

Guidance for preventive and responsive measures to coronavirus for youth agencies

March 24, 2020

This briefing paper summarizes and expands on advice offered in the *Guidance Briefs* issued by the Vera Institute of Justice (Vera) and Community Oriented Correctional Health Services on March 18, 2020.

The coronavirus, or COVID-19, has been declared by the World Health Organization as a global pandemic.¹ As the number of people infected in the United States grows exponentially, we must focus on prevention and containment in the criminal and immigration legal systems. Preventing and responding to coronavirus among young people in the justice system requires special considerations, although the fundamental priority is the same—to remove youth from detention settings.

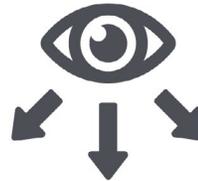
Footprint of the U.S. juvenile legal system



725,000+
youth arrested
every year



48,000+
youth in detention



300,000
youth placed
on probation

Actors in the juvenile legal system have a unique and critical role to play. The importance of this role is underscored by the number of young people affected—more than 725,000 young people are arrested each year,² nearly 300,000 young people are placed on probation each year,³ and on any given day, more than 48,000 youth are confined in facilities out of their homes as a result of juvenile and criminal legal system involvement.⁴ Vera provides guidance in this brief to protect the young people and adults who interact with and work in these systems. For other system guidance, see Vera's COVID-19 Response [page](#).

Prioritizing prevention first and foremost

Law enforcement agencies should:

1. Equip 911 call-takers and dispatchers to *divert more calls-for-service to health resources* when they do not require police response. For young people in particular, these non-police response options should include mediation services for youth in conflict with family members, mental health crisis services, and runaway and homeless youth shelters for young people who cannot stay in their homes.
2. *Avoid taking young people into custody wherever possible.* This is particularly important since parents are usually required to come in person in order for them to be released, increasing social contact for parents and staff.
 - a. Use curbside warnings or cautions to respond to youth misconduct.
 - b. Use citations, tickets, or summonses where possible, unless the young person poses an immediate and identifiable risk to physical safety or is charged with a serious felony.
 - c. Suspend standard protocols that place people in custody by, for example: suspending enforcement bench warrants; limiting enforcement of arrest warrants to violent crimes; and/or documenting, but declining to take into custody, people who have violated probation and parole if they do not pose an immediate and identifiable risk to physical safety.
3. Use every available means to *return arrested youth to their homes and families* instead of admitting them to detention.

Juvenile community corrections systems should:

1. Use their authority and discretion at intake to create case plans that avoid recommendations for detention for arrested youth.
2. *Suspend all in-person reporting and check-ins for people under supervision, lengthen reporting intervals, and allow people to connect remotely* by phone or videoconference while the pandemic continues. In cases where canceling an in-person check-in may cause harm or delay, such as when people on probation or parole need signatures or approvals from their officers, probation and parole offices can set up alternative measures—over video or by e-mail—to vet those issues and provide electronic signatures or approval. Community-based providers who carry out programming for youth on probation must be required to take these precautions as well, without risk to their funding.

3. Promulgate a policy to temporarily *suspend any detention or placement for technical violations—noncompliance with the terms of community supervision—such as failing a drug test, missing probation appointments, or violating curfew.*

Youth detention/youth corrections agencies should:

1. Use their authority or work with court administrators to release as many young people from custody as possible, especially those who have underlying health conditions such as respiratory conditions, diabetes, or who are pregnant.
2. Partner with other child-serving systems, like child welfare, and community providers to understand their crisis response plans and to create release plans for young people who do not have identified family resources or who do not have secure housing.

Containing the possibility of spread

Law enforcement agencies and juvenile community corrections agencies should:

1. Use a CDC-informed *screening tool* for anyone who is brought to or from a police station, for anyone under community supervision, and for visitors to youth detention/corrections, with the aim of identifying people with possible exposure and people at higher risk of infection.
2. Minimize contact between staff by suspending roll-call and using videoconferencing, e-mail, and other technologies to provide briefings and advisories.
3. Share *guidance and best practices about coronavirus prevention and containment* with all people on supervision by emailing, mailing, and handing out brochures and information in the office.

Youth detention/youth corrections agencies should:

1. Avoid use of room confinement as a first response and *continue programming, classes, jobs, and recreational activities.* Develop a staffing schedule that allows for the same programming to be offered in smaller groups or offer distance learning opportunities.
2. *Increase the frequency of laundry and washing of clothes, towels, bedsheets, and other items disbursed by the facility.*
3. Share the agency's response plans with families of young people in custody.

4. Use a CDC-informed *screening tool* for all people entering facilities and staff to identify people with possible exposure and those at higher risk of infection. Use these tools to preserve in-person visits wherever possible, particularly for parents and guardians.
5. When limitation of visitors cannot be avoided, *provide free phone and video calls and increase access to videoconferencing and other measures* for incarcerated people to maintain contact with family and loved ones until in-person visits can resume. Providing free video calls that visitors can access from home—instead of traveling to a facility or other site—is particularly important at this time.
6. Allow for unsupervised phone calls and videoconferences with lawyers.

Respond swiftly to active cases while preserving due process

Juvenile community corrections systems should:

1. Offer additional support to parents/guardians of youth under 18 in creating a medical care plan that includes guidance on medical insurance, accessing emergency care and hospitals, a plan for transportation, etc., in case they or their child develops an active infection.
2. Develop a policy that includes training staff in special procedures for responding to coronavirus if someone under their supervision answers affirmatively to screening questions or has active symptoms typical of coronavirus infection.
3. For staff members or personnel who test positive for coronavirus and who cannot continue to work, develop a comprehensive policy that provides paid sick leave and a plan for staffing substitutions and triage. The staffing plan should identify priority tasks and operations that must continue even if a significant proportion of staff is unable to work at any given time.

Youth detention/youth corrections agencies should:

1. Designate separate rooms or areas within the facility for people in custody who exhibit symptoms of coronavirus. Using cells designated for solitary confinement is not acceptable. Rather, separate spaces for people with coronavirus should be prepared with access to comfortable furnishings, personal belongings, a telephone, and programming, even if that programming is done via videoconference or another technology.
2. Develop a policy for cases where intensive or acute care is needed by having a plan to take incarcerated young people to the hospital. Access to local hospital beds, including intensive care beds and respirators, should be tracked as symptomatic patients are identified.

3. Provide staff with information about existing policies for communicating with families about medical decision making with youth under 18 and any updates required for new procedures.
4. For staff members or personnel who test positive for coronavirus, develop a comprehensive policy that provides *paid sick leave and a plan for staffing substitutions and redeployment*. Facilities should develop contingency plans for staffing shortages that identify sources of additional staff, as well as defining the maximum facility census that can be safely managed as staffing capacity shrinks.
5. Develop a data collection plan to index all suspected cases of coronavirus and track people through diagnosis, treatment, quarantine (when indicated), and release. Communicate actively with the local health department about all active and suspected cases.

Endnotes

- 1 World Health Organization, “Rolling Updates on Coronavirus Disease (COVID-19),” updated March 18, 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
- 2 Office of Juvenile Justice and Delinquency Prevention (OJJDP), “Statistical Briefing Book,” October 31, 2019, <https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp?qaDate=2018>.
- 3 OJJDP, *Characteristics and Trends of Delinquency Cases Resulting in Probation* (Washington, DC: OJJDP, 2019), https://www.ojjdp.gov/ojstatbb/snapshots/DataSnapshot_Probation2017.pdf.
- 4 Prison Policy Initiative, “Youth Confinement: The Whole Pie 2019,” accessed March 19, 2020, <https://www.prisonpolicy.org/reports/youth2019.html>

For more information

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