**S1** 

November 1, 2023 S1 CB

**Annotated | Compares S1 to underlying ordinance** 

L. Krekel-Zoppi M. Bourguignon Sponsor: Balducci

Proposed No.: 2023-0212

## STRIKING AMENDMENT TO PROPOSED ORDINANCE 2023-0212, VERSION

- 2 <u>1</u>
- 3 On page 1, beginning on line 6, strike everything through page 9, line 169, and insert:
- 4 "STATEMENT OF FACTS:
- 5 1. In Washington state, the juvenile courts, a division of the superior court
- 6 system, have jurisdiction over youth under the age of eighteen who are
- 7 charged with committing a crime.
- 8 2. Under the Washington Youth Violence Reduction Act, juvenile court
- 9 jurisdiction over youth ages sixteen and seventeen who are charged with
- 10 certain offenses, is automatically declined. For those youth, the adult
- superior court has jurisdiction.
- 12 3. Washington state Basic Juvenile Court Act also allows prosecutors to
- petition to transfer a youth to adult court at the discretion of juvenile court;
- this is known as a discretionary decline of jurisdiction.
- 4. The King County department of adult and juvenile detention operates
- the Norm Maleng Regional Justice Center in Kent, Washington, through
- its Kent division and the King County Correctional Facility in Seattle,
- Washington, through its Seattle division.

19	5. The King County department of adult and juvenile detention's juvenile
20	division operates the juvenile detention facility housed in the Judge
21	Patricia H. Clark Children and Family Justice Center ("the CCFJC") in
22	Seattle, Washington.
23	6. Juveniles detained in King County are incarcerated at the CCFJC.
24	Incarcerated juveniles charged as adults are transferred to the Norm
25	Maleng Regional Justice Center or, occasionally, at the King County
26	Correctional Facility after they turn eighteen.
27	7. The Best Starts for Kids Implementation Plan, first approved by
28	Ordinance 18373, notes that adolescence is a critical period when patterns
29	of health-promoting or potentially health-damaging behaviors are
30	established and discusses the potentially life-altering impacts of adverse
31	childhood experiences, trauma and toxic stress. The implementation plan
32	further recognizes that many youth involved in the criminal justice system
33	have routinely been exposed to multiple risk factors and very few
34	protective factors as compared to other youth's experiences. The plan
35	includes Ordinance 18637 reentry-related programmatic approaches for
36	system-involved youth.
37	8. The county's road map to zero detention report recommends that King
38	County consider and implement less restrictive alternatives to detention
39	and incarceration whenever possible.
40	9. The United States Supreme Court has acknowledged the differences in
41	youth brain development.

Commented [BM1]: Language change: "((Most juveniles))

Juveniles detained in King County are ((housed)) incarcerated at the CCFJC. ((King County houses some)) Incarcerated juveniles charged as adults ((in King County at)) are transferred to the Norm Maleng Regional Justice Center or, occasionally, at the King County Correctional Facility after they turn eighteen.

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10. The adverse effects of isolation are well-documented. While those may depend on the length of isolation and the individual, effects can include depression, anxiety, anger, cognitive disturbances, perceptual distortions, psychosis, paranoia, and obsessive thoughts. For individuals with serious mental illness, such as schizophrenia, bipolar disorder, or major depression, isolation can make symptoms worse. For mentally ill individuals who decompensate in isolation, it has been found that mental health professionals are often unable to mitigate the harm. 11. The American Academy of Child and Adolescent Psychiatry advises that even short periods of isolation often have serious long-term mental health impact on juveniles including trauma, psychosis, depression, anxiety, and increased risk of suicide and self-harm. 12. A 2002 investigation by the U.S. Department of Justice showed that juveniles experience symptoms of paranoia, anxiety, and depression even after short periods of isolation. Experts note that those effects are more damaging on youth who have mental health disorders. Other studies on the psychological effects of solitary confinement on juveniles suggest that isolation may interfere with essential developmental processes, lead to irreparable damage, and increase the risk of suicide ideation and suicide. 13. Research has shown that solitary confinement does not reduce behavioral incidents and may increase aggressive or violent behavior by youth, making the practice, when used as a safety tool, counterproductive.

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in 2017.

14. The federal prison system is banned from using solitary confinement on youth. The Office of Juvenile Justice and Delinquency Prevention, which is part of the U.S. Department of Justice, has made eliminating the use of solitary confinement on youth at the state and local level a priority. 15. Human rights experts, including the Human Rights Committee, the Committee Against Torture, and the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, have concluded that solitary confinement may amount to cruel, inhuman, or degrading treatment in violation of the International Covenant on Civil and Political Rights and of the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. 16. Under international human rights law, prisoners are to be protected from mistreatment, and vulnerable inmates, especially children and persons with mental disabilities, are to be accorded with heightened measures of protection. That body of law, as well as international standards developed to guide its implementation, establishes that people under the age of eighteen have a right to be treated in a manner appropriate to their age and development. 17. King County prohibited the use of solitary confinement for juveniles except when necessary for safety, through enactment of Ordinance 18637

Commented [BM2]: Deleted language: ((According to department of adult and juvenile detention staff, youth have not beer subject to solitary confinement at the youth services center since the early (1906s))

85	18. Washington state prohibited the use of solitary confinement for
86	juveniles for punitive purposes in 2020 in Chapter 333, Laws of
87	Washington 2020.
88	19. Ordinance 18637 also called for King County to engage an
89	independent monitor to analyze and report on King County's use of
90	solitary confinement for juveniles. Independent monitors have produced
91	reports annually or semiannually since 2018.
92	20. The recommendations included in reports by the independent
93	monitors have included making clarifications to K.C.C. chapter 2.65 to
94	avoid unintended consequences, such as not allowing for youth to
95	voluntarily spend time in their rooms or for staff to engage in therapeutic
96	one-on-one interventions.
97	21. In 2022, members of the King County council's law, justice, health
98	and human services committee toured the CCFJC and heard from juvenile
99	detention staff about some of the challenges of implementing the solitary
100	confinement ban, including unintended consequences in delivering one-
101	on-one therapeutic programming.
102	BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
103	SECTION 1. Ordinance 18637, Section 2, and K.C.C. 2.65.010 are each
104	amended to read as follows:
105	The definitions in this section apply throughout this chapter unless the context
106	clearly requires otherwise.

Commented [BM3]: New language: "for punitive purposes"

A. "Cell" means a locked room intended for occupancy, as evidenced by the 107 Commented [BM4]: New language: Definition of "cell" added. NOTE: References to "room or cell" or "sleeping room or cell" elsewhere in ordinance are changed to "cell" 108 presence of bedding, a toilet, or other features necessary for daily living, by no more than two people, and where a single youth is confined, away from other youth, with limited 109 110 contact with others. 111 B. "Juvenile" means a person who is currently confined in a King County 112 detention facility for a charge that was filed in juvenile court or based on conduct that 113 occurred before the person's eighteenth birthday where ((their)) the person's confinement 114 begins before the person's eighteenth birthday. 115 C. "Solitary confinement" means the involuntary placement of ((an incarcerated Commented [BM5]: New language: "involuntary" person)) a juvenile in a locked ((room or)) cell alone with minimal or no contact with 116 persons other than guards, correctional facility staff, and attorneys. Using different 117 118 terminology for this practice, such as room confinement, segregated housing, protective 119 custody, restrictive housing, restricted housing, restricted engagement, close 120 confinement, special management unit, administrative detention, nonpunitive isolation, or 121 temporary isolation or reflection cottage, among others, does not exempt a practice from being "solitary confinement." The following are not "solitary confinement": Commented [BM6]: Language change: "The following ((do not constitute)) are not solitary confinement" 122 123 1. The use of single person ((sleeping rooms)) cells, during ordinary sleeping or 124 rest periods((, does not constitute "solitary confinement."); 125 2. When a juvenile voluntarily chooses to be in a cell alone; 126 3. For four hours or less in any twenty-four hour period, ((T))the (short term)Commented [BM7]: New language: "For four hours or less in 127 placement of ((youth)) a juvenile in an individual cell((s)) for purposes of facility or 128 living unit security issues or for other short-term facility physical plant safety and

maintenance issues ((does not constitute "solitary confinement.")), including: during

security checks, headcounts, and inspections; during the booking, intake, and initial classification and orientation process; or for the purposes of attending court or medical or mental health appointments or treatment. The four-hour maximum shall apply to one or a combination of reasons set forth in this subsection;

4. The placement of a juvenile in any separate room, that is not a cell, for engagement in individualized support, restorative services, or one-on-one programming.

<u>SECTION 2.</u> Ordinance 18637, Section 3, and K.C.C.2.65.020 are each amended to read as follows:

The solitary confinement of juveniles is banned in all King County detention facilities, except when based on the juvenile's behavior, solitary confinement is necessary to prevent imminent and significant physical harm to the juvenile detained or to others and less restrictive alternatives were unsuccessful. Solitary confinement may not be used for disciplinary or punishment purposes or due to lack of staffing. The department of adult and juvenile detention must develop policies and procedures for solitary confinement with the goal of limiting its use and duration. In determining the policies and procedures, the department of adult and juvenile detention shall ensure consistency with nationally accepted best practices, which are those established by the Juvenile Detention Alternatives Initiative, and should include:

A. Preventative measures to protect the safety and security of incarcerated juveniles and their peers, the staff of the department of adult and juvenile detention, other persons who work in the facilities, and visitors;

B. A requirement that solitary confinement be ended as soon as the juvenile demonstrates physical and emotional control ((<del>, and a</del>)):

Commented [BM8]: Language about court, medical, or mental health purposes consolidated from a separate subsection into subsection C.3

Commented [BM9]: New language: "The four-hour maximum shall apply to one or a combination of reasons set forth in this subsection"

Commented [BM10]: Language change: "The placement of a juvenile in any separate ((housing unit or)) room, that is not a cell, for engagement in individualized support, restorative services, ((such as restoration hall and)) or one-on-one programming"

Deleted language: "((Maintaining appropriate gender separation))

Commented [BM11]: New language: "or due to lack of staffing"

153 C. A limit on the duration of any solitary confinement to no more than four hours 154 in any twenty-four-hour period; 155 ((C.)) D. A requirement that any use of solitary confinement be ((subject to))156 reviewed by supervisors; ((<del>D.</del>)) E. A requirement that medical or mental health professionals assess or Commented [BM12]: New language: "or mental health" 157 158 evaluate any ((youth)) <u>iuvenile</u> housed in solitary confinement as soon as possible <u>but not</u> more than two hours after the ((youth's)) juvenile's being placed in solitary confinement, 159 Commented [BM13]: New language: "but not more than two 160 and that qualified medical or mental health professionals evaluate and develop a care plan, that may include hospitalization, for ((youth)) juveniles who are placed in solitary 161 162 confinement to prevent self-harm and assist in planning the reintegration of the juvenile to the general population; ((and)) Commented [BM14]: New language: "and assist in planning the 163 reintegration of the juvenile to the general population 164 ((E.)) F. Procedures to ensure ((youth's continued)) juvenile's regular and routine 165 access to education, programming and ordinary necessities, such as medication, meals, and reading material, throughout the juvenile's entire time ((when)) in solitary 166 167 confinement, unless medical and mental health professionals in collaboration with detention supervisors have concerns of self-harm; Commented [BM15]: Language change: "Procedures to ensure 168 <del>ued</del>)) <u>juvenile</u> 's regular and routine access to education, programming and ordinary necessities, such as G. Procedures for a medical or mental health professional to check in with any 169 medication, meals, and reading material, throughout the juvenile's entire time ((when)) in solitary confinement, unless medical and mental health professionals in collaboration with detention juvenile who, outside of ordinary sleep or rest periods, voluntarily chooses to be alone in 170 supervisors have concerns of self-harm' Commented [BM16]: New language: "medical or" a single cell. Procedures shall require that the medical or mental health professional 171 172 check in with the juvenile within four hours of the juvenile's voluntarily separating from 173 others, and thereafter as recommended by a multidisciplinary team comprised of representatives of the juvenile division and medical and mental health staff, based on the 174 175 juvenile's needs and circumstances; Commented [BM17]: New language: "and thereafter as recommended by a multidisciplinary team comprised of

representatives of the juvenile division and medical and mental health staff, based on the juvenile's needs and circumstances"

176 H. Procedures to ensure that juveniles placed in a locked cell under conditions 177 that do not constitute solitary confinement are released as soon as the purpose of the 178 confinement ends to limit the duration to no more than four hours in any twenty-fourhour period unless the reason for the extended duration is documented and addressed 179 according to appropriate policies; and 180 I. Procedures to ensure that if a juvenile is isolated for individualized support, 181 182 restorative services, or one-on-one programming for more than four hours in a twenty-183 four hour period an individualized plan is developed including the goals and objectives to be met in order to reintegrate the juvenile to the general population. 184 NEW SECTION. SECTION 3. There is hereby added to K.C.C. chapter 2.65 a 185 new section to read as follows: 186 187 A. The executive shall electronically file with the clerk of the council annual 188 reports to the council on confinement of juveniles in county detention facilities. Each 189 annual report shall be prepared by an appointed, independent monitor or monitors who, 190 either alone or together, shall have expertise in adolescent development, juvenile 191 detention operations and corrections, officer safety and security, and trauma-informed 192 behavioral modification practices. The monitor or monitors shall include in the report an analysis of compliance with this K.C.C. chapter and chapter 13.22 RCW by the 193 194 department of adult and juvenile detention juvenile division for the proceeding twelve-195 month period, except as provided in subsection C. of this section. The reports should also 196 include, but not be limited to: 197 1. A discussion of challenges, progress and setbacks, and any significant 198 management, policy, or operating environment changes that have occurred since the prior

Commented [BM18]: New subsection requiring procedures to ensure that juveniles in a locked cell under conditions that do not constitute solitary confinement are released as soon as the purpose of the confinement ends to limit the duration to no more than four hours in any twenty-four hour period unless the reason for the extended duration is documented and addressed.

Commented [BM19]: New subsection requiring that if a juvenile is isolated for individualized support, restorative services, or one-on-one programming for more than four hours in a twenty-four hour period, an individualized plan is developed to reintegrate the juvenile to the general population.

Commented [BM20]: New section requiring ongoing independent monitoring, with annual reports from the independent monitor beginning June 30, 2025.

199	report related to behavioral interventions and confinement of juveniles at county
200	detention facilities;
201	2. A review of the number of times solitary confinement was used during the
202	evaluation period;
203	3. An evaluation of the circumstances for the use of solitary confinement;
204	4. A review of the average duration of solitary confinement incidents, including
205	an evaluation of any incident exceeding four hours;
206	5. A review of the documentation of supervisory review before the use of
207	solitary confinement, including an evaluation of any incidents exceeding two hours when
208	supervisory review did not occur;
209	6. A review of the documentation of medical and mental health assessments of
210	youth in solitary confinement, including an evaluation of any incidents when health clinic
211	staff was not notified within one hour or an assessment by a medical professional was not
212	completed within six hours;
213	7. A review of the documentation of how youth subject to solitary confinement
214	had continued access to education, programming and ordinary necessities, such as
215	medication, meals, and reading material, when in solitary confinement, and an evaluation
216	of any incidents when the access was not documented;
217	8. The age and race of juveniles involved in each solitary confinement incident;
218	9. An assessment of the progress by the department of adult and juvenile
219	detention juvenile division on implementing the recommendations outlined in previous
220	monitor reports;

221	10. Any new recommendations for reducing the use and duration of solitary
222	confinement for juveniles in detention, and recommendations for improving data
223	collection and reporting of incidents of solitary confinement of juveniles in detention; and
224	11. Any concerning patterns of isolation of juveniles for reasons that do not
225	constitute solitary confinement but may be contributing to potential harm for juveniles in
226	detention.
227	B. In preparing and completing the reports required by this section, the monitor
228	or monitors shall consult with stakeholders, including representatives of the King County
229	Juvenile Detention Guild (Department of Adult and Juvenile Detention – Juvenile)
230	representing employees in the department of adult and juvenile detention juvenile
231	division.
232	C. The annual reports required by this section should be transmitted to the clerk
233	of the council on or before June 30 of each year, starting in 2025, and reporting on a
234	period covering the prior twelve months from April 1 to March 31. The clerk shall retain
235	an electronic copy and provide an electronic copy to all councilmembers, the council
236	chief of staff, the chief policy officer, and the lead staff for the law, justice, health and
237	human services committee or its successor."
238	EFFECT prepared by L. Krekel-Zoppi and MBourguignon: This amendment would:
239	• Add a definition for "cell" as a locked room intended for occupancy where a
240	single youth is confined, away from other youth. The purpose of this definition is
241	to differentiate between cells and other types of rooms.

242	• Change the definition of "solitary confinement" to add the word "involuntary" s	50
243	that the definition would read "the involuntary placement of a juvenile in a	
244	locked cell"	

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- Add additional modifications to the definitions of circumstances that do not constitute solitary confinement, including the following:
  - For the purposes of attending court or medical or mental health
     appointments or treatment (compared with the originally drafted
     proposed ordinance language of "for court, medical, or mental health
     purposes"
  - Remove the term "restoration hall," and instead refer to the placement, in any separate room, that is not a cell, for engagement in individualized support, restoration services, or one-on-one programming.
  - Add a limit of four hours an any 24-hour period and that this four-hour limit applies to "one or a combination of reasons" defined as not being solitary confinement.
- Add that solitary confinement may not be used due to lack of staffing.
- Add a two-hour time limit within which the required medical assessment of a juvenile in solitary confinement must occur.
- In places where a mental health professional is required to perform an evaluation or check, allow that duty to be performed by a medical or mental health professional. The purpose of this change is to allow the requirement to be fulfilled within proposed required timeframes, since the CCFJC has 24-hour medical staffing at the onsite health clinic, whereas mental health staffing may be

- on call or not onsite during certain time periods. In one instance where procedures require a medical professional to perform an assessment, the proposal would allow the duty to performed by a mental health professional or medical professional.
- Add a requirement for medical or mental health professionals to assist in planning the reintegration into the general population for a juvenile in solitary confinement.
- Clarify that procedures should ensure regular and routine access to education, programming and ordinary necessities, such as medication, meals, and reading materials throughout the juvenile's entire time in solitary confinement, unless medical and mental health professionals in collaboration with detention supervisors have concerns of self-harm.
- Change the proposed requirement for a medical or mental health check in with a youth voluntarily separated from others to occur within four hours rather than within six hours and allow for additional check ins to occur as recommended by a multidisciplinary team of juvenile detention staff.
- Add a requirement for procedures to ensure that juveniles placed in a locked cell
  under conditions that do not constitute solitary confinement be released as soon
  as the purpose of the confinement ends to limit the duration to no more than four
  hours in any 24-hour period unless the reason for the extended duration is
  documented and addressed according to appropriate policies.
- Add a requirement for procedures to ensure that if a youth is in one-on-one
  programming for more than four hours in a twenty-four period that an

- individualized plan is developed for the youth's reintegration with the general population.
- Add a requirement for annual reporting on DAJD's use of solitary confinement by
  an independent monitor, similar to ordinance and proviso requirements that have
  been in place since the juvenile solitary confinement code took effect in 2018.

  The annual reporting requirement would ask the independent monitor to report
  on "any concerning patterns of isolation of juveniles for reasons that do not
  constitute solitary confinement but may be contributing to potential harm for
  juveniles in detention."
- *Make other non-substantive clarifications and corrections.*