Emergent Use of Remote Technologies in Secure Juvenile Justice Facilities

In light of the current COVID-19 crisis, the Center for Behavioral Health and Justice (CBHJ) recognizes that availability of and access to family and loved ones may decrease or be temporarily suspended. The change in programming may impact educational and recreational programs, mental health and substance misuse services and discharge planning (or connection to community-based services) that may have been provided by outside volunteers or service providers. At the same time, the acuity of physical and mental health issues is likely to rise. Strategies to maintain services within the facility and to maintain connections to family and courts can be enhanced by the use of technology (phone, internet) between the facility and community providers. As such, the CBHJ has compiled the following recommendations relating to telehealth and technology to address gaps in service delivery.

- Expansion of Qualifying Remote Technology
- Activities Supported Through Remote Technology
- Identification and Prioritization of Need
- Access to Video Visitation and Phone Calls

Michigan detention facilities and residential placements in need of financial support in obtaining remote technology software or equipment to provide continuity of services, in-reach, and/or discharge/continuity of care planning during the COVID-19 crisis are encouraged to contact Liz Tillander, Deputy Director, Center for Behavioral Health and Justice at liz.tillander@wayne.edu. The CBHJ is currently working with foundation partners across the state to support juvenile facilities' efforts in sustaining access to and coordination of services for this vulnerable population.

Expansion of Qualifying Remote Technology

In the absence of official Telehealth technology, consider the use of existing video-conference systems, phones, and apps during this time.

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) recently put out a notice that they will **not be penalizing covered providers for using noncompliant technology** to provide good faith telehealth services during the COVID-19 health emergency.

Examples of applications that **can** be used during this time include Apple Facetime, Google Hangouts, Skype, or Facebook Messenger video chat. Public-facing applications such as TikTok and Facebook Live are **not** covered and should be avoided.

This notice covers not only health directly related to COVID-19 such as checking symptoms, **but also covers care such as psychological assessments**.

Youth should be given **privacy** for these services as space and security allow.

MDHHS encourages providers to utilize telemedicine, where appropriate, to continue care while facilitating social distancing. Michigan's Medicaid program has expanded access to telemedicine by immediately allowing Medicaid beneficiaries to receive services in their home while the state combats COVID-19. In addition, insurance plans like Blue Cross Blue Shield of Michigan, Blue Care Network of Michigan, Priority Health, Meridian, CVS Health, McLaren, and Health Alliance Plan have also announced that they will cover and encourage the use of virtual care and telemedicine.

Activities Supported Through Remote Technology

Maintaining Connections to the Educational System

Many secure facilities already access online high school and GED classes. In addition to the standard curriculum, the Center for Educational Excellence in Alternative Settings has compiled a list of free online resources for facility staff, including tips for **distance learning**, how to do **screencasting** and **video-conferencing** and a number of activities for youth of all ages.
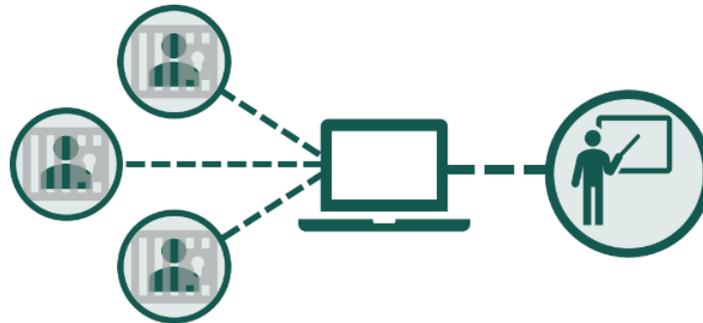
Discharge/Continuity of Care Planning

Youth scheduled for release should be released as planned. Maintaining a youth in a facility after the planned released date causes anxiety and fear for the youth and many will engage in acting-out behaviors as a result. This, in turn puts further stress on the staff and on the facility.

Community-based case managers/clinicians can **begin or sustain discharge and continuity of care planning** for youth being released from detention or placements using remote technology. Remote discharge/continuity of care planning services can include: **referrals for family members to resources** they may need upon the release of their youth, **appointments/referrals** to mental health and/or substance use disorder services; **medication continuity** and/or **prescriptions**; **reactivation of Medicaid** in order to allow for quick access to medical care should it be necessary upon release.

Release hearings may be held via skype, zoom or other online video conferencing depending on your local court system. Where all parties had previously agreed to a release, the release could be completed with stipulation and entered into the record.

Community-based monitoring

MDHHS released a reminder that Child Care Fund (CCF) rules **require face-to-face contact with youth in the community**. They added, however, that due to COVID-19, that requirement has the potential to be modified. Several counties are being cautious but creative in how to monitor youth in the community. Some have made arrangements to speak to youth from their cars while the youth remains on the porch. Many have implemented Facetime, Facebook Live and other methods of eyes-on remote monitoring.

REMOTE CARE:
Discharge planning
Referrals to resources
Referrals to services/treatment
Medication continuity
Medicaid reactivation assistance

COMMUNITY-BASED MONITORING:
Face-to-face monitoring
Eyes-on remote monitoring
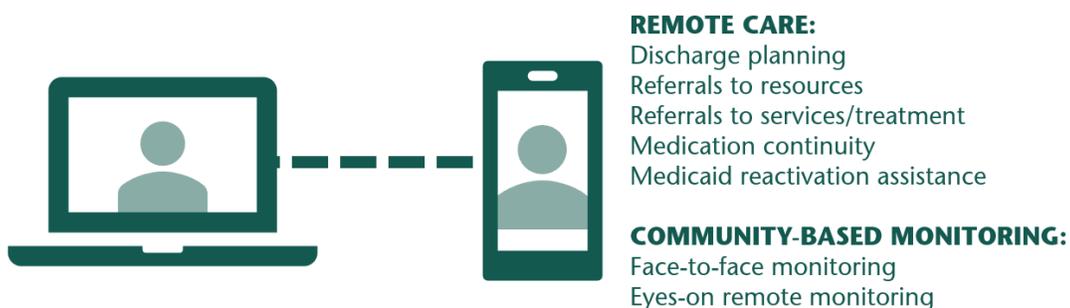
Identification and Prioritization of Need

Youth in residential placements or detention are **at risk of delayed release** back to their families due to fears about public safety and the inability to perform standard in-person criminogenic risk and needs assessments. This is particularly true for youth who are languishing in placement while waiting for their next court hearing, which may be significantly delayed. To alleviate the stress and trauma of continued placement, **consider utilizing existing video-conference systems, phones, and apps** at the following points in the system to **prioritize and assess risk and need** in order to facilitate timely or even early release.

Out of Home Placement or Detention

Assessment at this point in the process is recommended to **focus specifically on public safety considerations, determining a youth's risk to reoffend, and identifying criminogenic needs**. This will assist in making decisions regarding placement, case planning and length of stay recommendations, prioritizing placement only for those youth who are most likely to put public safety at risk.

Returning to Community After Out of Home Placement or Detention

Assessment at this point in the process is recommended to **focus specifically on public safety considerations, determining a youth's risk to reoffend, and identifying criminogenic needs**. This will assist in making decisions regarding release, case planning and treatment and service needs, prioritizing release for those youth who are least likely to put public safety at risk.

FOCUS ASSESSMENT ON:
Public safety considerations
Risk of reoffending
Criminogenic needs

Risk assessment tools currently being used in Michigan and around the country are discussed in the following resources:

- [Michigan Juvenile Offender Risk Assessment Survey Report](#) prepared by Juvenile Justice Vision 20/20
- [Statewide Risk Assessment in Juvenile Probation](#) (pdf download) conducted by Juvenile Justice GPS.

Access to Video Visitation and Phone Calls

All out-of-home juvenile justice facilities in Michigan have **considerably reduced or completely eliminated in-person visitation** to lessen the risk of COVID-19 exposure. In order to allow youth to maintain important connections to family and loved ones, consider increasing the frequency of video visitation and phone calls.

There is considerable [evidence](#) that consistent, meaningful contact with natural supports greatly benefit those who are incarcerated. This connection is even more important in this time of crisis.

Several facilities have made an effort to supplement this loss of in-person visitation by increasing phone calls and video communications for youth.