The Impact of Isolation Practices in Confinement Facilities
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Welcome
Elissa Rumsey: Good afternoon. On behalf of the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention, OJJDP, in collaboration with the National Center for Youth in Custody, I would like to welcome you to today’s Webinar entitled The Impact of Isolation Practices in Confinement Facilities. My name is Elissa Rumsey and I am the Compliance Monitoring Coordinator at OJJDP. As your moderator, I am happy to introduce today’s expert panelists. Each of their photos and biographies can be found in the “Handouts” pod on your dashboard. The experts are Mr. Victor Almager who is the Superintendent of the Ventura Youth Correctional Facility in California, as well as the former Warden of the Centinela State Prison, also in California. Second, you will hear from Mr. Francis Guzman who is a Soros Justice Fellow and attorney at the National Center for Youth Law in Oakland, California. Third, we will hear from Dr. Louis Kraus who works in Chicago, Illinois, where he is the Section Chief and Woman’s Board Professor of Child and Adolescent Psychiatry. Next, we will hear from Mr. Ian Kysel, attorney, who works as a Research Fellow at the Human Rights Watch and the American Civil Liberties Union (ACLU). Finally, we will hear from Dr. Mary Livers who serves as the Deputy Secretary in the Louisiana Office of Juvenile Justice.

Elissa Rumsey: Today’s topic is a very difficult and yet quite important one for many reasons. Confining youth to their cells may be the easiest method to protect youth from harm, such as physical and sexual abuse, but such protection comes at a cost. Isolation is known to be dangerous to mental health, especially among youth. Thus, we wish to share with you this important information so that it may inform the work you are doing in the justice field throughout the United States.
Elissa Rumsey: Now I want to turn it over to OJJDP’s National Training and Technical Assistance Center, Michelle Duhart-Tonge. She is going to share with you some of the features of this Adobe Connect Webinar and ensure that it goes smoothly and effectively today. Thank you, Michelle.

Adobe Platform Information
Michelle Duhart-Tonge: Thank you, Elissa, and good afternoon, everyone, and thanks so much for joining us. As your host, I would like to take a couple of minutes to discuss a few features of Adobe Connect, which will help you maximize your opportunity to participate in today’s Webinar. Most of you have already located some of these features. At the present time, our “Handout” pod is not working so there currently are not any handouts for you to download. Please know following this event you will be sent the report that will be referenced during the presentation, as well as an opportunity to see a video that we were hoping to share with you today. The PowerPoint and handout will be shared with you as well. Many of you received the PowerPoint prior to today’s live event. If you did not receive the handout, again we will share it with you following the event. To send a chat message to me, your host, a panelist or another attendee, one, click the “Menu” icon in the upper right hand corner of the “Chat” pod. Choose “Start Chat With,” then select host, presenters or specific attendees. Where the two arrow is, type your message into the text box and, three, hit “Enter” or click the message bubble icon to send.

Help Us Count!
Michelle Duhart-Tonge: For those of you participating in today’s Webinar as a group, please take a minute and help us count. Go to the chat window and type in the name of the person registered and the total number of additional people in the room with you today. This will help us with our final count. Again, if you are viewing with a larger group, please type in the name of the person registered and the number of additional people joining you today.

Michelle Duhart-Tonge: There will be two opportunities for Q&A throughout the presentation today. As questions arise, please send them to me, your host, to share with the panelists. During that time we will take every opportunity to direct some of the questions you have posed during the presentation.

Michelle Duhart-Tonge: At the conclusion of today’s Webinar, you will be provided with a link to take a 5-minute online survey about today’s presentation. We appreciate your feedback regarding this Webinar, and this information is used to assist OJJDP in future planning and training. You will be able to access the evaluation link on the last slide of the PowerPoint. For those of you participating as a group, when you return to your office please enter the link on the last slide in your Web browser to share your feedback.

Webinars on OJJDP Training Center
Michelle Duhart-Tonge: And finally, this event will be archived on OJJDP’s Training Center at www.nttac.org in approximately two weeks. Please pay it forward. Again, thank you for joining us today. Elissa?
Webinar Objectives

Elissa Rumsey: Thanks, Michelle. I am going to review the Webinar Objectives quickly before I turn it over to our first expert. The first objective of today’s Webinar is to learn about the latest research on the prevalence and impact of solitary confinement on children, and for that objective we are going to hear shortly from Ian Kysel. Second, we want to all understand the particular developmental and psychological vulnerabilities of young people in regards to isolation practices, so for that we are going to hear from Dr. Kraus. Third, we want to learn about and appreciate the effect of isolation practices on incarcerated youth and their families, and I am pleased to say one of our experts actually has spent time in a correctional facility and so has some direct experience with the practice. Finally, we are going to learn about challenges that facility administrators and staff face in reforming and restricting isolation practices, as well as opportunities for reform. I am also pleased to say that two of our experts actually work in and run facilities today, so I am really eager to hear what their insights are and what their recommendations are for working to reduce this practice of isolation.

Elissa Rumsey: With that said, I want to turn it over to Ian Kysel. Ian is an attorney who works for the Human Rights Watch and the ACLU. He wrote a report recently called Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States. It is a very important groundbreaking report that he spent over a year researching, analyzing practices in facilities, visiting facilities, speaking with youth who had been incarcerated, and it is a wealth of information that I strongly recommend everybody download and read, if they have not already. So with that said, I want to turn it over to Ian so he can tell you more about the study and research that resulted from his work. Thank you, Ian.

Research For Growing Up Locked Down

Ian Kysel: Thank you, Elissa. It is really a pleasure to be here and I appreciate all of the panelists taking time to speak about this issue, as well as the work of the National Center for Youth in Custody and NTTAC. I want to talk a little bit about my research and just a quick overview. The report focuses on research on isolation practices in adult facilities. For my research I traveled to a number of states across the country, interviewed scores of young people who had been held in dozens of adult correctional facilities, as well as administrators, prison officials, jail officials, mental health and corrections experts.

Growing Up Locked Down Findings

Ian Kysel: My primary findings for the report are that, based on Bureau of Justice Statistics (BJS) data, we estimate that in each of the last 5 years, 90,000 or more young people under 18 were held in adult jails and prisons across the United States. While in those facilities, I found that youth are often held in solitary confinement for weeks and months, and that while in solitary confinement, young people are denied access to treatment, to services, programming necessary to promote healthy growth and development, and that solitary confinement harms mental and physical health, as well as disrupts development.

Ian Kysel: Finally, in my work with studying best practices and interviewing experts, I found that solitary confinement of adolescents is unnecessary. It is inconsistent with national best practices, and I will review some more detail on each of these findings as I go through.
Solitary Confinement Practices

Ian Kysel: As many of you probably have noted already, solitary confinement is likely not a term used in your facility. It is not a term that tends to be used across the corrections field. But under International Human Rights Law, it is defined as “physical and social isolation for 22 to 24 hours a day for one day or more.” And I found that across adult facilities, the practices vary little, so I include in my use of solitary confinement reference to disciplinary and punitive confinement, administrative segregation, protective custody practices, as well as long-term quarantine and seclusion practices in all these facilities. Because these practices all met that definition and because, as you will see, the impact on youth is significant regardless of the purpose, I use the term solitary confinement throughout the rest of my presentation.

Rates, Duration

Ian Kysel: In my work, I identified adult facilities in the United States that hold 100 percent of youth detained there in solitary confinement, often to protect them from adults; sometimes because required by state law to keep youth sight and sound separated from adults. I identified other facilities that hold 10 or more percent. For example, the New York City Department of Corrections that administers Rikers Island, in fiscal year 2012, held 14 percent of adolescents 16, 17 and 18, in disciplinary solitary confinement for an average of 43 days. That was longer than the average in 2012 for adult inmates in that facility.

Isolation is Used in the Juvenile Justice System

Ian Kysel: I talked to young people about the impact of solitary, those who had spent more than a year in protective solitary confinement, weeks and months of disciplinary solitary confinement. And I do want to mention that, although not the focus of my report, public reporting and my interviews with experts and attorneys would lead me to highlight that isolation is used in the juvenile justice system across the country. There is more variation from what I know in isolation practices, a multiplicity of names. And the Department of Justice Special Litigation Section has repeatedly declared in findings letters that, as applied, excessive use of isolation in juvenile facilities is unconstitutional.

Ian Kysel: There is a trend in juvenile facilities of reducing reliance on these practices. For example, the Performance Based Standards initiative, which was started by OJJDP, is being implemented at this point. It is a voluntary program, there are facilities across 29 states that participate. They recently put out a report that their data shows that 60 percent of isolation incidents in their facilities are now resolved in 4 hours or less, which is a large change and just reinforces what we will talk about later, which is that I found that solitary confinement or isolation was not necessary to manage young people.

US: Teens in Solitary Confinement Video

Ian Kysel: I had hoped to show a short video of a young adult speaking about his experience in solitary confinement, and we will try to get you the link to that video.
**Deprivations Accompany Solitary Confinement**

Ian Kysel: I want to start by talking about the deprivations that I found commonly accompany solitary confinement. Adult facilities have difficulty having resources or expertise to provide programming and services that are specifically designed for young people to promote healthy growth and development, so it is not surprising that youth in solitary, even when there are those services, are frequently denied access to them. So I talked to young people who have been denied access to education or had minimal in-cell study, difficulty accessing mental health services, restrictions to go out of their cell to recreate or exercise, and then limited access to reading and writing materials, and, of course, contact with family members.

Ian Kysel: Henry R. said, “The only thing left to do is go crazy—just sit and talk to the walls…. I catch myself [talking to the walls] every now and again. It is starting to become a habit…. Sometimes I go crazy and cannot even control my anger anymore…. so it is frustrating and I just lose it. Screaming, throwing stuff around…. I feel like I am alone, like no one cares about me—sometimes I feel like, why am I even living?”

**Psychologically Harmed by Solitary Confinement**

Ian Kysel: We will hear more about the psychological harm associated with solitary confinement in a moment. But what I found from the testimony of young people is they told me again and again about having difficulty coping with the stress and trauma of solitary confinement. They told me about fits of rage, hallucinations, anxiety attacks. A number talked about re-experiencing past trauma from earlier in their childhood. People talked about cutting themselves with staples or razors, and, of course, the association with suicide, a number of young people talked to me about suicidal thoughts and attempts.

Ian Kysel: Carter said, “I felt like I was going mad. Nothing but a wall to stare at… I started to see pictures in the little bumps. Eventually, I said the hell with it and started acting insane. I made little characters with my hands and acted out video games I used to play on the outside.”

Ian Kysel: Melanie said: “When I was eleven, I was raped. And it happened again in 2008 and 2009…. [when I was isolated] I was so upset … and a lot was surfacing from my past… I do not like feeling alone. That is a feeling I try to stay away from. I hate that feeling.”

**Solitary Confinement Impedes Growth and Development**

Ian Kysel: Because of the deprivations that accompany solitary confinement, young people have barriers to healthy growth and development, physically inhibited physical activity, inadequate recreation impacts physical growth, and social isolation, denial of family contact exacerbates trauma and prevents healthy emotional growth and rehabilitation.

Ian Kysel: Jason said: “I kind of talked myself through it. Paced the room. I learned that walking and talking takes you outside. So I would walk and talk for the first 4 days until I was dead tired, then sleep for about 3 hours and do it over.”

Ian Kysel: Sean said: “It was very depressing not being able to give [my parents] a hug. I would cry about that.”
Youth Should Not Be in Adult Facilities

Ian Kysel: One of the primary findings of my research is that given the high rates of physical and sexual assault, the recidivism rates that have been associated with detention in adult facilities, and the traumatic and devastating use of solitary confinement, youth simply should not be held in adult facilities. The American Correctional Association (ACA) and American Jail Association (AJA) policies and statements disfavor housing youth in adult facilities.

Ian Kysel: A recent development that I want to make sure to highlight for you is the issuance of the Prison Rape Elimination Act (PREA) regulations, implementing an act passed by Congress to protect people in confinement settings from sexual assault. The PREA regulations, which apply to local, state, and county facilities, will go into effect in the coming months with those facilities, and have a specific standard for “youthful offenders,” those under 18 in adult facilities. And I have reproduced the wording of the standard here, which basically outlines that because of the high risk, youth shall not have sight and sound contact with adult inmates, and this applies even in segregation settings. And, importantly, the standards also recognize the harm and devastating impact of solitary confinement, and say that administrators should use their best efforts to avoid isolation. The standards also require exercise, education, and encourage programming and services equivalent to the general population, even when youth are in isolation.

Ian Kysel: I also found that states – that adult facilities can move youth out of them, even in the absence of legislative reform. So, of course, it is possible to move them by statute, local ordinance, but there are also facilities that have Memoranda of Understanding (MOU) in place with juvenile facilities to shift individual youth from adult to juvenile facilities without any reforms. The Prison Rape Elimination Act standards go into effect – were in effect as of August 20.

There Are Alternatives to Solitary Confinement

Ian Kysel: Finally, there are alternatives. I mentioned this earlier that national standards recognize the harm of isolation and disfavor its use on young people. Youth are best managed through positive reinforcement, through high levels of staff contact. Those are associated with better outcomes, lower incidence rates within facilities, and best practices actually distinguish between isolation, which can be so harmful, and separation. Certainly, in certain circumstances officials need to use tools at their disposal to protect individual inmates, protect inmates from one another, and so separation can be appropriate, but it is important to distinguish.

Ian Kysel: Some excerpts gathered from the JDAI, the Juvenile Detention Alternatives Initiative standard, which is a national set of best practices for managing youth, as well as the American Correctional Association standards for youthful training school. JDAI limits emergency isolation, that is true isolation, at a maximum of 4 hours to manage current acting out behavior, and limits disciplinary separation at 3 days, requires due process beforehand, and recognizes the need of continued programming and services even when young people are separated from general population. There is also a recognition in JDAI that actively suicidal youth need to be diverted to be managed by medical experts. ACA recognizes that sometimes certain youth might be diverted to units with more programming and staff interaction. But, of course, there is the importance of monitoring and involvement of medical staff and public data reporting.
Ian Kysel: Just a few quotes to share with you. The recent Attorney General’s National Task Force on Children Exposed to Violence said: “Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it comes to solitary confinement.”

Conclusions
Ian Kysel: Finally, I just want to close by emphasizing the recommendations that I have covered throughout the presentation. First, that solitary confinement as an extreme isolation practice should be banned for adolescents, regardless of where they are held. Certainly, as I said, they should be taken out of adult facilities, but management practices for adolescents need to focus on rehabilitation and they need to be developmentally appropriate and derived from best practices. So that means distinguishing between separation practices and harmful isolation. They should model national best practices for managing youth, strictly limiting isolation, monitoring it, and publicly reporting it.

Ian Kysel: I look forward to hearing the presentations of the other panelists and answering questions, and particularly to hear presentations about what administrators can do to change these practices within their facilities. Thank you very much.

Adolescent Development Basics
Louis Kraus: Okay, this is Louis Kraus. Thank you very much for having me. I am a child and adolescent psychiatrist, but also I worked for 9 years at a maximum security youth center in Joliet, and I have done work with DOJ and the ACLU in the past, as well as some other projects. I have a very strong interest in juvenile justice.

Louis Kraus: The first thing is people need to realize that the adolescent brain is different than the adult brain. The Supreme Court has known this for a long time, we have seen this in a variety of decisions since about 2005, starting with the Roper v. Simmons case. What they have really used to look at this are the functional MRI studies. Probably the most important ones are the ones done by Dr. Giedd at National Institute of Mental Health. What this has shown is that essentially the frontal lobe, which is the executor of our brain, is not fully connected to the midbrain. The midbrain is more related to that fight or flight kind of...Can you hear me?

Michelle Duhart-Tonge: Dr. Kraus, if you have on a headset, please remove it and just speak into the computer. If not, you will need to speak very, very loud. Thank you.

Louis Kraus: Can you hear me now?

Michelle Duhart-Tonge: Much better.

Louis Kraus: Okay, I am going to try this. I am going to start all over. I apologize.

Michelle Duhart-Tonge: That is much better, thank you.

Louis Kraus: Okay, very good. My name is Louis Kraus. I am head of Child and Adolescent Psychiatry here in Chicago at Rush University Medical Center. I have a strong background and interest in juvenile justice. I worked for about 9 years in a maximum security youth center in
Joliet. I have done work with the Department of Justice in regards to the (unclear) group in the past in a couple of the states, and I have done work in the past with the ACLU and continue to have a strong interest in this area. I was a primary author on the Academy of Child and Adolescent Psychiatry policy statement on solitary confinement of juvenile offenders, and I run the Juvenile Justice Reform Committee at the Academy.

Louis Kraus: So I think the first and most important thing is that the adolescent brain is different than the adult brain. Actuarialists have known this for years, that is why you have to be 25 to rent a car. It really is not until the last decade or so, perhaps a bit before that, that we realized that there are tremendous changes in development in the adolescent and young adult’s brain. That there is a myelination and a pruning of sorts that occur between the frontal lobe and the midbrain. Hopefully everybody can hear me. If not, let me know.

Louis Kraus: The Supreme Court has looked at this in a variety of contexts. The Roper v. Simmons case about 2005, and there have been a series of cases that have talked about the differences between the adolescent brain and the adult counterpart. I think there are some key parts with this. Adolescents, most importantly, tend to be more impulsive, they tend to have difficulties looking at the short- and long-term ramifications of their behavior. As a result, they have a proclivity, compared to their adult counterparts, to get into trouble. They tend to have more of a history of abuse and a variety of other concerns.

Additional Vulnerabilities of Youth in Confinement

Louis Kraus: I think one of the other major issues at hand with kids in correctional facilities is that they have a much higher incidence of mental health concerns. Some of the best literature on this was completed by Linda Teplin at Northwestern, looking at the pre-detention facility in Cook County and finding an incidence upwards of 60 percent of significant mental health concerns in adolescents, and an incidence of 90 percent of alcohol and substance abuse.

Adolescent Development – Consequences for Administrators

Louis Kraus: Some of the difficulties and some of the consequences for administrators in trying to find ways to help adolescents. What options are available? What types of de-escalation techniques might work? What types of behavioral interventional plans might be helpful? The reality is that dealing with adolescents can be quite difficult, and I think most people in correctional facilities will comment that, although this sounds great on paper, it is often very difficult to implement. The core component here though is that you have to find ways to try to help adolescents in regards to controlling their behavior. Negative reinforcement, which we can certainly look at solitary confinement as being, is something that is going to have a short-term benefit. If we can develop positive behavioral plans for these kids, we are going to see improvement in the area, long-term improvement.

Louis Kraus: One of the things I wanted to comment about as we talk about solitary confinement is you are going to see a number of different terminologies that we used: solitary confinement, isolation, segregation. I have seen people call it self-awareness time. People try to find other terminologies defined as different from isolation. There are some definitions and we can talk about that, but the reality is that people will get away from using the term segregation, when in reality what they are really talking about is isolation.
Solitary Confinement Can Cause Psychiatric Harm

Louis Kraus: The reality is that solitary confinement of any sort can cause a level of psychiatric harm. Most commonly, kids will describe feeling anxious. Most commonly, in association with this, there will be a level of adjustment and depressive reaction, a level of shame when other people realize that they have been placed in solitary confinement. And for those that are placed in isolation for significant periods of time, aspects of both an acute stress disorder and even post-traumatic symptomatology. For some kids that are more significantly mentally ill, one will see different levels of psychosis develop as well.

Solitary Confinement is Against AACAP Policy

Louis Kraus: The American Academy of Child and Adolescent Psychiatry (AACAP) has long been against the process of solitary confinement of youth in juvenile facilities, as well as youth in other facilities. It is important to realize that whether an adolescent is in a juvenile facility or an adult facility, the same areas of concern apply, the same concerns in regards to mood and anxiety symptoms all continue to apply to the child. In general, they oppose any type of solitary confinement. The risks for adolescents are very clear. The reality is that when we look at adolescent suicide, I cannot think of an example where I had a suicide posed to me where a child actually was not in some form of solitary confinement or isolation.

Limited Appropriate Uses of Isolation – Other Standards

Louis Kraus: Limited appropriate uses of isolation. The National Commission of Correctional Health Care was actually created through the American Medical Association. They are really the first correctional agency to focus to the degree that they have on mental health needs, and certainly a focus on medical issues. I think the ACA has also done a very solid job on this as time has gone on. Some of the difficulty still has to do with, obviously, that all these agencies are going to be against the issue of solitary confinement, and that when they talk about segregation they are talking about typically removing a child, a youth, from a population, typically it is an issue of minutes to hours. However, when one actually goes into facilities you often see a blurring, a gray zone in regards to what is actually segregation, isolation, or confinement. Although the described use of segregation for more than a day as unnecessary, except in the rarest of cases, the reality is that it does occur.

Louis Kraus: Often when cases are being reviewed, not all the cases are reviewed when doing an assessment and some of these may be missed. It is extremely important when people are looking at facilities that they request every example available in regards to any type of isolation, confinement, segregation, whether security or mental health. Not uncommonly there is a blurring again of mental health and security issues.

Limited Appropriate Uses of Isolation – Time Outs

Louis Kraus: One of the important components in regards to isolation of any sort is that when a youth has any type of time out, whether it is brief, if there is a concern, they need to have some type of mental health intervention. The sooner the better. The longer a youth is in some type of segregation without mental health interventions, the more likely there is going to be pathology, the more likely there is going to be some type of more long-term sequelae regarding their difficulties.
Louis Kraus: Again, there is a blurring in regards to what is time out when a youth is misbehaving, and how long a time out actually applies for. Time out is typically something one sees more in a school system, they are using the terminology that you might see in a therapeutic school of sorts versus what one might see in a juvenile detention facility. What we are looking at here are typically not time outs, they are typically longer than that. When Ian was talking about kids that are days or even weeks at a time in segregation without any mental health interventions, without any type of assessment, these are some of the concerns that we are talking about. These are some of the issues that we have to find ways to help.

**Limited Appropriate Uses of Isolation – Seclusion**

Louis Kraus: It is important that when we look at issues of isolation or seclusion that they should only be used when they are ordered by a mental health or medical professional. The important component of this is that that professional is notified. It becomes on the radar for medical and mental health and we are then able to appropriately intervene and we can find out whether a youth is potentially suicidal or whether there is something else going on with that youth, and what we need to do to try to help the youth, in particular in regards to trying to get them out as quickly as possible, make a determination of whether they need to be hospitalized, how quickly they can get back into a mainstream population, and what other types of interventions might be necessary to help the child. If we do not have medical and mental health involved, that simply is not going to happen. It is going to essentially be a security issue and nothing else.

Louis Kraus: Okay, I am going to stop there and I look forward to questions in the future. Thanks.

Elissa Rumsey: Thank you so much, Dr. Kraus, and thank you, Ian, as well for that great introduction. Now I want to turn it over to Francis “Frankie” Guzman. As noted earlier, he is based in Oakland, California, at the National Center for Youth Law. There he is working to reduce the practice of prosecuting and incarcerating children in California’s adult criminal justice system. I also want to point out that when he was 15 years old, he was arrested and tried for armed robbery and sentenced to 15 years in what was then known as the California Youth Authority. After serving 6 years of the sentence, he was released on parole and enrolled in college, one of the best colleges in the United States, The University of California at Berkeley. Go Bears. He then went on to graduate from UCLA School of Law and has received many awards and many accolades for the tremendous work he is doing on behalf of children and youth now at the National Center for Youth Law. So without further ado, I turn it over to Mr. Guzman. Thank you.

**Personal Experience Growing Up Locked Down**

Francis Guzman: Okay. Thank you all for having me. It is an honor to present with this panel of experts, but also to speak to the audience who works with these youth in need on a regular basis and I thank you for the opportunity. As Michelle explained, I have an experience with the juvenile justice system beyond what can be learned in the classroom or on the job, by virtue of the fact that I spent a significant amount of my adolescent years in juvenile corrections here in California. I will share that growing up I had some significant life trauma that – I will not go into it but I will say my older brother, when I was 5 years old and he was 16, was arrested for the crime of homicide and was given a 15 to life sentence. That was almost 30 years ago and today
he is 43 years old and still in prison. And I will say that that was a major impetus I think for the trajectory that I took on becoming gang involved in Southern California and, ultimately, committing the crime of armed robbery at age 15. And I can tell you along the lines of what you have heard, I definitely was not thinking very clearly, although I had a certain awareness of what might possibly happen in the future consequences. I can tell you that those were very, very small considerations and weighed very lightly on my conscience compared to other things like respect and acceptance from my peers.

Francis Guzman: Fortunately for me at the time, in 1996, California still had the traditional judicial waiver process by which a judge would determine on the merits whether or not to retain a juvenile case in juvenile court or to waive the case to adult court for adult prosecution. In my case, I was found fit for juvenile court so I was retained in the juvenile justice system. And although after a lengthy trial of 8 months, I was found guilty in the juvenile court, the judge sentenced me to the maximum penalty available, which was 15 years, and committed me to the California Youth Authority.

California Youth Authority (CYA)

Francis Guzman: And I will, just by way of background, say that California Youth Authority, when it was first opened in 1943, was intended to be a reform school focused on rehabilitation and, by many accounts, was a model for the entire country. However, by 1996, we had an overwhelming – I do not know if I want to say demand – but there was a whole lot of youth being funneled into the California Youth Authority, resulting in overcrowding and a maximum confinement of 10,000 individuals during 1996. And I will say most of those youth were between the ages of 14 years of age and 25, because the juvenile court jurisdiction reaches age 25.

Francis Guzman: However, recently the California Youth Authority was realigned from being a standalone agency, independent agency, to being realigned under the California Department of Corrections, which stirred some controversy. Many people believing that it was going to be the demise of the Division of Juvenile Justice (DJJ), because it was no longer being able to function independently, it was now going to basically be run by adult corrections personnel who did not have the resources or the expertise to deal with juvenile corrections. So what we have today is a dramatic down-sizing of CYA, now called the DJJ, where it houses less than 800 individuals statewide. So you can see from less than 10 years ago we had a population of 10,000 youth. Today we have less than 1,000. And I will speak to that a little bit later.

Placement History

Francis Guzman: As for my experience in the juvenile justice system, when I committed robbery I was confined in the Ventura County Juvenile Hall for 8 months, awaiting trial and ultimately my sentence. At the juvenile hall, while it is a juvenile hall they operate with two-person cells, there are virtually, I would say, no rehabilitative services, especially for those youth who are preadjudicated and still awaiting trial or conviction or adjudication. In those 8 months, I spent approximately 30 days, cumulatively, in solitary confinement mostly for discipline and management reasons. That being because, in juvenile hall, whenever you get into a fight it is pretty standard that a youth will be given a disposition of 5 whole days in solitary confinement. And just based on my recollection, I can say I got into at least six fights, all of which were responded to with 5 days in solitary confinement.
Francis Guzman: Juvenile hall, I would say for the reasons we discussed earlier, was an extremely depressing time. During the 8 months I was there, the most I was allowed in terms of visits was one visit per week, 30 minutes per week, and one phone call a week, 5 minutes per phone call. So having been in Ventura County Juvenile Hall on my first offense, being locked down in solitary confinement for at least a month with minimal contact, my decline began pretty rapidly. I began to experience a lot of depression, anxiety, and also a lot of feelings of aggression. I know a lot of Ian’s report discusses suicidal behavior, but I would say in my experience and the experience of my peers, at least that which I observed, was a response to this confinement in a violent nature.

Francis Guzman: So after my initial 8 months in juvenile hall, I was transferred to the California Youth Authority and I spent the next 3 years at Fred C. Nelles Youth Correctional Facility in Whittier, California, which is no longer operating, but at the time functioned as 80-person dorms and provided some rehabilitative services. I will say that in my 3 years in the CYA, pretty much my 6 years in the CYA, I saw little to no mental health therapy or similar services that would help young people cope with the daily life in an 80-person dorm. But I will say that I spent literally no days in solitary confinement and I spent the entire 3 years in an open dorm that was overcrowded, that was extremely violent and chaotic, and I can tell you from my experience there was virtually no silence, no peace, group disturbances and riots were regular, as were night attacks and ongoing thefts and other types of crimes against person and crimes against property.

Francis Guzman: As a result, I can say when I was finally paroled after my initial term over 3 years, I would say the biggest victims at that point would be my mother and my family because they essentially had to deal with a person experiencing serious post-traumatic stress, I would say deep clinical depression and anxiety issues, and just to sum it up, I could not deal with life on the outside. So much of my troubles were not being able to communicate effectively, not being able to deal with my emotions appropriately, and feeling as though every time something difficult happened, I had to respond with violence or outward aggression in some way. And, as a result, upon my first release I only lasted on the outside for 3 months, went back for about a year, was released again, lasted 2 months, and returned again for another year.

Francis Guzman: I am going to fast-forward up to age 23. When I was out, I was still on CYA parole and I went back for the last time at age 23 for a year. This time I was committed to Heman G. Stark Youth Correctional Facility in Chino, which is an adult-only juvenile correctional facility housing youth offenders between 18 and 25 years old. I will tell you this was 2003 when Governor Schwarzenegger was on the campaign to reform the juvenile justice system and to eliminate solitary confinement units that were, at the time, the program that was being implemented was kids were being caged, both in the day rooms and in the rec yards. So for some young offenders, especially those with serious behavior problems, the approach was to pretty much confine them solitarily for 24 hours a day, sometimes for years on end.

Francis Guzman: Living there, I will say I spent the entire year in solitary confinement. The program was 23 hours in a cell, 1 hour out. This was not because of discipline matters. It was strictly, I imagine, a way that they found it best to manage the youth population who was extremely violent. And I will say, while the program overall for everyone in the institution was what they call a 23-and-1, there were other prisoners who identified by violent history or race-
based aggression were further isolated by race. And so while I was at Heman G. Stark Youth Correctional Facility, I remember there was a situation where all the Southern Hispanics, which is a race-based gang that operates in Southern California and mostly in prisons, were isolated in the unit and identified as the trouble makers. Meanwhile, the kitchen staff who were not of this race took it upon themselves to, in essence – how do you say – shoot fish in a barrel. Because they knew all the problem Hispanics were in one unit, they infiltrated the kitchen staff and they poisoned the food of this ward. So pretty much we had a situation where it was about 100 youth who were all experiencing some type of poison side effects.

Francis Guzman: Again it was, in my view, mostly produced by this 23-and-1 program where people got very little mental health care treatment, were locked down for most of their day, and every time we were released – and “every time” is an exaggeration, but I will say about 60 percent of the time when wards were released, there was some type of a violent incident or a group disturbance and, thereby, causing or prompting the administration to lock us down further, thereby creating some type of a cyclical response.

**Impact of Solitary Confinement**

Francis Guzman: I do not need to reiterate too much of this, but in my opinion, both on my experience but also on the research, I know that the impact of solitary confinement, wherever it might be, whether in a juvenile hall, a state correctional facility, or in a county jail, undermines the purpose of juvenile justice. I would argue as well that the criminal justice system, one by warehousing and caging children and oftentimes as we have seen with the example of the California Youth Authority, it became overcrowded by its overuse and ultimately became a very unsafe environment, and ultimately the focus became exclusively on suppression and not on treatment. And I think it pretty much was a self-defeating endeavor, one that focused on confinement in the correctional model.

Francis Guzman: In my own experience, again, I can share that it was extremely destructive to my mental health. I will admit that each time I was released from CYA or county jail, I was worse off than when I had gone in, and it was mostly due to the solitary confinement experience. The environment of being confined with very little services, very little tools to help me cope with not only those problems that I came in with, but those which I acquired being detained.

Francis Guzman: Lastly, it compromises institutional safety. We have heard about many youth who experienced suicidal thoughts and inclinations. I have been exposed to – in Youth Training School (YTS) we had a ward who murdered another correctional officer and many attempted murders that I have experienced or that I have seen while in these environments, excessive violence, both gang related and race based, and all sorts of maladjusted behavior.

**Current Fellowship Project**

Francis Guzman: And because of this, because of my experience, both which I have lived and also that which I have learned in education, I have committed my fellowship project to what I am doing now, which is 1) reducing the practice of prosecuting, sentencing, and incarcerating juveniles in the adult criminal justice system by way of direct files or discretionary transfer. But also, at the same time, 2) to advocate for alternative sentencing and assist individual counties in
developing enhanced local treatment and appropriate services for the most serious youthful offenders.

**California’s Challenges**

Francis Guzman: The reason for that is we have here in California – I do not know that it is unique, but it is a very distinct problem, where once upon a time we had a CYA that was touted and regarded as a model program for the most serious offending and the most high needs youth. But what I have observed in the 1990s, beginning in the 1980s, we began to overuse CYA and it became a very bloated overcrowded system where ultimately we were dealing with behavior management and not enough or not at all on therapy. What resulted was a dramatic downsizing of DJJ, where counties essentially divested from the Department and sought alternatives to DJJ.

Francis Guzman: One of those alternatives was Proposition 21 where, in 2000, California voters passed Prop 21 which greatly expanded the mechanisms, including prosecutorial discretion to try children as young as 14 as adults, thereby subjecting these children to the significantly harsher punishment of our adult system. Prop 21 basically abandoned the longstanding rehabilitative goal of California’s juvenile system and the reality that children are different from adults and, therefore, should be treated differently. Its implementation has resulted in dramatically increased numbers of youth who are tried as adults across California, with huge disparities among the counties. What my research has found is that between five and 10 counties amount for the vast majority of all direct files of adult prosecutions in the state. So what I have done is basically identified those counties and have attempted to partner with some of these counties in an effort to reduce their direct file rates, while also helping these counties to develop local alternatives to adult prosecutions and, in effect, solitary confinement which occurs a lot in those systems.

Francis Guzman: The reason why we have this problem is prosecutors basically claim that CYA is no longer a sentencing option for serious offenders, county facilities are not appropriate, county juvenile facilities are inappropriate for serious youthful offenders, and that direct file is a way to seek longer sentences in secure correctional settings as a way to promote public safety. But in my view, the adult system will only offer more solitary confinement and correctional approaches to problems which, in my opinion, are the problem. In adult correctional models, we are not focusing enough on rehabilitative treatment, certainly not on developmentally appropriate practices or evidence based best practices.

Francis Guzman: So, in the end, my project seeks to prevent the further reoccurrence of what had been my experience of being sent to a correctional facility only to be made worse, and then be expected to somehow behave better than the average citizen on the street, which is not only unfair, but unreasonable. So I will conclude there and will entertain any questions whenever is appropriate.

Elissa Rumsey: Thank you so much, Frankie, for that very interesting description of your experiences as well as the work you are now doing.
Questions?

Elissa Rumsey: This is Elissa Rumsey at OJJDP. We are going to go into a Q&A segment now of approximately 10 minutes, so keep your questions coming. I am seeing quite a few come in via the chat box, so we appreciate all your questions and we will do our best to answer them all live. However, if we cannot answer them all, then we will provide written responses via our Web site at a later date.

Elissa Rumsey: So the first question is for Ian. Did you find that youth in solitary confinement had higher self-reported incidences of suicidal behavior?

Ian Kysel: Thanks for that question. So my study was not scientifically rigorous to compare youth out of solitary confinement versus in solitary confinement. But what we do know from research that the Department of Justice published 4 years ago based on evaluation of suicides in juvenile confinement is that approximately half of successful suicides in juvenile facilities happened while the young person was in some form of isolated confinement. Which suggests along with the disproportionately high rates of suicides in adult jails and prisons, that solitary confinement is strongly correlated with heightened risk for suicide for youth.

Elissa Rumsey: Thank you, Ian. I want to second what you said about the research showing that there may be an increased risk for suicide in adult facilities among youth who are in isolation. But that still remains an area of study that BJS is undertaking. As it relates to juveniles in juvenile facilities, it does seem pretty clear that they are at higher risk of suicide, particularly when they are held in isolation.

Elissa Rumsey: On to the next question. What legal weight does DOJ’s Special Litigation Unit findings letters have in other cases? I am glad someone asked this question because it gives us a chance to point to DOJ’s Civil Rights Special Litigation Unit Web site, which lists all of their cases and all of their findings letters. I think that these are most useful in pointing out some of the serious issues that are ongoing in facilities that confine adults and youth. In terms of what kind of weight they have, I think it is most important to note that they are indicators of problems in facilities. These findings letters do have the ability to set precedents, if you will, when the DOJ has determined that there is a violation of constitutional rights for youth or adults who are held in facilities. Typically, there is a memorandum of understanding or agreement or settlement agreement that DOJ enters into with specific jurisdictions, including facilities, and there you can find out what the two parties have agreed to in terms of rectifying any constitutional violations. So I think really they are an indicator of what practice facilities need to improve and need to ensure are constitutionally sound, and they are a good indicator for facilities who have concerns that perhaps have not been litigated against in terms of what might be necessary to improve their own practices.

Elissa Rumsey: The next question, I want to turn this over to Dr. Kraus. Hopefully he is still with us in Chicago. Someone wants to know: What percentage of youth reported suicidal thoughts or behaviors? I pose this to you because I think in your remarks you talked about the fact that many of the youth that you have treated and worked with who have been in isolation or who have been in custody have expressed suicidal thoughts or behaviors. So someone is asking you to put a percentage to that, if you would.
Louis Kraus: Sure. Just to compare it to national percentages, one out of six kids, according to the Centers for Disease Control (CDC) will express suicidal thoughts or behavior at some point in time. Suicide is still the third leading cause of death among teenagers in the general population. What we know is that the incidence of suicidal thoughts and behavior are far higher in correctional facilities than in the general population or in the general community. I am not familiar with an exact number, however I do know that it is a significant increase. In regards to attempts, when you talk to teenagers that attempt to kill themselves, the majority of them are not chronically depressed. Many of them are angry about something. Many of them have had a sudden loss, they have been ridiculed and shamed. But if you take kids that have worse coping strategies than the community population and you put them through those same stressors, kids that have proclivity for impulsivity, you are going to see a much higher risk for suicidal behavior.

Elissa Rumsey: Thank you so much, Dr. Kraus. The next question is for Frankie. Someone would like to know how many dorms were there at the facility that had 80 people in them, and perhaps you could describe to people what the layout looked like. Were you saying there was really literally 80 people in one room altogether and that comprised the dorm?

Francis Guzman: Yes. The institution I am talking about is Fred C. Nelles. You can Google it and see an aerial shot. I just did and I counted. There are nine 80-person units or dorms. There is one reception unit which housed significantly less, I would say about 30 to 40 people in a dorm. There was one lock down unit which was ad-seg or temporary lock down. And another unit which was constructed more recently which housed long-term lock down like, for example, people who were given a 6 month or a year lock down disposition for behavioral issues where they would spend a year locked down. Or in the same building, different floor, was a sex offender unit. So, essentially, there were nine 80-person dorms, one reception, two lock downs, and one sex offender unit, which I would imagine each had less than 80 people in them.

Elissa Rumsey: Great. Thank you, Frankie. I do have a quick follow up. The Stark Youth Correctional Facility that you were at, it is my understanding that it was closed by California in 2010. It is also my understanding that it was the only DJJ facility that had an acute psychiatric care unit within it in the entire state of California. Do you know that to be accurate or can you talk more about the acute mental health care that was available at Stark or if you were aware of it?

Francis Guzman: Sure. I know that Victor Almager can also speak to this because he is currently working. As DJJ began to downsize in the early 2000s, I think the psychiatric unit was moved from one location to another. And I say that because when I was at Fred C. Nelles, they had a psychiatric unit there, and also their Southern Reception Center had one which was called Marshall, which was the name of the actual unit. And as these became closed, I would imagine that they were transferred. So I can imagine that whatever year you are talking about, the year when YTS finally closed, that it may have housed the one standing or one remaining mental health unit for acute mental health issues. So I would imagine that is correct, but I would also guess that it was not always true that they had the only one or that it was there the whole time. Secondly, the people that were held or committed to this program were people with really, really, I would say, extremely sensitive or high needs in terms of mental health care treatment. So they were not people like me who, for whatever reason, did not meet that level of mental health issues and just kind of dealt with it the way we did. And I would even argue the people that were there were people who probably should not have been in DJJ to begin with because of
their mental health issues and would have been better dealt with in other systems of care, if they were available or appropriate.

Elissa Rumsey: Thank you so much, Frankie. Another question for Ian. Somebody hopes that you can describe a little bit more about the practices of isolation. The fact that you noted that some facilities will isolate 22, 23, 24 hours a day. Folks want to know if this is in local facilities or state-run facilities. And before you answer that, I just want to note, Ian, that in my work as Compliance Monitor for OJJDP, I have been to many federal, state, and local adult and juvenile facilities, and I have seen this practice, the isolation up to 24 hours a day in the range of facilities I just noted. So we would also like to hear from you in terms of your experience in your study, the range of facilities you looked at, and was it relatively universal that they all would sometimes hold up to 24 hours a day in isolation, youth that is?

Ian Kysel: It is a good question. Given that there is such a range of charging and sentencing laws across the country and also a range of detention facilities in the adult context in which I researched, you might think that there would be a range of isolation practices. But what I have found is that, unfortunately, there is widespread use of practices for a number of purposes that all meet the definition that I am talking about. So I talked to – I interviewed about 75 young people, corresponded with another 50 who had been held in, all told, 20 states in the United States. I corresponded with close to 100 county jail officials and interviewed prison officials in every state that I traveled to. And essentially across the board, and certainly across all the state prison systems, but also in the local detention facilities, I found that practices often to protect youth, to punish youth, disciplinary segregation, administrative segregation practices, all of these different correctional practices – it was very common for them to fall within the 22 to 24 hour range, to be on a 22-and-2 or a 23-and-1 schedule, and to have any out-of-cell programming or recreation that happened, showers, etcetera, visits, phone calls, to all happen within that 1 hour out or 2 hours out. So, unfortunately, my research shows that those practices are widespread and practiced at local and state facilities that hold young people across the country.

Elissa Rumsey: Great. Thank you so much, Ian. Now we are going to turn it over to some folks who work in facilities and, in particular, Dr. Mary Livers who not only works in a facility per se, but runs the entire juvenile justice correctional system in the State of Louisiana. You can see Dr. Livers here on your screen. She is a phenomenal individual, a true juvenile justice reformer who, when she took over the Louisiana system, set about implementing some very important change. I have been fortunate to see that change firsthand in terms of touring some of her facilities and observing the implementation of the Missouri Approach, which she adopted soon after coming into the State of Louisiana as the head of the juvenile correctional system. Dr. Livers has a long history prior to working in Louisiana, working in numerous state systems throughout the United States. She also currently is the President Elect of ACA, the American Correctional Association. And I apologize if I am getting that title wrong, Dr. Livers, you can correct me if I have promoted you to President Elect, but I know it is a very high position that you were nominated and elected to serve for ACA. So we are really pleased that you are here with us today to talk about your experiences throughout the United States, as well as what you are currently doing in Louisiana. So thank you, Dr. Livers.
History of Louisiana Juvenile Practice

Mary Livers: Thank you, Elissa. That was a very generous introduction and you did have it right, but even if you did not, I would never correct you. Thank you so much for inviting me to be part of this today. First, I want to compliment my co-presenters on their excellent presentations of their perspectives and their experience with the issue we are discussing today. We all know this is an evolving area of practice. It is getting due consideration as we move forward in the field of corrections. I think my job today is to add the perspective of an administrator of a state juvenile justice agency or administrator of secure environments within juvenile corrections. While this is a topic that is confined to secure care, I do want to take this opportunity to also recognize the hard work and commitment of our field staff in the communities in Louisiana. They work hard every day to provide public safety by doing everything possible to keep these kids out of the deep end of the system, which is what we all should be trying to do. And they work very hard to match risk level with appropriate services in the community and they do a very good job, so I want to thank them for all of that.

Mary Livers: Like many state systems of juvenile justice, Louisiana has come a long way in its philosophy and treatment of juveniles. We had a pretty significant reform effort that started in 2003, and a consent decree, so many changes have been made I think to the betterment of the people of Louisiana. Before our reform initiative, juvenile corrections was really just a smaller version of adult corrections, with policy and procedures being fairly identical to the adult institutions. There was little distinction, if any, made between adult and youth offenders in the approach of how we handled disruptive behavior. The youth was often given disciplinary reports, either minor or major, and they could be given segregation time as punishment. As you all know, this is a common administrative tool that is used to control behavior and provide public safety in the adult correctional facilities.

Mary Livers: Staff in correctional facilities generally, or at least has been my experience, generally view segregation as a form of justice, appropriate for disruptive behavior. In addition, there is some benefit to having youth removed from a dorm into a segregated area because, after all, if that particular youth is causing them problems, that youth is removed from there and it sort of removes a problem for somebody that is working on the unit. A juvenile justice program, any program I think that has either been part of a larger Department of Corrections structure or originated from a larger Department of Corrections structure, will struggle with creating the different protocols for the use of separation. I am not saying it cannot be done, I am just saying it is difficult. This one area of practice can be seen as part of a larger complex change in juvenile corrections, and that is changing the entire culture from the adult-based practice to a culture that embraces evidence-based practices for youth in custody. So other cultural shifts must occur in conjunction with the minimum use of segregation in juvenile facilities. It is absolutely essential to turn culture around from strictly public safety emphasis to public safety and effective treatment. That is what we have been trying to focus on in Louisiana. These reforms include minimum use of separation as part of the larger shift in focus and mission.

Mission of Juvenile Justice

Mary Livers: The mission of Louisiana OJJ is to protect the public by providing safe and effective individualized services to youth. Safety applies to both our staff and youth in secure facilities. When the youth feel safe in their environment, they behave better and they are more responsive to treatment. At the same time, when employees are safe and feel safe, there is less
turnover and more effective staff engagement can occur. The reality is, for this to happen, the facility must attract the right people to our positions and we must find ways to support them and keep them on the job. Effective treatment models in residential settings require the ability for youth to develop positive and appropriate relationships with pro-social staff. Consistency is absolutely the key to the success of this model.

Safety Responsibilities

Mary Livers: There are times in the operation of a facility that staff turnover may be high and this causes a lot of disruption. Maintaining consistency is a struggle when you work with a challenging population, with a population that is so demanding. And it is during these occasions when you will see the use of segregation or separation go up in order to achieve the absolute minimum, which is safety first. When safety becomes an issue, the agency is responsible first and foremost to protect the youth from physical harm. In addition, emotional harm must also be addressed. These two factors are interdependent.

Managing Workforce Culture

Mary Livers: In Louisiana, we are still in the process of reinventing the secure care culture. Many staff who work in juvenile corrections today also worked in adult corrections at one time. Some staff, whether they worked in adult corrections or not, have difficulty accepting the youth centered treatment approach. This is particularly true when staff have been victimized by youth in some serious way, such as a physical assault or inappropriate sexual conduct or sexual assault. And I think we can all understand this reaction. In most cases, staff want to see a visible sign of punishment. They are not interested in treatment at that point in time, but punishment. A visible sign of punishment or consequence that is proportionate to what they see as negative behavior is what they expect. Again, I can understand this is a natural reaction. However, it is in direct conflict with what we know changes youth behavior or could cause a risk to mental health of the youth. Separating youth who have been assaultive is a legitimate tool that we have available to us to create safety within a facility. But like all tools, they must be used responsibly in ways that create safety and that do not create harm.

Mary Livers: Policy, procedure and practice should reflect a very strict protocol when separation of a youth is necessary to provide safety. The very first thing that has to be an expectation of all staff is that we will deescalate the situation and we will document it. If other alternatives exist, they should be considered first, such as crisis counseling or one-on-one supervision, until everybody’s emotions are under control and we can get to the underlying issues of what is causing the behavior. The focus in these situations should be on the youth and what will change the youth’s acting out, while providing for the safety of everyone involved. We often talk about the least restrictive principle, and it certainly applies to the use of this kind of intervention.

Standards for Use of Segregation

Mary Livers: I think it was Ian that talked quite a bit about the several groups of standards that help define, when isolation does occur, what guides the use of isolation. So, for instance, Performance-based Standards (PbS). We have also ACA standards and we have PREA standards that address requirements around separation. It is very important that every agency, whether it is a state agency or local operation, that they construct their own set of policies and use these
standards that govern the use of temporary separation as the use of specialized programs to address chronic and serious violent behavior. In the next few slides that follow I want to highlight some of the standards that address the proper use of this management tool.

**Performance-based Standards**

Mary Livers: Facilities that have adopted the Performance-based Standards have cut in half the time youths spend in isolation or confined in participating facilities. The PbS standard is to, quote, “minimize the use of restrictive and coercive means of responding to disorder.” ACA standards also address the use of specialized units to address or change serious behavioral problems when necessary to protect youth from himself or others.

**Practices that Need to Be in Place.**

Mary Livers: Whenever there is a policy or practice that is developed, it really should include at least the following. A very strict understanding that isolation is to be used to neutralize out-of-control behavior and should never be used as punishment. There should be exclusion criteria so that youth that have very serious unstable medical conditions are excluded or youth who are on suicide watch are excluded. There is a separate policy that deals with that particular problem.

Mary Livers: Regular services for the youth should continue. Education should come to the youth. Social service staff should come to the youth. Recreation should be provided. Someone mentioned the question about religious activities; religious counselors should be provided. Medical and mental health services, of course, should be on the scene very quickly.

Mary Livers: It is also recommended that there be several layers of administration that would only be allowed to authorize the separation. And from my viewpoint, the higher the better. I do not think a youth should be put in any type of isolation at all unless it is the facility director who is doing that, and then even a regional director would also be notified.

Mary Livers: The policy should specify a maximum amount of time and, of course, it should not ever exceed – initially it should not exceed 72 hours at all, and minimum amounts of time before that.

Mary Livers: Understanding of youth’s rights. Of course, whenever a kid is put in a separate area for a cool down period or a behavior intervention, all the basics should be provided. I did not think I should have to say that, but I think I would be remiss if I did not say that. There should be reading materials available, they should get the same meals, they should have daily bathing and hygiene, they should have daily phone calls, they should have family visits, if possible. Of course, attorney contact. So the youth would not be in any way really isolated from contact.

Mary Livers: And, more importantly, there should be constant and regular staff check ins that are observable, they are documented, and that they come from the highest level of the administration from the facility.
Legitimate Uses of Separation

Mary Livers: Within a correctional residential facility, there are some instances where separation from the dorm setting should be considered and, of course, when the youth demonstrate repeated violent and aggressive acts. When a youth is medically necessary for a youth to be separated temporarily, that is appropriate, or if temporary protection is needed so we can sort through what the issues are and come up with an individual safety plan.

Mary Livers: Time in a separated status should always be least restrictive, meaning the minimum amount of time it takes to neutralize and redirect behavior and to develop a safety plan. In addition, there should be a quality review process in place to analyze the use of such options and policy adherence in relation to time constraints and the frequency that it is used and so forth.

Juvenile Systems

Mary Livers: I have worked in both juvenile systems and the adult system, and I do think that juvenile systems are in a much better, I guess, in an easier position to enact these practices. We are better suited to take our policies and procedures, we have more staff, we have a focus on treatment. I do not know that there is any reason why juvenile facilities, juvenile systems, could not embrace the kinds of things that we are talking about today.

Challenges for the Adult System

Mary Livers: As far as the youth in the adult facilities, I also think that changes are possible in those settings too. I am just saying that it is, I think, going to be challenging, very challenging where you have a traditional correctional philosophy and then you have a special set of standards that are set out for juveniles. I think it is challenging but it is doable.

Mary Livers: Any system, whether it is juvenile or adult system, people need to understand it cannot be changed overnight. It starts with gaining knowledge of credible research. It then moves in to defining best practices. As a practitioner in corrections and having worked in both adult and juvenile areas, I know firsthand that systems as a whole are very difficult to change. But it has also been my experience that with credible research and the sharing of best practices, professionals in our field will embrace these best practices and move their agencies in a positive direction. So I thank you for the opportunity and I would be happy to try to answer any questions that somebody might have.

Elissa Rumsey: Great. Thank you so much, Dr. Livers. And the questions continue to come in fast and furious. We will have about 30 minutes, maybe 25 minutes after we hear from Mr. Almager to address as many questions as we can. I do want to throw one out there very quickly for you, Dr. Livers, to be thinking about as we continue on here because it is a question that has come in in a few different variations and I think it is an important one. Again, just for you to think about in the next few minutes while we hear from Mr. Almager. The question is: What types of transitional or step-down programs are available to transition youth in isolation back to the quote “general population” or regular milieu? So we are seeing that question a fair amount. I just want you to be thinking about it if you would, Dr. Livers.
Elissa Rumsey: And we will pick it up there with that question after we hear from Mr. Almager who is another friend from California who has worked for the California Department of Corrections and Rehabilitation (CDCR) for over 30 years, primarily in adult facilities, but he now oversees the Ventura Youth Correctional Facility, which is located in Camarillo, California. I know I am seeing a lot of questions or comments around the fact that California by statute...

A Blueprint for Reforming Isolation (Restricted) Programs in Confinement Facilities that House Youth

Victor Almager: Good afternoon. Thank you very much. It is my privilege to be participating in today’s Webinar. I do want to... Sorry, can you hear me?

(several): We can hear you. Yes.

Victor Almager: Okay, very good. Thank you. First of all, thank you very much for the opportunity to participate in today’s Webinar. My name is Victor Almager, I am the Superintendent at the Ventura Youth Correctional Facility. It is the only facility in California that houses both youthful female offenders and male offenders. There are a number of units here – that might answer some questions – we do have two standard level of care units here, an intensive treatment program, and also a special counseling program. I think earlier, Frankie, you were asked a question about whether or not the psychiatric units had moved out of Stark and, in fact, they have. Ventura happens to have one of them and we continue to manage that population.

Victor Almager: The title of my presentation today may be being a bit presumptuous, not trying to be, is “A Blueprint for Reforming Isolation Programs in Confinement Facilities that House Youth.”

The Tumultuous History of Juvenile Facilities: 1980s Through 2004

Victor Almager: Now, I have spent the last 2 years working at this facility. My first 29 years were with adult corrections going back to the early 1980s, both in adult facilities and, at the time, the California Youth Authority. There was a lot of turmoil that was a result of overcrowding. Now, one of the things and many of the things that facility administrators contend with when there is overcrowding is a number of things we will talk about in a moment. But the compression of populations that sometimes or most often seem to exceed the available resources at the time to manage that overcrowding. You will hear in that time, in the 1980s through 2004, there were what could be construed clearly as unsafe living conditions and safety issues, which have already been described by some of our panelists. Resources, programs, and the delivery of services were challenged in the Division of Juvenile Justice, if I may, during this 20 to 24 year span. And one of the things I think any state youth facility might be concerned about would be that advocacy efforts were always – there is always oversight over our facilities, particularly in California. And I happen to think that is a good thing and it has been positive, as you will see as we talk more.

Farrell Litigation (Consent Decree) – November 2004

Victor Almager: In the next slide, I want to talk about the Farrell Litigation. In November of 2003, a case was brought to bear against the California Youth Authority, which was challenging the
constitutionality of our policies, procedures and practices. One of the things that we are talking about today, of course, is confinement. There were a number of issues that were confronting our department at that time, and you heard earlier mentions about 23-and-1, 22-and-1 [sic], and there probably was at that time a heavy reliance on confinement as sort of a safety net for managing youth misbehavior. But during that time and up to the Farrell Litigation, there were charges of high violence and an inability, if you will, for our youth facilities to manage the number of youth and to reduce the violence and make safe our facilities. Confinement rates were high and we were also challenged by the soaring detention rates.

**Farrell Remedial Plans**

Victor Almager: Well, from Farrell, in a consent decree that was signed in November of 2004, California was – we were, the Youth Authority, and DJJ – were really required to respond to and manage six remedial plans: mental health services, medical access to care, sex offender treatment issues, youth with disabilities, the provision or providing of educational services, and then what most facility administrators I think would deal with on a day-to-day basis would be safety and welfare issues.

Victor Almager: If I can, I want to focus a bit on the safety and welfare. I am proud to say that our department has been, I guess, recommended that we are no longer – that we are out of the remedial plan for the youth with disabilities. A recommendation has been made for us to go to self-monitoring with respect to educational services. Our medical access to care, our special masters and consultants have also recommended that we be out of those remedial plans, as well as the sex offender treatment program. Our mental health services, I cannot comment on that right now because, to be honest, I do not know the status of that, but I am quite sure that California is progressing quite well in that regard.

**Challenges Facing Facility Administrators**

Victor Almager: I am not trying to be presumptuous because I cannot tell other facilities’ administrators what they are faced with, but one of the things that we were faced with and continue to be faced with is how do we reduce aggressive behaviors and violence in youth? We are challenged by whether or not the youth are amenable to treatment. And even though we provide individual treatment interventions and individual treatment plans, we still have to contend with those youth who act out, who are aggressive, who become violent or staff assaultive, and those that are gang entrenched.

Victor Almager: We talk about also, and I heard commented earlier, some of the issues with training and staffing resources and, regrettably in California, even some of our budget constraints because it can be expensive to ensure that you have the quality training provided to all of your staff, and that becomes an administrator’s challenge to also maintain using fiscal responsibility and effectiveness by doing training and also having adequate staffing resources.

Victor Almager: One challenge for us here in Ventura happened to be our plant design. When there were the closures of the facilities in Southern California, Ventura basically merged with Stark, with Nelles, and with the Southern Youth Reception Center, and our plant design presented some problems for us, and we have since managed those. We are renovating and
hardening some of our living cottages and there has been quite a bit of success that we have experienced here in Ventura and across DJJ.

**How Do We Overcome Challenges?**

Victor Almager: But the questions that I sort of want to ask the audience to think about are how do we overcome the challenges as facility administrators that we face? I heard Dr. Livers mention earlier the importance of managing the staff culture. There is a staff culture that is embedded in every facility I have ever been to. There is also the culture that is driven by how the offenders maybe see the facility and see the staff.

**How Do We Reform Our Facilities?**

Victor Almager: One other question that we are always faced with is how do we reform our facilities? In the past, whether it be in adult corrections or even in juvenile facilities, is there the will to change? Is there the commitment, the highest level commitment to reform and improve our facilities to make them safe? And I want to offer this concept to the group, that reform cannot occur without having a safe facility environment.

**Redefining the “Mission” of Restricted/Isolation Programs**

Victor Almager: One of the things that I would propose in a blueprint for reforming isolation is the notion of treatment versus confinement. In California, the Division of Juvenile Justice is treatment-oriented. At Ventura, at one point we did house – we call them behavior treatment programs, which are restricted programs. We did at one time, about a year ago – excuse me – back to February of this year, we did have two units that provided restricted programs. However, I want to talk a little bit more about what we did in those units that was along the lines of reforming our confinement practices.

Victor Almager: One of the things that each facility has to determine is how to decrease the violence and disruptive behaviors, and how to develop in the youth and promote what has been spoken about already, pro-social knowledge, skills, and strategies through immediate, intensive, and evidence-based treatment interventions. And we need to establish a safe and secure learning environment for our youth, and in these restricted programs we need to restore normalcy.

Victor Almager: In our restricted programs here in DJJ, we are required to provide and do provide educational services to all of the non-graduates. We even provide and have developed with partnerships our local colleges, our junior college and our local state colleges, college programs for those youth who may temporarily be housed in our restricted programs. We provide what we call a Program Service Day, which is essentially a 7 day schedule of all of the activities, out-of-room activities, for youth in these restricted programs. We provide clinical services on the unit and all of our youth correctional counselors are trained in providing a number of resource groups. Again, I want to emphasize that our restricted programs are for short-term placement and targeting specific behaviors that warranted the use of temporary placement in this restricted program.
Redefining the “Values” Statement of Your Facility

Victor Almager: We here have also had to redefine the value statement, and a commitment from the administration that all youth will safely participate in the least restrictive environment and develop skills necessary to successfully reintegrate into society.

Development of Treatment and Administrative Operational Elements to Implement Mission and Values

Victor Almager: Following that, we have engaged in, I would like to say, a really progressive move to develop a behavior treatment program that is based on a behavioral management system. We have worked closely with our colleagues and those folks have oversight over us on development of reinforcement systems and level systems that will help motivate the youth engaged in appropriate pro-social behaviors. For instance, in our restricted programs youth can earn daily and weekly reinforcers. An example of that, a daily reinforcer, a positive reinforcer would be that we know that verbal insults and challenges are primers for violence, so if Youth A insults Youth B and Youth B has learned some strategies on not engaging and moving away and/or walking away, we see that as a positive reinforcement. And as these reinforcements accumulate, the youth start moving through a level system, which is a phase where we are transitioning them back into the general population.

Victor Almager: As I mentioned earlier, and I may have not made clear, it is a short-term transitional placement. If we have a sending unit that has to send a youth to our behavior treatment program, or our restricted program, it is the treatment team from the sending unit in collaboration with our treatment team on the restricted program working together to develop a strategy for the youth to work on targeted behaviors. And what is important about this is that throughout the short period of time that the youth is in a restricted program, the sending unit treatment team is still engaged with them. It could be something as simple as a member of the treatment team from the sending unit delivering the youth’s mail to the new program, or having daily interactions with them during the day.

Victor Almager: So, again, our restricted programs are really just to stabilize the youth and return the youth to general population.

Education Curriculum Design

Victor Almager: We emphasize education is the primary function of the day. Throughout the facility youth are required to go to school and, of course, we have to deal with truancy issues and that sort of thing, which we do each day. But some of the things that we do to help our youth understand the importance of education is we have our treatment staff in the classrooms, we have in our restricted programs classrooms that look like classrooms, and the youth move to their treatment areas or educational services without restraints. Now, there is time when we need to manage movement in a more secure fashion, but I can tell you, since implementing individualized movement system back in May of 2012, based upon individual behavior of the youth, we virtually have eliminated the need for any restraint equipment in our restricted programs.

Victor Almager: We have our resource groups, as I mentioned to you before. Some of those groups are like anger control, aggression interruption training, social skills development,
decisional balance, and other things like that, and I could provide at some other time a description of those. But they are all designed to help the youth learn new ways of thinking, behaving, and problem solving.

**Assessment and Case Planning**

Victor Almager: An important component I saw in some of these questions is what sort of risk needs assessments do we do? We work with the California Youth Assessment Screening Instrument (CA-YASI) which identifies risk factors and protective factors and domains for each individual youth. So we provide an assessment strategy that is individualized to the youth. And we have interdisciplinary treatment teams that meet weekly, case conference, and establish the youth’s treatment plan as they move through our system.

Victor Almager: We identify the goals and the treatment interventions that will help youth to reintegrate. We look at de-escalation and what some of the triggers are for youth. We look at ways to manage their behavior through de-escalation strategies, through dialogue, through crisis intervention plans, and we identify and work together as a team in identifying with the youth what are the action steps that are needed to demonstrate an achievement of what their treatment goals are.

Victor Almager: Again, working with the sending unit and all of the other stakeholders, we want to ensure some treatment continuity.

**Develop, Define, and Establish Treatment Team Staff Roles and Responsibilities**

Victor Almager: It is very important, and I did not elaborate much on this here, except to provide a slide that talks about how important it is for staff to be clear on what their roles and responsibilities are. Whether or not it is an administrator, whether or not it is a treatment team supervisor, or a correctional counselor, or even a teacher, we all need to have an understanding of what our roles and responsibilities are so we can execute them effectively. Volunteerism is also something that is important, although it is not mentioned in the slides, I kind of wanted to get that in.

**Provide Ongoing Support to Staff**

Victor Almager: As a facility administrator or superintendent, it is my responsibility and my deputy superintendent’s responsibility to provide the leadership and the on-point support to our staff, and that is a constant responsibility that we have and very important.

**Oversight of Protocols and Processes Developed**

Victor Almager: Earlier I heard mentioned quality assurance and deliverables and oversight of protocols and processes that are developed. As a facility administrator, we are challenged by that. But every component of our restricted programs require a quality assurance measurement to be sure that we are consistent in meeting our objectives and the mission and values of our facility or our programs.
Take an Active Role in the Quality Assurance Process!

Victor Almager: And it is very important for administrators and everyone along the way to take an active role in the quality assurance process when we are managing youth in these restricted programs. So that concludes my presentation.

Questions?

Elissa Rumsey: Thank you so much. I want to say a general thanks to the esteemed panel of experts before we get into the Q&A. I think we just had a terrific presentation from a nice range of experts from all over the United States. I do not see their e-mail addresses provided in the slides, however I would recommend if you do want to follow up with somebody individually, there is this great thing called Google where you can just search somebody’s name and get their e-mail address and e-mail them directly. So if I could, I would recommend you do that if you have a really burning question that you would like an individual to answer. Because, unfortunately, we have so many, I would say close to 100 questions here, that we are not going to be able to get through them all in the next 15 minutes. We will do our best to get through as many as we can at a time.

Elissa Rumsey: And, as promised, I am going to turn the first one over to Dr. Livers. In the interim break there a minute ago we talked about the fact that folks are curious to know about transitional programs. How do you move kids out of isolation? How do you move them out of segregation such that after undergoing what some have characterized as a traumatic experience, how do you bring them back into the general population and ensure that they are able to behave effectively, that they have their treatment needs met, so on and so forth? So Dr. Livers, could you address that for us please?

Mary Livers: Sure. That is a good question. Again, I want to repeat that the first thing is you do not have someone separated for very long at all, if at all possible. I mean it maybe starts with a very short period of time, and you try to work through those issues and you try not to put somebody in separation. But once you have a youth who has shown a pattern of aggressive behavior, many systems, our system, we have a specialized behavior program so that youth who do not respond to all the other steps that we have taken to get control of their behavior, for them to get control of their own behavior, then we have a specialized unit that they go to. They will spend – it is not isolation, it is a specific program, and so the program is all about them addressing whatever issues are causing them to act out aggressively. So it is very, very intense, it is individualized, and it is based on a lot of treatment objectives. So it might be a 1-week program for some kids, it might be a 2-week program, it might be a 3-week program, but it is all based on their behavior, their desire to change their behavior. Their programs continue, all their services continue, and there is an individualized treatment plan. So that plan would include them leaving that unit and going back to the dorm that they were actually assigned to. So, again, it is very individualized and it is customized to the particular needs of that youth. I hope that answered the question.

Elissa Rumsey: Yes, thank you so much. And on a related question, some folks have written in to ask about what should be made available to youth who do need that most serious consequence of isolation or segregation. What do you need to make sure they have so they are safe while they are being separated? Dr. Livers, can you take that one, too, please?
Mary Livers: Yes. Elissa, they need all those services I mentioned. They need structure, they need routine, they need to have educational services, they need to have individual counseling, they need to have some group interaction with other kids in the program. It is very staff-intensive and, again, it is all geared toward having that youth gain control of their behavior and go back to the dorm that they came from.

Elissa Rumsey: Great, thank you. The next one I think, Mr. Almager, if you could respond to this one. What sort of alternatives to isolation would you recommend, particularly if a youth is acting out in a very serious, violent, assaultive manner? Can you recommend some alternatives to isolation when you have youth who are acting out in such a way?

Victor Almager: Yes. One of the things that is really a part of our response to any incident, whether it be a single youth incident or an incident that maybe involves two youth fighting each other or being assaultive or destroying property or destructive, is we have crisis resolution counselors that respond to these incidents post-incident, and we individually meet with the youth and try to determine what was the basis or the cause of the event. Now, if it happens to be a youth-on-youth incident, we will do what is called a crisis intervention. We will separately meet with the youth, both parties, and get at the core triggers and antecedents of what led up to the incident, and we will begin a phase-in process with staff presence where we will work through the problem individually and then together with youth. We do not remove them off of the unit. We may put them in a cool-down period in their room temporarily, but we are still required by our commitment for mandated services, which means a minimum 180 minutes out of room for some exercise, some structured activity, large muscle exercise. But those individuals will still be provided, as Dr. Livers mentioned, the aggregate services that they need. We do not see restricted programs as the response to incidents just one to one, like one commits the other. And lastly, I want to tell you that our use of force policy requires us to conduct post-incident interviews with the youth to help us understand what took place. So as we look at these incidents, we also develop and individualize their crisis intervention plans. So staff on the living unit and any staff that respond to that living unit have the ability to understand what are the triggers of violence or behaviors that are violations of policy and to manage it and deescalate it. So we do not place all youth in the restricted program just for one incident. We manage them on the living unit.

Elissa Rumsey: Thank you so much. Frankie, I have a question for you now and it is a two-parter. The first part is what made a difference for you in your professional development based on your past experience? What made it such that you could come out and be an effective professional as you are now? That is the first part. The second part is what would you do differently if you were running a facility right now, specifically around these issues of isolation? So the first part is what made a difference for you when you were in a facility such that you are so successful now, and number two, what would you do differently if you were running a facility today on this issue?

Francis Guzman: Well, I would say very simply the thing that made the difference for me was Oxnard Community College. When I got out of CYA, I could tell you my self-esteem, my self-concept, whatever work we intend to do with skill building and our personal development and all this rehabilitation, I think it is all for nothing if we do not have an adequate foundation on which to build this house, that would be the skills. And that foundation, in my experience, was self-love, self-respect, self-esteem, and I did not get that until I was free and sought treatment and therapy on the outside.
Francis Guzman: From my experience in CYA, and this is not at all to disrespect in any way or take away from what Mr. Almager has presented on CYA today, but when I was there 10 years ago it was a dramatically different place. And I can tell you for all those strengths that I have today that make me an effective advocate, those exact same strengths were perceived as weaknesses and I was constantly taught to believe that something was wrong with me. If I accepted accountability or responsibility for my actions, I was minimized or I was manipulating. If I denied it, and especially when I did not do it, I was minimized or I was in denial.

Francis Guzman: So for me it was like being at a place where, one, the reception was different. I walked onto Oxnard Community College, I met people who looked just like me with degrees, they received me with an open, positive attitude, and the perception of me was different. They did not perceive me as a criminal or a gang member or somebody with all sorts of pathologies. In fact, it was the opposite. They saw me as a member of the community. There was not this preconceived notion or judgment about me and, as a result, the way they dealt with me was very empowering. Rather than being in a correctional environment where a lot of the focus is on what my weaknesses are and attempting to rehabilitate me without a foundation, here there was more positive encouragement, and after the encouragement there was actual instruction. Not just a command, not just an order, but instruction on how to do it. And once I did that and did that well, further reencouragement and other opportunities followed. So, for me, it was not only the reception which was open and positive, but the perception which was also positive that allowed for positive and great expectations.

Francis Guzman: I juxtapose that with my experience in DJJ because I would say, especially at Fred C. Nelles, there were some very, very evil people in charge of our lives with very little oversight and they did some very, I would say, unlawful and unethical things to us. And it really had an impact on me, my psychological development, my behavior, the way I deal with unfairness, the way I deal with perceived injustice. I had to move away from acting out from just sheer frustration and be a lot more dignified and understand that I am worth more than whatever response they are trying to elicit from me. That was initially the approach.

Francis Guzman: Now, I can say that I have none of the – the fact that I am argumentative or that I am vocal or that I respond strongly to injustice was once upon a time perceived as being a negative behavior, whereas now it is my job. Right? And so I focused on those things that encourage me to do better at what I am, do better at what I am strong at and what I am passionate about.

Francis Guzman: So moving on to the second part of your question, I would say what I would do differently is focus more on the solution and help kids arrive at that solution. I think we all understand very well what our problems are, whether we can articulate it or not, we feel ugly inside, we feel beat down, we have been told every step of the way what is wrong with us. And to the extent that we have been advised or encouraged to do positive, it is most often a very conclusory command or request. Very rarely do I see people talk to children as children. And I will share this with you, when I do my work and I speak with administrators or stakeholders, I talk to them as I would a child, I talk to them as I would want to be spoken if I were a child. I tell them what the problem is. First of all, I start off with a positive encouragement. “You are doing a very good job.” Secondly, I identify areas to improve on. And lastly, I show them exactly how to do it. We, as adults, do not even do that for children and that, to me, that is shameful. So, for
me, what I would do differently is treat young people as if they have not yet been taught how to live. This whole idea of rehabilitation in many circumstances, in many live cases, is just inappropriate because many kids have not been taught to live previously. So when you say rehabilitation, who are you rehabilitating when you are talking about a person who has not learned to live, who has not learned to deal with emotion, to express himself, to communicate, to interact with people out there in a normal and healthy fashion? And so what I am saying is, yes, obviously identifying the problem is important, but then moving on to the solution so it does not become an issue of just deteriorating the individual’s life, body, and soul. And, again, focusing on helping them to do better by showing them, not only through instruction, but by example, which is something that I think I have not experienced or did not experience until I was released and, of my own accord, attended community college. Then I received it, then I understood what could possibly work.

Elissa Rumsey: Great, thank you so much, Frankie. That was really, really heartfelt and meaningful to hear from you what your experiences were, and also just to know you are doing the great work you are doing out in California, which I have no doubt will have a broader reach than that throughout the nation.

Elissa Rumsey: In our last couple of minutes, I want to again thank our panel of experts who have given their time so freely to share with you this information today. I see a few of them have shared their e-mail addresses with you so you can write to them directly and follow up with your questions if your question did not get answered. And I apologize, many did not get answered given the time constraint and given the flood of questions that was submitted. So thank you so much for your interest.

**For More Information**

Elissa Rumsey: Before we sign off, I do want to suggest that if you are thinking of addressing this issue in your jurisdiction, there is free consultation available to you. OJJDP launched the National Center for Youth in Custody, or NC4YC, in October of 2011. This is an entity that is co-directed by the Council of Juvenile Correctional Administrators (CJCA) and the National Partnership for Juvenile Services (NPJS), and yes, we love our acronyms. But I point that out because we have some of the best people in the United States working on this effort with us, this new OJJDP National Center for Youth in Custody. If you go to the Web site, you can see that you are free to submit a request for consultation, for training, for technical assistance. There is assistance available if you are thinking of addressing this issue of isolation in your facility or in your jurisdiction.

Elissa Rumsey: I also want to note that the National Institute of Corrections, or NIC, which is also part of the Department of Justice, also has free consultation available to you if you are interested in reforming or tweaking your practices in this area of your facility.

Elissa Rumsey: And finally, we have our PREA Resource Center, also a DOJ funded entity, that is to assist jurisdictions in implementation of the Prison Rape Elimination Act standards which, as Ian mentioned, went into effect August 20, 2012, and do have some provisions around isolation and segregation. So that is another resource for you if you are wishing to receive assistance or have consultation on this very important matter of youth in isolation.
Elissa Rumsey: So with that said, I thank you again very much for your time today, everyone who participated. It was exceptional and I hope that we will hear from you more on this matter. Thank you.