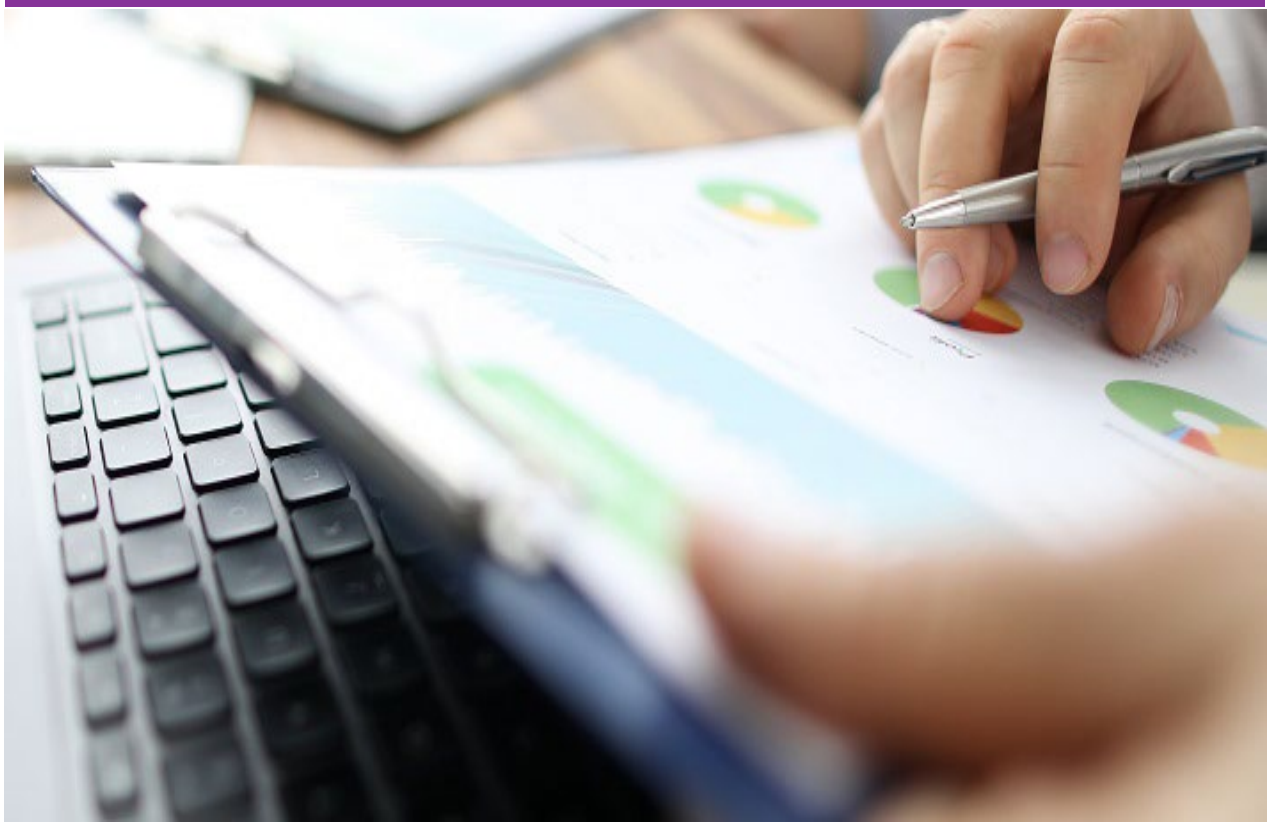

JUVENILE ROOM CONFINEMENT AND ISOLATION IN WASHINGTON STATE: INITIAL REPORT TO THE LEGISLATURE

Washington State Department of CHILDREN, YOUTH & FAMILIES

January 2023
Juvenile Rehabilitation and the Office of Innovation, Alignment, and Accountability

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CONTENTS

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Executive Summary

According to Revised Code of Washington (RCW) chapter 13.22, juvenile detention centers[1] and Juvenile Rehabilitation (JR) institutions across the state are required to document the use of room confinement and isolation (RCI) and report these data to the Department of Children, Youth, and Families (DCYF) for the purposes of compiling a report to the Legislature. All facilities were also required to adopt a model policy drafted by DCYF with input from county representatives, or indicate what alternative policy they adopted in its stead.

DCYF received data from all 20 county-run detention facilities, one privately-run detention facility, and all three state-run institutions. This report includes data from June 2020 through July 2022. According to chapter 13.22, the definitions of RCI are as follows:

Room Confinement	Isolation
"Room confinement" means a juvenile is separated from the youth population and placed in a room or cell that the juvenile is assigned to for sleeping, other than during normal sleeping hours or interim rest hours. "Room confinement" does not include time a youth requests to spend in his or her room or rest periods in between facility programming. Juveniles are in room confinement from the moment they are separated from others until they are permitted to rejoin the population.	"Isolation" means confinement that occurs (a) when a youth is separated from the youth population and placed in a room for longer than 15 minutes for the purpose of discipline, behavior modification, or due to an imminent threat to the safety of the youth or others; and (b) in a room other than the room assigned to the youth for sleeping. Juveniles are in isolation from the moment they are separated from others until they have rejoined the population. Juveniles who are pregnant shall not be put into isolation. Maintaining appropriate gender separation does not constitute isolation.

Findings

Facilities across the state labored to meet the reporting requirements, as detailed in chapter 13.22. Through discussions with JR institution and juvenile detention staff, it is clear there were many questions and obstacles to implementing the requirements of the law. In examining the data and through discussions with staff across the state, we found the following:

- Overall, JR institutions typically held more youth, on average, than the total number of youths housed in all of Washington's juvenile detention centers combined.
- By the numbers, JR also accounted for most of the events of RCI and accounted for a disproportionate number of events after accounting for average daily population.
- Notably, a small number of youths (3%) accounted for a disproportionate number of events (20%) in both JR and juvenile detention facilities.

[1] Juvenile detention facility refers to county facilities that house juveniles pre-adjudication and for short-term sentences. JR institutions house adjudicated youth who committed their crimes before the age of 18 and have a sentence of longer than 30 days, as well as adult-sentenced youth up to age 25.

- These findings aside, we are unable to precisely describe the use of room confinement or isolation in the state of Washington.

Our most glaring finding is the last in the above list, and we spend substantial time in this report exploring it. The main factors limiting our ability to accurately describe the use of room confinement or isolation include:

- Non-standardized interpretation of the definitions of RCI. Examples include whether and how to document and report RCI that occurs for reasons not mentioned in chapter 13.22 (such as RCI for medical reasons) and whether a youth engaging in one-on-one programming with a staff, but separated from all other youth, is considered isolation.
- Non-standardized documentation of RCI duration. For instance, how to demarcate the end of one event and the start of another?
- Insufficient or flawed data collection systems/infrastructure. Examples include issues with programmed response options in facility tracking systems and inefficient technology.

While research and data staff associated with all the juvenile detention facilities and JR institutions collaborated on how to collect the required data, ultimately each facility and institution relied on their best judgment in interpreting, documenting, and reporting RCI.

Recommendations

Broadly, we recommend that the Legislature clarify the definitions of RCI as well as what constitutes permissible uses of RCI, and which of these uses ought to be tracked, documented, and reported. This step will be critical for facilities across the state to be able to produce meaningful data regarding their facilities, which in turn guides interventions for promoting rehabilitation.

Recommendation 1: *Support efforts to create meaningful data on the use of RCI and clear guidelines on the use of RCI.*

Recommendation 2: *Clarify what constitutes a "medical and mental health assessment" or review.*

Recommendation 3: *Further develop the statewide coordination of this work.*

Recommendation 4: *Clarify how to calculate duration of time in RCI.*

Recommendation 5: *Provide more information about public reporting expectations*

Recommendation 6: *Clarify the purpose of periodic reviews required by DCYF.*

Recommendation 7: *Develop a grant fund that would incentivize the use of a behavior*

management system or physical changes to facilities that will support a therapeutic environment.

***Recommendation 8**: Provide funding for the required mental health assessment and medical evaluations required in the law.*

***Recommendation 9:** Establish a referral process for juvenile detention facilities when there are youth whose needs cannot be met by local detention facility.*

Introduction

In 2020, the Washington State Legislature enacted Second Substitute House Bill (2SHB) 2277 (Chapter 333, Laws of 2020), effective June 11, 2020, relating to youth solitary confinement. Sections 1-7 and 9 of that act were codified as Chapter 13.22, RCW. Broadly, this law prohibits solitary confinement and establishes limitations and standards for the use of RCI on youth[2] residing in detention facilities and institutions across the state. Further, the law establishes a reporting requirement including an initial report,[3] and regular reports every three years thereafter. Accordingly, this document represents the initial report, and details the development of a model policy (see RCW 13.22.030) and data collection efforts (see RCW 13.22.060). Additionally, this report provides recommendations to clarify and improve the law in light of issues encountered since the bill passed in 2020. This report includes the 20 county-run juvenile detention facilities, one privately-operated detention facility,[4] and the three state-run JR institutions[5] in Washington State.

In the sections that follow, we first provide a brief summary of the literature that informs the use of RCI for youth and young adults followed by an overview of the development of a model policy, drafted by DCYF with input from juvenile detention facilities. Next, the report summarizes facilities' and institutions' data collection efforts and provides descriptive information on the use of confinement across the state. Last, this report provides recommendations on how to advance the rehabilitative goals of Washington's juvenile justice

[2] RCW 13.22.010 defines the term "juvenile" as "(a) Any individual who is under the chronological age of eighteen years; and (b) Any individual under the chronological age of twenty-five years who is confined to an institution, including an individual confined in an institution under RCW 72.01.410." Throughout this report, we use the term "youth" or "young adults" to refer to these individuals collectively.

[3] As required by RCW 13.22.060, which states: "(1) Information collected under RCW 13.22.040(2), 13.22.050(2), and 13.04.116(1)(c) must be reported to the department of children, youth, and families by December 1, 2021, and an updated report must be submitted to the department by November 1, 2022. The department must compile the reported data and, in compliance with RCW 43.01.036, provide a data report to the appropriate committees of the legislature by December 1, 2022."

[4] Benton/Franklin, Chelan, Clallam, Clark, Cowlitz, Grays Harbor, Island, King, Kitsap, Lewis, Mason, Okanogan, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, and Yakima Counties operate detention centers. Martin Hall is a privately-operated facility.

[5] As of this writing, there are only two institutions in Juvenile Rehabilitation, Green Hill School and Echo Glen Children's Center. Naselle Youth Camp was closed by the Legislature in 2022.

system.

Literature on the Use of Room Confinement and Isolation

RCW chapter 13.22 is clear in its intent to advance the rehabilitative goals of Washington's juvenile justice system by eliminating the use of solitary confinement and isolation across the state.[6] Prolonged isolation, it states, may be harmful to youth and is ineffective in modifying behavior. Indeed, the practice of isolating a young person is more likely to exacerbate aggression than extinguish it.[7] Accordingly, this new law prohibits confinement for punitive purposes. Critically, it also imposes limitations on the use of other types of confinement. Below, we briefly discuss why isolating youth in confinement is thought to be more harmful to youth than adults, and subsequently extend these theoretical and empirical groundings to the use of other types of confinement that are allowable by the law.

In order to differentiate between the legal definitions of these terms from their more general meanings, we capitalize the terms "Solitary Confinement," "Room Confinement," and "Isolation" when referring to the legal definitions as denoted in chapter 13.22. When non-capitalized, the terms isolation or confinement denote the status of being separated from all other (adults or youths) in a room or cell. For reference throughout this report, Exhibit 1 presents the current definitions for the terms Solitary Confinement, Room Confinement, and Isolation per chapter 13.22. Note that one defining feature of Isolation relative to Room Confinement is that the youth is placed in a room *other* than that to which they are assigned for sleeping.

[6] RCW 13.22.005 states "(1) The legislature finds that prolonged isolation for juveniles may cause harm. Prolonged solitary confinement has also been shown as ineffective at reducing behavioral incidents and may increase anxiety and anger in youth. (2) Creating alternative solutions to solitary confinement for juveniles will further protect the well-being of juveniles in all detention facilities and institutions and enhance the rehabilitative goals of Washington's juvenile justice system. Chapter 333, Laws of 2020 seeks to end the use of solitary confinement in juvenile facilities when used as a form of punishment or retaliation. Chapter 333, Laws of 2020 also seeks to limit placement in isolation, except in the circumstances outlined in RCW 13.22.020. Juvenile institutions and detention facilities must implement a system of graduated interventions to avoid the use of solitary confinement. Less restrictive forms of confinement should be used to regulate the behavior of juveniles in institutions and detention facilities. (3) The legislature intends to prevent the use of solitary confinement and, in the limited instances of isolation, ensure that the use advances the rehabilitative goals of Washington's juvenile justice system, and that it is not used as a punitive measure."

[7] For a review of the topic, see Haney, C. (2018). Restricting the use of solitary confinement. *Annual Review of Criminology, 1,* 285-310.

Exhibit 1: Definitions of Solitary Confinement, Room Confinement, and Isolation per chapter 13.22

Solitary Confinement	Room Confinement	Isolation
"Solitary confinement" means a youth is involuntarily separated from the youth population and placed in a room or cell other than the room assigned to the youth for sleeping for longer than 15 minutes for punitive purposes. Different terminology does not exempt practice from being "solitary confinement." 13.22.010	"Room confinement" means a juvenile is separated from the youth population and placed in a room or cell that the juvenile is assigned to for sleeping, other than during normal sleeping hours or interim rest hours. "Room confinement" does not include time a youth requests to spend in his or her room or rest periods in between facility programming. Juveniles are in room confinement from the moment they are separated from others until they are permitted to rejoin the population. 13.22.010	"Isolation" means confinement that occurs (a) when a youth is separated from the youth population and placed in a room for longer than 15 minutes for the purpose of discipline, behavior modification, or due to an imminent threat to the safety of the youth or others; and (b) in a room other than the room assigned to the youth for sleeping. Juveniles are in isolation from the moment they are separated from others until they have rejoined the population. Juveniles who are pregnant shall not be put into isolation. Maintaining appropriate gender separation does not constitute isolation. 13.22.010

Physical and Social Isolation in Adolescence

The consequences of near total social and physical isolation—22 hours per day or more—are profound.[8] Perhaps the most well-known case of such juvenile isolation is Kalief Browder. At 16 years old, Kalief Browder was sent to Riker's Island jail where he experienced isolation for 700 days. While at Riker's, he tried to kill himself multiple times. In 2015, two years after he was released, Kalief Browder died by suicide at age 22. Prior to his death, he was vocal about the impact Riker's had on his well-being. Among studies of adults, there is overwhelming evidence of psychological harm, including depression, anxiety, psychosis, and long-term, latent social dysfunction well after the individual is reintroduced to social contexts. The scientific community, national and international experts, and multi-disciplinary professional organizations agree that the use of prolonged isolation is torture, and its use should never exceed 15 days *in adults.* These same authorities note that such isolation of any length should never be used on vulnerable populations, including juveniles.

The mechanisms by which isolation harm individuals are myriad, but the most notable is through the erosion of meaningful social connection. Indeed, having meaningful relationships

[8] Haney, C. (2018). Restricting the use of solitary confinement. *Annual Review of Criminology, 1,* 285-310.

with others is one of the most robust indicators of physical and emotional well-being,[9] and central to every intervention professed by mental health clinicians. The practice of isolation also eliminates the individual's ability to engage in meaningful rehabilitative activities (e.g., school, vocational programming, recreation, skill development classes) – exactly the kind of activities that support personal growth. Below, we discuss briefly why adolescents are particularly vulnerable to these kinds of harm.

Adolescence comprises a constellation of dramatic changes physically, cognitively, socially, and emotionally. As proponents of juvenile justice reform often note, young people are particularly vulnerable to the negative effects of social and physical isolation of any duration[10] by dint of their ongoing development. At the broadest level, adolescence is a time when the brain is primed for learning due to a number of physical changes in the brain's structure and function. This ongoing maturation, particularly of areas and neural circuits governing self-control (i.e., the prefrontal cortex and its projections), underlies behavioral characteristics of adolescents, who, as a group, take more risks, evince greater reward-seeking behaviors, and demonstrate less impulse control relative to adults.[11]

While these brain changes impact the behavior of young people, these same changes undergird the process of neuroplasticity: the ability of the brain to rewire itself in response to the environment. These changes in the brain continue into the mid-20s, suggesting that we are not "mature" until well after the age of majority (age 18). It is for these reasons that young people warrant differential treatment under the law. On the one hand, they are less responsible for their misconduct as they have less behavioral control. On the other, they are more amenable to

[9] For reviews, see:
Cacioppo, S. & Cacioppo, J. T. (2012). Decoding the invisible forces of social connections. *Frontiers in Integrative Neuroscience, 6.*
Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science, 10*(2), 238-249.

[10] Jennifer Lutz, Mark Soler, and Jeremy Kittredge, Not In Isolation: How to Reduce Room Confinement While Increasing Safety in Youth Facilities (Washington, DC: Center for Children's Law and Policy and the Justice Policy Institute, May 2019).

[11] For reviews, see Casey, B. J., Simmons, C., Somerville, L. H., & Baskin-Sommers, A. (2022). Making the sentencing case: Psychological and neuroscientific evidence for expanding the age of youthful offenders. *The Annual Review of Criminology, 5,* 7.1-7.23.
Shulman, L., Smith, A. R., Silva, K., Icenogle, G., Duell, N., Chein, J., & Steinberg, L. (2016). Dual systems model: Review, reappraisal, and reaffirmation. *Developmental Cognitive Neuroscience, 17,*103-117.

rehabilitation than their fully-grown adult counterparts. [12, 13]

While this developmental neuroplasticity – the heightened sensitivity of the brain to experience during adolescence – supports youths' *capacity* to change, it far from guarantees it. In fact, it suggests that the isolation-related harm done to the developing individual may be more impactful on short- and long-term outcomes relative to adults. Further, the long-term impact of isolation may be that these young people do not form the neural networks that support desirable behaviors, such as self-regulation, prosocial conflict resolution, and long-term thinking. In isolation, youth have no exposure to positive environmental stimuli to facilitate positive youth development.

Additional characteristics typical of justice-involved youth require further consideration when contemplating the potential harms of isolation. First, because of their imprisonment, youth experience isolation from their community, which may be especially profound for those with families who are unable to visit. Further, 80% of Washington's justice-involved youth have experienced trauma,[14] and likewise experience disproportionate rates of substance use and mental illness relative to their non-involved counterparts. Accordingly, the risk of harm linked to isolation is compounded because youth are still developing, may have strained social connections while in facilities, and have histories of trauma. Notably, studies find that individuals with histories of trauma or mental illness are more likely to be placed in isolation, further exacerbating these vulnerabilities.[15]

It is easy to see the harm engendered by extreme and prolonged isolation on justice-involved youth in light of their ongoing development, removal from existing social support structures, and other vulnerabilities associated with histories of trauma and mental illness. Within the juvenile justice systems across the country, there are reasons suggesting that extreme isolation is rare in current practice given that the underlying through line of juvenile justice is, ostensibly, rehabilitation.[16] It is less likely, then, that extreme isolation is common, and indeed many states

[12] See: Icenogle, G., Steinberg, L., Duell, N., Chein, J., Chang, L., …Bacchini, D. (2019). Adolescents' cognitive capacity reaches adult levels prior to their psychosocial maturity: Evidence for a "maturity gap" in a multinational, cross-sectional sample. *Law and Human Behavior, 43,*:69-85.

[13] See: Steinberg, L., Cauffman, E., Woolard, J., Graham, S., & Banich, M. (2009). Are adolescents less mature than adults? Minors' access to abortion, the juvenile death penalty, and the alleged APA "flip-flop". *American Psychologist*, *64,* 583-594.

[14] Kim, B.-K. E., Gilman, A., Thompson, N., & De Leon, J. (2020). Statewide trends of trauma history, suicidality, and mental health among youth entering the juvenile justice system. *Journal of Adolescent Health.*

[15] Reiter, K., Ventura, J., Lovell, D., Augustine, D., Barragan, M., Blair, T., ... & Strong, J. (2020). Psychological distress in solitary confinement: Symptoms, severity, and prevalence in the United States, 2017–2018. *American Journal of Public Health*, *110*(S1), S56-S62.
Whitley, K., Tastenhoye, C., Downey, A., & Rozel, J. S. (2022). Mental health care of detained youth within juvenile detention facilities. *Child and Adolescent Psychiatric Clinics of North America, 31,* 31-44.

[16] Taylor-Thompson, K. (2014). Minority rule: Redefining the age of criminality. *NYU Rev. L. & Soc. Change*, *38*, 143.

prohibit its use by law.[17] However, in Washington, as in other places, confinement of a youth to a room or cell is still permissible under certain circumstances, typically for shorter durations, and for specific reasons.

It is important to note, however, that confinement alone in a room or cell, even for relatively brief periods can be harmful to youth, and as the duration of confinement increases, so too does the likelihood and severity of harm. To the extent that the youth sees confinement as unreasonable or disproportionate to the level of alleged misconduct, their perception of procedural justice or fairness may decline precipitously, effectively increasing anger and frustration. Accordingly, confinement can have an iatrogenic (or adverse) effect, causing further acute dysregulation, and potential decompensation. Given the limited number of hours that youth typically spend out of their rooms during the day engaged in structured activities, commonly referred to as "programming hours," this iatrogenic effect may be exacerbated. If "normal sleeping hours" last from 8 p.m. through 7 a.m., a youth may have only 13 hours in a 24-hour period to engage in meaningful connection with others. Youths experience additional confinement for administrative purposes, such as staff shift changes or meal prep, leaving even fewer hours available. Accordingly, episodes of confinement further limit opportunities for a youth to benefit from social connection and rehabilitative activities.

Second, as noted above, a youth who is confined alone to a room has little opportunity to build skills to resolve issues. If humans were capable of self-directed rehabilitation by being placed alone in a room, there would be little need for any interventions at all. In reality, the juvenile justice system strives to build the capacity of young people to be productive members of their community, promote their well-being, and increase other positive life outcomes. These outcomes come through coaching and guidance from staff who help the young person build neural connections that support their ability to self-regulate. A youth who remains confined cannot be the beneficiary of such rehabilitative efforts. To the extent that conflict or dysregulation is met with a directive for confinement, youth are robbed of the opportunity to learn effective strategies and coping skills in the moment. These skills are critical to their success when they transition back into the community. Isolation is antithetical to rehabilitation.

Lastly, episodes of confinement of any length provide youth an opportunity to engage in serious and life-threatening behaviors.[18] In particular, youth alone in a room are under less observation than their peers who are in shared space. This affords them more opportunity to engage in anti-therapeutic behaviors, including self-injurious behaviors (e.g., cutting or scratching), behaviors meant to end their life (e.g., tying a shoelace around the neck), or drug use (e.g., Fentanyl). The death of a youth in juvenile facilities is exceptionally rare, and these

[17] https://stopsolitaryforkids.org/state-or-local-policies-and-bans/
[18] Hayes, L. M. "Juvenile Suicide in Confinement: A National Survey." OJJDP, US Dept of Justice, 2009.

behaviors may not be causally linked to the use of confinement itself, yet it is when youth are alone in a room that these behaviors occur.

While the negative impacts of isolation are known, there are specific circumstances when it might be appropriate, such as when a youth presents an imminent danger to themselves or others. The law provides Washington juvenile justice facilities a framework for measuring the use of confinement and provides an opportunity to identify areas for improvement and recommend resources necessary to do so. The rehabilitative, trauma-informed focus of juvenile detention facilities and JR are strongly aligned with the intent of the law, and through numerous conversations with staff across the state, it is notable that the majority had begun work to change their practice on room confinement and isolation well before chapter 13.22 RCW was codified. Yet, the law provides an important mechanism for understanding the practice of Room Confinement and Isolation around the state through reporting, and reviews of policy and practice.

Model Policy Development and Adoption

The origins of the Room Confinement and Isolation (RCI) model policy serve as important context for understanding the larger impact of the law and the ability of facilities across the state to follow it. Per RCW 13.22.030, DCYF met with juvenile detention facilities to draft a model policy in line with the requirements of the law. As a base, DCYF collaborated with members of the Washington Association of Juvenile Court Administrator's (WAJCA) Detention Quality Assurance Committee (DQAC) and a representative from King County's detention facility (who is not a member of DQAC) to develop the model policy based on local practices across the state and the requirements within the RCW. During the development of the model policy, concerns were raised by DCYF and county staff regarding funding for additional de-escalation training, staffing levels, discrepancies between requirements in RCW for practice compared to the requirements of the model policy, and no RCW definitions of medical and mental health review (who can do them and what does each of these reviews mean) which were different depending on the facility. Differences across facilities, such as physical infrastructure and programming, were also discussed.

A final draft of the model policy was sent to all Juvenile Court Administrators for feedback that was incorporated before publishing. The final model policy was submitted to the Washington State Attorney General, published on the DCYF website, and sent to each Juvenile Court Administrator with a cover letter from the DCYF JR Assistant Secretary. As required by RCW 13.22.030, each county responded and indicated whether it would adopt the model policy or, if not adopted, how the facility's policies and procedures would differ from the model policy. These responses were submitted during November and December of 2021. While representatives from the counties generally supported the model policy, many reported that

they could not fully adopt it. The major barrier to fully adopting the model policy was the facilities' ability to provide immediate medical or mental health reviews as most county-operated facilities do not have medical or mental health staff available 24/7. However, since such reviews may be conducted after release from RCI, counties predicted they would be able to adopt the model policy with sufficient flexibility. A detailed review of individual county's ability to adopt the model policy (including any deviations from it) will be part of future reports.

Room Confinement and Isolation Data

Methods

Shortly after 2SHB 2277 passed in 2020, the detention facilities and JR identified the reporting requirements and developed processes to collect the required data. DCYF established agreements with the juvenile detention facilities to acquire their data, as required by 13.22.050 RCW. Three agreements were executed, covering all the juvenile detention facilities in the state of Washington.[19]

While some detention facilities and JR institutions collaborated on how to collect the required data, ultimately each facility and institution relied on their best judgment in interpreting, documenting, and reporting RCI. In order to understand data collection across facilities and the challenges they encountered related to the implementation of the law, the authors of this report conducted numerous virtual meetings and one in-person meeting with Juvenile Court Administrators and Detention Facilities Managers, and other key staff across the state. These discussions, held in October and November of 2022, provided valuable insight into the process that produced the data reported here, and were used to guide both our analysis decisions and recommendations provided at the end of this report.

Critically, juvenile facilities across the state varied in their interpretation of what constitutes RCI, and how they demarcated start and end times. While the law and model policy provide some guidance on this issue, analysis across facilities revealed ambiguities. For example, through conversations with facility staff, it was clear that time in Isolation was being calculated differently by location. One facility would log Isolation as the entire period during which a youth was put on individualized programming, including when the youth *was* in a cell, and time when the youth was *out* of the cell, so long as the youth was kept separate from other youth. At another facility, only the time the youth was physically locked in a room (that was not the one to which they were assigned to sleep) was counted as time in Isolation. As a result of these

[19] A memorandum of understanding with King County was executed on October 15th, 2021. A memorandum of understanding with the Martin Hall Consortium was executed on November 1st, 2021. A data sharing agreement covering the remaining juvenile detention facilities was executed with the Administrative Office of the Courts on June 10th, 2022.

varying definitions and data collection practices, the length of time in Isolation for the same event could look drastically different by facility. Because there was not a concerted effort to create a standardized interpretation of RCI and its documentation on the front end of this process, data collection varied across the state.

Beyond inconsistencies in data collection, facilities had to develop the means to collect the necessary data, resulting in four platforms for data collection. King County, Martin Hall, and JR each have an independent and unique data collection systems and the remaining juvenile detention facilities relied on a shared records management system. Importantly, the infrastructures for documenting RCI across these four platforms were not developed simultaneously, and could not be implemented until well after the bill was enacted in June 2020. For example, an updated RCI data collection tool for JR was launched in early 2021. Staff then reviewed incidents of RCI from July 2020 to June 2021 to ensure RCI data for those months would be included in this report. Similar to JR, detention facilities also invested considerable time and resources to ensure that RCI data were captured consistent with the requirements of the law. However, with varying platforms and timelines for recording RCI events, it is likely that consistency of documentation was less stable during the months following the bill's enactment as each facility and institution found their footing.

In sum, inconsistencies in definitions and data collection processes required us to interpret and present high-level, summary data rather than location-specific information. The analysis that follows provides an overview of the reported RCI events across juvenile detention facilities and JR institutions.

Exhibit 2 shows all the data elements that were collected from the juvenile detention facilities and JR institutions. Because of the limitations to the data discussed below, we do not report all elements listed. It should be noted that all facilities provided data on all the requested elements. The findings presented are based on 24 months of data, from July 2020 to June 2022.

Exhibit 2: List of Data Elements Collected and Intended Definitions

DATA elements	DATA Notes / Definitions
Event ID	Unique number that identifies the room confinement or isolation event
Person ID	Unique number that identifies the person
Date of Birth (DOB)	Month/day/year
Gender	How the juvenile/youth identifies
Race	How the juvenile/youth identifies
Event Location	Name of facility and living unit where the event occurred
Event Start Date	Reported as month/day/year
Event Start Time	Reported as hours:minutes, a.m. or p.m.
Event Type	Isolation or room confinement
Event Start Reason	Medical quarantine, prevent imminent harm, awaiting transfer, disruptive behavior, or escape attempt
Event End Date	Reported as month/day/year (for isolation events only)
Event End Time	Reported as hours:minutes, a.m. or p.m. (for isolation events only)
Event End Reason	Purpose of confinement met, desired behavior is evident, no longer an imminent risk to self or others, or other reason for ending the confinement or isolation.
Documented Supervisory Review	Yes/No
Medical Assessment Review Complete	Was an assessment completed by a medical professional to determine whether there are any physical issues that must be addressed?
Mental Health Assessment Complete	Was an assessment by a mental health professional, someone determined by position or certification, able to assess the mental health of the juvenile?
Access to Medications During Event	Did the youth/juvenile receive their medication at the regular interval as normal had the isolation or confinement event not occurred?
Access to Meals	Did the youth/juvenile receive meals during the regularly scheduled meal period?
Access to Reading Material	Did the youth/juvenile have access to an adequate amount of reading materials based on their reading level?
Additional Notes	Provide additional context surrounding the isolation or confinement, as needed.

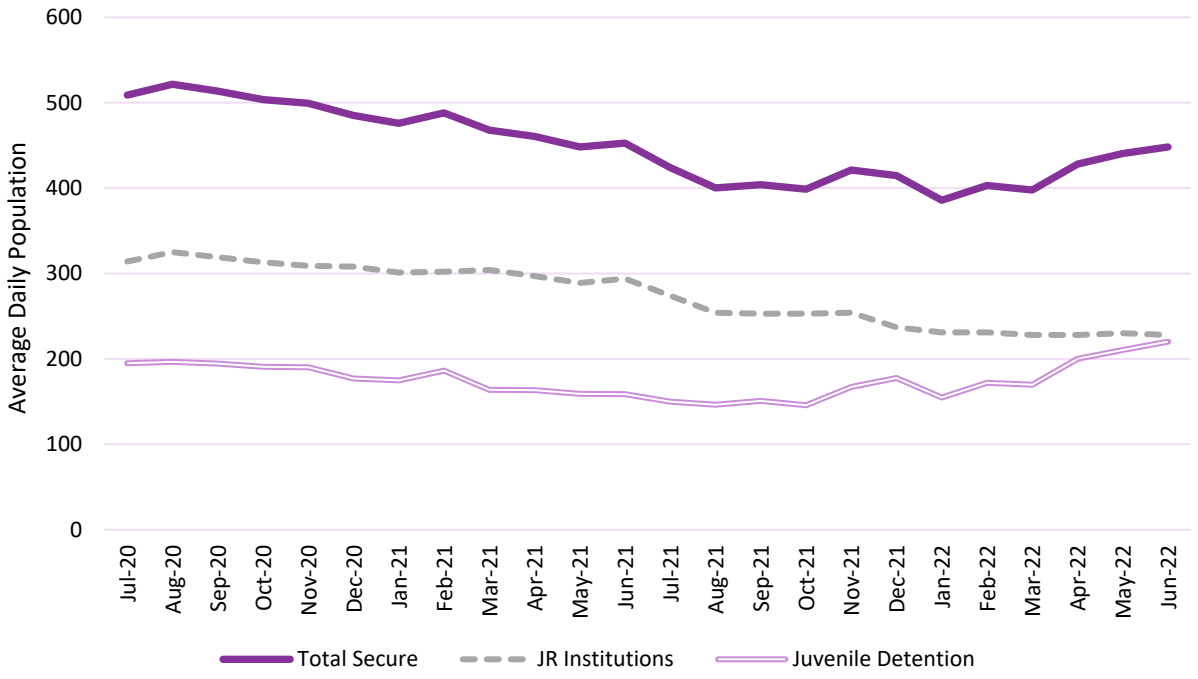
Findings

Exhibit 3 shows the average daily population by month for juvenile detention facilities, JR institutions, and overall (combining the two types of facilities), from July 2020 through June 2022. For most of 2020 and 2021, JR institutions had substantially higher average daily populations (ADP) relative to detention facilities.[20] Generally, the ADP of JR institutions was

[20] ADP is calculated summing the total number of residents present in the facility for each day of the study period and dividing that total by total number of days of the study period. Further details and illustrations of ADP can be found at https://www.dcyf.wa.gov/sites/default/files/pdf/JR-ReportingClientsServed.pdf.

around 100 higher than all juvenile detention facilities combined. This trend changed in 2022, with both facility types housing between 220 and 230 youth per day, on average, in June. It is notable that the rate of admission to juvenile detention facilities dropped precipitously in the spring of 2020 due to COVID-19 and the "Stay Home, Stay Healthy" order, dropping from 400-500 youth to under 200.[21]

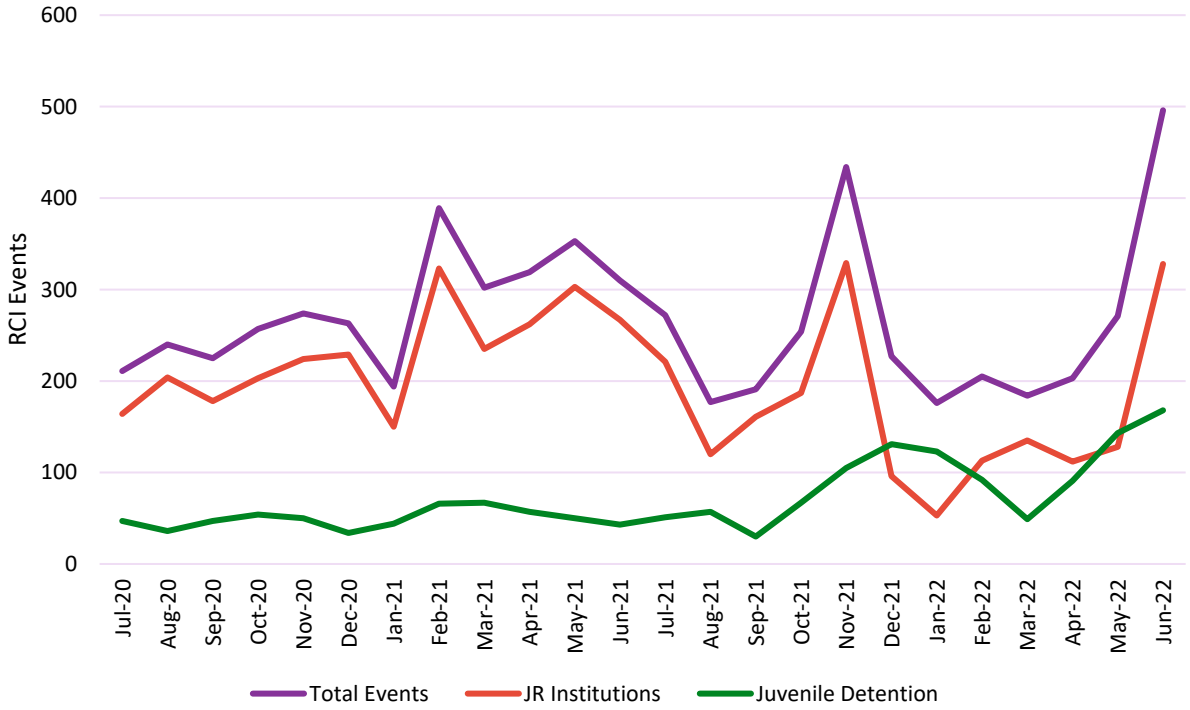
Exhibit 3: Average Daily Population for Juvenile Facilities by Month and Type of Facility in Washington State, July 2020 to June 2022



Next, we present the total number of reported RCI events at the two types of facilities, juvenile detention facilities and JR institutions. Exhibit 4 shows the number of reported RCI events per month by facility type from July 2020 through June 2022, and are not adjusted for ADP. These numbers do not include any RCI used for medical purposes (e.g., quarantine). Generally, the majority of events occur in JR institutions, with the exception of December 2021 and January 2022. During the 24-month reporting period, there were 5,498 room confinement events and 932 isolation events, for a total of 6,430 events and an average of about 267 reported RCI events per month across all facilities.

[21] An overview of Juvenile Detention Admissions data can be found at https://www.courts.wa.gov/subsite/wsccr/docs/WA%20State%20Juvenile%20Detention%20COVID_19%20Snapshot.pdf

Exhibit 4: Total Reported RCI Events in Juvenile Facilities by Month and Type of Facility in Washington State, July 2020 through June 2022

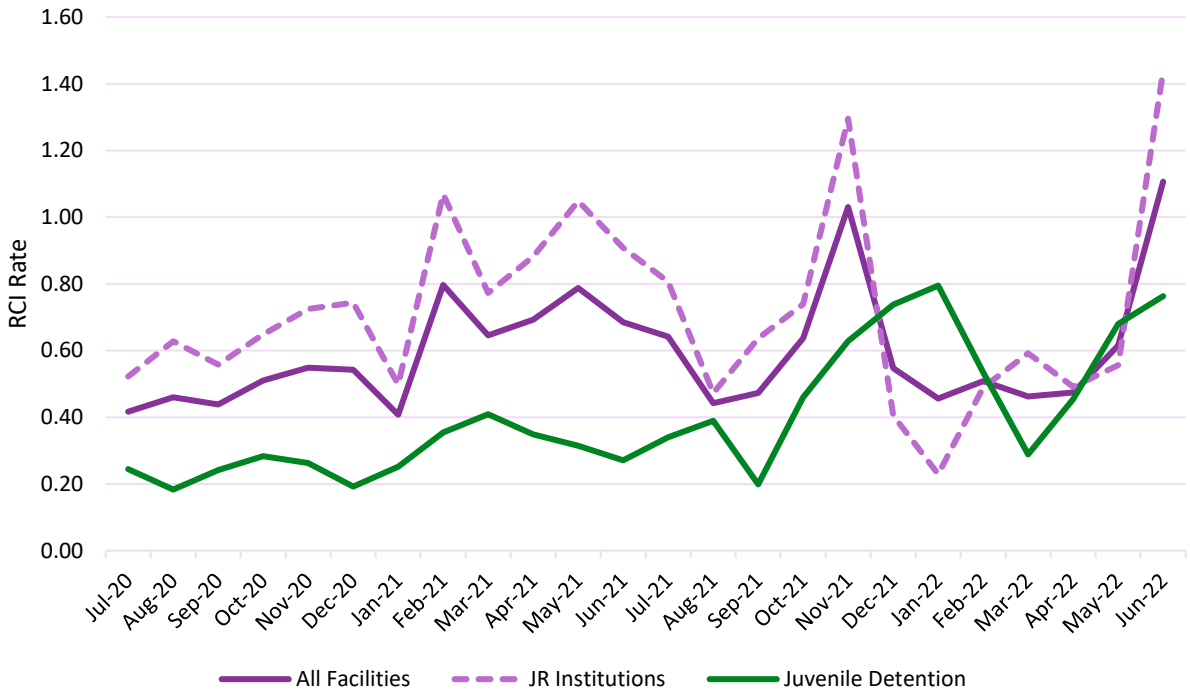


In order to examine the rates of RCI, we created rates using the number of reported RCI events and facility average daily population. More specifically, the RCI rate is the number of reported RCI events at a facility in a specific month, divided by the average daily population for that month. The result is a number that indicates the average number of reported RCI events that occur per youth, per month. For example, if Facility A had an average daily population in November 2022 of 200 youth, and they reported 400 events of RCI, then the reported RCI rate would be 400/200, or two events per youth within that month.

Exhibit 5 shows the RCI rate in juvenile facilities by month and facility type. From July 2020 through November 2021, the RCI rate was higher in JR institutions than in juvenile detention. In early 2022, the rate reversed. The average rate during the study period was 0.60, which means that, on average, youth experience six reported RCI events, a little more than half of one event of RCI, per month. Or, put differently, youth, on average, would experience six reported RCI events during a 10-month period. For JR institutions, the reported RCI rate was 0.71 (seven events in 10 months) and for juvenile detention facilities this rate was 0.40 (four events in 10 months). It is important to note that these values represent averages. In reality, not all youth experience an RCI event in a given month whereas others may experience numerous events.

Reported RCI events are not evenly distributed across facilities. While JR institutions account for 61% of the ADP statewide, they account for 72% of the Room Confinement events and 78% of the Isolation events. Juvenile detention facilities, which are 39% of the statewide ADP, account for 28% of Room Confinement events and 22% of the Isolation events.

Exhibit 5: RCI Rate in Juvenile Facilities by Month and Type of Facility in Washington State, July 2020 through June 2022



Next, we examine how RCI is distributed across individuals. Exhibit 6 shows the distribution of reported RCI events across individuals for both juvenile detention facilities and JR institutions. Data from July 2020 through June 2022 were used. For each facility type (i.e., JR institution and juvenile detention), we created five equal groups of reported RCI events (i.e., quintiles), with the top quintile comprising youth who experienced RCI the most frequently. As shown in Exhibit 6, within JR, 14 youth accounted for 20% of reported RCI events for a total of 947 events and an average of over 67 events per youth over the study period. Similarly, 13 youth (3% of all youth who experienced RCI) in juvenile detention accounted for 20% of all reported RCI events for a total of 338 events and an average of 26 events each.[22] It is clear that a very small percent of the population in secure placement is responsible for a disproportionate amount of the

[22] Because the data do not indicate how many youth experienced no RCI while in JR institutions or juvenile detention, we are unable to examine RCI as a function of the total youth population

reported RCI events in these facilities. This pattern continues with more youth being responsible with each subsequent 20% of events.

Exhibit 6: Distribution of reported RCI events across individuals, by facility type from July 2020 to June 2022

	Number of Youth	Percent of Youth	Average Number of Reported Events	Number of Reported RCI Events
Top 20% of events				
JR Institutions	14	3%	67.6	947
Juvenile Detention	13	3%	26.0	338
Second 20% of events				
JR Institutions	31	6%	30.7	952
Juvenile Detention	30	6%	11.5	345
Third 20% of events				
JR Institutions	50	9%	18.8	939
Juvenile Detention	56	11%	6.1	341
Fourth 20% of events				
JR Institutions	91	17%	10.4	942
Juvenile Detention	112	23%	3.0	339
Fifth 20% of events				
JR Institutions	348	65%	2.7	946
Juvenile Detention	280	57%	1.2	341

Interpreting the data

There are number of important contextual factors to consider when interpreting these data. For one, differences between JR institutions and juvenile detention facilities bear directly on these data. JR institutions are much larger physically and house more youth relative to county facilities. Within JR institutions, youth are housed across multiple living units in smaller groups. Yet even the number of youths in these living units is relatively large compared to the total ADP in some of the smaller county facilities. These conditions (a larger facility and more youth per living unit) may create contexts in which youth behavior (particularly misconduct) is more difficult to manage. For instance, from July 2020 through June 2022, the average daily population of the largest two living units within JR was 35 per unit. By comparison, the county with the highest total ADP (across all living units) was King County with 24. Staffing levels are an issue state-wide, and shortages may impact facilities with larger populations more in terms of RCI rate.

Second, juvenile detention facilities and JR institutions occupy, by design, very different roles in the juvenile justice continuum. The youth residing in each facility type vary across several

dimensions accordingly. Most prominently, youth encounter juvenile detention facilities well before JR institutions. That is, youth in juvenile detention facilities are largely (but not totally) in pre-adjudication status while all youth in JR arrive post-adjudication.[23] There is, then, a selection effect such that a court has determined that youth in JR could not be better served in a less restrictive environment (perhaps because of repeated offenses accumulated over time, or because one egregious offense that mandates incarceration). In other words, not all youth who walk through the doors of a detention facility go on to a commitment with JR, but all youth in JR have spent time in detention.[24] Thus, it is likely that the average acuity of youth with JR commitments is higher than those residing in juvenile detention facilities. This may account for some of the elevated rates of RCI within JR institutions, once accounting for ADP.

There are other distinctions between JR institutions and juvenile detention facilities worth noting. First, juvenile detention facilities house juveniles – those under the age of 18 – whereas JR institutions now house individuals up to age 25. While even young adults (18-24) are not fully mature, according to developmental science, they may have a relatively stronger capacity to self-regulate compared to their younger peers. Accordingly, these older youth may be less likely to display dysregulation (e.g., fighting with another youth) for which RCI may be used. Because the data in this report are aggregated, we are unable to explore this possibility. Second, it is notable that youth, when they enter juvenile detention facilities, are primarily coming directly out of their community. Staff, then, work to stabilize these youth during that transition. This process may impact how and when RCI is used. Third, ostensible differences in the use of RCI among facility types may be linked to differences in data collection. As we discuss in more detail below, JR facilities typically count each time a youth is let out of their room and then placed back in as a separate event. In a JR institution, a youth who is on Room Confinement, then travels to the health center for medical care, and then returns to Room Confinement would have two separate instances of Room Confinement. A juvenile detention center may not consider these instances of RC as separate, and count only one.

Lastly, there are innumerable other differences among secure facilities of all types across the state. Some facilities may only operate a single wing, whereas others run multiple separate living pods. In these smaller facilities, staff may have few options other than Room Confinement when certain youth cannot program together, such as if two youth are unsafe together or a

[23] In April of 2020, 68.3% of youth were in pre-disposition hold and 6.1% were sentenced post adjudication. The remaining youth were held for a variety of reasons, including violation of a court order, held for another jurisdiction, or another reason. See a data snapshot here: https://www.courts.wa.gov/subsite/wsccr/docs/WA%20State%20Juvenile%20Detention%20COVID_19%20Snapshot.pdf

[24] Future reports should explore what percent of all youth in juvenile detention centers go on to a commitment with JR.

judge issues an order for co-defendants to remain separated. In these cases, staff may see no way to program all youth together, and rely on a version of "split programming" where youth are alternated in and out of their rooms on a rotation, allowing incompatible youths to remain separated. A larger facility, by contrast, may have the capacity to transfer a youth to another wing or living unit where they can participate safely in activities with others. Indeed, this issue may be more pressing in counties with smaller facilities with a relatively large population of gang-affiliated youths.

Despite these contextual considerations, it is staggering that a small fraction of youth account for a disproportionate amount of reported RCI events. Regardless of facility type, 3% of youth account for 20% of events. This finding has implications for how JR institutions and juvenile detention facilities may allocate resources for reducing RCI. It is essential to note that while these data are suggestive of potential interventions, meaningful conclusions about RCI use cannot be drawn in the absence of data concerning the duration of these events. For example, the factors that lead to few, but lengthy reported RCI events may differ from those that lead to many, but short reported RCI events.

Limitations of the Data

As mentioned previously, our conversations with detention facilities and JR institutions since the bill was enacted in conjunction with reviewing the data has revealed that sites varied significantly in how data were collected. These variations, while understandable, limit the conclusions we can draw from these data. Thus, many of our recommendations below focus on improving the data collection process. With that said, we presented data aggregated by type of facility (JR institution or juvenile detention). We believe that this reduced the noise in the data and permits more meaningful interpretation of trends.

The data limitations are numerous and prevented us from providing a more detailed analysis in this report. First, facilities varied in their interpretation of what constitutes Room Confinement versus Isolation. For example, one of the larger juvenile detention facilities interprets the definition of Isolation to include when a youth is with a staff one-on-one and removed from the general population of youth, but is not locked in a cell. In other words, Isolation was defined primarily by the *removal of the youth from the general youth population*. JR institutions (and other juvenile detention facilities) have a different interpretation of the law. If a youth is engaged in one-on-one programming with staff, and separated from their peers, this is not be considered Isolation. Related, variations in what "counts" as Room Confinement generally impacted data across the state. While the law states that "Room Confinement does not include time a youth requests to spend in his or her room or rest periods in between facility programming," there exists an ambiguity that lends itself to myriad interpretations. For instance, if a youth refuses to engage in programming, would this instance be considered an

exception to the definition of Room Confinement? If youth are confined to their rooms while staff respond to an emergent incident, would this be considered a "rest period?"

Second, the data collection infrastructure across most facilities did not provide an exhaustive list of potential options for reporting across all required variables, as outlined in the law. For example, when asked if youth were permitted to have meals during the event, staff could respond only "yes" or "no." For reported RCI events that did not overlap with mealtime, staff had no obvious way to respond. If staff marked "no," it would appear that they denied a youth a meal, when in reality it was not the appropriate time for a meal. This lack of clarity in the question and the answer choices created uninterpretable data for many of the questions related to the reported RCI events.

Third, we were not able to analyze the amount of time youth spent in RCI for a number of reasons. The legislation asked for the duration of Isolation events, but not Room Confinement events.[25] Accordingly, no data were provided for when Room Confinement concluded. Additionally, conversations (in the absence of data) with facility staff across the state indicated that the data around Room Confinement duration also varied. For instance, if a youth went on Room Confinement right before shift change, when all youth are usually confined to their rooms, some facilities would log the entire period of confinement, inclusive of time during shift change, whereas others would consider the end of Room Confinement to be at the start of shift change.

The final limitation to highlight here concerns a near universal reliance on sluggish technology. While staff across the state labored to collect the information required under the law, their ability to collect data that accurately reflects reality is hampered by technology that cannot adequately support the administrative burden. For instance, RCI are often intermittent, where the youth might be locked in their room for a period of time, then let out, and then returned to

[25] Per Section 13.22.040(1): The department must compile, on a monthly basis until November 1, 2022, the following information with respect to juveniles confined in all state institutions and facilities used for juvenile rehabilitation for whom isolation or room confinement was used in excess of one hour:
(a) The number of times isolation and room confinement were used;
(b) The circumstances leading to the use of isolation and room confinement;
(c) **The duration of each use of isolation** and whether, for each instance of isolation, the use of isolation lasted more than four hours within a twenty-four hour period;
(d) Whether or not supervisory review occurred and was documented for each instance of isolation and room confinement;
(e) The race and age of the juvenile for each instance of isolation and room confinement;
(f) Whether or not a medical assessment or review and a mental health assessment or review were conducted and documented for each instance of isolation; and
(g) If the affected juvenile was not afforded access to medication, meals, and reading material during the term of confinement for each instance of isolation and room confinement. (Emphasis added.)

their room. The current systems do not allow for tracking of this type of event. Currently, facilities either count each time a youth is let out of their room as a separate event, or they count it as one event that started the first time the youth was put in their room and ends when they are let out the last time. In other words, real-time data entry, using the current data infrastructures, is not possible. Options do exist that would allow staff to quickly log any time a youth enters or exits their room, but this would require new technology infrastructure.

If these issues are addressed through standardized data collection and shared definitions of RCI, future analysis could dig deeply into how RCI is used across facilities.

Recommendations

Recommendations are separated into two sections below. First are recommendations that we believe are required to clarify or improve the implementation of the current law. Second are recommendations for improving the treatment of youth who are in secure placements in the juvenile justice system. These are broader, but have direct implications for the youth.

Recommendations to Clarify and Improve the Implementation of Chapter 13.22 RCW

Recommendation 1: *Support efforts to create meaningful data on the use of RCI and clear guidelines on the use of RCI.*

This recommendation is multifaceted and critical. Across the state, staff who serve youth in secure facilities struggled to interpret the law, which engendered concerns about whether they were doing so correctly, and whether a given facility may be under- or over-reporting RCI events relative to its counterparts. The inconsistency in interpreting the law and documentation is a problem that is hardly unique to Washington. Indeed, Nebraska's 2019-2020 Annual Report on Juvenile Room Confinement documents challenges that are strikingly similar to those detailed here (e.g., that facilities do not report data consistently).[26] The process of creating a common understanding of the law and system of documentation and reporting is an enormous undertaking, and the work already done on this front is laudable. By supporting clearer definitions of RCI, its uses, and the corresponding documentation and reporting, facilities will be able to provide more meaningful data.

> ***Recommendation 1.1****: Completely separate the definitions of RCI from the permissible uses of RCI.*
>
> Presently, the definitions of RCI are based on where the youth is (e.g., in their own room or another room), who the youth is with (or without; e.g., separated from other youth),

[26] Nebraska's annuals reports can be found at https://nebraskalegislature.gov/reports/public_counsel.php

and why the youth is there (e.g., for discipline). Several issues arise here. First, the inclusion of *why* in the definition causes considerable confusion in discourse as one has to distinguish Room Confinement in the legal sense from room confinement in the physical sense. More important, stating that time confined to one's room is dependent on *why* one is there discounts the potential harm of prolonged or numerous stints of confinement to one's room for reasons not explicitly mentioned. In other words, the definitions of RCI ought to describe the context in which the individual exists, and not why they are there. This approach is consistent with the Juvenile Standards of the National Commission on Correctional Health Care.[27]

***Recommendation 1.2**: Clarify the definitions of RCI.*

The definitions as written in the law provide a workable foundation. By shoring up the gaps in the current definitions, including what is (and is not) RCI, facilities across the state can align their documentation and data collection with the intent of the law.

After removing any language regarding when room confinement is permissible (consistent with recommendation 1.1 above), the definition reads:

"'Room confinement' means a juvenile is separated from the youth population and placed in a room or cell that the juvenile is assigned to for sleeping and contains their personal items. Juveniles are in room confinement from the moment they are separated from others until they are permitted to rejoin the population."

An alternative definition may be as follows:

"'Room confinement' means any time a juvenile is alone in the room or cell to which they are assigned for sleeping, with the door closed.'"

After removing any language regarding when isolation is permissible or any time requirements (i.e., for 15 minutes or longer), the definition reads:

"'Isolation' means confinement that occurs (a) when a youth is separated from the youth population and placed in a room and (b) in a room other than the room assigned to the youth for sleeping. Juveniles are in isolation from the moment they are separated from others until they have rejoined the population."

As discussed above, there are multiple interpretations of this definition. For instance, the defining factor of Isolation may be whether the individual is separated from *other youths*. Accordingly, Isolation includes times when the individual is separated from

[27] National Commission on Correctional Health Care, Standards for Health Services in Juvenile Detention and Confinement Facilities Y-G-02 (2022).

other youths, but in the presence of staff. To the extent that the intent of the law is to reduce the harm engendered by the lack of access to social connection and rehabilitative activities, we recommend that the definition of Isolation should *not* include instances where youth are engaging in one-on-one programming with staff.

An alternative definition may be as follows:

"'Isolation' means any time a juvenile is alone in a closed room or cell to which they are not assigned to sleep, and does not contain their personal items. Isolation cells may be padded rooms or called observation rooms."

While we believe these alternative definitions are clearer, they do not account for all situations in which a youth may be alone in a room. Some facilities have calm or sensory rooms that youths may enter to decompress or regulate. These rooms typically have items or seating meant to help youth re-focus through the stimulation of the senses (e.g., touch, smell, sound). Clarification is needed as to how to categorize these instances (i.e., as Room Confinement, Isolation, or something else). Under the current law, the use of these calm or sensory rooms would be most consistent with the definition of "Isolation." A related clarification concerns the use of telecommunication that may occur while youth are separated, such as when they may be confined to a separate space to converse with an attorney via phone for videoconferencing.

Recommendation 1.3*: Clarify what uses of RCI are (and are not) permissible, require documentation, and are reportable.*

This recommendation is inextricably linked to the definitions above. The foundational question is: when is it permissible for a youth to be confined to their room or confined in Isolation? Once established, one can then explore which uses require documentation and which require reporting.

The law lists certain exceptions to what is considered Room Confinement in addition to articulating when it is permissible. Given that we recommend complete separation of the definitions of RCI from acceptable use, we extrapolate that the following situations constitute legally permissible situations for youth to be confined to their assigned sleeping room (quotations indicate the language is reproduced from chapter 13.22).

- During normal sleeping hours.
- At the request of the youth.
- During "rest periods in between facility programming."
- "When it is necessary to prevent behavior that causes disruption of the detention facility or institution, but the behavior does not rise to the level of

imminent harm including, but not limited to, behavior that may constitute a violation of the law."

Isolation is legally permissible under the following conditions (quotations indicate the language is reproduced from chapter 13.22):

- "It is necessary to prevent imminent harm based on the juvenile's behavior and less restrictive alternatives were unsuccessful."
- "If the juvenile needs to be held in isolation awaiting transfer of facilities."
- "If the juvenile needs to be placed in isolation overnight due to disruptive behavior that prevents the nighttime routine of other juvenile residents."
- If "it is necessary to respond to an escape attempt."

These lists cover many but not all situations that result in youth being confined to a room. Accordingly, it is not clear how those situations should be handled, including whether they are permissible, whether they need to be documented, and whether they need to be reported. JR institutions and juvenile detention facilities may vary in how often these situations emerge, but regardless, there is no consistency in how or whether they ought to be documented and reported in response to the law. Some specific examples follow.

As mentioned earlier, some facilities may be unable to program all youth together due to safety concerns or a court order combined with limitations of physical space or staffing. Thus, facilities may rely on "split programming" so that youth are confined to their rooms on a rotating basis. Similarly, facilities contend with serious staffing challenges that may prevent them from running programming safely. Programming in these situations may be shut down entirely, or run "split" depending on the seriousness of the staffing shortage. Whether these situations ought to be documented and reported is not clear.

The law also does not address situations in which confinement may be recommended by medical professionals in order to prevent the spread of disease, such as COVID-19 and influenza. Based on interviews across the state, stakeholders have indicated that they work closely with medical staff to protect the health and well-being of youth, both physical and mental, and rely on medical guidance to inform their use of confinement for medical purposes. If that is the correct approach, that should be included in the law. Medically-ordered RCI is not included in the present report.

Additionally, clarity is needed regarding what constitutes "rest periods between programming." Room Confinement is often used during shift changes, during staff

meetings, or during meal preparation. It is assumed that these situations would be considered "rest periods between programming," but confirmation is needed. As noted above, an unexpected staffing shortage may prevent the living unit from operating normal programming, or staff may need to respond to an emergent incident. Would the use of Room Confinement in these situations be considered a "rest period?" Without specificity, there is substantial variation in how much time youth are locked in their rooms under the banner of "rest period."

We have provided many examples of situations that result in a youth being confined to a room. Broadly, it may be helpful to summarize these reasons as behaviorally and non-behaviorally indicated confinements. RCI for non-behavioral reasons could include when youth are confined during shift change, because of short staffing, or for medical reasons. Behavioral reasons could include disruptive behavior or in response to imminent harm.

No matter the reason, the practice of Room Confinement or Isolation can still facilitate harm. As noted above, time spent confined to one's room detracts from opportunities to engage in rehabilitative activities and increases opportunities for engaging in self-harm or life-threatening behavior (e.g., drug use). The problems associated with RCI are therefore present for both behaviorally indicated and non-behaviorally indicated confinement. However, the likelihood and severity of harm resulting from confinement will depend on many factors, both contextual and individual.

This said, we do not assert that all forms of confinement are equally harmful, nor that all youth are equally harmed. Indeed, it is more realistic and useful to consider the conditions of confinement as existing along a continuum that comprises contextual factors and individual characteristics.[28] For instance, no matter the reason a youth is confined, functioning is more likely to decrease as the duration of confinement increases. Further, a youth without access to their personal items or activities (e.g., reading or writing) may experience more adverse consequences in confinement than a youth with access. Individual characteristics may also modulate the risk of negative outcomes associated with confinement. For example, a youth who understands the threat of medical illness to his peers may fair better psychologically when confined for a positive COVID-19 test relative to a peer who believes such confinement is not effective in reducing the spread of illness.

In all of the above examples, guidance is needed as to whether each reason for

[28] Haney, C. (2018). Restricting the use of solitary confinement. *Annual Review of Criminology, 1,* 285-310.

confining youth is permissible, whether documentation is needed and how (e.g., if youth are confined due to "split programming," what checks are required?), and whether these data are to be reported. If the intent of the law is to reduce the problems associated with RCI, regardless of why the youth is there, then more tracking and documentation is needed. It is important to note that such a change would be challenging for facilities because of the associated administrative burden, particularly when facilities face staffing issues. Therefore, facilities across the state would need ample time to discuss the feasibility of these changes and the resources necessary to support them.

Once there is clarification regarding the definitions of RCI, as well as when their use is permissible, documentable, and reportable, the authors recommend that Washington juvenile facilities adopt a consistent set of definitions and establish a standard of tracking and reporting when and why youth are confined so that data collected under this law are meaningful. Additionally, the model policy will need to be refined to align with all changes made to the law.

Last, and perhaps most important, is a lack of distinction in the law between "punishment" and "discipline." As stated in the law, "the legislature intends to prevent the use of solitary confinement and, in the limited instances of isolation, ensure that the use advances the rehabilitative goals of Washington's juvenile justice system, and that it is not used as a punitive measure." The feature that appears to differentiate Solitary Confinement from RCI is that Solitary Confinement is used for "for punitive purposes." Together, it is clear that the law forbids the use of RCI as punishment. However, in the current definition of Isolation, the law states that Isolation "occurs (a) when a youth is separated from the youth population and placed in a room for longer than 15 minutes **for the purpose of discipline**" (emphasis added). The term discipline and punishment are synonymous in many ways, so while the intent appears to be to eliminate the use of RCI for the purpose of punishment, the definition of Isolation allows its use for discipline. This needs to be clarified.

Recommendation 2*: Clarify what constitutes a "medical and mental health assessment" or review.*

There is a need to clarify what is expected from these assessments or reviews as it is unclear what must be done to satisfy this requirement.

Recommendation 3*: Further develop the statewide coordination of this work.*

The current law provides the guidance, but many times throughout the last few years, facilities had questions about how to interpret the law in specific situations. The result was that facilities

interpreted the law differently, making the practice and data collection inconsistent. While we have recommended certain changes and clarifications to the law, this should not be the primary mechanism through which issues are resolved. Establishing a committee or other group that is authorized to guide both juvenile detention and JR institutions on the use of RCI would help to build a consistent practice across the state and develop standards related to the public reporting requirements. This body could also help assess current technological needs for facilities across the state to establish what kinds of support are needed to improve data collection processes and practices. We provide several recommendations below.

***Recommendation 4**: Clarify how to calculate duration of time in RCI.*

The law did not require Room Confinement duration to be reported. In order to understand the RCI landscape, the length of the event is essential. Yet, clarity is needed on how to measure duration. For example, the amount of time in Room Confinement connected to one major event (e.g., a physical altercation) could consist of multiple periods of time locked in a room, punctuated with one-on-one programming or time spent out of one's room. Currently, facilities track these situations differently and there are both technological and staffing challenges that burden the tracking process. Consistent standards and expectations need to be developed statewide, and then processes developed that support those standards.

***Recommendation 5**: Provide more information about public reporting expectations.*

The law requires that all facilities begin their own public reporting of RCI in 2023. As it stands now, and related to the issues raised in this report, the reporting will likely be inconsistent across facilities and it will be inappropriate to compare data across facilities. More direction is needed to establish a reporting template and expectations.

***Recommendation 6**: Clarify the purpose of periodic reviews required by DCYF.*

RCW 12.22.060 indicates that the department (DCYF) is to start conducting periodic reviews of JR institutions and juvenile detention facilities related to their policies and procedures of RCI use. More information is needed to ensure the purpose of those reviews are being met. For instance, is the expectation that future reviews from the department will include data analysis? Stated differently, what is the intended outcome of these reviews? Guidance from the Legislature will help ensure the department is adequately supporting this work.

Recommendations to Improve Treatment in Secure Placements

***Recommendation 7**: Develop a grant fund that would incentivize the use of a behavior management system or physical changes to facilities that will support a therapeutic environment.*

The movement away from RCI for most of the facilities did not start with the passage of 2SHB 2277. Facility staff have improved their therapeutic practices for many years, and this trend should be supported further. As noted in RCW 13.22.030, the model policy must include measures to prevent the use of Isolation and Room Confinement. We recommend a fund that both juvenile detention facilities and JR institutions can apply for that would further enhance rehabilitation by (1) establishing and implementing an effective behavioral management system, (2) supporting physical changes to the facilities that will create a more therapeutic environment (e.g., developing sensory rooms),[29] and (3) training staff on alternatives to RCI (e.g., de-escalation training).

***Recommendation 8**: Provide funding for the required mental health assessment and medical evaluations required in the law.*

The current law requires mental health assessments or reviews and medical assessments or reviews to occur. Some of the facilities are very small and do not have 24-hour access to these services. In order to ensure these reviews and assessments can be done quickly, facilities would need support to provide 24/7 access to a medical or mental health professional.

***Recommendation 9:** Establish a referral process for juvenile detention facilities when there are youth whose needs cannot be met by local detention facility.*

One of the important findings from the analysis in this report is that there is a small group of individuals who are put on RCI repeatedly. The path to significant reductions in RCI must include an exploration and understanding of what drives frequent use of RCI and/or long durations of RCI (which could not be assessed using the data available). To the extent that use of RCI is related to youth with needs that exceed the capacity of the facility (e.g., serious underlying mental illness or persistent dysregulation/aggression), a referral mechanism is needed for facilities to procure additional expert consultation and supports. Placing any youth in RCI can be harmful, and the repeated use of RCI for these particular youth is undoubtedly making their already complex needs worse. JR institutions have significantly more specialized mental health resources. One JR institution (Green Hill School) has already started the process of identifying youth who are experiencing repeated RCI events, and connecting them to a multi-disciplinary team (MDT) to help address the underlying reasons. This approach could be replicated at other facilities across the state, but would require funds for this approach to be feasible in detention facilities, who may need to contract with a community provider.

[29] As noted above, under the current definition of Isolation, a youth in a calm or sensory room would be considered in Isolation.