

Chapter 9: Other Recommendations

Most recommendations for improving conditions of confinement were presented in Chapters 4 through 7, as they pertained to the specific topic areas being discussed. This chapter presents recommendations that involve system-wide issues or matters that span topic areas.

A. Performance-Based Standards

As we observed earlier, a large proportion of existing nationally recognized standards deal with procedures rather than outcomes. A procedures-based standard requires, for example, that a facility have a written policy on a particular issue but provides no guidance on what that written policy should be. Hence, two facilities could fully conform to the standard (i.e., each have a written policy) but could pursue completely opposite practices.

Several factors probably account for the large proportion of procedures-based standards. For the most part, there has been scant empirical evidence to inform standard setting, so standards are more likely to be drafted to reflect a consensus of professional opinion. If practitioners disagree on the goals to be served by juvenile confinement, there is no consensus about the outcomes that are most important. To some extent, the prevalence of procedural standards reflects a lack of agreement among practitioners on goals for juvenile confinement.

In these circumstances, standard drafters are apt to focus on procedures, because even if practitioners differ on goals, they probably will agree that procedural regularity is itself a worthy improvement. Indeed, it is important not to denigrate the importance of procedural regularity.

Written policy and procedures (if enforced) constrain individuals' discretion and produce consistent and routinized practices. Written policy and procedures are a necessary foundation for improved job performance, recruitment, and training; heightened employee accountability; and enhanced fairness. In short, achieving procedural regularity makes it easier to administer and control facilities.

However, a growing number of juvenile justice practitioners maintain that compliance with procedural standards may have little effect on conditions within juvenile confinement facilities. In general, we found little relationship between facilities' conformance to procedural standards and the limited number of outcomes we examined. After taking into account other factors, we found a relationship between ACA accreditation and only one outcome—lower isolation rates.

We believe that it is time for standard-drafting bodies to emphasize performance-based standards for juvenile confinement facilities. This will require standard drafters to confer and agree on goals to be achieved and to define indicators that measure goal attainment. Performance-based standards can be developed for many areas of operation and levels of facility management.

It may be easier to develop performance-based standards in some areas than others. In particular, we suggest that standard-drafting bodies should begin working on performance-based standards for education, health care, and treatment services.

We recommend that organizations developing nationally recognized standards for juvenile correctional facilities emphasize performance-based standards in the future, rather than standards that focus on procedures.

B. Strategy for Implementing Recommendations

We decided to involve the leaders of major juvenile justice organizations in the design and execution of this study. More than 30 of them served as advisers, consultants, and site visitors. Staff presented information on the study to meetings of professional associations active in juvenile justice and sought their formal endorsement of the study. The leaders of these organizations encouraged their members to cooperate in the study and to give researchers access to their data and facilities. These efforts caused a surge of interest among practitioners in conditions of juvenile confinement and a renewed commitment among leaders of juvenile justice organizations to improve those conditions.

It is important to sustain the interest the study has generated and to promote coordination and communication among the key juvenile justice organizations who must work together to put our recommendations into effect. We believe that further review and discussion by these groups is essential to making full use of this report, in translating its recommendations into operational terms, and to efficiently implementing them in the field.

We recommend that a joint committee be created whose membership represents all national professional organizations interested in juvenile confinement. Over the next 4 years members of this joint committee should work to implement the recommendations in this report and to coordinate activities of their respective organizations toward the common objective of improving conditions of juvenile confinement. Appropriate Federal agencies should encourage and facilitate the work of this joint committee.

C. Improve Data Collection

We earlier noted that we lack data on confined juveniles' health status. Without such information, we cannot determine if medical services provided in confinement facilities meet juveniles' needs.

We recommend that existing public health surveillance systems be expanded to include and separately track confined juveniles.

The CIC census currently collects a great deal of useful information about characteristics of confined juveniles and a limited, but important, amount of information on facility and staff characteristics. But it collects little information on conditions of confinement or on key indicators of problems. With minor adjustments, the CIC census could provide trend data on such important measures as rates of staff turnover, isolation, searching, escapes, injuries, and suicidal behavior.

We recommend that OJJDP and the Census Bureau modify the existing CIC census to regularly collect data on staff turnover rates, use of isolation and searching, and incidence of injuries, escapes, and suicidal behavior.

During this study, detention center staff sometimes cited short periods of juvenile confinement as a rationale for not conforming to selected facility standards. Indeed, the duration of detention (15 days on average in 1991) stands at the heart of a critical debate on the role of detention. Some argue that nothing much can be accomplished in just a few days and propose a minimal role for detention—to hold juveniles in a safe, secure, and humane environment until their disposition by the court. Others advocate forcefully for an expansive role for detention, arguing that intensive education and programming can have a positive effect on confined juveniles, even if durations are short.

Anecdotal information obtained during site visits suggests that important changes are under way in the composition of the detention population that could support an expansive view of detention's future role. Specifically, it appears that populations in detention centers increasingly are split into short- and long-term confinement groups. The long-term group consist of juveniles sentenced to detention (a practice which is occurring more frequently) and juveniles held pending completion of waiver proceedings for prosecution as adults (in one detention center we visited, a juvenile had been held in detention for over 2 years; in another, for almost 2 years). As the size of the long-term group increases, officials often further shorten durations of confinement for the short-term group in order to avoid or minimize crowding. Hence, "regular" detainees are being held for shorter and shorter terms, while sentenced and waived juveniles are being held for longer and longer terms. In one detention center we visited, short-termers stayed an average of 7 days, while long-termers (who constituted 35 percent of the population) stayed for an average of over 90 days. As the proportion of long-term juveniles in detention grows, programming may need to change substantially to serve their needs.

However, we lack data to describe the magnitude of these changes because the existing CIC census does not distinguish these groups.

We recommend that OJJDP and the Census Bureau modify the biennial CIC census to collect data on the number of juveniles in detention centers who are (a) detained, (b) adjudicated, and (c) detained pending waiver. Furthermore, separate data on average duration of confinement should be collected for each group.

D. Conduct Additional Studies

Our findings with respect to the relationships between crowding and injuries is consistent with prior published research. Most research findings about the effects of crowding arose from studies of naturally occurring variation—for example, studies of the same facility at different points in time when levels of crowding varied, or studies of different facilities where levels of crowding varied at the same point in time. In either case, findings can be affected by scores of other uncontrolled factors such as differences in administrators' philosophy, levels of gang involvement by residents, and racial tensions among residents. These problems could be reduced by conducting controlled studies to determine the effects of crowding.

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

We lack basic information about the health, education, and treatment needs of confined juveniles and about the provision of health care, educational, and treatment services while they are confined. Without such information, the adequacy of service delivery cannot be assessed.

We recommend a general review of the health needs of, and services received by, confined juveniles, based on review of medical records of a national sample of confined juveniles.

We recommend a general review of treatment needs of and services received by confined juveniles, based on review of case records of a national sample of confined juveniles.

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

We observed substantial (indeed, often extreme) variation among facilities in rates of escapes, suicidal behavior, injuries, searching, isolation, and restraints. Only a small part of this variation could be explained by the analytical models we developed.

We recommend that juvenile justice agencies support detailed comparative studies of facilities with low and high rates of escape, injury, isolation, searching, and restraint use to identify policies and practices that can materially improve safety and security. These studies should also examine classification procedures and ways in which classification results are used.

We have incomplete information on the number of juveniles confined in the types of facilities that were excluded from this study and virtually no information on the conditions under which they are confined in those facilities.

From CIC we know that 29,200 juveniles were confined in shelters, group homes, and halfway houses in 1991. There are no data on the number of juveniles confined in secure hospital programs. Based on data in the National Corrections Reporting Program, 1989, and Correctional Populations in the United States, 1989, we estimate that slightly over 5,000 persons age 17 or younger were admitted to adult prisons in 1989, most of whom probably were waived for adult prosecution. Over 42 percent of them were convicted of violent crimes. (Only one other age group—those over 55—had a higher concentration of violent offenders.) Hence, many of these young offenders will be incarcerated for substantial periods. One of our advisers estimated that as many as 10,000 waived juveniles may be currently serving sentences in adult prisons. That estimate does not appear improbable. Advisers believed that the number of juveniles waived for adult prosecution has increased sharply in recent years (anecdotal data from site visits support this view) and that the number confined in secure hospital treatment programs also has risen.

No data exist on conditions in the facilities that house these juveniles.

We recommend that OJJDP support additional studies of confinement for three groups of juveniles excluded from this study: (1) those tried and sentenced as adults, (2) those placed in halfway houses, group homes, or shelters, and (3) those placed in secure hospital treatment programs.