

2020 Addendum to the Three Year Plan



U.S. Department of Justice

Office of Juvenile Justice and Delinquency Prevention Program

Administered By:

The Office of Juvenile Affairs

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In October of 2019, the Oklahoma SAG modified their mission statement, by-laws, and priorities to reflect the changes to the reauthorization of the Juvenile Justice and Delinquency Prevention Act. The OJA governing board approved these changes and are on record supporting the priorities of the SAG.

The Oklahoma State Advisory Group (SAG) advises the Office of Juvenile Affairs, the Governor, and the Legislature on best practices for youth at-risk or involved in the juvenile justice system. The SAG administers federal funds through the Juvenile Justice and Delinquency Prevention Act as reauthorized in the 2018 Juvenile Justice Reform Act. The SAG advises on innovative solutions designed to promote healthy development that prevents and reduces future crime for at-risk youth.

Oklahoma SAG Mission Statement
Adopted October 2019

The SAG priorities and recommendations are as follows:

To implement Policy, Practice, and System Improvement Strategies to

- Ensure the protection and the safety of all youth who come into contact with the juvenile justice system in Oklahoma.
- Ensure Statewide Compliance of the Core Protections of the JJDPA/JJRA
- Strengthen Collaborative Learning between the Tribes and the State-Listening to Native Voices
- Support Tribes in the Implementation of Culturally Relevant Delinquency Prevention Programming by Providing Training and Technical Assistance to Carry Out the Requirements of Grant Awards
- Empower Oklahoma Youth to Assist with Shaping Policy, Practice, and System Improvement Strategies by Becoming Their Allies- “Nothing About Us, Without Us”.
- Support a Continuum of Evidence-based or Promising Programs (delinquency prevention, intervention, mental health, behavioral health and substance abuse treatment, family services for children exposed to violence) that are trauma-informed, reflect the science of adolescent development, and are designed to meet the needs of at-risk youth who come into contact with the justice system

Statutory Recommendations (*Indicates Legislative and/or Policy Changes in Progress)

- *The Office of Juvenile Affairs JJDP Unit is authorized to license all juvenile and adult detention facilities as being approved for or prohibited from detaining youth under the age of 18, either for delinquent, Youth Offender, or other felony charges.*

- *Any adult jail or lockup that is approved to detain youth who are under 18 years of age must be found to be in full compliance with PREA (Section 115.14) Youthful Inmate Standards, Oklahoma Title 310, Subchapter 7 Jail Standards, and the JJR Act standards regarding:
 - Separation of youth from Adult Inmates at All Times
 - Required Educational Services are Provided
 - Youth Receive Large Muscle Exercise
 - Youth are Not Left in Isolation
 - Youth have Access to Mental, Medical, and Behavioral Health Services
 - The Facility has at least one FT staff monitoring youthful inmates on all Shifts
 - To Enter a Youth Area, the Facility must have at least Two Staff Present, One of which Must be the Same Sex as the Youth in the Room

- *The Office of Juvenile Affairs, Juvenile Justice and Delinquency Prevention Unit, in partnership with the Oklahoma Department of Health, will Re-evaluate and license all adult jails and lockups with respect to the requirements of Recommendation 2 and Categorize each in one of three categories:
 - Designated as a Non-Approved Facility
 - Designated as a Sight and Sound Separate Facility approved Solely for 6-hour Processing
 - Designated as a Sight and Sound Separate Residential Detention Facility in Full Compliance with all Relevant Standards

- *Youth under the age of 18 Charged with a Felony or Youthful Offender Charge shall Not be detained in any Adult Jail or Lockup unless or until:
 - The youth has been Sentenced as An Adult, or
 - The Charge is Murder I and the Court Ordering the Detention into an Adult Jail Approved as a Residential Detention Facility has Fully Established the Seven (7) Factors that Merit such a Detention Being in the Interest of Justice: 1)age; 2) Physical and Mental Maturity of Youth; 3)Mental State, Risk of Self-Harm; 4)Nature and Circumstances of Offense; 5)History of Prior Delinquent Acts; 6)Relative Ability of Adult and Juvenile Facility to Meet the Needs of the Juvenile, Protect the Public, and Protect other Detained Youth; and 7)Any other Relevant Factor.

- *Youth under the Age of 18 charged or adjudicated for a Juvenile Delinquent Charge shall under no circumstances be detained or confined in any adult jail or lockup. Adult jails or lockups approved and designated for Sight and Sound Separation for 6-Hour processing may hold youth in non-secure areas of the facility.

- *All Oklahoma Detention Facility Standards shall be amended to reflect the federal JJDP Act 2018 Reauthorization laws and standards for Oklahoma's full compliance.

- All adult jails and lockups shall have documentation for all youth detained at their facility including, but not limited to:
 - Record of permission from the presiding Judge that ordered the detention;

- The full report establishing all factors under the 2018 Juvenile Justice Reform Act have been satisfied to merit the detention being in the interest of justice;
- The detention has been reported to and approved by the OJA Compliance Monitor/JJDP Unit and the Oklahoma Department of Health Jail Inspection Division.
- Prohibit charging an application fee for denying access to Indigent Defense for youth who are under the age of 18;
- Change state laws requiring youth to pay fines and fees for dismissal of their cases (deferred and court ordered).
- Make juvenile-specific trauma informed and developmental training mandatory for all staff in adult jails in order for that facility to securely detain youth.
- Make juvenile justice training mandatory for Oklahoma Judges, District Attorneys, and Defense Attorneys.

Recommendations to the Office of Juvenile Affairs (OJA Board Approved each Recommendation)

- OJA Presents on the Juvenile Justice Reform Act of 2018 to Judges, Oklahoma Sheriffs and Jail Administrators-Scheduled for Summer 2020 (Date subject to change due to COVID19 Pandemic)
- Continue Coordination with the Jail Inspection Division of the Oklahoma Department of Health to Coordinate all Annual Jail Inspections and to Increase the Quality of Oversight and Frequency of Compliance Monitoring
- After Jail/Lock-Up Re-Certification, provide lists of facility designations to all Judges, Law Enforcement Facilities, District Attorneys, State, County, and Municipal Justice entities.
- JJDP Unit provides support and training to OJA field staff on the core protections and assign compliance responsibilities to Assistant District Supervisors in each jurisdiction. Outcomes of monitoring to entered into JOLTS and reported to the JJDP Unit

In preparation of the JJRA and overall efforts to improve the juvenile justice system, the Office of Juvenile Affairs developed a plan for the establishment of detention. During December of 2019, the OJA Board voted to approve the new state detention plan. A formula was created to determine the number of contracted beds (See Table I Below). This formula takes into account the misuse of detention and the need for alternatives. This detention plan is implemented by the OJA, the DSA tasked with implementation of the three-year plan.

Table I: FY 2020 Formula for Determining Contracted Detention Bed Needs

Projected Need based on Most Recent Trend Line
PLUS 10% normalizing/conservative factor
LESS unlawful detention stays (status offenses-adjusted for accuracy)
PLUS estimated beds needed for Youthful Offenders being moved from adult lockup to detention
LESS youth that would be better served in alternatives to detention
LESS increase in therapeutic beds up to average youth in detention waiting on placement
EQUALS detention bed Need for upcoming year

2019 OJA State Plan for the Establishment of Detention
<http://oja.ok.gov/detention-centers>

New Information Required by the JJRA

Describe how the state plan is supported by or takes account of scientific knowledge regarding adolescent development and behavior and regarding the effects of delinquency prevention programs and juvenile justice interventions on adolescents; 34 U.S.C. § 11133(a).

Contain a plan to promote evidence-based and trauma-informed programs and practices; 34 U.S.C. § 11133(a)(7)(B)(viii).

The Oklahoma Juvenile Justice System is a graduated sanctions system designed to provide a continuum of evidence-based, trauma-informed prevention and intervention services to youth who are at-risk of delinquency or further penetration into the juvenile justice system. Each youth referred has an individualized treatment plan which takes into account their unique circumstances and developmental milestones. Oklahoma children have the highest rates of Adverse Childhood Experiences (ACEs) in the country.ⁱ Youth who come into contact with the juvenile justice system typically have high ACE scores. The Oklahoma Juvenile Justice System strives in every aspect to respond to young Oklahomans with this in mind. It is our mission to reduce exposure to trauma instead of compounding it. The State of Oklahoma collaborates with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and 39 accredited Youth Service Agencies, to provide for the mental health treatment services for at-risk youth. Services provided take into account the current scientific research regarding adolescent development and behavior.ⁱⁱ State and federal funds are used to support evidence-based or promising prevention and intervention programs that take into account adolescent development and behavior. Ongoing plans includes the provision of trauma-informed and evidence based programming and practices for all service providers, staff, and system stakeholders such as, judges, prosecutors, and defense

attorneys. The Oklahoma Department of Mental Health and Substance Abuse Services provides training and resources to understand and implement Trauma Informed programming and practices.ⁱⁱⁱ This resource, as well as, other resources support service provision throughout the juvenile justice continuum.

A main priority of the SAG is Support a Continuum of Evidence-based or Promising Programs (delinquency prevention, intervention, mental health, behavioral health and substance abuse treatment, family services for children exposed to violence) that are trauma-informed, reflect the science of adolescent development, and are designed to meet the needs of at risk youth who come into contact with the justice system. Through the SAG, the OJA Board, the OJA Chief Psychologist and agency leadership, this message is conveyed to every service provider and sub-grantee through contracting procedures, payment for services, messaging, training, and consultation from the Chief Psychologist. Pilot projects will continue to be pursued to assist system stakeholders and providers with understanding and demonstrating responses to Oklahoma youth that strengthen hope, resilience, and focuses on the supports needed to lead healthy successful lives.

Contain a plan to provide alternatives to detention for status offenders, survivors of commercial sexual exploitation, and others, where appropriate, such as specialized or problem-solving courts or diversion to home-based or community-based services or treatment for those youth in need of mental health, substance abuse, or co-occurring disorder services at the time such juveniles first come into contact with the juvenile justice system; 34 U.S.C. § 11133(a)(7)(B)(iv).

“The development and support of community-based alternatives to detention programs played an important role in the formulation (of the) State Plan (for Detention). Legislation prohibits status offenders from being detained solely on a status offense or violations of a valid court order. This legislation, coupled with increased education of stakeholders, has led to a reduction of low-level offenders being detained.”^{iv} OJA contracts with Hope Rising, a shelter for young girls who are survivors of commercial sexual exploitation. This treatment program has proven to be an impactful alternative. Youth are usually referred to the juvenile justice system by law enforcement. However, parents, educators, and public/private agency personnel also refer youth. When officers encounter a young person who has committed a status or low level offense, they may take the youth home, to an emergency shelter, or a Community Intervention Center (CIC).^v

Contain a plan to reduce the number of children housed in secure detention and corrections facilities who are awaiting placement in residential treatment programs; 34 U.S.C. § 11133(a)(7)(B)(v).

The 2019 State Plan for the Establishment of Detention contains a plan to minimize the number of children housed in secure detention and corrections facilities who are awaiting placement. The state formula for bed capacity reduces future beds based on the number of therapeutic beds needed (determined by average number of youth awaiting placement). See Table I: Formula for Determining Contracted Detention Bed Needs. It is the position and intent of OJA, to minimize the length of stay in detention so youth can access services in the community or the least restrictive setting as possible. OJA collaborates with the Oklahoma Department of Mental Health and

Substance Abuse Services to develop and implement strategies designed to improve outcomes and minimize the adverse effects of detainment. OJA Proposed rule, policy, contractual language and legislative changes in the state plan as it relates to OJA Custody youth awaiting placement. The proposed policy change states, OJA will pay 100% of the approved detention rate for all OJA Custody youth on the OJA placement waiting list for an out-of-home placement. However, if OJA, as the placement authority, determines the youth will not be placed in an OJA contracted or operated facility, and the youth continues to be held in detention, OJA will recoup costs of continued detainment at 100% from the county of jurisdiction.”^{vi}

Contain a plan to engage family members, where appropriate, in the design and delivery of juvenile delinquency prevention and treatment services, particularly post-placement; 34 U.S.C. § 11133(a)(7)(B)(vi).

The Oklahoma Office of Juvenile Affairs recognizes and values the importance of supporting and engaging family members in the design and delivery of services. Services to strengthen families and prevent delinquency are supported and invested in throughout the continuum of care. Aftercare or reentry begins upon placement. Parents are encouraged to meet with service providers at the placement and in the returning community. The Youth Emerging Leaders (YEL) committee of the SAG is comprised of current and former system involved youth/young adults, as well as, youth/young adults who have special experience or interest in serving the juvenile justice system. Parents and families of system involved youth are encouraged to participate as allies in all meetings and training opportunities. This new aspect of the committee provides a safe and empowering environment for the youth and their families.

Contain a plan to use community-based services to respond to the needs of at-risk youth or youth who have come into contact with the juvenile justice system; 34 U.S.C. § 11133(a)(7)(B)(vii).

The Oklahoma juvenile justice system is comprised of 39 statutory youth service agencies (YSAs) to provide community-based services to youth at risk or who have come into contact with the juvenile justice system. YSAs provide evidence-based prevention, diversion, and intervention programs at no cost.

Contain a plan that shall be implemented not later than December 21, 2020, to—

I. eliminate the use of restraints of known pregnant juveniles housed in secure juvenile detention and correction facilities during labor, delivery, and post-partum recovery, unless credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others.

II. eliminate the use of abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four-point restraints on known pregnant juveniles, unless—

(a) credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or

(b) reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method; 34 U.S.C. § 11133(a)(7)(B)(ix).

OJA Policies P-35-03-02 and 35-03-06, approved in December of 2019, notes that written policy, procedure, and practice prohibits the use of restraints on female juveniles during active labor and the delivery of a child. Any deviation from the prohibition requires approval by, and guidance on, methodology from the medical authority and is based on documented serious security risks. The medical authority provides guidance on the use of restraints on pregnant juveniles prior to active labor and delivery.

Describe policies, procedures, and training in effect, if any, for the staff of juvenile state correctional facilities to eliminate the use of dangerous practices, unreasonable restraints, and unreasonable isolation, including by developing effective behavior management techniques; 34 U.S.C. § 11133(a)(29).

OJA Policy P-35-03-06 pursuant to Title 10A O.S. 2-7-604 and as authorized by Terry D. Settlement Agreement dated August 10, 2012 and approved on January 24, 2013, Part VII, Mechanical Restraints specifies procedures to eliminate dangerous practices and unreasonable restraints. OJA Policy P-35-11-01 describes the juvenile disciplinary process, behavior management techniques, and training procedures for all staff in the institution setting. This policy references state statutes, OJA Rules, and ACA Standards. OJA Policy P-34-11-04 allows for and sets procedures for solitary confinement. “Solitary confinement is a serious and extreme measure to be imposed only in emergency situations.”^{vii} This policy references OJA Rules 377:3-13-144 and ACA Standards 4-JCF-3C-03 and 4-JCF-3C-04.

Describe:

(A) The evidence-based methods that will be used to conduct mental health and substance abuse screening, assessment, referral, and treatment for juveniles who—

(i) request a screening;

(ii) show signs of needing a screening; or

(iii) are held for a period of more than 24 hours in a secure facility that provides for an initial screening; and

(B) How the state will seek, to the extent practicable, to provide or arrange for mental health and substance abuse disorder treatment for juveniles determined to be in need of such treatment; 34 U.S.C. § 11133(a)(30).

The evidence based methods used to conduct mental health and substance abuse screening, assessment, referral and treatment for juveniles who request a screening or show signs of needing a screening are as follows:

- 1) For youth who request a screening, a referral is made to a local youth service agency for assessment by a qualified behavioral health professional or licensed/certified drug and alcohol counselor. The T-ASI is the primary tool for initial assessment of all youth who have tested moderate or high for substance use on the YLS-CMI 2.0 risk and needs assessment. The YLS-CMI is used for all youth placed on Informal Adjustments, Probation, or Custody. The T-ASI is used to guide the frequency and length of service provision.
- 2) For youth who request an immediate screening or exhibit signs of needing a screening, the Youth Crisis Mobile Response Unit is available and easily accessible. This same resource is used for youth placed in detention, who upon arrival are exhibiting a need for immediate mental health treatment. Youth are administered the MAYSI-2 within twenty-four hours of admission. Youth scoring moderate or high are also referred to the Crisis Response Unit. In cases where the Youth Crisis Mobile Response Unit is activated, field staff initiate steps to secure an inpatient treatment bed. Within forty-eight hours of admission, and prior to the initial detention hearing, a standardized detention screening is used to give all parties the level of risk the youth poses to the community and if further detention is necessary or appropriate. Low risk youth shall not remain in detention.^{viii}
- 3) For youth placed in an OJA secure residential placement, OJA Policy P-35-15-05 defines and prescribes the Mental Health Treatment protocol. Within the first hour of admission, the MAYSI 2 is administered by a mental health professional. The entire assessment process is designed to identify mental health and substance abuse treatment needs to be addressed during youth's confinement within the first seven days of admission. Juvenile's referred for a mental health evaluation and/or mental health treatment will receive a comprehensive evaluation by a qualified mental health care professional with the first thirty day of the referral request date. A mental health treatment plan is developed for youth being treated on an ongoing basis by a qualified mental health professional. Treatment plans include juvenile participation to the extent that is possible. When necessary, youth with severe mental illness or who are severely developmentally disabled are referred for placement in non-correctional facilities or units specifically designated for handling the unique needs of this type of individual. Emergency transfers to mental health facilities are approved and supervised by the responsible health care practitioner and/or mental health authority and reported to the court the next working day.^{ix}

Describe how reentry planning by the state for juveniles will include—

(A) A written case plan based on an assessment of needs that includes—

- (i) the pre-release and post-release plans for the juveniles;**
- (ii) the living arrangement to which the juveniles are to be discharged; and**
- (iii) any other plans developed for the juveniles based on an individualized assessment; and**

(B) Review processes; 34 U.S.C. § 11133(a)(31).

Pursuant to Title 10A O.S. § 1-4-704 at the dispositional hearing, each youth has an individualized case plan based on findings from the YLS/CMI 2.0 risk and needs assessment and a psychosocial assessment. This individualized plan becomes part of the dispositional order. The individualized plan includes 1) a history of the child and family; 2) time-limited reunification plans; 3) identification of specific services to be provided to the child (educational, vocational educational, medical, drug or alcohol abuse treatment, counseling, or other treatment services); and 4) a description of the transition planning (i.e. educational, vocational, employment, health care, transportation, money management, housing, establishing/maintaining connections with family and community, social and recreational skills). This plan may be modified as needs and resources may change. Each time the youth transitions, a new YLS/CMI 2.0 risk and needs assessment is administered and the individualized plan is adjusted accordingly.

Describe policies and procedures, if any, to—

(A) Screen for, identify, and document in records of the state the identification of victims of domestic human trafficking, or those at risk of such trafficking, upon intake; and

(B) Divert youth described in subparagraph (A) to appropriate programs or services, to the extent practicable; 34 U.S.C. § 11133(a)(33).

Oklahoma does not currently have a screening protocol to identify victims of domestic human trafficking or those at risk of trafficking.

ⁱ Tulsa World, “Special Report: Oklahoma Leads the Nation in Childhood Trauma. How Does this Affect Our State and What can We Do?”, July 8, 2019

ⁱⁱ Oklahoma 2018 Three-Year Plan, Page 25

ⁱⁱⁱ [https://www.ok.gov/odmhsas/Mental Health /Trauma Informed Services/](https://www.ok.gov/odmhsas/Mental_Health_Trauma_Informed_Services/)

^{iv} OJA State Plan for the Establishment of Juvenile Detention Services, <http://oja.ok.gov/detention-centers>

^v Oklahoma 2018 Three-Year Plan, Page 2

^{vi} OJA State Plan for the Establishment of Juvenile Detention Services, <http://oja.ok.gov/detention-centers> ,page 19

^{vii} Policy P-35-11-04, Solitary Confinement, Office of Juvenile Affairs

^{viii} OJA State Plan for the Establishment of Juvenile Detention Services, <http://oja.ok.gov/detention-centers> , page 11

^{ix} Policy P-35-15-05, Mental Health Treatment, Office of Juvenile Affairs