily house youth under 18 after initial arrests, youth who are sent to detention after probation violations, and youth awaiting placement while on probation.

Policy on Room Confinement at Detention Centers

The Nebraska Jail Standards Board, housed at the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission) has the authority and responsibility to “develop standards for juvenile detention facilities and staff secure juvenile facilities, including, but not limited to, standards for physical facilities, care, programs, and disciplinary procedures, and to develop guidelines pertaining to the operation of such facilities.”²⁵ In addition to creating standards, the Crime Commission is responsible for auditing facilities for compliance and providing technical assistance to facilities.

The standards for Juvenile Detention Facilities were last updated in 1992 and contain a number of provisions to juvenile room confinement. In 2013, the Nebraska Legislature exempted staff secure facilities from residential child-caring agency licensure and instead charged the Jail Standards Board with creating standards for staff secure units and facilities. Instead of creating new standards for staff secure, the Jail Standards Board has chosen to use the Standards for Juvenile Detention Facilities, as there are few facilities operating staff secure units.

Under the Juvenile Detention Facilities Standards promulgated by the Jail Standards Board, there are at least eight different practices in the regulations that likely meet Nebraska’s definition of room confinement.²⁶ However, the terms are used inconsistently within regulations and some are undefined.

Detention Standards allow for the use of “room restriction” for up to an hour for minor misbehavior and up to 24 hours for minor rule violations.²⁷ Room restriction is not defined by regulations. The regulations also utilize the use of disciplinary confinement for up to seven days for major rules violations.²⁸ Disciplinary confinement is not specifically defined in the regulations, although disciplinary detention is.

Detention Standards require facilities have documentation “of juveniles placed in temporary confinement away from the general population.”²⁹ The regulations also require that any juvenile

²⁵ Neb. Rev. Stat. §83-4,126(1)(c).

²⁶ Segregation, confinement, administrative segregation, disciplinary detention, protective custody, temporary confinement, room restriction, and disciplinary confinement.

²⁷ 83 NAC 13-003 and 13-004.

²⁸ 83 NAC 13-005.

²⁹ 83-NAC 6-006.

placed in room confinement must be visually checked every 30 minutes and staff must enter the confinement room at least once per shift to converse with the juvenile and assess their well-being.³⁰ Under the regulations, juveniles in room confinement “shall be afforded living conditions and access to basic programs and services approximating those available to the general resident population, subject to restrictions necessary to ensure the juvenile’s safety or the security of the facility.”³¹ In general, Detention Standards allow most room confinement practices to be governed by written policies, procedures, and rules of conduct written by the individual facilities.³²

Policies on room confinement at the detention centers vary significantly. PJTJJC, the only fully staff secure facility, does not allow administrative segregation to be used for discipline.³³ As of 2016, NNJSC no longer uses room confinement as a disciplinary tool.³⁴ LCYSC policy allows for the use of segregation housing for more the 24 hours as discipline for a major rule violation.³⁵ Policy at DCYC allows placement in restrictive housing for up to five days for a major rule violation.³⁶ For a major rule violation involving violence, DCYC policy allows placement in restrictive housing for up to seven days.³⁷ During interviews in both 2017 and 2018 however, each facility maintained that room confinement was no longer used for discipline, but rather only when incidents threaten the safety and security of individuals and the facility as a whole.

Use of Room Confinement at Detention Centers

827 room confinement incidents occurred at Nebraska detention centers between July 1, 2017 and June 30, 2018, this number is down from the 1,063 reported in the 2016-2017 review.

Data gathered by a national organization from participating facilities across the country similar to these detention centers, indicated in 2014, the average duration of room confinement at juvenile detention and assessment centers was just over six hours³⁸, three of the four detention centers in Nebraska (NNJSC, LCYSC, and PJTJJC) are ending room confinement in six hours or less 91-99% of the time. DCYC is not.

³⁰ 83-NAC 13-007.02.

³¹ 83-NAC 13-007.01.

³² 83-NAC13-001 and 13-002.

³³ Sarpy County Juvenile Justice Center Standard Operating Procedure JS-5500 “Juvenile Housing Classification” March 3, 2017.

³⁴ Madison County Basic Guidelines for New Behavior/Sanction Rules at NNJS, July 2016.

³⁵ Lancaster County Youth Services Center Policy 05000000.4, August 22, 2006.

³⁶ Douglas County Youth Center Policy 9.3.

³⁷ Id.

³⁸ Council of Juvenile Correctional Administrators. “Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolations [Toolkit].”

Douglas County Youth Center (DCYC)

The Douglas County Youth Center is a secure juvenile detention center in Douglas County, serving both male and female youth. The facility has a total of 144 beds, utilizing 96 of them. In FY 17-18 the facility served 915 youth with an average daily population of 83.

The facility reported a total of 392 total incidents of room confinement involving 174 individual youth ages 11-18 years, compared to the 403 reported incidents of room confinement in FY 16-17. DCYC Juvenile Room Confinement Measurement Tables found on page 23 provides a summary of data pertaining to the use of room confinement at DCYC.

DCYC has not made progress on the number of incidents resolved in either four or eight hours or less. Last year the facility reported a four hour or under completion rate of 3 percent, and an eight hour or under completion rate of 6 percent. In FY 17-18 the facility completed less than one percent (3 out of 392 incidents) of room confinements in 4 hours or less and less than one percent (14 out of 392 incidents) in 8 hours or less. This is not only worse than the year prior but, when compared to the other detention centers in Nebraska, DCYC is the only detention center that did not improve in the 4 hours or less and 8 hours or less duration measure.

The longest period of room confinement reported by the facility was 262.25 hours for the assault of a staff member by a 15 year old male. The shortest period of room confinement was 2 hours for harassing others by a 17 year old male. The median duration for this facility for FY 17-18 was 57.5 hours.

Of the 392 room confinements reported by DCYC, 195, approximately one half of them, were attributed to 37 youth. The greatest number of room confinement incidents associated with a 14 year old male, confined 24 times for a sum of 2184.5 hours.

The youngest youth subject to room confinement was an 11 year old who was confined four times, ranging from 15.5 to 62 hours per room confinement occurrence. The reasons ranged from horse playing and disobeying a direct order to destruction of property and intimidating or threatening behavior.

Overall, the reasons cited for room confinement incidents has not significantly changed at DCYC from FY 16-17 to FY 17-18. The most frequently cited reasons for both fiscal years included assault, behavior infractions/rule violations, destruction of property and threatening behavior. While assault remains the most frequently cited reason for room confinement, the number of associated incidents has decreased from 245 in FY 16-17 to 167 during this reporting period.

The use of room confinement is known as restrictive housing at DCYC. When on restrictive housing, administration reported that youth are restricted to their locked room but receive educational services, recreation time, hygiene time, phone calls, contact with mental health providers and/or supervisors at least twice daily, medical attention as needed, reading material, and religious programing, however, youth on restrictive housing are *not* allowed contact visits.

DCYC administration maintains that the youth have very little time alone during a twenty-four hour period. When reporting, DCYC does not report the total number of hours a youth is in restrictive housing, instead reporting the total number of hours in the period assigned to

restrictive housing the youth is actually left alone in a locked room. The OIG reports the total time a youth is confined from start to finish.

Per DCYC policy, placement in restrictive housing is allowed for up to five days for a major rule violation. For a major rule violation involving violence, DCYC policy allows placement in restrictive housing for up to seven days.³⁹ In FY 17-18, 22 of the incidences to restrictive housing went past seven days – the longest lasting a total of 11 days.

In an interview with the OIG, DCYC stated they feel the biggest drivers of room confinement in their facility is youth being placed at the facility with significant mental health issues and/or gang affiliation. The DCYC Administrator told the OIG, “When you think a kid is ready to come out of restrictive housing, and they tell you they’re going to hurt someone if you let them out, you believe them.”⁴⁰ Conversely, it was pointed out to OIG staff that sometimes a youth feels safe in restrictive housing after having an altercation in the general population, and they (the youth) will find ways to delay return to the general population until “things have blown over.”

Current Efforts to Reduce Room Confinement at DCYC

DCYC reported to the OIG that efforts to reduce the use of room confinement included adding a licensed mental health provider (LMHP) to the evening schedule, continuing focus on preventative programming such as Dusk to Dawn (youth violence prevention), U-Turn (gang prevention), and Teen Chat Circle (program specifically targeted at female youth). Administrators also pointed out that they have taken unique measures such as developing an in-house spread sheet to track the different gang affiliations by youth placed in the facility to avoid putting youth in a position of being housed with other gang member they might feel obligated to initiate violence against, thus resulting in placement in restrictive housing.

Recommendation to Reduce Room Confinement at DCYC

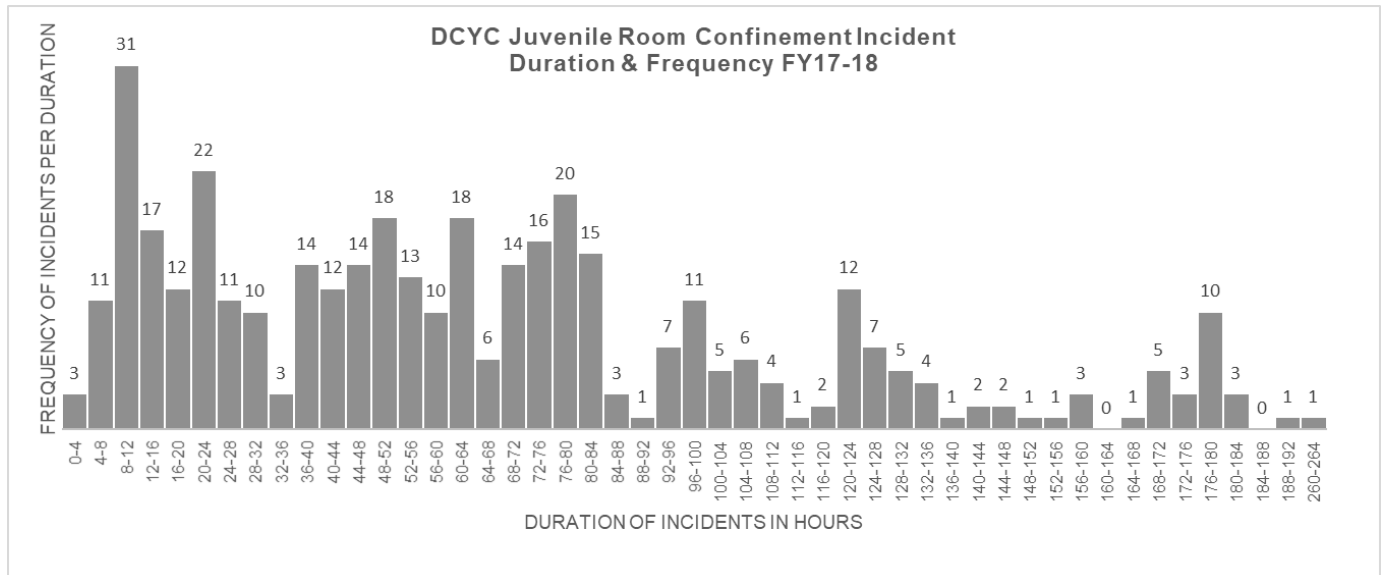
DCYC, when compared to the other juvenile detention centers operating in Nebraska, utilizes room confinement for longer periods of time. Furthermore, from one year to the next, the data shows no improvement in the use of room confinement. The OIG makes the following recommendation to begin to reduce room confinement at DCYC:

- **Develop a strategic plan on reducing room confinement.** The dramatically longer duration of room confinement instances at DCYC compared to other detention centers suggests that administration and staff would be assisted by a strategic plan to reduce room confinement, which should include guidance on how to determine when to return a youth from room confinement.
- **Analyze and redraft policy.** Currently, DCYC policy allows for use of room confinement for up to a time certain (7 days), instead of releasing the youth as soon as safely able, and allows it to be used for major rule violations. These are contrary to best practices on the use of room confinement. Policy should be analyzed and drafted to align with best practice.

³⁹ Douglas County Youth Center Policy 9.3.

⁴⁰ October 24, 2018 interview with DCYC administration.

DCYC JUVENILE ROOM CONFINEMENT MEASUREMENTS



DCYC Reasons Reported for Room Confinement FY 17-18

Reported Reason for Incident	Number of Related Incidents	Percentage of Total Incidents
Assault/Assaultive Behavior	167	43%
Behavior Infraction/Rule Violation	55	14%
Destruction of Property	33	8%
Threatening Behavior	29	7%

DCYC Room Confinement Summary

	FY 17-18	FY 16-17
Total Incidents/ Total Individual Youth	392/174	403/180
Percentage of Incidents Ending in 4 hours	Less than 1%	3%
Percentage of Incidents Ending in 8 hours	Less than 1%	6%
Median Duration of Incidents	57.5 Hours	
Age Range	11 - 18 years	
Longest Room Confinement Incident	262.5 hours — 15 year old male due to assault of another youth	
Shortest Room Confinement Incident	2.0 hours — 17 year old male due to harassing another youth	
Frequently Confined Youth	37 youth comprised 195 incidents of room confinement	

Lancaster County Youth Services Center (LCYSC)

The Lancaster County Youth Services Center provides secure detention services for both males and females up to the age of 19 years of age. The facility has a total of 60 beds, with 40 utilized. The facility served a total of 326 youth with an average daily population for FY 17-18 of 28 youth.

The facility reported a total of 276 room confinement incidents during FY 17-18, involving 89 individual youth ages 12-18 years, a reduction from 473 incidents in FY 16-17. LCYSC Juvenile Room Confinement Measurement Tables found on page 25 presents further information.

The facility reported completing 99% of room confinement incidents in eight hours or less for FY 16-17, there was continued improvement on decreasing the duration of room confinement in FY 17-18. LCYSC room confinement incidents were completed in four hours or less 97% of the time and in eight hours over 99% of the time. There was a single incident of confinement (quarantine) due to medical reasons, lasting 13 hours.

Aside from the one incident due to medical quarantine, the longest period was 7.75 hours, involving a 14 year old male who assaulted another youth. LCYSC reported 84 incidents of room confinement lasting 1.25 hours, with the most common reason being verbal assault of another youth. The median duration for LCYSC was 1.75 hours.

Of the 276 room confinement incidents reported by LCYSC, 139 of them were attributed to 12 individual youth. Most frequently confined was a 16 year old male, confined 25 times for a total of 43 hours. LCYSC administration explained that this youth had an extended history with law enforcement, detention and gang affiliation. He received 91 rule violations and 4 major violations during his six month stay. He was responsible for an assault on staff that inflicted significant injuries requiring surgery and modified duty. This youth also had no contact orders with 14 different youth in detention due to gang related issues. This youth eventually attained the highest level available on the behavior management program where he earned extra privileges, however, it was reported that he continued to struggle with authority and rules.

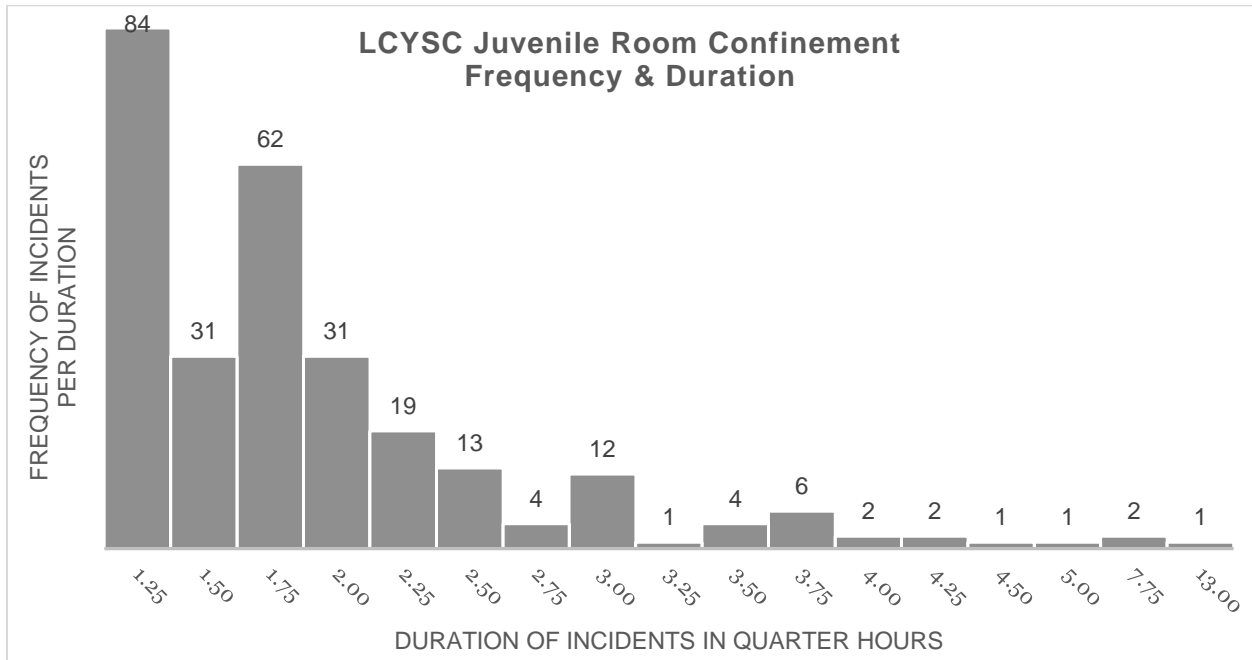
The use of room confinement for administrative reasons at LCYSC were reduced, from 146 in the previous year to 29 for this reporting period. In August 2017, 27 of the 29 administrative incidents were reported on the same day with a duration of one hour forty-five minutes for the purpose of a staff safety meeting in conjunction with head count.

LCYSC administration indicated their greatest challenges related to the room confinement issues are addressing the gang culture many youth are a part of, maintaining motivation and buy in for the behavior management program when youth's length of stay becomes extended, and balancing the variances between age and type of offenses within their population.

Current Efforts to Reduce Room Confinement at LCYSC

Administration reported that efforts to reduce the use of room confinement in FY 17-18 have included bringing in a masters level mental health provider to train all staff on Collaborative Problem Solving, working with the OIG office to better understand Juvenile Room Confinement guidelines/best practices, strengthening their behavior management program used with the youth, focusing on positive reinforcement with the youth instead of separation from the group, and bringing a full time Detention Program Supervisor on staff. The new position is housed on site and will serve to increase youth programing in Restorative Justice, Life Skills training and Independent Living Skills training.

LCYSC JUVENILE ROOM CONFINEMENT MEASUREMENTS



LCYSC Reasons Reported for Room Confinement FY 17-18

Reported Reason for Incident	Number of Related Incidents	Percentage of Total Incidents
Verbal Aggression	124	45%
Behavior Infraction/Rule Violation	47	17%
Administrative	46	16%
Assault	29	11%

LCYSC Room Confinement Summary

	FY 17-18	FY 16-17
Total Incidents/ Total Individual Youth	276/89	473/154
Percentage of Incidents Ending in 4 hours	97%	96%
Percentage of Incidents Ending in 8 hours	99%	99%
Median Duration of Incidents	1.75 Hours	
Age Range	12 - 18 years	
Longest Room Confinement Incident	13 hours — 16year old male physician directed medical isolation	
Shortest Room Confinement Incident	Multiple incidents of 1.25 hours due to behavior infractions/rule violations	
Frequently Confined Youth	11 youth comprised 135 incidents of room confinement	

Northeast Nebraska Juvenile Services Center (NNJSC)

The Northeast Nebraska Juvenile Services Center is located in Madison County. It provides both staff secure and secure detention to males and females 18 years of age and younger. The facility has a total of 34 beds, and served 376 youth in FY 17-18 with an average population of 26.

In FY 16-17, NNJSC reported a total of 130 room confinement incidents. For this reporting period the facility reported a total of 84 room confinement incidents, involving 48 individual youth ages 13-18 years. NNJSC Juvenile Room Confinement Measurement Tables found on page 28 presents further information on room confinement at NNJSC.

NNJSC reported zero incidents of room confinement for quarter two of the reporting period. When asked about the circumstances surrounding the total absence of room confinement use during this quarter, the administrator explained that it was a combination of the dynamics of the youth placed in the facility between October and December 2017, efficient staff, and a dip in population due to the holidays. Further, it is not unusual to see a slowdown in placement during the holiday season.

NNJSC notably concluded 93% of room confinement incidents in four hours or less and 98% in eight hours or less, with only two incidents out of the 84 lasting longer than eight hours. This is an increase in both categories, from 95% for both in FY 16-17.

The longest reported incident of room confinement at the facility was 14.5 hours involving a 17 year old male for being verbally aggressive towards another youth. The only other room confinement incident lasting longer than 8 hours was the room confinement of a 14 year old male, lasting 9.5 hours due to posing a serious and immediate danger to staff. The shortest period of room confinement was 1.25 hours with multiple incidents ending in this duration. The median duration of room confinement incidents at NNJSC for FY 17-18 was 1.5 hours.

When evaluating the frequently confined youth data, NNJSC confined 18 individual youth to total one half of their room confinement incidents. This facility again is notable in that it was the only facility not to report a disproportionately small number of youth in this category.

The use of Administrative Reasons for room confinement was high when compared to best practices. In September 2017, the facility reported 50 incidents of room confinement due to administrative reasons. When asked to clarify these room confinements, administration explained that the first room confinement of 24 youth simultaneously for a period of one hour and fifteen minutes was done to assure for the safety and security of all the residents due to a power outage at the facility. Again in September 2017, the facility reported the use of administrative room confinement of 26 youth for a period of one hour and fifteen minutes, due to a self-harming incident that required law enforcement/medical personal on site. Administration made the decision to place all of the youth in their sleeping quarters for safety and security reasons and to allow responders untethered access to the location of the incident.

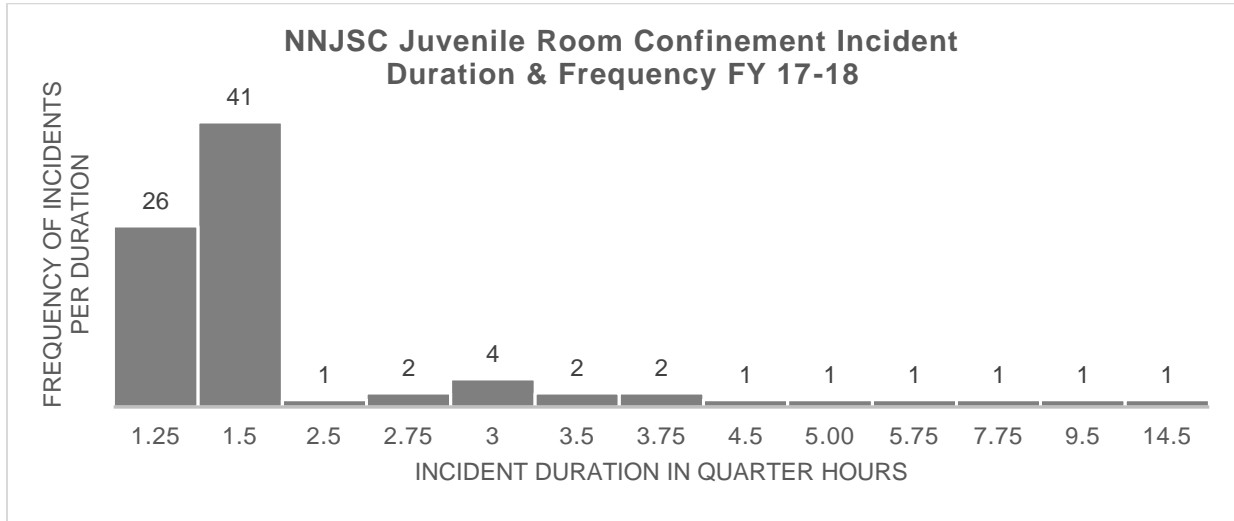
NNJSC does not use room confinement as punishment per policy, but does utilize it for emergency situations or situations that impact the safety and security of youth, staff or facility. This change was made in July 2016. Administration told the OIG that the majority of room confinement takes place in the sleeping rooms of the youth, but that once or twice a year, a

youth may be confined in the booking area of the facility. The location of the room confinement being moved to the booking area is usually done in response to a youth needing/requesting to be away from the general population. There is a staff member present in the booking area at all times and the youth is never left alone. Per NNJSC administration; room confinement does not include time during the regularly scheduled day. Youth on room confinement attend school, congregate meals, and programming as scheduled, and then are restricted to their sleeping rooms during the portion of the evening that would be considered free time, unless an emergency situation dictates the necessity for immediate room confinement, reporting data seemed consistent with this assertion. The most frequently cited reasons for the use of juvenile room confinement at NNJSC were physical or verbal assault/aggression, destruction of property, and escape risk. This was consistent with FY 16-17 as well.

Current Efforts to Reduce Room Confinement at NNJSC

Administration from NNJSC indicated to the OIG during an interview that they continue to fine tune their incentive program as part of their behavior management plan, as they believe this has a significant amount of influence on their need to utilize room confinement. In addition, the facility is reviewing its 2016 room confinement policy and plans to complete updates to it in the spring of 2019.

NNJSC JUVENILE ROOM CONFINEMENT MEASUREMENTS



NNJSC Reasons Reported for Room Confinement FY 17-18

Reported Reason for Incident	Number of Related Incidents	Percentage of Total Incidents
Administrative	50	56%
Safety & Protection from another youth	14	17%
Physical Aggression/Assault	7	8%
Verbal Aggression	6	7%

NNJSC Room Confinement Summary

	FY 17-18	FY 16-17
Total Incidents/ Total Individual Youth	84/48	130/75
Percentage of Incidents Ending in 4 hours	93%	94%
Percentage of Incidents Ending in 8 hours	98%	95%
Median Duration of Incidents	1.5 Hours	
Age Range	13 - 18 years	
Longest Room Confinement Incident	14.5 hours — 17 year old male due to verbal aggression/assault of another youth	
Shortest Room Confinement Incident	1.25 hours — 26 residents due to an emergency with another youth	
Frequently Confined Youth	18 youth comprised 43 incidents of room confinement	

Patrick J. Thomas Juvenile Justice Center (PJTJJC/Sarpy JJC)

The Patrick J. Thomas Juvenile Justice Center, located in Sarpy County, is a staff-secure housing, or detention, center, serving both males and females ages 13-18 years, and is equipped with 30 beds. During FY 2017-2018 the facility served a total of 252 juveniles, with an average daily population of 14.

The facility reported a total of 75 incidents of room confinement with 36 individual youth ages 14-17 years. Sarpy JJC Juvenile Room Confinement Measurement Tables found on page 30 provide further detail on the use of juvenile room confinement at the facility.

Room confinement incidents for PJTJJC stayed level when compared to last year's report, however, the facility moved from ending 98% of its room confinement incidents in eight hours or less in FY 16-17 to ending 100% of room confinement incidents in eight hours or less in FY 17-18.

The shortest period of room confinement reported by the facility was one hour involving a 14 year old male who was non-compliant with directives; the longest period of room confinement was eight hours involving a 16 year old male who assaulted staff. The median duration of room confinement for PJTJJC for FY 17-18 was 3.25 hours

Half of room confinement incidents (37) involved 12 separate youth. The highest frequency for room confinement was a 14 year old male who was confined eight separate times totaling 31.5 hours. No youth under 14 had an incident of room confinement.

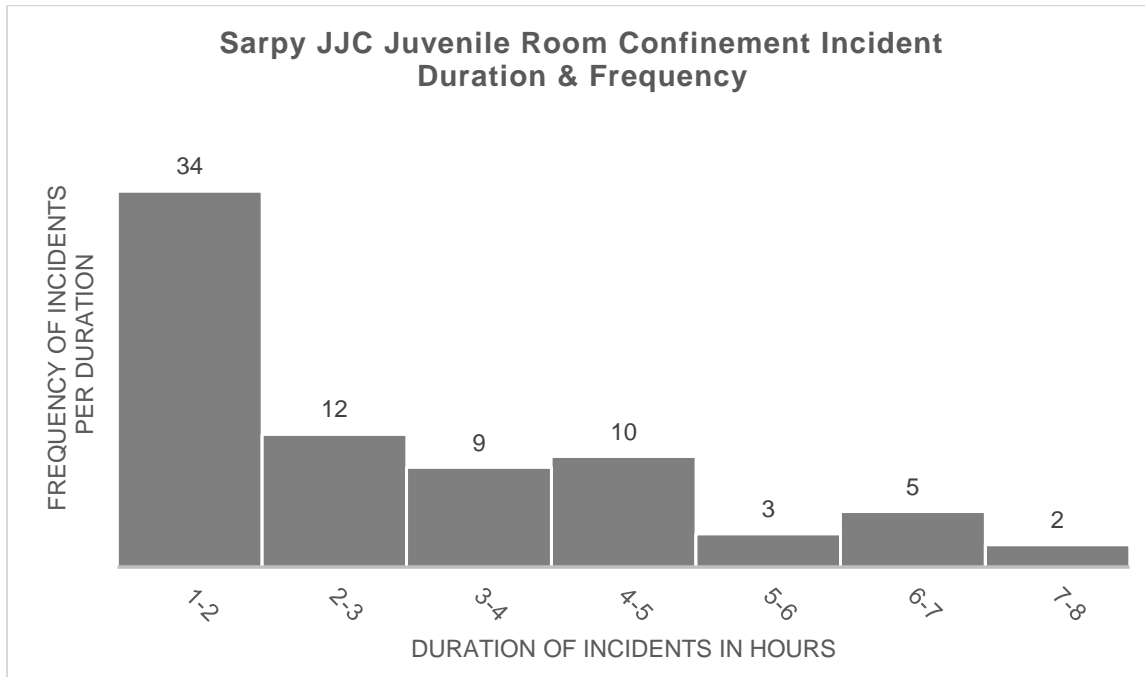
Physical assault/aggression and verbal assault/aggression continued to be the most frequently cited reasons for room confinement, similar to FY 16-17, with destruction of property staying the same, both in order ranking and frequency. The only noted change in reasons for use is behavior infraction/rule violation no longer appears in the top four reasons for room confinement and has been replaced by escape risk.

Administration reports that the greatest challenge the facility faces when trying to reduce the number of room confinement incidents is the increased mental health needs of youth placed at the facility, and the lengthy stay of some of the youth making it difficult to keep them invested in the incentive program they utilize as part of their behavior management tool.

Current Efforts to Reduce Room Confinement Use at Sarpy JJC

According to administration, there has been an effort to reduce the use of room confinement by further developing the youth incentive program to provide more privileges and increased opportunities. In addition to this, they have provided more mental health focused training for staff, added a mental health provider to the evening schedule, and increased youth programming during non-school hours to provide youth with opportunities to stay occupied.

SARPY JJC JUVENILE ROOM CONFINEMENT MEASUREMENTS



Sarpy JJC Reasons Reported for Room Confinement FY 17-18

Reported Reason for Incident	Number of Related Incidents	Percentage of Total Incidents
Physical Assault/Aggression	33	44%
Verbal Assault/Aggression	26	34%
Destruction of Property	6	8%
Escape Risk	3	4%

Sarpy JJC Room Confinement Summary

	FY 17-18	FY 16-17
Total Incidents/ Total Individual Youth	75/36	57/29
Percentage of Incidents Ending in 4 hours	72%	89%
Percentage of Incidents Ending in 8 hours	100%	98%
Median Duration of Incidents	3.25 Hours	
Age Range	14 - 17 years	
Longest Room Confinement Incident	8 hours — 16 year old male due to assault of staff	
Shortest Room Confinement Incident	1.0 hours — 14 year old male due to being non-compliant with directives	
Frequently Confined Youth	12 youth comprised 37 incidents of room confinement	

Mental Health and Substance Abuse Treatment Centers

Under Nebraska law, centers providing care and mental health or substance abuse treatment for periods of longer than 24 hours must be licensed under the Health Care Facility Licensure Act by DHHS Public Health.⁴¹

In FY 17-18 there were five facilities that were licensed dually as Mental Health Centers, Substance Abuse Treatment Centers and Residential Child-Caring Facilities, and one facility that was licensed only as a Mental Health/Substance Abuse Treatment Center serving juveniles that were required to report room confinement.

Requirements and standards for room confinement at Mental Health and Substance Abuse Treatment Centers are more stringent than those for RCCAs. Because of the differences in standards, the OIG chose to review use of room confinement at facilities that were licensed both as RCCAs and Mental Health facilities separately from those licensed only as RCCAs.⁴²

It should be noted that there may be additional Mental Health and Substance Abuse Treatment Centers which qualify as juvenile facilities since they provide residential, 24-hour care to four or more children 18 years old and younger.⁴³ These facilities would be required to report on their use of juvenile room confinement. However, the OIG did not attempt to identify facilities not licensed as serving juveniles but still providing care to youth 18 years of age or younger. No such facilities identified themselves or provided reports to the OIG or Legislature.⁴⁴

State and Federal Requirements

Unlike other types of facilities included in this report, room confinement at Mental Health and Substance Abuse Treatment Centers is highly regulated.

Nebraska DHHS regulations have specific requirements for the use of room confinement at Mental Health Centers and Substance Abuse Treatment Centers. Room confinement includes two practices detailed in regulations - seclusion, “the involuntarily [sic] confinement of an individual in a locked room,” and time out, “[...] Staff requires the client to remain in an unlocked room or area where there are no other individuals except for staff monitoring the client.”⁴⁵

Mental Health and Substance Abuse Treatment Centers are prohibited from using seclusion, unless they are accredited by an approved qualifying organization - the Joint Commission (TJC); the Commission on Accreditation of Rehabilitation Facilities (CARF); or, the Council on Accreditation (COA).⁴⁶ Seclusion can only be used as part of a treatment plan and in accordance with the seclusion requirements of the accrediting agency.⁴⁷

⁴¹ Neb. Rev. Stat. 71-401 to 71-469.

⁴² Discussion of RCCA standards and analysis of room confinement at facilities that only have an RCCA license can be found in the next section.

⁴³ Neb. Rev. Stat. 83-4,125 and 83-4,134.0.

⁴⁴ Statutory clarification is needed about specifically what facilities should report the use of room confinement.

⁴⁵ Title 175, 19-002 DEFINITIONS and 18-002 Definitions.

⁴⁶ Title 175, 19-006.14 Use of Restraints and Seclusion, 18-006.14 Use of Restraints and Seclusion.

⁴⁷ Title 175, 19-006.12B Use of Restraints and Seclusion in Accredited Facilities, 18-006.14B Use of Restraints and Seclusion in Accredited Facilities.

Mental Health and Substance Abuse Treatment Centers that are not accredited may not use seclusion, but may use time out as a therapeutic technique in an emergency situation, if less restrictive interventions have failed. Facilities that use time out must adopt policies and procedures for its use, document physician approval of the policies used at the facility, appropriately train staff, and develop a system for documenting and reviewing every instance when a time out is used.⁴⁸

In addition to licensing requirements, Mental Health and Substance Abuse Centers which accept Medicaid, must meet requirements for the use of room confinement set by the Centers for Medicare and Medicaid Services (CMS). Federal regulations have specific requirements on room confinement at Psychiatric Residential Treatment Facilities (PRTF), inpatient psychiatric facilities, other than hospitals, that serve those under age 21.

Federal regulations restrict PRTF's use of seclusion, which is defined as, "the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving."⁴⁹ Seclusion is considered an emergency safety intervention and by regulation, cannot be used simultaneously with restraints or as a form of discipline, coercion, or convenience.⁵⁰ It requires a physician's order, which cannot exceed: one hour for children under age nine; two hours for children age nine to 17; and four hours for ages 18 to 21.⁵¹

Regulations also require facilities to document the use of seclusion and that youth be constantly monitored while in seclusion.⁵² A signed acknowledgement about the use of seclusion must be obtained from the child's guardian upon admission and the guardian must be notified each time seclusion is used.⁵³

Federal regulations also address the use of time out, "the restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving," which, "may take place away from the area of activity or from other residents, such as in the resident's room." Youth in time out cannot be prevented from leaving the area and must be monitored by staff.⁵⁴

Individual Facility Policies

As part of its FY 16-17 review of juvenile room confinement at Mental Health Centers, the OIG requested copies of relevant policies and procedures from identified juvenile facilities. All facilities provided policies to the OIG. In October 2018, the OIG requested any updated policies from the remaining six facilities functioning as Mental Health/Substance Abuse facilities during this reporting period; all facilities indicated there had been no updates made to the policies previously submitted to the OIG.

Five of the six Mental Health facilities are accredited by an outside organization (see Mental Health & Substance Abuse Center Juvenile Room Confinement Policy Table on page 34). These

⁴⁸ Title 175, 19-006.12C1; 18-006.14C1.

⁴⁹ 42 CFR 483.352.

⁵⁰ 42 CFR 483.356 Protection of residents.

⁵¹ 42 CFR 483.358 Orders for the use of restraint or seclusion.

⁵² 42 CFR 483.364 Monitoring of the resident in and immediately after seclusion.

⁵³ 42 CFR 483.356 Protection of residents, 483.366 Notification of parent(s) or legal guardian(s).

⁵⁴ 42 CFR 483.368 Application of time out.

facilities would therefore qualify to use seclusion under DHHS regulations. In order to use seclusion, they must also meet standards established by their accrediting body on its use along with any other forms of room confinement (e.g. - time out). OMNI Behavioral Health Seward Family Support Center is the only exception, this facility is not accredited by an outside organization.

All the facilities whose policies were reviewed have extensive policy on positive behavior management and de-escalation techniques and strategies which staff must use to address resident behaviors and avoid the use of restrictive measures including restraint and seclusion or time out. Facilities also have policies that require information on each use of seclusion be recorded and a debriefing and review after the incident is concluded.

Current Initiatives to Reduce Room Confinement

All reporting Mental Health/Substance Abuse facilities reported that they do not use room confinement and thus have not taken any steps to reduce use in the fiscal year 2017-2018.

Identified Changes To Reduce Room Confinement

Incidents of Juvenile Room Confinement, including seclusion and time out, should be reported. All Mental Health and Substance Abuse facilities that utilize any practice of seclusion and/or time out,⁵⁵ should be reporting those instances⁵⁶ which would help monitor the use of room confinement and encourage its reduction.

The OIG can make no further recommendation as to identified changes to reduce room confinement since there is a lack of information to complete this analysis.

⁵⁵ Neb. Rev. Stat. §83-4,125 states, "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."

⁵⁶ Statutory clarification is needed to ensure that seclusion and time out instances are reported.

MENTAL HEALTH & SUBSTANCE ABUSE CENTER JUVENILE ROOM CONFINEMENT POLICY FY 17-18

Accreditations by Approved Qualifying Organization	Policy Allows Use of Seclusion	Policy Does Not Allow Use of Seclusion	Policy Allows Use of Time Out
<p>The Joint Commission</p> <p>Alegent Health Immanuel Medical Center- Residential Treatment Center (Douglas County)</p> <p>Child Guidance Center, Residential Treatment Center (Lancaster County)</p> <p>Hastings Regional Center- Juvenile Chemical Dependency Program (Adams County)</p> <p>Lincoln Regional Center - Whitehall Psychiatric Residential Treatment Facility (Lancaster County)</p> <p>Commission on Accreditation of Rehabilitation Facilities</p> <p>NOVA Treatment Community, Inc. (Douglas County)</p> <p>No Accreditation by Approved Qualifying Organization</p> <p>OMNI Behavioral Health – Seward Family Support Center (Seward County)</p>	<p>Alegent Health Immanuel Medical Center- Residential Treatment Center (Douglas County)</p> <p>NOVA Treatment Community, Inc. (Douglas County)</p>	<p>Child Guidance Center, Residential Treatment Center (Lancaster County)</p> <p>Hastings Regional Center- Juvenile Chemical Dependency Program (Adams County)</p> <p>Lincoln Regional Center - Whitehall Psychiatric Residential Treatment Facility (Lancaster County)</p> <p>OMNI Behavioral Health – Seward Family Support Center (Seward County)</p>	<p>Alegent Health Immanuel Medical Center- Residential Treatment Center (Douglas County)</p> <p>Hastings Regional Center- Juvenile Chemical Dependency Program (Adams County)</p> <p>NOVA Treatment Community, Inc. (Douglas County)</p> <p>OMNI Behavioral Health – Seward Family Support Center (Seward County)</p>

Licensed Residential Child-Caring Agencies

Nebraska law defines residential child-caring agencies as those that serve as an out-of-home placement providing 24-hour care to four or more children, that are not foster family homes.⁵⁷ These facilities are included in the definition of juvenile facility, and must report on their use of juvenile room confinement.⁵⁸

Under Nebraska law, every residential child-caring agency that is not a juvenile detention facility or licensed as a Health Care Facility, must be licensed as a Residential Child-Caring Agency (RCCA) by the department of Health and Human Services (DHHS) Division of Public Health.⁵⁹

As of July 1, 2017, there were 18 facilities licensed solely as RCCAs. These facilities are primarily group homes and shelters, which serve youth in the child welfare and juvenile justice system, in addition to youth privately placed at facilities by their parents.

Policies on Room Confinement at RCCAs

Current Public Health regulations require that RCCAs develop written policies on discipline and seclusion, a form of room confinement, if it is used. Under the regulations, seclusion is defined as, “a behavior control technique that places the child in any room against his or her will, where the child cannot voluntarily leave the room and isolating him/her from any personal contact.”⁶⁰ By regulation, seclusion cannot be used as a form of punishment or discipline, for staff convenience, or as a substitute for care, and cannot be used by peers or untrained staff.⁶¹

Regulations require seclusion only be used in “emergency circumstances” for the safety of the youth, staff or others, after less restrictive measures have failed. Facilities must obtain consent from children’s guardians for its potential use upon admission. Within 24 hours after a room confinement incident, facilities must document its use including the times seclusion began and ended, assessments and monitoring that occurred while the youth was in seclusion, a summary of the youth’s prior interventions, facility debriefing after the incident, and any action steps planned going forward. Finally, facilities are required to notify Public Health anytime staff engage in prohibited seclusion practices.⁶² Other forms of room confinement are not addressed in Public Health regulations.

Policies on room confinement were requested from all RCCA facilities. The RCCA Policy on Room Confinement Table on page 37 provides an overview of how facility policies address room confinement. Overall, facilities’ policy and procedure remained unchanged for FY 17-18. Twelve facilities have bans on some or all forms of room confinement. Most often facilities prohibit the use of room confinement for disciplinary purposes, prevent the use of room confinement in a

⁵⁷ Neb Rev. Stat §71-1926.

⁵⁸ Neb Rev. Stat. §§83-4,125 and 83-4,134.01.

⁵⁹ Neb Rev. Stat. §71-1927.

⁶⁰ NAC 6-008.10 Discipline, Seclusion Rooms, and Physical Restraint.

⁶¹ *Id.* NAC 6-008.10C

⁶² *Id.*

locked room, specify that it can only be used in an emergency, and/or restrict the length of time it can be used.

Six facilities have clear policies on positive behavior management strategies and de-escalation strategies, which studies have suggested can help limit the use of room confinement.

Two facilities have specific procedures for when room confinement is used. The Nebraska Youth Center allows for its use in emergency situations to protect youth. Staff are required to check on youth during room confinement and record information on the event. Cedars Youth Services has specific policy on the use of exclusionary and non-exclusionary time outs, used as a last resort when other methods have failed. The policy provides guidance on how time out should be used, monitoring of youth time out, and debriefing and recording after the incident.

Use of Room Confinement at RCCAs

Only two facilities that are licensed as a Residential Child-Caring Agency reported any instances of room confinement for FY 17-18, for a total of nine incidents.

The Winnebago Youth Facility reported that a twelve year old youth was put in room confinement for two hours after becoming physically and verbally aggressive. The youth was allowed to exit room confinement as soon as he/she was calm.

Heartland Boys Home reported eight incidents of room confinement for a period of 24 hours each due to medical quarantine.

Based on reports submitted to the Nebraska Legislature and the OIG, the use of room confinement at RCAAs continues to be rare and brief when used.

RCCA POLICY ON ROOM CONFINEMENT

Room Confinement Use is Restricted or Banned	Positive Behavior Management Policy or Prevention Policy	Specific Procedures for Room Confinement	No Policy on Room Confinement	No Response to OIG Request for Information
<p>CAPWN Youth Shelter</p> <p>Cedars Youth Services</p> <p>Child Saving Institute, Inc.</p> <p>Father Flanagan's Boys Home</p> <p>Father Flanagan's Boys Home – Grand Island</p> <p>Father Flanagan's Boys Home – Grand Island</p> <p>Heartland Family Services-Jefferson House</p> <p>Heartland Family Services-Youth Links</p> <p>Masonic-Eastern Star Home for Children</p> <p>Nebraska Youth Center</p> <p>Norfolk Group Home</p> <p>Omaha Home for Boys</p> <p>Rite of Passage Inc. – Uta Halee Academy</p>	<p>Cedars Youth Services</p> <p>Child Saving Institute, Inc.</p> <p>Father Flanagan's Boys Home</p> <p>Father Flanagan's Boys Home – Grand Island</p> <p>Heartland Family Services-Jefferson House</p> <p>Heartland Family Services- Youth Links</p>	<p>Cedars Youth Services</p> <p>Nebraska Youth Center</p>	<p>Winnebago Youth Facility</p>	<p>Grace Children's Home</p> <p>Heartland Boys Home, LLC.</p> <p>Release Ministries</p> <p>Women in Community Service, Inc.</p> <p>Youth Care & Beyond, Inc.</p>

Best Practice Criteria: Use & Reduction of Room Confinement

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. Research based on these standards is in the early stages, and therefore cannot be considered evidenced based. However, they have been developed by organizations based on their analysis of available research on the effects of room confinement.

A full list of organizational standards and statements, along with restrictions imposed by federal law, rules and regulations, on the use of a variety of forms of room confinement can be found in Appendix D on page 50.

Best Practice Criteria for Room Confinement 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;⁶³ 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.

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.

Research is limited on effective measures for reducing the use of room confinement. However, 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 developed Six Core Strategies for Reducing Seclusion and Restraint Use[©] and an accompanying planning tool which takes a public health prevention and continuous quality improvement approach to

⁶³ The exception on time limits is the American Correctional Association which allows up to five days of disciplinary room confinement.

helping aide Mental Health facilities reduce seclusion.⁶⁴ The Council of Juvenile Correctional Administrators (CJCA), has also developed a toolkit with steps facilities can take to reduce juvenile room confinement.⁶⁵ (See breakout.)

**National Association of State Mental Health Program Directors (NASMHPD)
Six Core Strategies for Restraint and Seclusion Reduction:**

1. Leadership toward Organizational Change
2. Use of Data to Inform Practice
3. Workforce Development
4. Use of Prevention Tools
5. Consumer [Child and Family] Roles
6. Debriefing Techniques

**Council of Juvenile Correctional Administrators (CJCA)
Five Steps to Reduce Isolation:**

1. Adopt a mission statement and philosophy that reflects rehabilitative goals;
2. Develop policies and procedures for use and monitoring of isolation;
3. Identify data to manage, monitor and be accountable for use of isolation;
4. Develop alternative behavior management options and responses; and,
5. Train and develop staff in agency mission, values, standards, goals, policies and procedures.

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.⁶⁶

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.⁶⁷ A number of reports and case studies have highlighted the benefit of outside technical assistance to help facilities reduce the use of room confinement.⁶⁸

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

⁶⁴ NASMHPD "Six Core Strategies for Reducing Seclusion and Restraint," 2008 available from www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf.

⁶⁵ Council of Juvenile Correctional Administrators. "Council of Juvenile Administrators Toolkit: Reducing the Use of Isolation [Toolkit]."

⁶⁶ *Id.*

⁶⁷ Delaney, Kathleen R. RN, DNSc. "Evidence Base for Practice: Reduction of Restraint and Seclusion Use During Child and Adolescent Psychiatric Inpatient Treatment." *Worldviews on Evidence-Based Nursing* 2006; 3(1):19–30. (2006).

⁶⁸ Council of Juvenile Correctional Administrators. "Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation [Toolkit]." and, LeBel, Janice Ed.D. et. al. "Child and Adolescent Inpatient Restraint Reduction: A State Initiative to Promote Strength-Based Care."

ongoing changes to facility culture, policy, and practice to find new and different ways to respond to youth behavior and safety concerns.

Recommendations to Reduce Juvenile Room Confinement in Nebraska

In the OIG's charge of preparing an annual report on the use of juvenile room confinement is the requirement that it contain identified changes which may lead to a reduction in room confinement in Nebraska.⁶⁹

Though the full scope of juvenile room confinement remains unknown after the second year of data reporting and analysis, the OIG reiterates recommendations made in 2017, and continues to recommend changes it believes may reduce the use of juvenile room confinement in Nebraska, bringing facilities closer to following national standards and best practices.

Identified Changes & Recommendations

As part of its analysis of juvenile room confinement at different types of facilities, the OIG identified changes to reduce the use of room confinement. Individual facilities can take the following steps to reduce room confinement:

- 1. Revise facility policies to reflect best practice:** Room confinement should only be used as a last resort, be time-limited, and be closely monitored. Facility policies should be gradually modified to reflect these best practices. Some facility policies on juvenile room confinement are not in line with best practices or national recommendations. Policy change without the development of appropriate alternatives at facilities may not effectively and safely reduce room confinement. Nonetheless, as part of wider strategies to reduce room confinement, revisions to policy to reflect best practices is essential.
- 2. Focus on workforce development:** Facilities should ensure that each is staffed appropriately, administrative efficiencies are sought, and the facility's workforce is well-trained and supported in alternatives to room confinement. Many strategies that have been shown to successfully reduce room confinement have been linked to staff-intensive positive behavioral intervention and therapeutic programs.⁷⁰ In order to reduce room confinement, facility staff must have the support and training to implement alternatives to room confinement. Furthermore, staffing issues (shortages, training, shift changes, etc.) were directly related to room confinement incidents at Nebraska facilities. Facilities should ensure juvenile room confinement is not being used to accommodate administrative tasks such as headcount and training, in the effort to reduce unnecessary room confinement.
- 3. Create a Juvenile Room Confinement Reduction Plan and include technical assistance and oversight:** National research and information suggests facilities that have reduced juvenile room confinement successfully, have done so by implementing a variety of different strategies, tailored for their specific circumstances. Many facilities have benefitted from technical assistance and oversight from outside entities in creating

⁶⁹ Neb. Rev. Stat. §83-4,134.01 (d).

⁷⁰ *Id.*

and implementing plans to reduce juvenile room confinement. Each juvenile facility that uses room confinement should have a plan to reduce its use. To the extent possible, these facilities should receive assistance from state regulators and others experts in developing, implementing, and monitoring plans to reduce the use of room confinement.

- 4. Publicly report information on the use of room confinement, including seclusion:** Facilities that use any form of room confinement for children and youth in their care should report such. Many facilities over the past year did report room confinement numbers on a quarterly basis, but several did not. Without full and complete reporting, a comprehensive review of juvenile room confinement in Nebraska cannot be undertaken. Transparent public reporting about the use of room confinement, including seclusion, can only help monitor and reduce its use.

Several state agencies develop and monitor the standards and regulations for the operations of the facilities caring for youth as described in this report. The OIG makes several recommendations related to each.

The **Nebraska Department of Correctional Services (NDCS)** runs the prisons and sets forth rules and regulations for the prison system in dealing with inmates under 19 years of age. NDCS should take steps to:

Provide Additional Details in NDCS Rules and Regulations on Restrictive Housing as it Relates to Best Practices and Youth Under 19: NDCS has already initiated the process of developing a plan to reduce the use of restrictive housing across all of their correctional facilities. So far, however, the promulgated regulations and other changes apply generally to the correctional system and not specifically to issues related to juvenile inmates. There are no formal policies or strategies to reduce the use and duration of room confinement of juveniles across the correctional system.

Specifically Adopt Time Limits for Inmates in Restrictive Housing Under the Age of 19: NDCS rules and regulations do not adequately address room confinement limits for inmates under 19 years old. Rules and regulations should be changed to implement time limits.

Conduct a study on youth who spend particularly long periods of time in room confinement: Further study is needed to examine the youth who spend long periods of time in longer-term restrictive housing to determine what resources are needed to allow them to integrate into general population.

The **Office of Juvenile Services (OJS)**, under the Department of Health and Human Services Division of Children and Family Services, oversees the Youth Rehabilitation and Treatment Centers. OJS should take steps to:

Develop and Implement a Strategic Plan to Reduce Room Confinement: OJS should ensure that both YRTCs develop and implement concrete plans to reduce the use and length of time youth spend in room confinement over the next 12 months.

Change OJS Rules and Regulations to Align with Best Practices: Though internal operating memos are updated, current rules and regulations authorize the use of room confinement either for reasons of safety and security or as a disciplinary sanction if the youth has violated a facility rule. Best practices do not contemplate the use of room confinement for disciplinary purposes. Formal rules and regulations should be updated to reflect current best practices.

The **Nebraska Jail Standards Board**, housed at the Nebraska Commission on Law Enforcement and Criminal Justice, develops standards, or rules and regulations, for the operation of juvenile detention facilities. Steps should be taken to:

Clarify definitions of different forms of room confinement within Juvenile Detention Jail Standards: Current Juvenile Detention Jail Standards use a variety of terms that could be considered “room confinement”. Some of these are defined and others are not (e.g. – room restriction). Some terms appear to be applied inconsistently – for example disciplinary confinement and disciplinary detention. It would be helpful to update Jail Standards to ensure all terms are defined and that requirements for each form of room confinement are appropriately specified.

Update Jail Standards to reflect room confinement reporting requirements: In light of requirements on room confinement documentation and reporting, incorporating specific documentation and reporting requirements and integrating them with current definitions in standards should be completed as required by law.

Update Jail Standards to eliminate the use of room confinement for disciplinary purposes: All detention and staff secure facilities in Nebraska reported no longer using room confinement for disciplinary purposes. Jail standards should be updated to recognize this current best practice and revise other standards as necessary to be consistent with this practice.

The **Department of Health and Human Services, Division of Public Health** licenses all mental health centers, health care facilities, residential child-caring agencies, and substance abuse treatment centers. The Division of Public Health should take steps to:

Update licensing rules and regulations to reflect juvenile room confinement reporting requirements: In light of requirements on room confinement documentation and reporting, incorporating specific documentation and reporting requirements and integrating them with current definitions in rules and regulations should be completed.

Appendices

- Appendix A: Room Confinement – Nebraska State Statutes
- Appendix B: Nebraska Facilities Reporting Juvenile Room Confinement
- Appendix C: YRTC Memos Limiting the Use of Room Confinement
- Appendix D: Standards on the Use of Juvenile Room Confinement
- Appendix E: References

Appendix A: Room Confinement Statutes

Neb. Rev. Stat. §83-4,125. Detention and juvenile facilities; terms, defined.

For purposes of sections 83-4,124 to 83-4,134.01:

(1) Criminal detention facility means any institution operated by a political subdivision or a combination of political subdivisions for the careful keeping or rehabilitative needs of adult or juvenile criminal offenders or those persons being detained while awaiting disposition of charges against them. Criminal detention facility does not include any institution operated by the Department of Correctional Services. Criminal detention facilities shall be classified as follows:

(a) Type I Facilities means criminal detention facilities used for the detention of persons for not more than twenty-four hours, excluding nonjudicial days;

(b) Type II Facilities means criminal detention facilities used for the detention of persons for not more than ninety-six hours, excluding nonjudicial days; and

(c) Type III Facilities means criminal detention facilities used for the detention of persons beyond ninety-six hours;

(2) Juvenile detention facility means an institution operated by a political subdivision or political subdivisions for the secure detention and treatment of persons younger than eighteen years of age, including persons under the jurisdiction of a juvenile court, who are serving a sentence pursuant to a conviction in a county or district court or who are detained while waiting disposition of charges against them. Juvenile detention facility does not include any institution operated by the department;

(3) Juvenile facility means a residential child-caring agency as defined in section 71-1926, a juvenile detention facility or staff secure juvenile facility as defined in this section, a facility operated by the Department of Correctional Services that houses youth under the age of majority, or a youth rehabilitation and treatment center;

(4) Room confinement means the involuntary restriction of a juvenile to a cell, room, or other area, alone, including a juvenile's own room, except during normal sleeping hours; and

(5) Staff secure juvenile facility means a juvenile residential facility operated by a political subdivision (a) which does not include construction designed to physically restrict the movements and activities of juveniles who are in custody in the facility, (b) in which physical restriction of movement or activity of juveniles is provided solely through staff, (c) which may establish reasonable rules restricting ingress to and egress from the facility, and (d) in which the movements and activities of individual juvenile residents may, for treatment purposes, be restricted or subject to control through the use of intensive staff supervision. Staff secure juvenile facility does not include any institution operated by the department.

Neb. Rev. Stat. §83-4,134.01. Juvenile facility; legislative intent; placement in room confinement; provisions applicable; report; Inspector General of Nebraska Child Welfare; duties.

(1) It is the intent of the Legislature to establish a system of investigation and performance review in order to provide increased accountability and oversight regarding the use of room confinement for juveniles in a juvenile facility.

(2) The following shall apply regarding placement in room confinement of a juvenile in a juvenile facility:

(a) Room confinement of a juvenile for longer than one hour shall be documented and approved in writing by a supervisor in the juvenile facility. Documentation of the room confinement shall include the date of the occurrence; the race, ethnicity, age, and gender of the juvenile; the reason for placement of the juvenile in room confinement; an explanation of why less restrictive means were unsuccessful; the ultimate duration of the placement in room confinement; facility staffing levels at the time of confinement; and any incidents of self-harm or suicide committed by the juvenile while he or she was isolated;

(b) If any physical or mental health clinical evaluation was performed during the time the juvenile was in room confinement for longer than one hour, the results of such evaluation shall be considered in any decision to place a juvenile in room confinement or to continue room confinement;

(c) The juvenile facility shall submit a report quarterly to the Legislature on the number of juveniles placed in room confinement; the length of time each juvenile was in room confinement; the race, ethnicity, age, and gender of each juvenile placed in room confinement; facility staffing levels at the time of confinement; and the reason each juvenile was placed in room confinement. The report shall specifically address each instance of room confinement of a juvenile for more than four hours, including all reasons why attempts to return the juvenile to the general population of the juvenile facility were unsuccessful. The report shall also detail all corrective measures taken in response to noncompliance with this section. The report shall be delivered electronically to the Legislature. The initial quarterly report shall be submitted within two weeks after the quarter ending on September 30, 2016. Subsequent reports shall be submitted for the ensuing quarters within two weeks after the end of each quarter; and

(d) The Inspector General of Nebraska Child Welfare shall review all data collected pursuant to this section in order to assess the use of room confinement for juveniles in each juvenile facility and prepare an annual report of his or her findings, including, but not limited to, identifying changes in policy and practice which may lead to decreased use of such confinement as well as model evidence-based criteria to be used to determine when a juvenile should be placed in room confinement. The report shall be delivered electronically to the Legislature on an annual basis.

Appendix B: Facilities Reporting Juvenile Room Confinement

Facilities Reporting	Facilities with Partial Reporting	Facilities Not Reporting
<p>Correctional Institutions Nebraska Correction Center for Women Nebraska Correctional Youth Facility</p> <p>Office of Juvenile Services, Youth Rehabilitation & Treatment Centers YRTC-Kearney YTRC-Geneva</p> <p>Juvenile Secure & Staff Secure Detention Douglas County Youth Center Lancaster County Youth Services Center Northeast Nebraska Juvenile Services Center Patrick J. Thomas Juvenile Justice Center</p> <p>Mental Health & Substance Abuse Centers Child Guidance Residential Treatment Center Hastings Regional Center-Juvenile Chemical Dependency Program NOVA Treatment Community Lincoln Regional Center-Whitehall Program</p> <p>Residential Child-Caring Agencies CAPWN Youth Shelter Cedars Youth Services Father Flanagan’s Boys Home Father Flanagan’s Boys Home – Grand Island Grace Children’s Home Heartland Family Service – Youth Links Norfolk Group Home Release Ministries, Inc. Rite of Passage – Uta Halee Academy Winnebago Youth Facility Youth Care and Beyond, Inc.</p>	<p>Mental Health & Substance Abuse Centers Immanuel Medical Center – Residential Treatment Center (CHI) OMNI Behavioral Health-Seward Family Support Center</p> <p>Residential Child-Caring Agencies Child Saving Institute, Inc. Heartland Boys Home LLC Heartland Family Service – Jefferson House Masonic-Eastern Star Home for Children Nebraska Youth Center Omaha Home for Boys Women in Community Service, Inc.</p>	<p>None</p>

Appendix C: YRTC Memos Limiting the Use of Room Confinement

MEMORANDUM

TO: All Staff

FROM: Dan Scarborough, Facility Administrator

DATE: August 9, 2018

SUBJECT: Room Confinement Change

Please be advised, Youth Rehabilitation and Treatment Center-Geneva Operational Memorandum 302.1.5 references that confinement will not be used as a punishment. Please keep in mind that a room confinement incident occurs any time a juvenile is separated alone from a facility's general population or programming, unless the juvenile requested the separation or participated in the separation of their own free will.

Effective immediately, during non-sleeping hours, youth may be kept involuntarily in a room for the following reasons:


1. To calm a youth who is exhibiting dangerous or disruptive behavior that poses an immediate and substantial risk to themselves or others
2. For disruptive behavior that threatens the safety and security of the facility

A youth may not be confined in a room for the following purposes:

1. As a punishment or a disciplinary sanction
2. Due to a staffing shortage
3. For staff convenience, for example, shift changes, medication pass, meal or snack preparation or emergency situations that are not occurring in the youth's living unit
4. For purposes of retaliation by staff

Room confinement may only be used when less-restrictive alternatives have been exhausted and the juvenile poses an immediate and substantial risk of harm to self or others. A juvenile shall not be held in room confinement longer than the minimum time required to eliminate the substantial and immediate risk of harm to self or others. A juvenile shall only be held in room confinement for a period that does not compromise or harm the mental or physical health of the juvenile.

MEMORANDUM

TO: All Staff
FROM: Paul Gordo Facility Operating Officer
DATE: 
July 30, 2018
SUBJECT: Room Confinement Change

Please be advised, Youth Rehabilitation and Treatment Center-Kearney Operational Memorandum 302.1.6b references that confinement will not be used as a punishment. Please keep in mind that a room confinement incident occurs any time a juvenile is separated alone from a facility's general population or programming, unless the juvenile requested the separation or participated in the separation of their own free will. Effective immediately, during non-sleeping hours, youth may be kept involuntarily in a room for the following reasons:

1. To calm a youth who is exhibiting dangerous or disruptive behavior that poses an immediate and substantial risk to themselves or others
2. For disruptive behavior that threatens the safety and security of the facility

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1. As a punishment or a disciplinary sanction
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Room confinement may only be used when less-restrictive alternatives have been exhausted and the juvenile poses an immediate and substantial risk of harm to self or others. A juvenile shall not be held in room confinement longer than the minimum time required to eliminate the substantial and immediate risk of harm to self or others. A juvenile shall only be held in room confinement for a period that does not compromise or harm the mental or physical health of the juvenile.

Appendix D: Standards on Use of Room Confinement

Federal Laws, Rules and Regulations

Children’s Health Act (2000)

Prison Rape Elimination Act (2003)

Juvenile Justice and Delinquency Prevention Act (1974)

Organizational Standards

American Academy of Child and Adolescent Psychiatry (AACAP)

Practice Parameter for the Prevention and Management of Aggressive Behavior in Child and Adolescent Psychiatric Institutions, With Special Reference to Seclusion and Restraint. (2002).

- Seclusion can be used to: “Prevent dangerous behavior to self or others; Prevent disorganization or serious disruption of the treatment program including serious damage to property; [or, When] Measures promoting the child’s self-control or less restrictive options have failed or are impractical.”
- Seclusion should not be used, “[...] as punishment; [...] for the convenience of the program; [...] where prohibited by state guidelines; [...] by untrained staff; [...] when a patient would be medically compromised by the institution of seclusion and restraint.”

Solitary Confinement of Juvenile Offenders (2012).

- Defines solitary confinement as, “the placement of an incarcerated individual in a locked room or cell with minimal or no contact with people other than staff of the correctional facility. It is used as a form of discipline or punishment.” The AACAP distinguishes between brief time outs or seclusion as used in behavioral health facilities.
- The AACAP considers solitary confinement of juveniles, “cruel and unusual punishment,” and, “opposes the use of solitary confinement in correctional facilities for juveniles. In addition, any youth that is confined for more than 24 hours must be evaluated by a mental health professional, such as a child and adolescent psychiatrist when one is available.”

American Correctional Association (ACA)

Performance-Based Standards, Juvenile Correctional Facilities, 4th edition (2009).⁷¹

- Distinguishes between and sets standards for three different practices:
 - Disciplinary Room Confinement: limited to 5 days, with required 15 minute checks, and similar rights and privileges to the general population;

⁷¹ Information on standards taken from “Summary of National Standards Restricting the Solitary Confinement of Youth.”

- Protective Custody: used until safe, alternate housing for the youth is found and limited to 72 hours, without administrative approval. Youth must be provided with programming; and,
- Special Management: used only for “high-risk youth who cannot control their assaultive behavior or present a danger to themselves.” ACA standards require individualized behavioral management plans.

**Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative (JDAI)
Juvenile Detention Facility Assessment Standards (2014).**

Juvenile Detention Alternatives Initiative Standards

The Juvenile Detention Alternatives Initiative standards were created in 2004 and revised in 2014. They apply to practices and standards in juvenile detention facilities, and include specific standards related to housing and room confinement. The JDAI definition of “room confinement” is “the involuntary restriction of a youth alone, in a cell, room, or other area.” The standards require a facility to have written policies and procedures covering the practice including that confinement is “a temporary response to threatening or destructive behavior not for discipline, punishment, convenience, or staffing shortages.” Written policy must also include how to avoid using confinement and when a youth may return from room confinement, how often staff must observe the youth while in room confinement, and the conditions of the room and what resources and supplies must be provided to the youth. The standards also require medical and mental health staff visits and data collection as part of the required elements of policy.⁷²

- Room confinement is defined as, “the involuntary restriction of a youth alone in a cell, room, or other area,” which is different from voluntary timeouts in cells or rooms, initiated by youth. The standards specify that room confinement should not be used for more than four hours.
- JDAI recommends room confinement only be used as, “a temporary response to behavior that threatens immediate harm to the youth or others,” after, “less restrictive techniques have failed,” and never for, “discipline, punishment, administrative convenience, retaliation, staffing shortages.” Youth, “who demonstrate a risk of self-harm,” should not be placed in room confinement, “unless approved by a qualified mental health professional.”
- JDAI standards require collection of information on each instance of room confinement and review of data by facility administrators. There are also standards on the type of room and facilities used for room confinement and access to programming while in room confinement.

⁷² “Juvenile Detention Facility Assessment, Standards Instruments, 2014 Update,” Annie E. Casey Foundation, December 2014, available from www.aecf.org/resources/juvenile-detention-facility-assessment/, pgs. 1-8 and 90-105, last accessed October 28, 2018.

Council of Juvenile Correctional Administrators, Performance-based Standards (PbS)⁷³

Council of Juvenile Correctional Administrators (CJCA)

The CJCA has a position statement that includes a belief that all facilities should have a written policy that limits the use of confinement/isolation to situations involving a serious threat by a youth to harm oneself or others. The CJCA supports the following guidelines for use:

- Room confinement should be used as a last resort only after verbal de-escalation techniques are employed to defuse the situation;
- All staff should be trained in the use of room confinement;
- May not be used as punishment;
- Staff must request permission to use room confinement from higher managers;
- Residents on “suicide watch” may never be placed in room confinement;
- Any use of room confinement beyond 15-minutes must be recorded as an incident;
- Duration of room confinement must be reported;
- Medical and Mental Health staff should be included in the interventions;⁷⁴ and,

Use of room confinement reports should be completed and reviewed at program and higher administrative levels.

Performance-based Standards (PbS)

PbS “is a data-driven improvement model grounded in research that holds juvenile justice agencies, facilities and residential care providers to the highest standards for operations, programs and services.”⁷⁵ Developed by the Council of Juvenile Correctional Administrators (CJCA), the standards are voluntary and are designed to “improve conditions, services and overall operations” of youth facilities and programs. In 2014 over 200 facilities and programs in 32 states utilized the standards set forth by PbS.⁷⁶

The standards define “isolation” as “any instance a youth is confined alone for cause or punishment for 15 minutes or more in his or her sleeping room or another room or separation unit. Exceptions being made for protective isolation, medical isolation, or when requested by the youth.”⁷⁷ PbS guidance specifically address the use of room confinement and isolation stating: “isolation or confining a youth to his/her room should be used only to protect the youth from harming himself or others and, if used, should be brief and supervised, with time measure beginning when the youth is placed in the room and continues until when he or she leaves, including sleeping time when extending overnight.”⁷⁸

⁷³ Information on standards taken from “Reducing Isolation and Room Confinement.” (2012).

⁷⁴ CJCA Toolkit: Reducing the Use of Isolation,” Council of Juvenile Correctional Administrators, pgs. 5-6.

⁷⁵ “About Us,” Performance-based Standards available at www.pbstandards.org/about-us, last accessed on October 24, 2018.

⁷⁶ “Performance-based Standards Brochure” PbS Learning Institute, 2014, available at www.pbstandards.org/cjcaresources/219/PbS-Brochure-2014.pdf, last accessed on October 24, 2018.

⁷⁷ “Reducing Isolation and Room Confinement,” PbS Learning Institute, p. 2-3.

⁷⁸ “Reducing Isolation and Room Confinement,” PbS Learning Institute, Sept. 2012, p 2, available from www.pbstandards.org/uploads/documents/PbS_Reducing_Isolation_Room_Confinement_201209.pdf, last accessed October 26, 2018.

Participating programs must track and measure isolation which is defined as, “any instance a youth is confined alone for cause or punishment for 15 minutes or more in his or her sleeping room or another room or separation unit,” and includes isolation, room confinement, and segregation or special management. Protective isolation, medical isolation, and voluntary isolation are not included.

In Nebraska, the YRTC’s participate in PbS.

U. S. Department of Justice

Standards for the Administration of Juvenile Justice (1980).

- Room confinement should be used, “only when no less restrictive measure is sufficient to protect the safety of the facility and the persons residing or employed therein.”
- Room confinement should never last for more than 24 hours.

The U.S. Department of Justice issued a report in 2016 after reviewing its use of restricted housing. The report defined restricted housing as “any type of detention that involves three basic elements:

- Removal from the general inmate population, whether voluntary or involuntary;
- Placement in a locked room or cell, whether alone or with another inmate; and,
- Inability to leave the room or cell for the vast majority of the day, typically 22 hours or more.”⁷⁹

The report focuses mainly on adults, but includes the following juvenile specific recommendations: “Juveniles should not be placed in restrictive housing. In very rare situations, a juvenile may be separated from others as a temporary response to behavior that poses a serious and immediate risk to the physical harm to any person. Even in such cases, the placement should be brief, designed as a “cool down” period, and done only in consultation with a mental health professional.”⁸⁰

The Joint Commission

Standards on Restraint and Seclusion⁸¹

- Seclusion should be used, “only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.” Seclusion cannot be used as a form of discipline or convenience and less restrictive measures must be implemented first.
- Seclusion must be ordered by a physician or other licensed practitioner and is time limited to one hour for children under 9 years, two hours for children 9 to 17, and four hours for those 18 years and older.

⁷⁹ “Report and Recommendations Concerning the Use of Restrictive Housing,” U.S. Department of Justice, January 2016 available from www.justice.gov/archives/dag/file/815551/download, last accessed October 28, 2018.

⁸⁰ “Report and Recommendations Concerning the Use of Restrictive Housing,” U.S. Department of Justice, January 2016.

⁸¹ Information on standards taken from Crisis Prevention Institute, “Joint Commission Standards on Restraint and Seclusion/ Nonviolent Crisis Intervention® Training Program.” (2010).

Appendix E: References

- American Civil Liberties Union. “Summary of National Standards Restricting the Solitary Confinement of Youth.”
<https://www.aclu.org/files/assets/5%202%20National%20Standards%20Restricting%20the%20Solitary%20Confinement%20of%20Youth.pdf>.
- Crisis Prevention Institute. (2010). “Joint Commission Standards on Restraint and Seclusion/ Nonviolent Crisis Intervention® Training Program.” Retrieved from
<https://www.crisisprevention.com/CPI/media/Media/Resources/alignments/Joint-Commission-Restraint-Seclusion-Alignment-2011.pdf>.
- Council of Juvenile Correctional Administrators. (2015). “Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation [Toolkit].” Retrieved from
<http://www.cjca.net>.
- Council of Juvenile Correctional Administrators. “Issue Brief, Reducing Isolation in Youth Facilities (RIYF): Sustaining the Gains: Alternative Tools to Isolation.” 2016. Accessed via
<http://cjca.net/attachments/article/921/Issue%20Brief%20RIYF%20Sustaining%20the%20Gains%20%20final%20%20June%207%202016.pdf>.
- Delaney, Kathleen R. RN, DNSc. “Evidence Base for Practice: Reduction of Restraint and Seclusion Use During Child and Adolescent Psychiatric Inpatient Treatment.” *Worldviews on Evidence-Based Nursing* 2006; 3(1):19–30. (2006).
- LeBel, Janice Ed.D. et. al. “Child and Adolescent Inpatient Restraint Reduction: A State Initiative to Promote Strength-Based Care.” Commonwealth of Massachusetts, Department of Mental Health: 2003. Accessed via
<http://www.mass.gov/eohhs/docs/dmh/rsri/ca-inpatient-restraint-reduction.pdf>.
- Performance-based Standards. “Reducing Isolation and Room Confinement.” PbS Learning Institute, Inc: September 2012. Accessed via
http://pbstandards.org/cjcaresources/158/PbS_ReducingIsolation_201209.pdf.