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1 AN ACT relating to solitary confinement of juveniles. 2 WHEREAS, Kentucky's Department of Juvenile Justice uses juvenile solitary 3 confinement within its facilities which are subject to a variety of policies that were 4 substantially and recently revised in 2018-2019; 5 WHEREAS, the American Academy of Adolescent and Child Psychiatry, the 6 American Psychological Association, the National Partnership for Juvenile Services, the 7 American Bar Association, and the National Council of Juvenile and Family Court 8 Judges oppose the use of solitary confinement for juveniles; and 9 WHEREAS, psychological research demonstrates that adolescents are still 10 developing in neurological, cognitive, and emotional domains; and 11 WHEREAS, solitary confinement can have especially devastating consequences to 12 youth whose developmental immaturity makes them more vulnerable to adverse reactions 13 to prolonged isolation; and 14 WHEREAS, the effects of solitary confinement can be even worse for children with 15 disabilities or histories of trauma or abuse; and 16 WHEREAS, solitary confinement among youth is associated with increased risk of 17 self-mutilation, post-traumatic stress disorder, anxiety, depression, paranoia, aggression; 18 and cardiovascular problems; and 19 WHEREAS, rates of suicide are markedly higher for youth when they are placed in 20 solitary confinement; and 21 WHEREAS, the United States Department of Justice acknowledged in 2013 that the 22 "isolation of children is dangerous and inconsistent with best practices and that excessive 23 isolation can constitute cruel and unusual punishment"; and 24 WHEREAS, the federal First Steps Act of 2018, 115 P.L. 391, was signed into law 25 in January 2019 and placed new restrictions on the use of solitary confinement for 26 juveniles; and WHEREAS, the use of solitary confinement within Kentucky's juvenile justice 27

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1	facilities should never be used as a means of discipline except in the most extreme, short-
2	term cases;
3	NOW, THEREFORE,
4	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
5	→SECTION 1. A NEW SECTION OF KRS CHAPTER 15A IS CREATED TO
6	READ AS FOLLOWS:
7	(1) (a) As used in this section, "solitary confinement" means the placement of a
8	juvenile in a locked room or cell alone with minimal or no contact with
9	persons other than guards, correctional facility staff, and attorneys.
10	(b) Using different terminology for the practice described in paragraph (a) of
11	this subsection, such as room confinement, administrative segregation,
12	segregated housing, protective custody, restrictive housing, restricted
13	housing, restricted engagement, close confinement, special management
14	unit, intensive management unit, administrative detention, nonpunitive
15	isolation, temporary isolation reflection cottage, or maximum custody,
16	among others, does not exempt a practice from being solitary confinement.
17	(c) The use of single person sleeping rooms during ordinary sleeping or rest
18	periods does not constitute solitary confinement.
19	(d) The short-term placement of juveniles in individual cells for purposes of
20	facility or living unit security issues, or for other short-term facility physical
21	plant safety and maintenance issues, does not constitute solitary
22	<u>confinement.</u>
23	(2) The solitary confinement of juveniles is prohibited in all detention facilities and
24	institutions, except when, based on the person's behavior, solitary confinement is
25	necessary to prevent imminent and significant physical harm to the person
26	detained or to others, and less restrictive alternatives were unsuccessful. Solitary
27	<u>confinement of juveniles may not be used for disciplinary or punishment</u>

1	purposes.
2	(3) The department shall, by December 1, 2020, promulgate administrative
3	regulations for solitary confinement of juveniles in facilities with the goal of
4	limiting its use and duration. Administrative regulations promulgated pursuant
5	to this subsection shall include:
6	(a) Preventative measures to protect the safety and security of incarcerated
7	juveniles and their peers, the staff of the detention facilities and institutions,
8	other persons who work in the detention facilities and institutions, and
9	<u>visitors;</u>
10	(b) A requirement that solitary confinement ends as soon as the juvenile
11	demonstrates physical and emotional control;
12	(c) A limit on the duration of any solitary confinement to no more than four (4)
13	hours in any twenty-four (24) hour period;
14	(d) A requirement that any use of solitary confinement be subject to review by
15	<u>supervisors;</u>
16	(e) A requirement that medical professionals assess or evaluate any juvenile in
17	solitary confinement as soon as possible after the juvenile is placed in
18	solitary confinement, and that qualified mental health professionals
19	evaluate and develop a care plan, that may include hospitalization, for
20	juveniles who are placed in solitary confinement to prevent self-harm; and
21	(f) Procedures to ensure juveniles' continued access to education,
22	programming, and ordinary necessities, such as medication, meals, and
23	reading material, when in solitary confinement.
24	(4) The department shall compile, on a monthly basis until July 1, 2022, the
25	following information with respect to all facilities:
26	(a) The number of times solitary confinement was used;
27	(b) The circumstances leading to the use of solitary confinement;

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1	(c) A determination of whether, for each instance of solitary confinement, the
2	use of solitary confinement lasted more or less than four (4) hours within a
3	twenty-four (24) hour period and, for instances lasting more than four (4)
4	hours, the length of time the youth remained in solitary confinement;
5	(d) For each instance of solitary confinement, whether or not supervisory
6	review of the solitary confinement occurred and was documented;
7	(e) For each instance of solitary confinement, whether or not a medical
8	assessment or review and a mental health assessment or review were
9	conducted and documented; and
10	(f) For each instance of solitary confinement, whether or not the affected
11	youth was afforded full access to education, programming, and ordinary
12	necessities such as medication, meals, and reading material during the term
13	of solitary confinement.
14	(5) Information collected under subsection (4) of this section shall be compiled into a
15	report and submitted to the Interim Joint Committee on Judiciary and to the
16	Juvenile Justice Oversight Council by December 1 of each year through 2022.