about a case that we struggled with, the two of us, you
know, these kids decompensate, to use the word, the
psycho-babble word, they decompensate, they cut themselves,
and then there's a need for emergency hospitalization, and
we see in juvenile court those cases occurring every day,
and the judicial response is we make phone calls to the
respective commissioner, whether it's the Department of
Social Service or the Department of Mental Health. If you
don't have a coherent system for interagency coordination
sometimes people are summoned. So, all too often in
juvenile court -- I would urge all of you to go to your
local juvenile court -- you'll see this sort of ad hoc
crisis resolution involving these very, very complicated
cases on a daily basis. We need a more -- we need a
systemic fix of these crisis cases are not looked in the
polarized context are very, very divisive courtroom settings
among very, very sensitive family issues.

CHAIRMAN WALTON: Thank you for your testimony.
If you have additional input you'd like to give to us, we'd
be happy to hear from you in writing.

Now we'll take five minutes.

(Recess.)

(Panel Sworn)

MR. MURRAY: Good afternoon, I will be timely but
thorough in covering my testimony. I appreciate the
opportunity to be here today to provide information on a topic that's extremely important to the State of Georgia and to the Department of Juvenile Justice. I'm delighted to share the panel with my good friend Dr. David Roush whom I've known for some time. I respect his knowledge and expertise in juvenile justice. Also Carl Sanniti who much like me has seen juvenile justice from several jurisdictions.

Just a very little about me. I've had the opportunity to serve as Commissioner in Georgia for two-and-one-half years, but I've been in juvenile justice more than 30 years. I've had the opportunity to see juvenile justice, or corrections, I should say, from four different states. Most of my career was spent in the State of Tennessee where I served as a superintendent, an assistant commissioner, worked in a number of leadership roles in that state before moving to the State of Kansas where I served as Commissioner for a six-year period. One of my years has been in the adult Department of Corrections where I worked with the corrections system in Alabama, again, but most of my time was spent in my native state.

The Georgia Juvenile Justice system, just a very little about the system in general. It was established in 1992. At that time the state passed legislation that separated juvenile justice from the Social Services
Departments and made it a freestanding agency. On any given day, the department had responsibility for approximately 23,000 cases statewide, 159 counties. Of that 23,000, we incarcerate on an average day only about 2,600 of that number, that's to say about 89 percent of the young people under my supervision are being served at the community level in community-based programs, and I want to touch on that more later.

But, again, it's an opportunity for me to be here. Let me first of all commend the authors and the sponsors of PREA, the Prison Rape Elimination Act. It's a further indication to me of a commitment from the national level to safety and the well being of offenders in custody. I think those of us running agencies have a responsibility to ensure the safety in every way, and particularly from rape and sexual assault of the young people in custody and care. The Georgia Department of Juvenile Justice is totally committed to the full and consistent implementation of the PREA guidelines.

The State of Georgia, through the Department of Juvenile Justice, operates 22 detention centers. In my State of Georgia, detention is a state-operated function, so, my agency has responsibility for the operation of 22 detention centers that are located regionally throughout the state. My department also has responsibility for eight
long-term secure facilities for juveniles, with a total of 30 facilities. We call the detention centers RYDCs, Regional Youth Detention Centers, which would reflect in the written testimony that you have. All of our detention centers are co-ed with individual secure rooms for youth and separate units for girls and boys. All facilities have perimeter fencing, secure perimeter fencing, hardware secure interior and extensive video cameras in use throughout all of our facilities at this time except two, and plans are underway to install cameras in those two. I'm a strong believer that if we can have a good mix of cameras and staff to watch young people, we can reduce and eliminate any opportunity for rape of a juvenile in custody. The long-term facilities vary from as few as 60 beds to 330 beds. The detention centers vary from 30 beds to one as large as 200 beds.

The Georgia Department of Juvenile Justice has been under oversight of the Department of Justice since 1998 and has made great strides on all issues dealing with protection from harm of youth in secure confinement. At the heart of the reforms that have been in Georgia are controls on staying within the capacity of each center, each facility, extensive policy revision and continual review, increased training of staff and increased staffing.

The following information relates to factors that
help minimize the incidence of sexual assaults on juveniles in detention centers or in long-term facilities in Georgia.

Some of the steps we have taken to make sure that we are being responsible and responsive to this problem, the Georgia Juvenile Justice system takes a proactive, multi-tiered approach to prevent sexual violence in its facilities. Only ten percent, which would be four GJJ secure facilities, have more than 150 beds. We believe that smaller facilities are better managed, better supervised, with the right staff complement, so, we don't construct and don't plan to construct large facilities. The smaller size of these facilities allows staff to better supervise juveniles and be aware of circumstances that may cause incidents to occur.

The physical construction of the facilities in Georgia enhances the supervision of juveniles. In our facilities we have single sleeping rooms. Most all juveniles are locked in at night in single-occupancy sleeping rooms. That's to say when they go to bed at night they don't have to be concerned about being attacked by someone else who may be in their room. They're locked in. Within each room we have an intercom system where they can talk to the staff on duty or the staff can monitor their rooms, again, as an added measure of security.

In terms of the size of our units, juveniles are
arranged in easily controlled, small management groups. Usually the number of juveniles in a unit is 20, no more than 20. We have multiple oversight units arranged so that staff from other units can see each other. Staff providing oversight of small groups can see and are seen at all times by other staff overseeing adjacent groups. We have individual showers. Newer facilities have been designed so that each shower is an individual locked room with access controlled by staff only.

We have clear sight lines of vision. Throughout the facilities the movements of all juveniles are visible from the starting point. The facilities have been designed to minimize blind spots and hiding places. Juveniles are not allowed to move about the facility unescorted, nor are staff permitted to utilize line-of-sight supervision. All new facilities are being designed to provide for more security and more oversight.

Other steps we've taken in Georgia to minimize and prevent the rape of juveniles in custody is with our locking system. We use high-quality locks which denies access of juveniles to unobserved spaces by minimizing the picking, jamming or breaking of those locks. Locks are so restricted to manual operation with a key only. When a juvenile moves through a door it is always in the presence of an officer, and control and observation are maintained on both sides.
As I mentioned earlier, we have invested heavily in cameras. Facilities are under camera observation and also recorded. These cameras are installed where the staff are aware that the camera's in place, the juveniles are aware that the camera's in place. They know that every move they make is being videotaped and recorded, which certainly makes a big difference. Each facility's camera system was individually designed with particular attention paid to blind spots and hiding places. Depending on the facility size, the system currently encompasses up to 96 cameras which operate 24 hours daily.

We also have a detech system installed. While in the secure rooms, all juveniles are directly observed at least every 30 minutes. Some juveniles require more frequent observation as ordered by security supervisors, medical staff, mental health staff. The utilization of good lighting is essential to the achievement of many of the points involving observation and oversight listed above.

In addition to this, other steps that we've taken during the juvenile waking hours, we maintain a staff ratio of one-to-ten. At night the ratio is one-to-twenty. Medical and mental health staff is available for juveniles seven days per week.

Georgia law requires that juvenile corrections officers receive certification from the Peace Officers
Training and Training Council within six months of their hire date. We believe in making a heavy investment in training. This certification requires four weeks of training at the Academy for Juvenile Correctional Officers which includes classes in child development, interaction with juveniles, identifying and reporting abuse, and the consequences of abusing juveniles.

Our agency policy requires to monitor juveniles in their room every 30 minutes and again every 15 minutes for juveniles requiring additional contact.

I think I'm going to conclude at this point, Mr. Chairman. Just, if I may, state that any juvenile reported or believed to have been sexually assaulted in a Georgia system is immediately referred to the on-site health care staff for initial screening and then to a local hospital for examinations. Treatment and collection of forensic evidence is a part of this examination. The security staff are not present in the room when youth is examined; they're close, but they're not in the room. Upon return from the local hospital, the facility director makes a decision regarding housing placement for the alleged victim. The safety, the security and the well being of the victim are primary in these decisions. The juvenile is then referred for a mental health assessment by a Master's level mental health clinician and, if necessary, to the facility
psychologist or psychiatrist. The juvenile also receives follow-up from the facility's physician.

The State of Georgia, Juvenile Justice, will continue to give priority attention to the safety and protection from harm to include prison rape, certainly to include prison rape as required by PREA. We again commend the author of this Act as well as the work of this Commission.

I might close, Mr. Chairman and the Commission, with just a comment. I think one of the best ways that we can prevent rape of juveniles in secure custody is to make a greater effort in screening those juveniles out who really don't need to be in a long-term secure juvenile facility. I think the system, as systems, we have made progress in that arena, but there is room for much improvement. Juveniles who need that level of security certainly need to be placed in a juvenile facility. One of the things we have done in Georgia and that we've learned over the years of being in this business is to make a greater investment in community-based programs. Over the last two years in Georgia we have sought and will continue to do so to make an investment in strengthening our community-based program where 89 percent of my juveniles are being served. Certainly we have invested in our juvenile facilities so that they operate at a high standard. We have implemented
what we believe to be best practices. But I have a passion for prevention programs and early intervention. I believe in giving those initiatives more than lip service but actually getting out there and making sure that we have state and local partnerships in place whereby we can divert youngsters from having to come into an institution if he or she really doesn't need that environment. We believe that in Georgia we operate good facilities, but a facility is a facility is a facility, and we think if we can have good community-based programs that keep children out of that system, if they really don't need that level of security, we should do it. We have juvenile judges who are working with us in this arena. Again, in rural areas, we realize the need for more sanctions, more options for juvenile judges so that they don't have to move immediately toward secure custody.

Thank you, Mr. Chairman, for your time. I'll be glad to answer my questions after my colleagues present.

CHAIRMAN WALTON: Thank you very much, Mr. Murray. Doctor.

DR. ROUSH: Judge and members of the Commission, thank you for allowing me to be here. It has been a very eventful day, and I know that I have learned a lot, so I appreciate the opportunity to present some testimony. I'm going to limit my comments to staff sexual misconduct and