

RESPONSE TO THE COVID-19 PANDEMIC
IN SECURE CARE FACILITIES

OFFICE OF JUVENILE JUSTICE



PERFORMANCE AUDIT SERVICES
ISSUED MAY 19, 2021

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LOUISIANA LEGISLATIVE AUDITOR
MICHAEL J. "MIKE" WAGUESPACK, CPA

May 19, 2021

The Honorable Patrick Page Cortez,
President of the Senate
The Honorable Clay Schexnayder,
Speaker of the House of Representatives

Dear Senator Cortez and Representative Schexnayder:

The purpose of this audit was to provide information on the Office of Juvenile Justice's (OJJ) response to the COVID-19 pandemic in its secure care facilities.

Overall, OJJ faced multiple issues and challenges in addressing the pandemic.

We found the agency's protocols generally complied with guidance from the U.S. Centers for Disease Control and Prevention (CDC) for medical isolation, screening, visitation, personal protective equipment, and social distancing. However, agency officials were unable to verify whether the facilities consistently followed the protocols because of the suspension of onsite visits and quality assurance audits between March and September 2020.

In addition, OJJ was not always able to test all individuals who had close contact with someone positive for COVID-19, as recommended by the CDC. Many of the youth in OJJ's care refused to be tested until the agency was able to obtain the rapid, less invasive COVID-19 tests in December 2020. As a result, OJJ quarantined all asymptomatic youth who had been in close contact in a dorm instead of testing them. This increased the risk that a positive, but asymptomatic, youth could spread the virus to the rest of the dorm and staff.

OJJ also did not meet CDC guidance that recommended limiting transfers of youth between facilities during the pandemic. Such transfers increased by 237 percent, from 59 transfers from March through September 2019 to 199 transfers from March through September 2020. Of the transfers in 2020, 104 (52 percent) were transfers to place youth in behavioral intervention, which is a form of room confinement. Routinely placing youth in room confinement is not in line with juvenile justice best practices.

We found as well that COVID-19 presented challenges for OJJ in providing services to youth after contact between dorms was restricted and visitors were not allowed into the facilities. OJJ did provide some treatment services, such as counseling sessions, but not as much as before

The Honorable Patrick Page Cortez,
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the pandemic. In addition, OJJ halted in-person visitation and youth furloughs. That meant family engagement was limited and made rehabilitation and re-entry into society more challenging for the youth in these facilities.

Prior to COVID-19, OJJ had had ongoing staffing challenges, but we found these were exacerbated by the pandemic. High turnover and staff taking leave resulted in OJJ not always being able to meet federal Prison Rape Elimination Act standards for staff to youth ratios in its facilities.

The report contains our findings, conclusions, and recommendations. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to OJJ for its assistance during this audit.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Mike Waguespack", with a stylized flourish extending to the right.

Michael J. "Mike" Waguespack, CPA
Legislative Auditor

MJW/aa

Louisiana Legislative Auditor

Michael J. “Mike” Waguespack, CPA



Response to the COVID-19 Pandemic in Secure Care Facilities Office of Juvenile Justice

May 2021

Audit Control # 40200019

Introduction

The purpose of this report is to provide information on the Office of Juvenile Justice’s (OJJ) response to the COVID-19 pandemic. Congregate living facilities, like OJJ secure care facilities, are at especially high risk for outbreaks of COVID-19. In OJJ secure care facilities, youth in custody live, eat, attend school, and engage in other activities together, which creates an environment in which COVID-19 can easily spread.¹

OJJ’s mission is to protect the public by providing safe and effective individualized services to youth who will become productive, law-abiding citizens.² Secure care facilities house youth with the most severe therapeutic level of need and who pose the greatest risk to public safety. As of September 2020, OJJ housed approximately 200 youth per day across four secure care facilities for males.³ Exhibit 1 shows the percentage of youth who were tested for COVID-19 and tested positive at each facility from March 2020 through December 2020.

Exhibit 1 Youth and Staff COVID-19 Test Statistics March 2020 through December 2020						
Description*	Acadiana	Bridge City	Swanson - Monroe***	Swanson - Columbia	Ware	Grand Total
Youth Positive	9	23	10	12	6	60
Youth Negative	11	9	2	0	2	24
Total Youth Tested	20	32	12	12	8	84
Youth Housed at Facility**	112	133	242	100	32	384
Percent Youth Tested	17.9%	24.1%	5.0%	12.0%	25.0%	21.9%
Percent Youth Positive	8.0%	17.3%	4.1%	12.0%	18.8%	15.6%
Positive Staff****	21	37	35	14	N/A	107

*Ninety-seven tests were administered to 84 youth.
**Some youth were housed at more than one facility during the pandemic.
***All youth go to Swanson Center for Youth - Monroe to quarantine before going to another facility. Therefore, the percentage of youth tested at Swanson may not reflect youth assigned to dorms at that facility.
****As of March 2021
Source: Prepared by legislative auditor's staff using information provided by OJJ.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

² Youth are placed in the care of OJJ by the court system.

³ OJJ also houses girls in one privately-run secure care-facility.

According to the Centers for Disease Control and Prevention (CDC) guidelines, people living in correctional facilities, like OJJ secure care, have a greater risk of spreading COVID-19 because of their close living arrangements with others. The CDC has released guidelines for managing the risk of spreading the virus that causes COVID-19 in correctional and detention facilities.⁴ According to the CDC, there are many opportunities for the virus to be introduced into environments like those in OJJ's secure care facilities, including by staff and outside visitors, after court appearances, and through the transfer of people between facilities. CDC guidelines for correctional/detention facilities are grouped into three stages of response: preparation, prevention, and management.

OJJ has also begun vaccinating staff and youth for COVID-19. According to OJJ, as of April 7, 2021, 264 staff have been vaccinated. Early in March 2021, 30 youth met the vaccine eligibility criteria due to a medical condition, and 16 of these have been vaccinated while 14 refused. As the eligibility for vaccinations is open to everyone over 16, OJJ has identified 137 eligible youth and is in the process of obtaining consent and ordering vaccines from the Louisiana Department of Health.

To conduct this audit, we used guidance from the CDC, Louisiana Department of Health, the Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative, and the American Academy of Pediatrics and compared these to OJJ policies and information obtained from interviews with OJJ. However, because we conducted this audit during the COVID-19 pandemic, we could not perform typical audit procedures such as obtaining physical evidence through facility site visits or conducting extensive in-person interviews with management, youth, and staff. We were able to interview management at each facility remotely, as well as each facility's health services administrator. As a result, our audit scope was limited to documentary and testimonial evidence regarding OJJ's response to the pandemic.

The objective of this audit was:

To provide information on OJJ's response to the COVID-19 pandemic in its secure care facilities.

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. Appendix A contains OJJ management's response, and Appendix B contains our scope and methodology. Appendix C contains the number of COVID-19 tests administered by OJJ by month and facility.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

Objective: To provide information on OJJ's response to the COVID-19 pandemic in its secure care facilities.

Overall, OJJ faced multiple issues and challenges in addressing the COVID-19 pandemic. These issues and challenges include the following:

- **OJJ's protocols generally complied with CDC guidance in the areas of medical isolation, screening, visitation, PPE, and social distancing.** However, in an attempt to reduce the spread of the virus throughout facilities, OJJ suspended onsite visits and quality assurance audits from March through September 2020. As a result, OJJ was unable to verify whether the facilities consistently followed these protocols.
- **The CDC recommended testing all individuals in close contact with a positive COVID-19 case. However, OJJ was not always able to meet this guidance, as some youth refused testing until OJJ was able to get the rapid, less invasive tests in December 2020.** To address this challenge, OJJ quarantined all asymptomatic youth who had been in close contact in a dorm instead of testing them. This increased the risk that a positive, but asymptomatic, youth could spread the virus to the rest of the dorm and staff.
- **OJJ did not meet CDC guidance that recommended limiting transfers of youth between facilities during the pandemic. Youth transfers increased by 237.3%, from 59 transfers from March through September 2019 to 199 transfers from March through September 2020.** Of the transfers that occurred in 2020, 104 (52.3%) were transfers to place youth in behavioral intervention, which is a form of room confinement. Routinely placing youth in room confinement is not in line with juvenile justice best practices.
- **COVID-19 presented challenges for OJJ in providing services to youth while restricting contact between dorms and not allowing visitors into the facilities.** While OJJ continued to provide some treatment services, OJJ provided less treatment during COVID-19 in areas such as counseling sessions. In addition, OJJ halted in-person visitation and furloughs, as recommended by CDC guidance, which limits family engagement and makes rehabilitation and reentry into society more challenging.
- **Prior to the COVID-19 pandemic OJJ had ongoing staffing challenges that were further exacerbated by the pandemic.** High turnover and staff taking leave resulted in OJJ not always being able to meet the Prison Rape Elimination Act (PREA)⁵ standards for staff to youth ratios throughout the pandemic.

⁵ PREA is a federal law enacted in 2003 with the purpose of protecting individuals from sexual violence within correctional facilities.

Our findings and recommendations to help OJJ strengthen its protocols in preparation for future public health emergencies are discussed in more detail in the sections below.

OJJ's protocols generally complied with CDC guidance in the areas of medical isolation, screening, visitation, personal protective equipment (PPE), and social distancing.

Prior to the pandemic, OJJ had an influenza preparedness, response, and recovery policy, last updated in December 2019, that helped guide its response to COVID-19. On March 12, 2020, OJJ developed COVID-19 protocols for secure care facilities based on CDC guidance and emailed the protocols to facility administrators. As CDC guidance changed throughout the pandemic,⁶ OJJ emailed updated protocols to facilities.

OJJ's protocols generally complied with CDC guidance in the areas of medical isolation, screening, visitation, PPE, and social distancing. These protocols included the following:

- **Medical Isolation** - Youth testing positive were to be isolated in the infirmary or other designated area for 14 days. New youth intakes into secure care were to be isolated for 14 days before being assigned to a dorm or another facility.
- **Screening** - All individuals entering a secure care facility were to have temperature checks and complete a COVID-19 screening regarding potential symptoms. Those with an elevated temperature or positive screening results were not to be allowed in a facility.
- **Visitation** - All in-person visitation was halted. OJJ initiated video calls in lieu of in-person visitation and offered additional phone and video calls to youth. In addition, non-essential contractors and volunteers were also suspended.
- **PPE** – PPE, including face masks, was to be distributed to staff and youth. Staff were required to wear face masks, while youth were encouraged to wear them. According to OJJ staff, access to PPE and face masks was not an issue.
- **Social distancing** - Social contact between dorms was restricted. As social distancing is challenging in secure care facilities, youth were not allowed contact with youth from other dorms.

OJJ headquarters did not have a process to verify whether its facilities correctly and consistently followed protocols pertaining to COVID-19. While OJJ updated its protocols throughout the pandemic as CDC guidance changed, it did not have a clear, comprehensive document of COVID-19 protocols, and OJJ headquarters did not collect data on whether protocols were being followed at each facility. Over the course of the pandemic, OJJ had three

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

different Deputy Secretaries, and the Director position at each secure care facility turned over. Throughout the pandemic, OJJ emailed changes in protocols in pieces rather than maintaining a centralized master document that it emailed to facilities, which increased the risk that secure care facilities may not have followed COVID-19 protocols consistently. For example, according to stakeholders and OJJ's contracted Health Services Administrators in two of the four facilities, staff did not consistently wear face masks in the facilities.

In addition, OJJ halted continuous quality improvement audits, which included site visits, in March 2020 to reduce the spread of COVID-19.⁷ According to OJJ management, it was in regular contact with each facility and received updates from facility directors but did not conduct formal onsite visits. According to OJJ, the Assistant Secretary made regular visits to each facility, monitoring all aspects of facility operations, including COVID-19 protocols; however, these visits were not documented. To verify whether COVID-19 protocols were followed, OJJ could have implemented a process that did not require onsite visits. For example, it could have required that facilities maintain logs detailing screening of staff or cleaning and sanitizing logs. In addition, OJJ could have reviewed surveillance videos to determine whether staff were following guidelines, such as staff wearing PPE and housing dorms remaining separate from each other.

Recommendation 1: OJJ should develop a centralized document that includes all of its pandemic protocols and update it as new guidance is issued.

Summary of Management's Response: OJJ agrees with this recommendation and stated that a draft COVID policy has been developed. Once finalized, it will be updated as new information becomes available. See Appendix A for management's full response.

Recommendation 2: OJJ should develop a process to verify facilities follow pandemic protocols as directed. This could include activities that do not require going into the facility, such as reviewing videos and asking for logs or other documentation to evaluate the implementation of pandemic protocols.

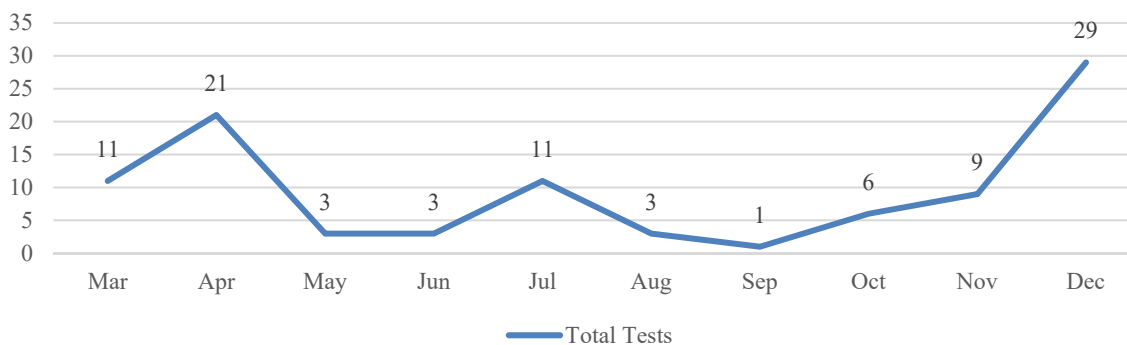
Summary of Management's Response: OJJ agrees with this recommendation and stated that a process will be developed to ensure pandemic protocols are followed as directed and will be included in the COVID policy referenced in its response to Recommendation #1. See Appendix A for management's full response.

The CDC recommended testing all individuals in close contact with a positive COVID-19 case. However, OJJ was not always able to meet this guidance, as some youth refused testing until OJJ was able to get the rapid, less invasive tests in December 2020.

⁷ OJJ resumed continuous quality improvement audits in September 2020.

CDC guidance in March 2020 recommended that correctional facilities only test symptomatic individuals and to quarantine those in close contact to a confirmed positive COVID-19 case, but it did not recommend testing close contacts at that time. Starting July 2020, the CDC guidance was updated to recommend that close contacts be tested as well. In May 2020, OJJ received approximately 100 COVID-19 test kits from the Governor’s Office of Homeland Security and Emergency Preparedness, and OJJ’s contracted medical provider supplied tests on an as-needed basis, as available. According to OJJ, testing was challenging early in the pandemic because access to test kits were limited. OJJ tested 84⁸ (21.9%) of the 384 youth housed in secure care during March 2020 through December 2020. Of these 84 youth, 60 (71.4%) had a positive test result. No OJJ youth or staff died due to COVID-19. Exhibit 2 shows the total tests administered by month, and Appendix C shows the number of youth with positive or negative COVID-19 tests results per facility by month.

Exhibit 2
Total Youth COVID-19 Tests Administered
March 2020 through December 2020



Note: In July 2020, the CDC began recommending that close contacts of positive COVID-19 cases be tested.

Source: Prepared by legislative auditor's staff using information provided by OJJ.

OJJ staff was responsible for obtaining their own COVID-19 tests through their health insurance if they exhibited symptoms or were exposed to a positive COVID-19 case. Staff were required to submit their test results to OJJ, and during March 2020 through December 2020, 107 secure care staff tested positive for COVID-19. OJJ required staff to quarantine for 14 days and be symptom free for 72 hours before returning to work.

⁸ According to OJJ records, 97 tests were administered to 84 youth.

OJJ's testing protocol from March 2020 through December 2020 was to test symptomatic youth only, not close contacts of positive cases as the CDC recommended beginning in July 2020 because youth sometimes refused testing. Youth exhibiting symptoms were tested for flu and/or strep, and if those tests were negative, OJJ tested for COVID-19. Youth who tested positive or were awaiting results were medically isolated from other youth. According to OJJ, it attempted to test youth without symptoms who had been in close contact to a positive COVID-19 case;

however, youth often refused the test.⁹ Therefore, OJJ's protocol was to quarantine close contacts instead of testing them, and OJJ typically quarantined entire dorms together. CDC guidance recommends testing all close contacts regardless of whether or not they have symptoms. In addition, the CDC recommends quarantining close contacts for 14 days, even those that test negative.¹⁰ While OJJ

followed CDC guidance by quarantining close contacts, it did not follow the recommendation to test all close contacts. For example, if one youth tested positive, OJJ medically isolated the positive youth and quarantined the entire dorm for 14 days rather than testing close contacts. This increases the risk that a youth who was asymptomatic but positive would be quarantined with other youth in the dorm who were negative and could spread the virus. OJJ management stated that since December 14, 2020,¹¹ it has had rapid COVID-19 tests, which are less invasive, and it has been testing close contacts who are asymptomatic as youth have agreed to the rapid tests.

Medical isolation refers to separating someone with confirmed or suspected COVID-19 to reduce the risk of transmission. The conditions in medical isolation spaces should be distinct from those in punitive isolation and individuals should still have access to TV, reading materials, and services.

Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. OJJ quarantined entire dorms together.

Source: CDC COVID-19 Guidelines

Recommendation 3: OJJ should ensure it follows CDC recommended testing protocols during a pandemic.

Summary of Management's Response: OJJ agrees with this recommendation and stated that it now has the ability to perform a less invasive rapid test which most youth have been agreeable to receiving. It will continue to perform these tests as long as it has access to the product, which is provided by Louisiana Department of Health, Office of Public Health. See Appendix A for management's full response.

⁹ According to OJJ policy, youth have the right to refuse medical treatment at any time.

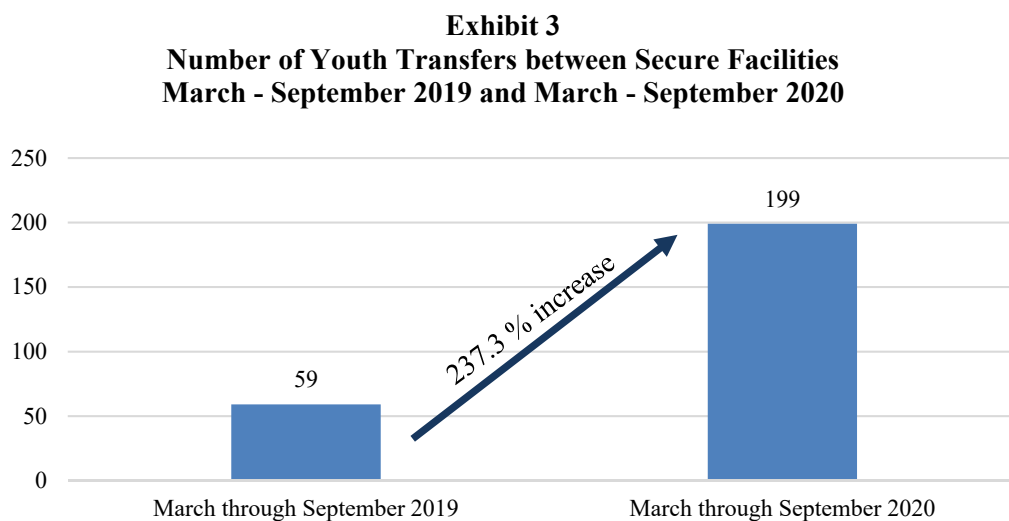
¹⁰ The CDC recommends that close contacts testing positive be placed in medical isolation.

¹¹ OJJ participated in a federal pilot program that provided rapid COVID-19 tests.

OJJ did not meet CDC guidance that recommended limiting transfers of youth between facilities during the pandemic. Youth transfers increased by 237.3%, from 59 transfers from March through September 2019 to 199 transfers from March through September 2020. Of the transfers that occurred in 2020, 104 (52.3%) were transfers to place youth in behavioral intervention, which is a form of room confinement. Routinely placing youth in room confinement is not in line with juvenile justice best practices.¹²

Part of the CDC prevention guidelines recommends limiting transfers as a way to help prevent the spread of COVID-19 between facilities. It recommends that correctional and detention facilities limit the number of transfers between facilities, except as necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.

Youth transfers between facilities during the COVID-19 pandemic increased by 237.3%, from 59 transfers from March through September 2019 to 199 transfers from March through September 2020.¹⁰ Exhibit 3 shows the number of transfers for these time frames.



Source: Prepared by legislative auditor's staff using data from OJJ.

OJJ transfers youth for a variety of reasons, including for intake, medical needs, behavioral issues, treatment needs, and to manage capacity for each facility. Our analysis excluded transfers for intake. For example, OJJ opened additional dorms in its new Acadiana

¹² This does not include transfers related to youth entering secure care for the first time or from a non-secure or community placement.

Center for Youth in April and May 2020, which resulted in an increase in transfers to the new facility. However, while the opening of Acadiana may account for some of the rise in the number of transfers between secure facilities, 104 (52.3%) of the 199 transfers during the pandemic were related to youth being placed in self-contained units for behavioral intervention, which is a form of room confinement.¹³

Three of OJJ's secure care facilities have designated areas for behavioral intervention. Prior to August 2020, OJJ policy specified that youth could not exceed eight hours in behavioral intervention at a time. However, in August 2020, OJJ implemented a new policy that allowed youth to be in room confinement for behavioral intervention for up to seven days at a time.¹⁴ Youth for this behavioral intervention are only housed in the Cypress unit on the Swanson-Monroe campus. According to OJJ, the previous administration implemented this new policy due to an increase in riots and escape attempts during the pandemic. For example, there was a mass escape at Swanson-Monroe and a riot at Bridge City Center for Youth in April 2020.

According to OJJ policy, **behavioral intervention** is intended to provide a structured therapeutic environment that targets chronic, aggressive, intimidating, and sexual acting out behavior. It is not to be used for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to the youth or others.

Of the 199 transfers not related to youth entering secure care that occurred from mid-March to mid-September 2020, 104 (52.3%) were transfers related to placing youth in behavioral intervention in the Cypress unit. Juvenile justice best practices recommend limiting room confinement and that it not be used as punishment.¹⁵ The average length of time spent in behavioral intervention was 9.6 days, which is longer than what OJJ policy allows. In addition, 11 youth were housed in room confinement for behavioral intervention for more than 30 consecutive days. In addition to using the Cypress unit for behavioral intervention room confinement, OJJ also used room confinement within the Cypress unit as a secondary option for medical isolation. However, of the 15 youth in the Cypress unit for medical isolation, only two were tested for COVID-19, with one testing positive and one negative. Also, of the eight youth who spent time in room confinement for both medical isolation and behavioral intervention, only one youth tested positive, while the others were not tested at all.

Recommendation 4: OJJ should limit transfers between secure care facilities during the COVID-19 pandemic as recommended by CDC guidance.

Summary of Management's Response: OJJ agrees with this recommendation and stated that it recognizes that transfers should be limited during a pandemic. However, with specialized treatment units existing at only certain facilities, and the need to continue appropriate treatment combined with appropriate quarantine, it was left with

¹³ According to the Council of Juvenile Correctional Administrators, room confinement can also be called solitary confinement, isolation, or seclusion.

¹⁴ OJJ refers to this policy as "extended behavioral intervention."

¹⁵ Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation, March 2015

no other choice. It will, however, formulate a plan to reduce future transfers during a pandemic. See Appendix A for management's full response.

Recommendation 5: OJJ should limit the use of room confinement as recommended by juvenile justice best practices.

Summary of Management's Response: OJJ agrees with this recommendation and stated that it has a defined, specified process termed "behavioral intervention" that targets youth who are posing a threat to staff/youth or to the stability of the facility. BI is offered in a structured therapeutic environment. When youth are stabilized, they are moved back into population. See Appendix A for management's full response.

COVID-19 presented challenges for OJJ in providing services to youth while restricting contact between dorms and not allowing visitors into the facilities.

In March 2020, the CDC suggested suspending in-person visitation as a preventative measure and that phone or video visitation be implemented instead. Juvenile justice best practices state that youth should participate in life skills programs that use an established curriculum and that staff implement the curriculum consistently. The Annie E. Casey Foundation¹⁶ and the American Academy of Pediatrics (AAP)¹⁷ recommend that during the COVID-19 pandemic, juvenile facilities ensure access to meaningful and developmentally appropriate programming and to allow youth frequent contact with family and other support systems with free phone calls or video chats.¹⁸ Maintaining educational and rehabilitation programming is important, as youth will be released back into the community by the age of 21.

During the COVID-19 pandemic, OJJ provided rehabilitative and educational services, although they were limited at times. According to OJJ, it continued to provide rehabilitation services to youth in their dorms during the pandemic. For example, group and individual therapy such as Thinking for a Change and anger management, still took place, and OJJ's medical contractor continued to provide mental health services. According to OJJ, since social services staff was usually assigned only one dorm, services were able to continue normally. However, staff indicated that services were sometimes limited due to staffing absences due to COVID-19. When OJJ headquarters resumed continuous quality improvement services (CQIS) audits in September 2020, it found that facilities were not always compliant with treatment service requirements. According to CQIS audits, youth received a smaller percentage of required counseling sessions during COVID-19 than in the previous year.¹⁹ The percentage of counseling sessions missed, on average, increased 187% during COVID-19, from 18% missed in the 2019 audits to 52% missed in the 2020 audits. Exhibit 4 compares the percentage of counseling sessions not received from calendar year 2019 and 2020 audits for each facility.

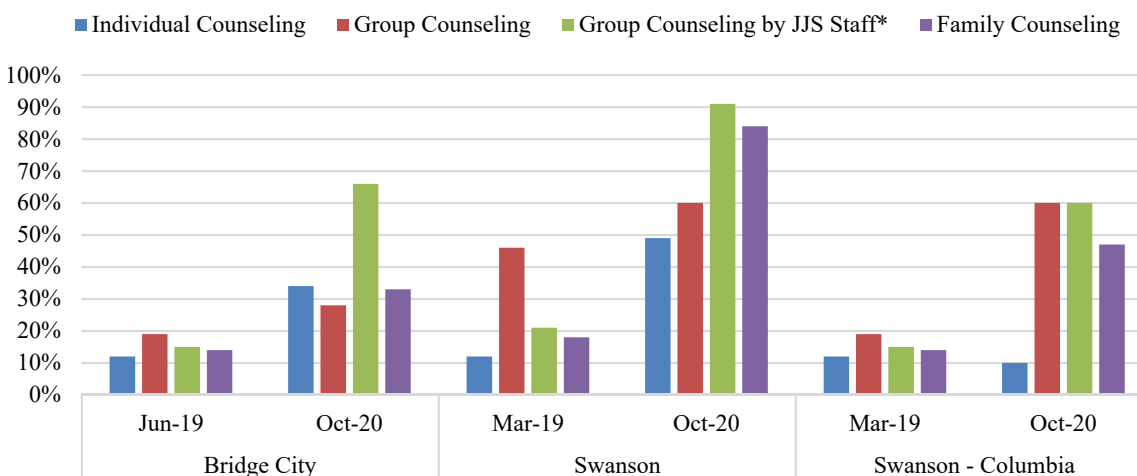
¹⁶ <https://www.aecf.org/blog/juvenile-justice-priorities-during-and-after-the-covid-19-pandemic/>

¹⁷ <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>

¹⁸ The National Institute of Corrections, *Desktop Guide to Quality Practice for Working with Youth in Confinement*

¹⁹ OJJ CQIS audits sample a selection of youth in order to test their treatment files.

Exhibit 4 Percent of Counseling Sessions Not Received OJJ CQIS Audits Calendar Years 2019 and 2020



*JJS stands for Juvenile Justice Specialists who supervise youth directly.

Source: Prepared by legislative auditor's staff using information from OJJ CQIS audits. Acadiana is not included because it did not have a CQIS audit during COVID-19 and, as it is a newer facility, it did not have two years of CQIS audits.

According to OJJ, on March 30, 2020, OJJ implemented distance/virtual learning and youth were given packets to complete in their dorms, which were replenished weekly. On June 8, 2020, OJJ implemented a hybrid schedule for summer session and, on August 3rd, for the fall session. The hybrid model included staggering the schedule so 50% of youth were in a given session at a time, temperature checks, and increased cleaning and disinfecting procedures. The Department of Education provided weekly guidance via conference calls and provided written guidance for schools reopening for summer and fall. According to OJJ, youth in medical isolation were still provided educational materials.

OJJ halted in-person visitation and furloughs to limit the amount of people entering facilities. While this is important in decreasing the spread of COVID-19, it creates challenges for youth rehabilitation. Research shows that family visitation is important for youths' rehabilitation process because it assists with successful reentry and can result in better emotional wellbeing while in secure care.²⁰ Because no in-person visitation was allowed, OJJ supplemented with video visitation and additional phone calls, free of charge. Family visitation, attorney contacts, and court hearings were all conducted via video calls. While video visitation expanded some youth's access to family, the percentage of required family counseling sessions missed increased at every facility compared to the previous year, as shown in Exhibit 5. In addition, youth were not allowed to take furloughs, which are short stays outside of the OJJ facility, such as staying the weekend at home. Furloughs can be important steps in preparing youth for reintegration into society after release. According to OJJ, furloughs were suspended to limit the possibility of introducing COVID-19 into secure care facilities through community contact.

²⁰ Office of Juvenile Justice and Delinquency Prevention

While CDC guidance does not address depopulation of congregate care settings during COVID-19, other juvenile justice-related professional organizations, such as the AAP and the Annie E. Casey Foundation, recommended releasing youth who can be safely cared for in their home communities. Overall, OJJ released or stepped down to a group home a total of three youth, or 1.4%, of the 220 youth in secure care. According to OJJ, at the beginning of the pandemic, it identified 13 youth (5.9%) with chronic medical conditions. Of these 13, OJJ granted one youth an extended furlough, paroled one youth, and stepped one youth down to a group home. One youth reached full-time release, and one recovered from COVID-19 and was not released. The other eight youth were removed from consideration due to the severity of offenses or behavioral concerns.

Prior to the COVID-19 pandemic OJJ had ongoing staffing challenges that were further exacerbated by the pandemic. High turnover and staff taking COVID-19- related leave resulted in OJJ not always being able to meet the Prison Rape Elimination Act (PREA) standards for staff to youth ratios during the pandemic.

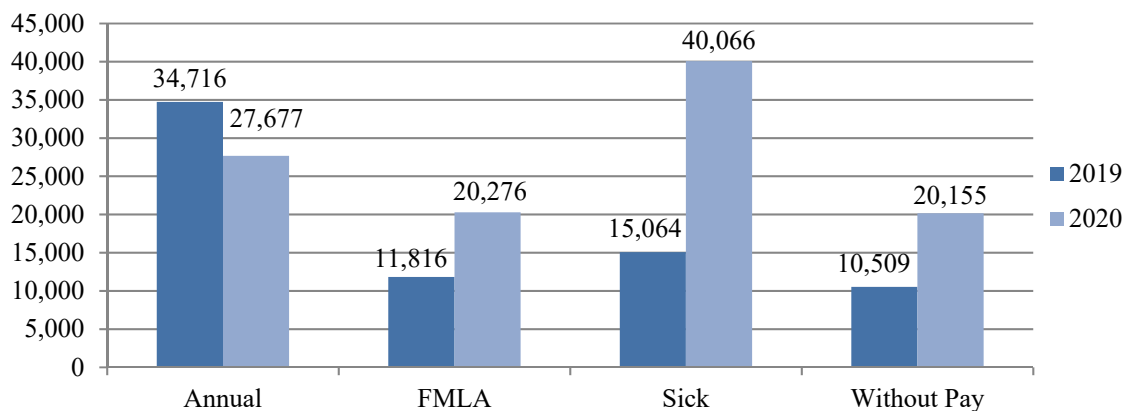
Congregate care facilities across the nation have faced staffing challenges due to the COVID-19 pandemic, as staff were often absent from work due to the need to quarantine or care for a family member who was quarantined. OJJ's policy regarding staffing absences is in line with CDC guidance, which recommends staff with positive test results or who were exposed to a positive case to quarantine at home for a certain time frame.

Prior to the COVID-19 pandemic, OJJ faced staffing challenges, and the pandemic exacerbated these staffing challenges. Turnover for secure care employees increased by 38.9%, from 34.7% in 2019 to 48.2% in 2020.²¹ Juvenile justice staff work directly with the youth housed in the secure care facilities, and the turnover rate for Juvenile Justice Specialist (JJS) staff during the pandemic was 72.5%, which is an increase from 49.6% the previous year. OJJ also experienced turnover in key management positions during or immediately prior to the pandemic. For example, in April 2020 the OJJ Deputy Secretary resigned, and an interim Deputy Secretary temporarily filled the position; in September 2020, the new Deputy Secretary started. In addition, the Director positions in each of the secure care facilities turned over during the pandemic. Changes in leadership created challenges in maintaining a continuity of services and communication.

In addition, the increased amount of leave taken by employees due to COVID-19 created staffing challenges. Overall, 75.9% of OJJ secure care staff took leave during the pandemic compared to 18.6% during the same timeframe in 2019, a 308.3% increase. The total hours of leave OJJ staff used increased 50.0% during the pandemic, from 72,015 hours in 2019 to 108,174 hours in 2020. Exhibit 5 compares the amount of leave taken by type during 2019 and 2020.

²¹ Our analysis calculated turnover between March 2019 through September 2019 and March 2020 between September 2020.

Exhibit 5
OJJ Staff Leave Hours, by Type
March 2019 - September 2019 and March 2020 - September 2020



Source: Prepared by legislative auditor's staff using information from OJJ and Business Objects leave reports.

Because of staffing challenges, OJJ did not always meet the PREA standards for staff-to-youth ratios during the pandemic. PREA is a federal law enacted in 2003 with the purpose of protecting individuals from sexual violence within correctional facilities. PREA requires facilities maintain a 1:8 staff-to-youth ratio during waking hours and a 1:16 ratio during sleeping hours. Any deviations from staffing ratios must be fully documented. Higher ratios of staff to youth can help prevent behavior problems and help create supportive and positive relationships between staff and youth, which leads to better employee retention and better outcomes for youth. We conducted a review of a targeted selection of employee shifts between March 2020 and August 2020 to determine if OJJ met PREA ratios and found that OJJ did not always meet these ratios. We found that 68 (18%) of 378 shifts had at least one dorm out of compliance with PREA staffing ratios. For example, Swanson Center for Youth did not meet PREA requirements for 40 (47.6%) of the 84 shifts we sampled. Not maintaining required staffing ratios can put the safety of youth and staff at risk. For example, according to OJJ, inexperienced staff likely contributed to youth riots, fights, and escapes that occurred in the secure care facilities during the pandemic.

OJJ used several methods to compensate for staffing shortages during the pandemic. For example, probation and parole officers were asked to cover shifts due to staff absences. OJJ also asked staff to work overtime and changed schedules to accommodate for the limited number of available staff.

APPENDIX A: MANAGEMENT'S RESPONSE



May 11, 2021

Michael J. "Mike" Waguespack
Louisiana Legislative Auditor
P. O. Box 94397
Baton Rouge, LA 70804-9397

Dear Mr. Waguespack:

Please accept the attached as our response to the draft report of the performance audit, conducted by your agency, of the Office of Juvenile Justice's response to the COVID-19 pandemic for secure care facilities. Also attached is the Checklist for Audit Recommendations provided by your agency.

The feedback and recommendations provided by your audit staff are greatly appreciated. We concur with all of the findings cited in the report and have provided comments. OJJ has already taken steps to address many of the concerns noted by your staff in this report.

An exit conference is not necessary for this follow-up audit. We would like to express our thanks to your staff for their professionalism and cooperation with the agency while conducting this audit.

We will consider all factors outlined in the recommendations provided by your office as we continue to make improvements in the response to COVID-19 within the Office of Juvenile Justice.

Sincerely,

A handwritten signature in blue ink, which appears to read "William A. Sommers", is written over a faint, larger version of the same signature.

William A. Sommers
Deputy Secretary

WAS:et

c: Karen Leblanc, CIA, MSW

attachments

**OJJ Response to Legislative Auditor
Performance Audit – Response to the COVID-19 Pandemic
In Secure Care Facilities**

OJJ would like to offer comments as it pertains to the terminology used in the audit report. This agency has a defined process for “behavioral intervention,” (BI) which is contained in policy. However, the term “room confinement” is used throughout the audit report. Specifically, on page 7 the report states, “Of the transfers that occurred in 2020, 104 were transfers to place youth in behavioral intervention, which is a form of room confinement.” Rather than defining OJJ’s behavioral intervention as room confinement (which carries a negative connotation), we prefer defining it as it is stated in policy:

Behavioral Intervention (BI) – Temporary assignment of a youth from general population to a self-contained unit when their continued presence in the general population poses a threat to staff or other youth, pending investigation of a potential threat, or when their activities are destabilizing or highly disruptive to programming. Behavioral Intervention provides a structured therapeutic environment that targets chronic, aggressive, intimidating, and sexual acting out behavior.

Recommendation #1 – OJJ should develop a centralized document that includes all of its pandemic protocols and update it as new guidance is issued.

Agree. A draft COVID policy has been developed. Once finalized, it will be updated as new information becomes available.

Recommendation #2 – OJJ should develop a process to verify facilities follow pandemic protocols as directed. This could include activities that do not require going into the facility, such as reviewing videos and asking for logs or other documentation to evaluate the implementation of pandemic protocols.

Agree. A process will be developed to ensure pandemic protocols are followed as directed and will be included in the COVID policy referenced in our response to Recommendation #1.

Recommendation #3 – OJJ should ensure it follows CDC recommended testing protocols during a pandemic.

Agree. As mentioned in the findings, OJJ now has the ability to perform a less invasive rapid test which most youth have been agreeable to receiving. We will continue to perform these tests as long as we have access to the product, which is provided by Louisiana Department of Health, Office of Public Health.

Recommendation #4 – OJJ should limit transfers between secure care facilities during the COVID-19 pandemic as recommended by CDC guidance.

Agree. We recognize that transfers should be limited during a pandemic. However, with specialized treatment units existing at only certain facilities, and the need to continue appropriate treatment combined with appropriate quarantine, OJJ was left with no other choice. OJJ will, however, formulate a plan to reduce future transfers during a pandemic.

Recommendation #5 – OJJ should limit the use of room confinement as recommended by juvenile justice best practices.

Agree. As mentioned previously in this document, OJJ has a defined, specified process termed “behavioral intervention” that targets youth who are posing a threat to staff/youth or to the stability of the facility. BI is offered in a structured therapeutic environment. When youth are stabilized, they are moved back into population.

APPENDIX B: SCOPE AND METHODOLOGY

This report provides the results of our performance audit of the Office of Juvenile Justice. We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This audit covered March 2020 through December 2020. Our audit objective was:

To provide information on OJJ's response to the COVID-19 pandemic in its secure care facilities.

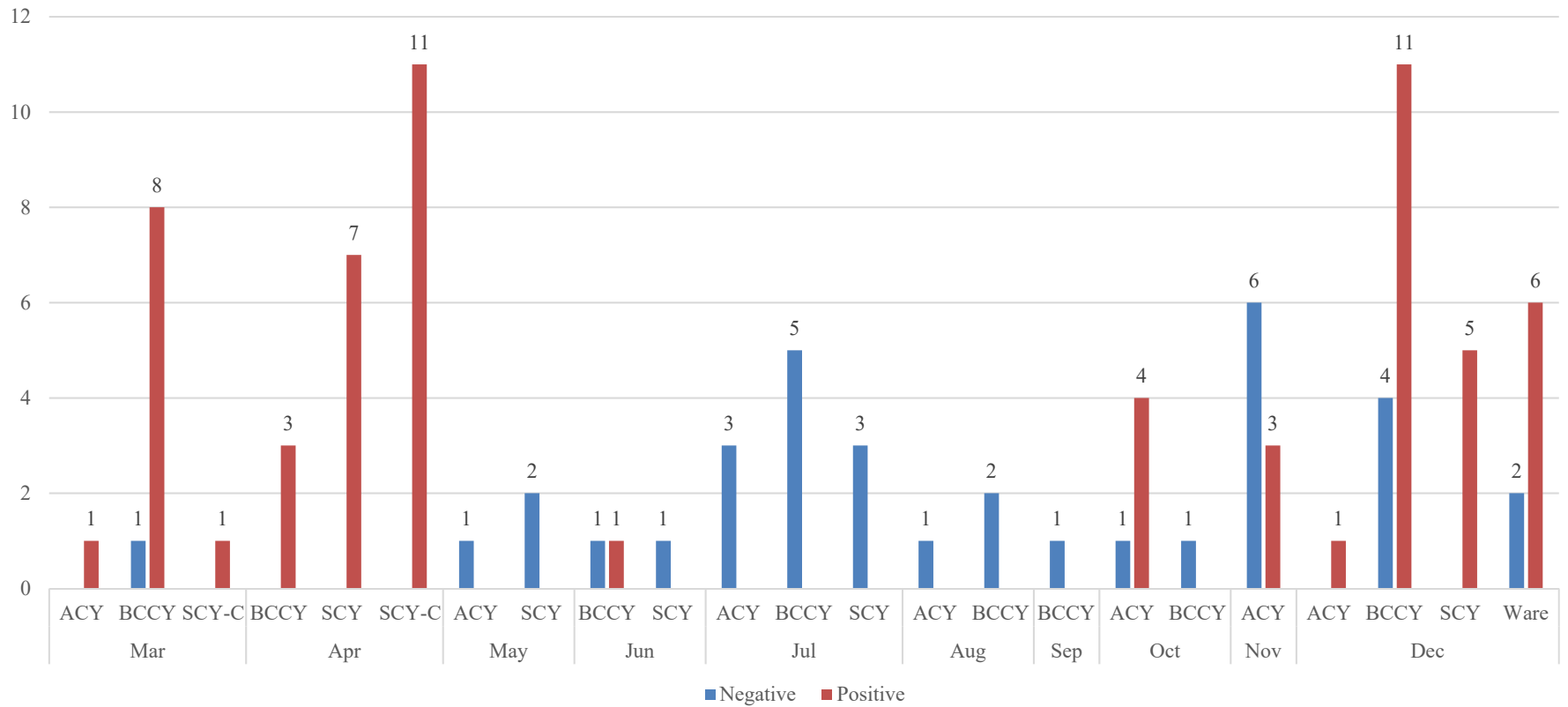
Because this audit occurred during the COVID-19 pandemic, we could not perform typical audit procedures such as obtaining physical evidence by conducting site visits of secure care facilities or in-person interviews with youth and staff. As a result, our audit scope was limited to OJJ's COVID-19 protocols, rather than OJJ's implementation of these protocols. We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. To answer our objective, we reviewed internal controls relevant to the audit objective and performed the following audit steps:

- Researched and reviewed CDC guidelines related to COVID-19, including CDC guidelines for correctional facilities.
- Researched and reviewed other juvenile justice related COVID-19 guidance, including from the American Academy of Pediatrics, the Annie E. Casey Foundation, and the Juvenile Detention Alternatives Initiative (JDAI).
- Obtained documentation regarding OJJ's COVID-19-related lawsuit and the final ruling of the court, which dismissed the case.
- Obtained OJJ COVID-19 policies and protocols relative to secure care facilities.
- Compared OJJ's COVID-19 protocols to CDC guidance and other juvenile justice guidance.
- Interviewed OJJ management regarding its COVID-19 response. Conducted phone call with Directors or Deputy Directors and Health Services Administrators at each state facility to understand COVID-19 protocols in the facilities.

- Obtained and analyzed OJJ youth COVID-19 tests, test dates, and results from OJJ management, and obtained a listing of staff who tested positive for COVID-19.
- Obtained transfer and dorm data from OJJ to identify statistics regarding how many youths of the total population received COVID-19 tests, how many youths were transferred to other facilities, and how many youths were housed in room confinement.
- Obtained data that included a record of video visitation with families and group and individual counseling sessions.
- Obtained and reviewed OJJ's most current CQIS audit for each facility.
- Obtained staffing reports from Business Objects, including employee listings, turnover, and employee leave to analyze staffing challenges related to COVID-19. We examined the amount of leave taken from March 2019 through August 2019 and March 2020 through August 2020. Leave was categorized into annual leave, sick leave, and leave without pay. Sick leave included traditional leave, quarantine leave, special health leave, act of God, and immediately family member sick leave.
- Provided our results to OJJ to review for accuracy and reasonableness.

APPENDIX C: YOUTH COVID-19 TEST RESULTS BY FACILITY

**Youth COVID-19 Test Results by Facility
March 2020 through December 2020**



Note: ACY is Acadiana Center for Youth; BCCY is Bridge City Center for Youth; SCY is Swanson-Monroe; and SCY-C is Swanson-Columbia.
Source: Prepared by legislative auditor’s staff using information provided by OJJ.