OKLAHOMA
COMMISSION ON
CHILDREN AND YOUTH

Detaining Youth Task Force

Statewide Recommendations Report

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"We work with the population that
nobody desires to work with,
and it's a principle of this place
that we stand with them"

Father Gregory Boyle
(Homeboy Industries - the largest gang-intervention,
rehabilitation, and re-entry program in the world)

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Task Force Authorization and Purpose

Oklahoma youth are detained anywhere from a couple of days to months while awaiting a court date or transfer to another facility because of delinquent activity. Youth may spend years in the custody of the State of Oklahoma if they are adjudicated as a delinquent or youthful offender. OCCY Director Annette Wisk Jacobi[1] utilized the director's authority under Title 10 O.S. §601.5 to convene the "Detaining Youth Task Force" (Task Force) to review and make recommendations on the following:

1) Laws, policies, and procedures relating to detaining youth in both juvenile and adult facilities;
2) Best practices related to detaining youth in both juvenile and adult facilities; and
3) Best practices related to well-being and suicide prevention of youth being detained in juvenile and adult facilities.

Due to the specific request by County Commissioner Blumert and Sheriff Taylor, the first phase of the Task Force's work was focused on Oklahoma County although recommendations may be applicable statewide. In the second phase, the Task Force, re-examined the recommendations from the Oklahoma County report, as well as, examined statewide systemic issues.

Suicide Prevention, Mental Health Screening, and Family Contact

Suicide risk and prevention among youth in juvenile and adult detention centers is a systemic issue. Suicide prevention policy recommendations for the Oklahoma County Detention Center (OCDC) and the Oklahoma County Juvenile Detention Center (OCJDC) listed on pages 14 and 15 of the Detaining Youth in Oklahoma County report are applicable in adult and juvenile detention facilities in which youth are placed statewide. The following were recommended in the previous report:

Revise suicide prevention policies to address the unique needs of juveniles (i.e., risk factors, trauma focused interventions, de-escalation, death daring behaviors) including:

a. Clearly define levels of suicide precautions;
b. Identify who is responsible for the placement and removal of suicide precautions;
c. Improve documentation by creating forms consistent with policy including adequate space for staff members to provide greater detail of the juvenile's initial need for placement on precautions and while being monitored; and

[1] Title 10 O.S. §601.5 - The director may periodically convene issue-specific task groups for the purpose of improving services for children and youth. A copy of any report or recommendations which result from meetings of a task group shall be provided to the Commission, Governor, Speaker of the House of Representatives, President Pro Tempore of the Senate, and the director of each state agency affected by the report or recommendations.

d. Revise policies to state when and how the suicide gown will be utilized and who can order its use. Prohibit the forcible removal of clothing to place a youth in the suicide gown.

Facilities detaining youth should examine their policies and procedures to ensure these recommendations are met.

When a youth is on the highest risk of self-harm/suicide precautions, most detention facilities, likely all, utilize a safety smock. The smock is designed to be used in place of clothing and cannot be torn or wrapped tightly around the neck. Number two on page 15 under Recommendations for OCJDC Policy and Practice stated suicide prevention policies should prohibit the forcible removal of clothing to place a youth in a suicide prevention garment. The Task Force recommends all detention facilities statewide ban this practice with juveniles.

The practice of forcibly removing a juvenile's clothing is very concerning. Considering the likelihood of a juvenile's past trauma, including a history of physical and/or sexual abuse/rape, this practice should be prohibited.

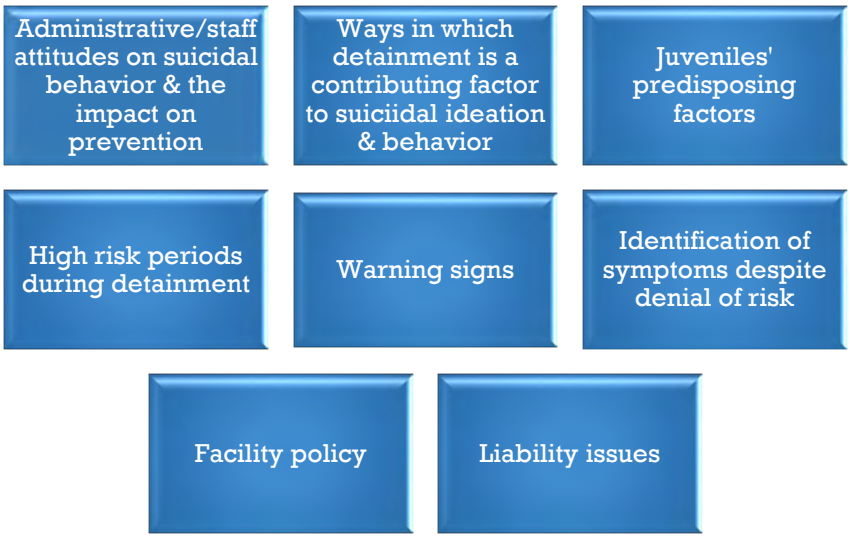
Undergarments can be utilized as a method of hanging; therefore, youth at high risk of a suicide attempt return their clothing to staff members and are issued the suicide smock to wear. There is extremely limited information on the use of the suicide smock/gown when a female resident is menstruating. The Task Force suggests the use of mesh underwear or other type of garment to meet this need without adding significant risk. Facilities should examine this issue further as well as develop protocol for this situation.

Training on suicide prevention can be inconsistent across facilities. Hayes (2011) recommended 8-hours of suicide prevention training for new employees followed by a 2-hour yearly refresher training course. Additionally, topics which should be included in the initial training were identified. It is imperative staff members understand risk factors associated with suicide; therefore, quality training should expand beyond facility policy and procedure. For staff members who may not have a background in mental health or suicide prevention to gain the knowledge necessary for effective implementation of policy and procedure, a more in-depth training program should be utilized to enhance knowledge and personal investment.

Hayes (2011) stated:

> "The initial training should include administrator/staff attitudes about suicide and how negative attitudes impede suicide prevention efforts; why the environments of juvenile facilities are conducive to suicide behavior; potential predisposing factors to suicide, high-risk suicide periods, warning signs and symptoms, identifying suicidal youth despite denial of risk, components of the facility's suicide prevention policy, and liability issues associated with juvenile suicide."

The yearly refresher should include any policy changes as well information and discussion of suicidal behaviors, attempts, and completed suicide(s) since employees were last trained. Further, Hayes (2011) pointed out a youth may become suicidal at any point during placement. Assessment of suicide risk is an ongoing process. Youth may enter the system with undiagnosed mental health issues which has contributed to placement in a juvenile or adult detention center.



Eight key issues training should address as identified by Hayes (2011), "*Guide to Developing and Revising Suicide Prevention Protocols within Juvenile Facilities*."

Depressive symptoms are often recognizable by the general population as presenting with a flat affect, expressed or observed sadness, and other subdued behaviors. Juveniles who are experiencing depressive symptoms, however, may present as irritable and aggressive. Stringaris, Zavos, Leibenluft, Maughan, and Eley (2010) reported high levels of aggression exhibited by delinquents may be intensified by depression which then leads to reinforcement of the cycle of delinquency (as cited in Kang, Louden, Ricks, & Jones, 2015). Grisso (2008) proposed the combination of irritability associated with depression and delinquent behavior that could result in a youth directing aggressive behavior inward (as cited in Kang et al., 2015). It has been well established incarcerated youth are at greater risk of suicide thoughts and behaviors in part due to the stress associated with confinement. The way depression symptoms may present in the delinquent population highlights the unique needs of juveniles. Kang et al. (2015) found

probationary youth with subclinical depression were more likely to argue with staff members, exhibited an inability to control their temper, and purposely violated rules at higher rates than those who did not present with a mood disorder. These research findings highlight the need for staff member training programs to include information on the unique and complex symptoms juvenile may exhibit.

Chapman and Ford (2008) used the Massachusetts Youth Screening Instrument – 2 (MAYSI-2) to examine traumatic experiences among youth in detention. The instrument's 6 questions range from the youth's perception of how people talk about them when they are not there, sexual assault, as well as, witnessed acts of violence. A traumatic experience was reported by 70% of the sample. For suicidal ideation, one in ten met the criteria for being considered at risk. Due to state juvenile laws where the study was conducted, many of the youth were younger than 16 years of age. Results of this age group led researchers to consider the possibility younger residents may be at greater risk. Overall, there was a strong relationship between traumatic experiences, suicidal ideation, and substance use. Data for this study was gathered during the admission process. Bhatta, Jefferis, Kavadas, Alemagno, and Shaffer-King (2014) also examined the role of adverse life experiences (ALE) in suicidal behaviors of youth in juvenile detention; focused on 4 factors: sexual abuse, a household member abusing drugs or alcohol, running away from home, and homelessness. Approximately 43% of youth in the study reported at least one of the four, and 24.5% reported they had experienced two of the four. The youth who participated in the study also provided this information during the intake process which provided further evidence youth enter the system with known risk factors associated with suicidal ideation and behavior. Nineteen percent reported suicidal ideation and nearly 12% had a suicide attempt. Both key studies highlighted the need for additional research on the role of traumatic experiences and the need to assess suicidal ideation at different times during a youth's detainment.

The Task Force examined statutory changes that would bring the State of Oklahoma into compliance with the Juvenile Justice Reform Act of 2018. A major systemic change addressed in the Detaining Youth in Oklahoma County: Recommendations Report was an alteration to state statute to make juvenile detention centers the default placement for youth, prohibit the placement of youth aged 14 and under in any adult detention facility, and would permit the placement of youth alleged to have committed the offense of murder in the first degree (aged 15-17) in an adult detention facility only after a hearing addressing key factors as outlined in the Juvenile Justice Reform Act 2018 and a court order. Currently juvenile detention centers use the MAYSI-2 as part of the admission process. According to McCoy (2011), the MAYSI-2 has been utilized as the premier assessment tool for juvenile justice facilities in 48 states (as cited in Gilbert, Grande, Hallman, & Underwood, 2015). The instrument utilizes yes/no questions which can normally be given in 10 minutes or less regarding life experiences in the preceding few months. The MAYSI-2 contains seven subscales: alcohol drug use, angry/irritable, depressed anxious, somatic complaints, suicide ideation, thought disturbance (males only), and traumatic experiences (Gilbert et al., 2015). The Traumatic Experience (TE) subscale

has items which differ by sex and is a nonclinical scale (Williams, Rogers, & Hartigan, 2019).

The MAYSI-2 has been cited numerous times in the literature, and its reliability and validity have been repeatedly supported. Gilbert et al. (2015) recommended the continued use of the MAYSI-2. Currently, juvenile detention centers in Oklahoma are utilizing the MAYSI-2; therefore, this information would be available if a juvenile was moved to an adult detention center by the process previously described. If a youth was moved from a juvenile center to an adult detention center, a copy of the MAYSI-2 or other OJA approved screening tool adopted in the future, should be provided to the receiving facility to assist with identifying risk and meeting the needs of the youth. Williams et al. (2019) re-examined the validity and reliability of the MAYSI-2 using a sample of participants from juvenile detention centers to conduct a Confirmatory Factor Analysis (CFA). Factor Analysis was used to examine the construct validity of the instrument. The results of the study corroborated previous findings and added to the literature showing the MAYSI-2 has been an effective screen tool with youth in the juvenile justice system. A notable finding by Williams et al. (2019) was a higher level of reported thought disturbances by youth under the age of 15; however, the researchers hypothesized this could be due to youth misunderstanding the questions tied to that scale, or the possibility youth who come into the juvenile justice system at an earlier age may be more likely to present with severe mental health symptoms.

The Task Force examined the practice of youth being required to pay for visits and phone calls while placed in an adult detention facility. This issue was addressed as a recommendation to the OCDC (p. 14) in the Oklahoma County report. A youth in a juvenile detention facility would not be required to pay for this contact. Correspondingly, the Task Force was concerned to discover a large gap between admission to an adult detention center and the ability to obtain a visit with parents/guardians. In one adult detention center, a parent was still waiting months after submitting the paperwork to be approved to visit. The Task Force wanted to ensure youth can obtain a visit from their parent and/or guardian not only as their right but also to maintain connections and reduce isolation from loved ones. Lack of connectedness and isolation could lead to an increase in symptoms and risk associated with poor metal health. There are some circumstances which would lead to a denial of parental/guardian contact. Approval or disapproval should occur early in a youth's stay at the facility. The Task Force has recommended 5 business days.

Oversight

The Task Force carefully examined the investigative structure of existing state oversight of adult detention facilities where youth are placed. In 2007, the former director of OCCY, Janice Hendryx sought the opinion of the Oklahoma Attorney General (AG) on the question:

> "Does the Office of Juvenile System Oversight, a division of the Oklahoma Commission on Children and Youth, have authority pursuant to 10 O.S. 601.6

(A) (2006) to inspect and monitor county jails and investigate complaints against county jails with regard to their detention and treatment of youths who shall be held accountable for their acts as if they were adults prior to a verdict of guilty or the entry of a plea of guilty or polo contendere?"

The OCCY Office of Juvenile System Oversight (OJSO) investigates complaints involving youth housed in adult detention centers; however, clarification on routine oversight of such facilities was needed. The opinion from the AG's office was examined by the Task Force. The response to 07-020 (2007) AG was as follows:

"It is, therefore, the official Opinion of the Attorney General that: The Office of Juvenile System Oversight, a division of the Oklahoma Commission on Children and Youth, has authority pursuant to 10 O.S. 601.6 (A) (2006) to inspect and monitor, county jails and investigate complaints against county jails with regard to their detention and treatment of youths who shall be held accountable for their acts as if they were adults prior to a verdict of guilty or the entry of a plea of guilty or polo contendere."

Given this information, the Task Force determined the OJSO has the authority to conduct investigations and engage in routine oversight visits consistent with the oversight provided to other facilities within the Oklahoma juvenile system.

The Task Force examined the role of the Oklahoma Health Department and applicable state rules. Title 310 Oklahoma Department of Health, Chapter 670, City and County Detention Facility Standards, Subchapter 7, Standards for Detention Facilities Holding Juveniles sets forth requirements which must be met. According to 310: 670-7-1 (b) a youth shall only be placed in an adult facility when permission has been "obtained from the appropriate judicial or juvenile bureau authority" with a record of the authorization maintained at the facility. This language is consistent with the requested statutory change for such a placement (i.e., only after a hearing and with a judicial order). Further, 310: 670-7-2, Certification of detention facilities holding juvenile offenders states the Health Department and the OJA are to coordinate with each other to certify adult detention centers to hold youth. Additional information regarding requirements for juveniles in an adult detention center are in another subchapter of the Health Department rules. The Prison Rape Elimination Act (PREA) contains language requiring sight and sound separation of juveniles from adult inmates. Health Department rules 310: 670-5-5, Classification and segregation, (2) Juvenile Offenders, (A-C), contains the requirements which demonstrate compliance with the criteria for PREA. The Task Force was concerned this information was under Classification and Segregation and not also included in subchapter 7. To make it easier for facilities to review and comply with requirements, all Health Department rules pertaining to youth should be included in subchapter 7 instead of (or in addition to) subchapter 5.

The Task Force determined the certification of adult detention centers would be consistent with the previously stated Health Department rules. Additionally, this would give the Oklahoma Department of Human Services (OKDHS), Office of Client

Advocacy (OCA) the authority to investigate allegations of abuse and/or neglect of youth under the age of 18 in an OJA certified adult detention facility by a staff member, as well as the authority to pursue placement of a staff member on the restricted registry. In 10 O.S. § 18-405.3 (A)(1)(a) regarding the Child Care Restricted Registry, in part, it states a caretaker would be eligible for placement on the registry "…when the abuse or neglect occurred to a child while in the care of a facility licensed, certified, operated or contracted by or with the Department or the Office of Juvenile Affairs…" Although this statute is in the Child Care Licensing Act section, Central Oklahoma Juvenile Center and Southwest Juvenile Center employees are eligible for placement on the registry although they are exempt from OKDHS licensing; therefore, an adult detention center would fit the criteria despite not being licensed by the OKDHS. This section goes on to state facilities "certified by or contracted with the Office of Juvenile Affairs after November 1, 2018" are included. It was the opinion of the Task Force the language referring to a staff member being eligible for placement on the restricted registry after an investigation by the OCA was clear if adult detention centers were certified by the OJA.

Recommendations for Statutory Changes

1. Require adult detention centers to process parents/guardians requests to visit with a juvenile within 5 working days.
2. A copy of the youth's most current OJA approved mental health and/or suicide screening instrument will accompany a youth being transferred to any adult holding, lockup, or detention center.
3. The OJA shall certify adult detention centers, jails, or lock ups to hold youth under the age of 18.

Recommendation for Rule Change

1. Include all information pertaining to juvenile offenders in 310:670-5-5 Classification and Segregation to subchapter 7, Standards for Detention Facilities Holding Juveniles.

Other Recommendation to the OJA

1. Other items were tabled by the Task Force as members felt the items were better included within the certification criteria developed by the OJA. The Task Force recommends the inclusion of 1) criteria for notification of incidents similar to the Health Department language in 310:670-5-2 Security and Control; 2) a requirement to notify OCA of allegations of abuse, neglect, and caretaker misconduct utilizing the hotline as required in other types of facilities with juveniles, 3) requirement to notify juveniles of their right to file a grievance to be handled (see previous recommendation in the Oklahoma County report) or have one filed on their behalf.

Note: *A fact sheet developed to detail statutory changes recommended from the Oklahoma County report and this statewide report is included at the end.*

Future Directions

> Resilience appears to be a common phenomenon arising from ordinary human adaptive processes. The great threats to human development are those that jeopardize the systems underlying these adaptive processes, including brain development and cognition, caregiver-child relationships, regulation of emotion and behavior, and the motivation for learning and engaging in the environment.
>
> *~ Ann Masten, PhD*

Research driven examination of juvenile justice systems within the United States has focused on the unique needs of juveniles as related to symptomology of mental illness, adolescent development, and effective rehabilitation. Basing program development on evidence-based strategies can lead to enhanced rehabilitation, reduction in recidivism, and fiscal responsibility. Research areas of interest to the juvenile justice system are the impact of Adverse Childhood Experiences (ACEs), developmental considerations, and family involvement.

Adverse Childhood Experiences (ACEs)

It is widely accepted juvenile justice involved youth come into the system with pre-existing risk factors and issues which need to be addressed to interrupt the trajectory of delinquent behavior. The research in this area is extensive; however, a sample of key research findings are important to highlight. Felitti et al. (1998) estimated in the original Adverse Childhood Experiences (ACEs) study approximately 48% of the general population did not experience any of the identified factors (as cited in Logan-Greene, Tennyson, Nurius, & Borja, 2017). Currently, the Center for Disease Control (2019) reported data from 25 U.S. states indicate 61% of adults have experienced at least one type of ACE. Logan-Greene et al. (2017) studied a sample of court involved youth on probation using a larger number of factors typically associated with ACEs separated into three categories in which a large percentage of the youth reported at least one type: Childhood Maltreatment (75%), Family Dysfunction (70%), and Social Disadvantage (64%). Additionally, 26.5% of the sample reported a mental health diagnosis. This should be considered a conservative number given a population with limited access to a mental health professional to have received a diagnosis. In this study, child maltreatment and family dysfunction were positively related with the three studied

indicators of mental health problems: 1) currently diagnosed, 2) reported suicidal thoughts, 3) mental health problems interfere with probation. Overall, experiencing childhood maltreatment was the strongest contributor to these indicators (Logan-Greene et al., 2017).

Fox, Perez, Cass, Baglivio, and Epps (2015) examined serious, violent, and chronic (SVC) offenders and reported the probability of SVC offending rose for each additional ACE in the youth's life (as cited in Wolff, Cuevas, Intravia, Baglivio, & Epps, 2018). Researchers have continued to evaluate ACEs in the context of risk for delinquency and family factors associated with continued delinquency. Wolff et al. (2018) examined ACEs using 9 items rather than the standard 10 items. They removed an item on parental separation due more than 50% of the sample reporting only that item, which would impact statistical findings. The researchers analyzed ACEs using a group modeling finding a 5-group model to be the best fit for the data. This model classified youth in 5 groups based on level of adversity. The groups included one high and one low adversity as well as 3 moderate adversity groups. The 3 moderate adversity groups contained factors statistically associated with each other. The high adversity group (emotional abuse, family violence, household substance abuse, and household incarceration) had a mean ACEs score of 5.17. The moderate groups' ACEs means were 2.99, 4.17, and 2.31. The moderate group with the highest mean contained variables such as physical/sexual abuse, family violence, and household incarceration. The low adversity group was the largest (51.7%). The high adversity group represented 7.2% of the sample; however, when combined, the moderate adversity groups represented 41.1% of the sample. These findings reflect nearly half of the sample fell into moderate to high adversity groups with the parental separation item removed. Community disadvantage and parents being able to find/maintain employment was related to the highest adversity group. Again, this provides evidence the success of juvenile justice programs should take a systems perspective addressing adverse experiences including family factors to intervene in the trajectory of delinquent behavior. Treating a youth without simultaneously providing family interventions are not likely to lead to long term success or breaking generational patterns.

Developmental Considerations

Tiano (2018) reported the current population of delinquent youth has been shown to include many youths at high risk of reoffending as well as education, health, and mental health needs (as cited in Mikytuck, Woolard, & Umpierre, 2019). Cauffman and Steinberg (2012) reported the need of policy makers, legislators, mental health professionals, and those who make up the juvenile justice system need to be well informed about developmental considerations as they pertain to competence and culpability as well as types of and responses to treatment. The juvenile justice system continues to struggle to find the balance between normal adolescent development and the need to control and modify behavior within residential placements. These issues are of importance to temporary placements such as juvenile and adult detention centers; however, they are of critical importance to

residential treatment programs. Mikytuck et al. (2019) discussed the discrepancy between the development of youth self-efficacy and the level of control that exists within institutions. The authors stated this is crucial yet a difficult part of reform efforts.

States vary as to their focus on rehabilitation and/or incarceration. Oklahoma is a state in which the juvenile justice system is focused on rehabilitation during incarceration balanced with accountability. The need to control behavior and maintain order is necessary; yet, often operates at odds with the role of independence and self-efficacy as key characteristics of adolescent development. Future directions should include ways programming can grow and adapt to the needs of delinquent youth. This includes an evaluation of staff experiences and training to meet the unique needs of a challenging population who often present as both vulnerable and aggressive. Mikytuck et al. (2019) cited the taxing work employees experience within residential facilities leading to high turnover. Such turnover or poor job satisfaction does not enhance the consistency and positive adult relationships needed by youth in out of home placements.

The changes adolescents experience makes it difficult to create a "one size fits all" program of rehabilitation. Impulse control, risk avoidance, and future planning develop throughout adolescence. These changes are a combination of sensation-seeking behaviors and later development of the ability to self-regulate which can present as increased intelligence on level with adults paired with an inability to show mature judgement (Cauffman & Steinberg, 2012). This discrepancy of the ability to make a reasonable decision followed by impulsive decision-making is a challenge for those working with youth. Cauffman and Steinberg (2012) also pointed out decisions influenced by emotional and social variables impacted an adolescent being able to use their cognitive abilities effectively. Steinberg (2017) cited mid-adolescence as a period of self-regulation development at a time of high sensation-seeking and an inclination toward risk-taking. Delinquent youth have a higher propensity toward risk-taking and lower levels of self-control. Youth reach cognitive milestones at a varied pace. This highlights the continued need for individualized care. Residential treatment centers in Oklahoma have utilized individualized treatment planning for decades. In the future, an evaluation as to how this is done and whether it is occurring effectively in practice should be examined to ensure success and compliance.

Family Involvement

According to information the OJA website, 17 detention centers and 11 group home are located throughout the state. Two medium secure residential facilities (highest level of care for delinquent youth) currently operate within Oklahoma. Both facilities are in rural areas, Tecumseh and Manitou. One specialized community home for OJA youth is available. The OJA contracts with most placements. The exceptions are the medium secure facilities, which are owned and operated by the OJA.

OJA Detention Centers	OJA Group Homes Males	OJA Group Homes Females	OJA Group Homes Males & Females	OJA Medium Secure Facilities
1) Beckham Co. 2) Canadian Co. 3) Cleveland Co. 4) Comanche Co. 5) Craig Co. 6) Creek Co. 7) Garfield Co. 8) LeFlore Co. 9) Oklahoma Co. 10) Pittsburg Co. 11) Pottawatomie Co. 12) Lincoln Co. 13) Texas Co. 14) Tulsa Co. 15) Woodward Co.	1) Allaxis Group Home - Muskogee 2) Cedar Canyon - Weatherford 3) Cornerston - Norman 4) Lawton Boys Group Home - Lawton 5) Lighthouse - Norman 6) People, Inc. - Sallisaw 7) ROCMND - Miami 8) Speck Homes - Oklahoma City 9) Thunder Ridge - Norman 10) Welch Skill Center - Welch	1) Mustang Treatment Center - Mustang	1) Scissortail Point - Norman	1) Central Oklahoma Juvenile Center - Tecumseh (Males & Females) 2) Southwest Oklahoma Juvenile Center - Manitou (Males)

The impact of not being able to gain access to visits with family members was an issue within adult jails. The Task Force was concerned about two main areas which led to the following recommendations previously cited: youth in adult detention centers should not be required to pay for phone calls and video visits with families as there is no charge for these in juvenile detention centers and parent/guardian requests to visit youth in adult detention centers should be approved or denied with five business days. The impact of isolation from parents/guardians has been well documented by professionals working youth. More recently, research has supported the need of increased family involvement for incarcerated youth. Limited family contact may begin once a youth is placed in juvenile detention but continues when a youth is adjudicated and placed in either a group home or medium secure residential institution. Fewer visits are more likely with the latter two placements as there are limited facilities available many of which are located over a 30-minute drive from where the family may reside. Ryan and Yang (2005) addressed theories associated with delinquency and the role of families with the premise being that if factors associated with family bonding can be increased further delinquency would decrease. The authors cited protection of the public as one reason for youth residential placements; however, these programs should also serve as the mechanism for youth and families to gain the opportunity to address their issues. Increased family contact may also have an impact on education and employment upon release from a juvenile facility. Ruch and Yoder (2018) found as family contact increased so did the probability of having educational and employment plans post-release. Ryan and Yang also examine family contact (2005) found most were initiated by the youth (33.8%) followed by a facility family service worker (27.3%), and family (21.7%). Family counseling contacts were only 0.5%.

In 2010, the Office of Juvenile Justice and Delinquency Prevention identified family engagement as a major issue for youth and correctional facilities (as cited in Ruch & Yoder, 2018). This research area has been a focus for decades. In 2005, Ryan and Wang found youth were less likely to engage in delinquent behavior after incarceration when families were involved before and after release (as cited in Ruch & Yoder, 2018). Research by Monahan, Goldweber, and Cauffman (2011) found an

association between family visitation and a decrease in youth depressive symptoms as well as a decrease of symptoms over time with frequent visits. This can be of major importance to youth as well as staff members at residential facilities due to the way in which youth exhibit depressive symptoms. According to the DSM-5 (2013) for Major Depressive Disorder, the symptom of a depressed (sad) mood may exhibit as irritability in children and adolescents; additionally, adverse childhood experiences are identified as risk factors for the disorder and stressful life events as a precursor to a depressive episode. Placement in juvenile detention and a transfer from detention to residential placement are stressful events for juveniles. Caretakers should be particularly aware and prepared for the risk associated throughout the length of stay in placement. Kelly, Novaco, and Cauffman (2019) found their sample of adjudicated male adolescents initially had high rates of anger and depression upon admission, with a decrease at Month 1 followed by an increase at Month 2 of placement in a facility. Such findings support the need for assessment throughout a youth's stay. Monahan et al. (2011) found regardless of the quality of the youth/parent relationship, visitation resulted in a reduction of depressive symptoms; although, those with higher quality relationships showed reduced depressed symptoms more consistently.

Kelly et al. (2019) specified the juvenile justice system was never intended to be a provider of mental health care despite a high population of youth in the system which need such care. The researchers found the effect of depression on offenses within the facility overlapped with measurements of anger. Addressing issues associated with mental health services and treatment within the juvenile system can benefit youth and staff members. In the future, identifying barriers to family engagement and ways to increase family involvement during a youth's stay in a residential program should be explored. Barriers such as lack of access to a reliable vehicle, gas prices, work schedules, distance to the facility, and availability of resources in rural communities should be explored. Agudelo (2013) wrote a brief for the Vera Institute of Justice which stated preliminary findings showed distance served as a significant barrier to visitation with those placed farther being less likely to have an in-person visit. However, Agudelo also acknowledged negative feelings (i.e., anger, sadness, separation anxiety) can also result in incarcerated youth acting out following visits. Given the current research on lowered level of depressive symptoms associated with family contact, consistency and quality of visits could be improved through increased therapeutic services at the facility to address negative emotions. Additionally, services provided to the family while the youth is in placement should be examined as a mechanism to reduce recidivism. Expanding family contact, increasing family therapy, assisting the family with social services as well as accessing care for their own mental health needs should be a focus to ensure youth return to a family and community prepared to meet their needs and reduce escalation to the adult system.

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Detaining Youth Task Force

Oklahoma Commission on Children & Youth

Statutory Changes: The Task Force identified two recommendations for the detainment of youth and the development of a grievance system.

About the Task Force

Oklahoma youth may be detained from a couple of days to months while awaiting their court date or transfer to another facility as a result of delinquent activity. OCCY Director Annette Wisk Jacobi utilized the director's authority under Title 10 O.S. §601.5 to convene the "Detaining Youth Task Force" (Task Force) to review and make recommendations on the following:

1) laws, policies, and procedures relating to detaining youth in both juvenile and adult facilities;
2) best practices relating to detaining youth in both juvenile and adult facilities; and
3) best practices relating to well-being and suicide prevention of youth being detained in juvenile and adult facilities.

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Overview of Statutory Changes

1) Detained Youth Under the Age of 18 Shall be Placed in Juvenile Detention

Youth 14 years of age or younger shall not be placed in an adult jail, adult detention center, or lock up. Youth age 15-17 alleged to have committed murder in the first degree may be moved to an adult detention center. In order to comply with the Juvenile Justice Reform Act of 2018, the process shall include a hearing, with representation, and court order. The court shall consider: 1) the age of the juvenile, 2) the physical and mental maturity of the juvenile, 3) the present mental state of the juvenile, including whether the juvenile presents an imminent risk of harm to the juvenile, 4) the nature and circumstances of the alleged offense, 5) the juvenile's history of prior delinquent acts, 6) the relative ability of the available adult and juvenile detention facilities to not only meet the specific needs of the juvenile but also to protect the safety of the public as well as other detained youth, and 7) any other relevant factor.

If a youth is placed in an adult detention center, the following protections/rights shall be met to address health and safety:

a) A copy of the youth's most current Office of Juvenile Affairs approved mental health and/or suicide screening instrument will accompany a youth being transferred to any adult holding, lockup, or detention center;
b) Require adult detention centers to process parents'/guardians' requests to visit with a juvenile within 5 working days.

2) Office of Juvenile Affairs (OJA) Shall Certify Adult Jails, Detention centers, or Lock ups in order to Detain Youth

Current statute states, "the jail, adult lock up or adult detention facility meets the requirements for licensure of juvenile detention facilities, as adopted by the Office of Juvenile Affairs, is appropriately licensed, and provides sight and sound separation for juveniles..." Proposed change revised this language to state adult jails, detention centers, or lock up shall be certified by the OJA to house youth.

3) OCCY Grievance System for Youth

Create statutory authority to OCCY for the administration of a grievance process for detained youth, pre and post adjudication/conviction, being held in a jail, adult detention center, or lock up. This process will be similar to the process afforded to youth being detained in juvenile detention facilities. Grievances will be directed to the OCCY Office of Juvenile System Oversight (OJSO) for investigation, resolution, and/ or referral to the appropriate agency. The OJSO has existing statutory authority to investigate complaints of misfeasance and malfeasance making OCCY the appropriate agency to oversee the grievance system. The OJSO will notify the OJA compliance officer or designee. The Oklahoma Department of Human Services will be notified if needed.