

Illinois Youth Center
Kewanee

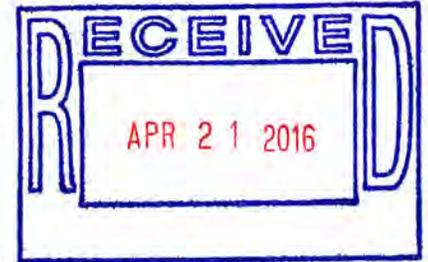
*Public Comments related to Facility
Closure*

As of 4/22/2016

Congress of the United States
House of Representatives
Washington, DC 20515-1317

April 18, 2016

Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706



Dear Commission on Government Forecasting and Accountability,

I was pleased to learn that the Illinois Department of Juvenile Justice's (IDJJ) is open to bringing the Illinois Youth Center in Kewanee up to the standards and national best practices in place across the country, pending the recommendation of this Commission. The Illinois Youth Center in Kewanee is the only juvenile justice center in Illinois designated as a special treatment facility and it is a major economic driver in the community.

The jobs of nearly 200 hardworking employees are at risk should the Commission vote to close the Kewanee center. The closure of this facility would undoubtedly be a severe economic blow to the city and it is important that we explore options that benefit both the community and the youth at this facility.

To align with the national best practices and work towards improving community safety, I recommend the Illinois Youth Center in Kewanee remain open and undergo the changes necessary to bring it up to the suggested standards. The special treatment facilities already in place in Kewanee make it a unique and valuable asset to the Illinois Department of Juvenile Justice, as well as the youth and families who benefit from these services.

The nearly 200 hardworking men and women of the Kewanee Center deserve our support so we must do everything we can to protect their jobs, ensure that the children treated receive the highest quality care possible and strengthen our community.

Sincerely,

Handwritten signature of Cheri Bustos in blue ink.

Cheri Bustos
Member of Congress

2015	Tim Wells	30-Mar-16
INMATES	TOTAL BUDGET IDJJ	AVERAGE COST PER INMATE
770	\$ 120,796,761.07	\$ 156,878.91

	30-Jun-15			
IYC NAME /LOCATION	INMATES	TOTAL ANNUAL BUDGET	Average per inmate	
St Charles	270	\$ 26,336,304.75	\$ 97,541.87	
Kewanee	180	\$ 20,636,109.13	\$ 114,645.05	
Chicago	94	\$ 11,167,950.34	\$ 118,807.98	Property rental \$1,471,985.49 *
Harrisburg	152	\$ 21,340,140.64	\$ 140,395.66	Rental Expires 1June 2018
Pere Marquette	27	\$ 5,265,837.94	\$ 195,031.03	
Warrenville	<u>47</u>	<u>\$ 10,031,094.04</u>	<u>\$ 213,427.53</u>	\$ 98,782.48
Total	\$ 770	\$ 94,777,436.84	\$ 879,849.13	TOTAL OF ALL IYC - LOCATIONS
			\$ 146,641.52	AVERAGE BY IYC LOCATION
Under Line Item 1360	FOOD	Kewanee 2nd in LOWEST Cost	\$ 156,878.91	TOTAL BUDGET / # OF INMATES
		Per Inmate	\$ 10,237.39	COST OVERHEAD BY INMATE

2013				
INMATES	TOTAL BUDGET IDJJ	AVERAGE COST PER INMATE		
971	\$ 121,424,021.47	\$ 125,050.49	\$ 4,642,776.66	E12 X 47 =
			\$ 0.03843	ROA E18/B3
				0.08304 ROI C12/B3

	30-Jun-13			
IYC NAME /LOCATION	INMATES	TOTAL ANNUAL BUDGET	Average per inmate	
St Charles	324	\$ 20,333,383.93	\$ 62,757.36	
Kewanee	236	\$ 18,104,584.13	\$ 76,714.34	
Chicago	119	\$ 9,941,656.25	\$ 83,543.33	Property rental \$1,446,199.39 *
Harrisburg	196	\$ 21,389,912.28	\$ 109,132.21	Rental Expires 1June 2018
Pere Marquette	42	\$ 4,212,796.00	\$ 100,304.67	
Warrenville	54	\$ 8,978,573.18	\$ 166,269.87	
Murphysboro	0	\$ 2,053,051.28	?	Closed 1 Jan 2012
Joliet	<u>0</u>	<u>\$ 11,737,806.12</u>	<u>?</u>	Closed 1Aug 2012
Total	971	\$ 96,751,763.17	\$ 598,721.77	TOTAL OF ALL IYC - LOCATIONS
			\$ 99,786.96	AVERAGE BY IYC LOCATION
	Overhead	\$ 24,672,258.30	\$ 125,050.49	TOTAL BUDGET / # OF INMATES
	Total Budget IDJJ	\$ 121,424,021.47		COST OVERHEAD BY INMATE

Most of my research was done on the IDJJ website and Illinois Comptroller.

<http://www.illinois.gov/idjj/Pages/AdvisoryBoard.aspx>

<http://www.illinois.gov/idjj/Pages/default.aspx>

ftp://ftp.illinoiscomptroller.com/SAMSMonthlyRpt/SA02_2013_09-30-13_425.pdf

ftp://ftp.illinoiscomptroller.com/SAMSMonthlyRpt/SA02_2015_09-30-15_425.pdf

Thanks for the opportunity to share my opinion and I am always available for discussion.

Tim Wells
Henry County Treasurer, 307 West Center St, Cambridge, Illinois 61238



OJJDP

Serving Children, Families, and Communities

JUVENILE JUSTICE

F A C T S H E E T

March 2011

Jeff Slowikowski, Acting Administrator

Highlights From Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders

Edward P. Mulvey

The Pathways to Desistance Study is a large collaborative, multidisciplinary project that is following 1,354 serious juvenile offenders ages 14–18 (184 females and 1,170 males) for 7 years after their conviction (for more detailed information, see “Study Design”).¹ This study has collected the most comprehensive data set currently available about serious adolescent offenders and their lives in late adolescence and early adulthood. It looks at the factors that lead youth who have committed serious offenses to continue or desist from offending, including individual maturation, life changes, and involvement with the criminal justice system.

Study Findings

The primary findings of the study to date deal with the decrease in self-reported offending over time by most serious adolescent offenders, the relative inefficacy of longer juvenile incarcerations in decreasing recidivism, the effectiveness of community-based supervision as a component of aftercare for incarcerated youth, and the effectiveness of substance abuse treatment in reducing both substance use and offending by serious adolescent offenders.

Most youth who commit felonies greatly reduce their offending over time, regardless of the intervention. Approximately 91.5 percent of youth in the study reported

decreased or limited illegal activity during the first 3 years following their court involvement. In particular, two groups of male offenders—those with high, stable offending rates, and those with high, but declining offending rates—had very different outcomes despite similar treatment by the juvenile justice system (see figure 1). For both groups, approximately 40 percent of offenders were in jail or prison across the 3-year followup period (see “Study Design”); each group also had similar percentages under detention or in a contracted residential placement (about 20 percent of each group was in each of these forms of supervision). Overall, approximately 50 percent of the youth in each group were under some form of supervision during the followup period, and about 20 percent were receiving community-based services.

Key Points

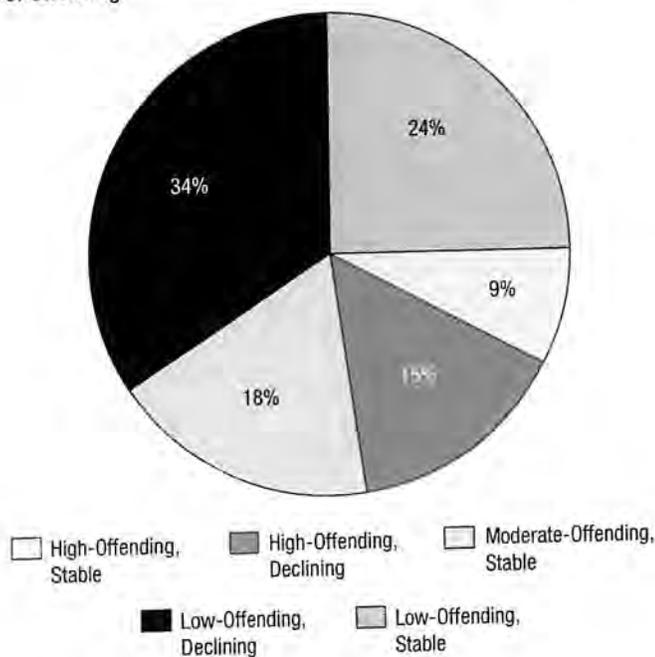
- Most youth who commit felonies greatly reduce their offending over time.
- Longer stays in juvenile institutions do not reduce recidivism.
- In the period after incarceration, community-based supervision is effective for youth who have committed serious offenses.
- Substance abuse treatment reduces both substance use and criminal offending for a limited time.

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Office of Juvenile Justice and Delinquency Prevention

ojjdp.gov

Figure 1: Groups of Male Offenders, Based on Self-Reports of Offending



Therefore, institutional placement and the type of setting appeared to have little effect on which high-end offenders persisted in offending and which reduced their offending (Mulvey et al., 2010).

Longer stays in juvenile institutions do not reduce recidivism, and some youth who had the lowest offending levels reported committing more crimes after being incarcerated. The researchers looked at two groups of cases that were adjudicated in juvenile court at both the Philadelphia and metropolitan Phoenix sites. Of 921 offenders who remained in the juvenile system, 502 received probation and 419 were placed in institutions. The researchers then matched the two groups based on 66 variables that would affect the probability that an individual offender would be placed in an institution to rule out those variables as potential causes of different outcomes between the placement and probation groups. After 64 of those 66 variables were ruled out, the two groups showed no significant

differences in their rate either of rearrest or of self-reported offending. Also, when the researchers matched groups of offenders with similar backgrounds, they found that, for lengths of stay between 3 and 13 months, youth who stayed in institutions longer showed little or no decrease in their rates of rearrest compared with those with shorter stays (Loughran et al., 2009). Moreover, in another set of analyses, the study found that the group of offenders with the lowest levels of self-reported offending actually raised their levels of offending by a small but statistically significant amount following stays in institutions (Mulvey et al., 2010).

Community-based supervision as a component of aftercare is effective for youth who have committed serious offenses, and offenders who receive community-based services following incarceration are more likely to attend school, go to work, and reduce offending. Because the project collects monthly data about institutional placement, probation, and involvement in community-based services, investigators were able to examine the effects of aftercare services for 6 months after a court-ordered placement (the period when such services are presumably provided with greater intensity in most locales). Increasing the duration of community supervision reduced reported reoffending. In addition, although returning offenders generally received supervision only, rather than treatment, the research showed that in the 6 months after release, youth who were involved in community-based services were more likely to avoid further involvement with the juvenile justice system (Chung, Schubert, and Mulvey, 2007).

Substance abuse treatment reduces both substance use and criminal offending, at least in the short term. Research has consistently shown that substance use among adolescents is linked to serious juvenile offending. The adolescent offenders profiled in the Pathways to Desistance study reported very high levels of substance use and substance use problems.² Substance use was linked to other illegal activities engaged in by the study participants. It is a strong, prevalent predictor of offending. The presence of a drug or alcohol disorder and the level of substance use

Study Design

The study involved extensive interviews with young offenders at enrollment, followup interviews every 6 months for the first 3 years and annually thereafter, interviews following release from residential facilities, collateral interviews with family members and friends, data collection about significant life events recorded at the monthly level, and reviews of official records data. Enrollment took place between November 2000 and March 2003, and the research team concluded data collection in 2010.

The study followed young offenders in two metropolitan areas: Maricopa County (metropolitan Phoenix), AZ, and Philadelphia County, PA. Youth

enrollees in the study were 14 to 17 years old and found guilty of at least one serious (almost exclusively felony-level) violent crime, property offense, or drug offense as the result of their current petition to court. The study limited the proportion of male drug offenders to 15 percent at each site to ensure a heterogeneous sample of serious offenders. Because investigators also wanted to ensure a large enough sample of female offenders—a group neglected in previous research—they did not apply this limit to female drug offenders. In addition, youth whose cases were considered for trial in the adult criminal justice system were still enrolled.

were both shown to be strongly and independently related to the level of self-reported offending and the number of arrests. This relationship held even when drug-related offenses and behaviors were removed from the offending measures, and characteristics including socioeconomic status, gender, and ethnicity were controlled statistically (Mulvey, Schubert, and Chassin, 2010). The good news, however, is that treatment appears to reduce both substance use and offending, at least in the short term. Youth whose treatment lasted for at least 90 days and included significant family involvement showed significant reductions in alcohol use, marijuana use, and offending over the following 6 months (Chassin et al., 2009).

Conclusions

The most important conclusion of the study is that even adolescents who have committed serious offenses are not necessarily on track for adult criminal careers. Only a small proportion of the offenders studied continued to offend at a high level throughout the followup period. The great majority reported low levels of offending after court involvement, and a significant portion of those with the highest levels of offending reduced their reoffending dramatically. Two factors that appear to distinguish high-end desisters from persisters are lower levels of substance use and greater stability in their daily routines, as measured by stability in living arrangements and work and school attendance.

The second conclusion is that incarceration may not be the most appropriate or effective option, even for many of the most serious adolescent offenders. Longer stays in juvenile facilities did not reduce reoffending; institutional placement even raised offending levels in those with the lowest level of offending. Youth who received community-based supervision and aftercare services were more likely to attend school, go to work, and avoid further offending during the 6 months after release, and longer supervision periods increased these benefits.

Finally, substance use is a major factor in continued criminal activity by serious adolescent offenders. Substance abuse treatment for young offenders reduces both substance use and non-drug-related offending in the short term, if the treatment period is long enough and if families take part in the treatment with the offender. Most young offenders who are diagnosed with substance abuse disorders, however, do not receive treatment in institutions or community-based settings. Given that community-based supervision may reduce reoffending and promote prosocial attitudes and behaviors, and that continued substance abuse treatment may be needed to prevent longer term relapses, integrating substance abuse treatment into community-based services may realize greater benefits in



reducing serious adolescent offending while providing more efficient and effective delivery of services.

Notes

1. OJJDP is sponsoring the Pathways to Desistance study in partnership with the National Institute of Justice, the Centers for Disease Control and Prevention, the John D. and Catherine T. MacArthur Foundation, the William T. Grant Foundation, the Robert Wood Johnson Foundation, the William Penn Foundation, the National Institute on Drug Abuse (Grant Number R01DA019697), the Pennsylvania Commission on Crime and Delinquency, and the Arizona State Governor's Justice Commission. Investigators for this study are Edward P. Mulvey, Ph.D. (University of Pittsburgh), Robert Brame, Ph.D. (University of North Carolina–Charlotte), Elizabeth Cauffman, Ph.D. (University of California–Irvine), Laurie Chassin, Ph.D. (Arizona State University), Sonia Cota-Robles, Ph.D. (Temple University), Jeffrey Fagan, Ph.D. (Columbia University), George Knight, Ph.D. (Arizona State University), Sandra Losoya, Ph.D. (Arizona State University), Alex Piquero, Ph.D. (Florida State University), Carol A. Schubert, M.P.H. (University of Pittsburgh), and Lawrence Steinberg, Ph.D. (Temple University). The rationale for the study may be found in Mulvey et al., 2004, and the details of operations can be found in Schubert et al., 2004.

2. During their baseline interviews, 57 percent of the respondents reported that they had smoked marijuana in the previous 6 months, 40 percent had drunk alcohol during that time, and 27 percent had used cocaine, hallucinogens, or other drugs. Approximately 48 percent of the study participants had used multiple substances during the 6 months before the baseline interviews and, in each followup interview, about 28 to 30 percent reported using multiple substances in the previous 6 months. In addition, at the time of the baseline interview, 37 percent of male study participants and 35 percent of female participants were diagnosed with a substance use disorder in the previous year, three to four times the rate in the general youth population (Mulvey, Schubert, and Chassin, 2010).



Washington, DC 20531

Official Business
Penalty for Private Use \$300

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Edward P. Mulvey, Director of the Law and Psychiatry Program at Western Psychiatric Institute and Clinic at the University of Pittsburgh School of Medicine and principal investigator for the Pathways to Desistance Study, prepared this document as a product of the Pathways to Desistance Project, which is supported by OJJDP grant 2007-MU-FX-0002 and National Institute of Justice grant 2008-IJ-CX-0023.

Points of view or opinions expressed in this paper are those of the author and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART).

NO PLACE FOR KIDS

The Case for Reducing Juvenile Incarceration

The Annie E. Casey Foundation

A new report, *No Place for Kids: The Case for Reducing Juvenile Incarceration*, published by the Annie E. Casey Foundation, assembles decades of research as well as persuasive new data to demonstrate that America's heavy reliance on juvenile incarceration has not paid off, and in fact, is a failed strategy for combating youth crime.

The latest official national count of youth in custody, conducted in 2007, found that roughly 60,500 U.S. youths were confined in correctional facilities or other residential programs each night on the order of a juvenile delinquency court. The largest share of committed youth—about 40 percent of the total, disproportionately youth of color—are held in locked long-term correctional facilities operated by state governments or private contractors hired by states.

There is compelling evidence that our nation's heavy reliance on youth incarceration:

- Does not reduce future offending by confined youth;
- Provides no overall benefit to public safety;
- Wastes taxpayer dollars; and
- Exposes youth to high levels of violence and abuse.

The report notes that a significant movement away from juvenile incarceration is already underway. Prompted by state budget crises and scandals over abuse in many institutions, more than 50 juvenile corrections facilities have been shut down since 2007 in 18 states. Although these closures signal positive action is being taken, sustainable system improvements will require the mobilization of a coordinated juvenile corrections reform movement.

YOUTH INCARCERATION DOES NOT REHABILITATE

Dozens of recidivism studies from systems across the nation have found that these facilities fail to place youth on the path to success. Re-offending rates for youth released from juvenile correctional facilities are almost uniformly high.

- Within three years of release, around 75 percent of youth are rearrested and 45 to 72 percent are convicted of a new offense.
- In New York State, 89 percent of boys and 81 percent of girls released from state juvenile corrections institutions in the early 1990s were rearrested as adults by age 28.

Nationally, just 12 percent of the nearly 150,000 youth placed into residential programs by delinquency courts in 2007 had committed any of the four most serious violent crimes—aggravated assault, robbery, rape, or homicide. Yet, incarceration has been found to be especially ineffective for less-serious youth offenders.

- In a recent Ohio study, low- and moderate-risk youth placed into correctional facilities were five times more likely to be incarcerated for subsequent offenses than comparable youth placed in community supervision programs.
- In Florida, a 2007 study found that low-risk youth placed into residential facilities not only re-offended at a higher rate than similar youth who remained in the community, they also re-offended at higher rates than high-risk youth placed into correctional facilities.

Finally, research shows that incarceration reduces youths' future success in education and the labor market. One study found that correctional confinement at age 16 or earlier leads to a 26 percent lower chance of graduating high school by age 19. Other studies show that incarceration during adolescence results in substantial and long-lasting reductions in employment.

REDUCING INCARCERATION DOES NOT UNDERMINE PUBLIC SAFETY

Between 1997 and 2007, the percent of U.S. youth confined in residential facilities declined 24 percent, while the percent incarcerated in long-term secure care correctional institutions plummeted 41 percent. Despite the reduced use of incarceration, juvenile crime rates fell across the board from 1997 to 2007, including a 27 percent drop in juvenile arrests for serious violent crimes.

Examining the data in more detail, the report finds no evidence that sharp reductions in juvenile incarceration cause any increase in juvenile crime or violence.

- States that decreased juvenile confinement rates most sharply (40 percent or more) saw a greater decline in juvenile violent crime arrest rates than states that increased their youth confinement rates or decreased them more modestly (less than 40 percent).
- In California, the population in state youth corrections facilities has declined 85 percent since 1996. Yet California's juvenile crime rates have declined substantially during this period of rapid de-incarceration. In 2009, California's juvenile arrest rate for violent crimes fell to its lowest level since 1970.

THESE FACILITIES WASTE TAXPAYER DOLLARS

Nationwide, taxpayers spent about \$5 billion in 2008 to confine youthful offenders in juvenile institutions.

Most states spend the bulk of their juvenile justice budgets on correctional institutions and other residential

placements. According to the American Correctional Association, the average daily cost nationwide to incarcerate one juvenile offender in 2008 was \$241. This means that the cost of the average 9 to 12 month stay of one youth is \$66,000 to \$88,000. This heavy investment in correctional confinement makes little sense given the powerful evidence showing that non-residential programming options deliver equal or better results for a fraction of the cost.

- Florida's Redirection Program provides evidence-based, family-focused treatment as an alternative to residential placements for less-serious youth offenders. Redirection participants are significantly less likely than comparable youth placed in residential facilities to be arrested for a new crime, convicted of a new felony, or sentenced to an adult prison. From 2004 to 2008, the Redirection Program saved \$41.6 million through reduced program costs and lower spending to prosecute and punish subsequent crimes.
- The Washington State Institute for Public Policy has estimated that placing one young person in Multi-dimensional Treatment Foster Care, where troubled and delinquent youth live with specially trained foster families while their parents receive counseling and parent training, saves \$96,000 in reduced costs to victims and the criminal justice system.

THESE FACILITIES ARE OFTEN VIOLENT AND ABUSIVE ENVIRONMENTS

In the past four decades, recurring violence, abuse, and maltreatment have been documented in the publicly funded youth corrections facilities in at least 39 states plus the District of Columbia and Puerto Rico. This disturbing trend is not improving. In 22 of those states (and the District of Columbia) maltreatment has been documented since 2000.

- In 2010, the first national study on sexual abuse in juvenile corrections found that 12 percent of confined youth—more than 3,000 young people—reported

being victimized sexually by staff or other youth in their facilities.

- A 2008 Associated Press story found that 13,000 claims of abuse had been reported from 2004 through 2007 in state-run juvenile facilities nationwide.
- In the first nationally representative survey of confined youth, published in April 2010, 42 percent said they were somewhat or very afraid of being physically attacked, 45 percent said that staff use force against youth when they don't need to, and 30 percent said that staff place youth in solitary confinement as a form of discipline.

RECOMMENDATIONS

1. Limit Eligibility for Correctional Placements

States should impose new restrictions that limit incarceration to youth who have committed serious offenses and pose a clear and demonstrable risk to public safety. For instance, Texas enacted a new law in 2007 allowing state correctional commitments only for youth found guilty of felony crimes, and California now permits only youth who have committed violent felonies to be placed in state facilities. Other states have prohibited commitments for low-level offenses except for youth with serious histories of prior offending. Youth should be placed into correctional facilities based only on their crimes committed and risk of re-offense—not on their perceived needs for mental health or behavioral treatment.

2. Invest in Promising Non-Residential Alternatives

States should redirect funds previously spent on incarceration to support a continuum of high-quality treatment and supervision programs. States should give top priority to proven family intervention models, such as Multisystemic Therapy, Functional Family Therapy, and Multi-dimensional Treatment Foster Care, which currently serve only a small fraction of youth who might benefit nationwide. States should also expand access to career preparation and vocational training programs; intensive youth advocate and mentoring programs; and promising

models for specialized mental health and substance abuse treatment.

3. Change the Financial Incentives for Incarcerating Youth

States should revamp funding mechanisms to increase the incentives for local courts to treat delinquent youth in their home communities whenever possible. In too many jurisdictions, local juvenile justice officials face a perverse choice between offering youth cost-effective community-based programming (at the expense of local governments) or committing them to more expensive and less effective custody programs (often funded entirely by the states). California, Illinois, Ohio, Pennsylvania, Wisconsin, and Wayne County, Michigan, among others, have adopted funding formulas that increase the incentives for local supervision and treatment.

4. Adopt Best Practice Reforms for Managing Youthful Offenders

States and localities should implement complementary policies and practices that have proven useful for safely reducing the number of youth confined in correctional facilities. States and localities should limit lengths of stay in correctional facilities and other residential placements, given the research finding that longer periods of incarceration—especially stays over one year—do not reduce future offending, add to state youth corrections budgets, and harm youths' prospects for success in adult life. States should also embrace detention reforms that safely steer many youth away from pre-trial detention centers and reduce the odds they will be placed into correctional facilities. Finally, states should limit correctional placements based on probation rules violations, which account for one in every eight commitments to secure custody.

5. Replace Large Institutions With Small, Treatment-Oriented Facilities for the Dangerous Few

States should place serious and chronic youth offenders into small, humane, and treatment-oriented facilities, such as those operated by Missouri's Division of Youth Services (DYS). Missouri has divided the state into five regions

and built a continuum of programs in each. The secure-care facilities house just 30–36 young people. Youth are placed in small groups that participate in education, treatment, meals, and recreation. DYS staff engage the families to help devise successful reentry plans and assign a single case manager to oversee each youth from commitment through release and aftercare, providing extensive supervision and support in the critical reentry period. Through this approach, Missouri’s re-offending rates are far lower than other states.

6. Use Data to Hold Youth Corrections Systems Accountable

States should collect more and better information about correctional programs and use the data to hold systems accountable. States must carefully measure re-offense rates of youth released from juvenile correctional facilities, employing rigorous methodologies to track re-offending into early adulthood. States should also monitor youths’ progress after release in education, employment, and mental and behavioral health. To minimize the risks of abuse, states should closely monitor conditions of confinement in juvenile facilities, and ensure that all facilities maintain grievance processes that allow confined youth to report maltreatment and obtain a fair hearing. Finally, given the continuing racial disparities at all levels of our nation’s juvenile justice systems, every state and locality should be collecting and analyzing data to identify and correct practices that unfairly impact youth based on their race or ethnicity.

CONCLUSION

The evidence presented in *No Place for Kids* makes clear that heavy reliance on juvenile incarceration is a counterproductive public policy for combating youth crime. It is time to act on this information by abandoning the long-standing incarceration model and embracing a more constructive, humane, and cost-effective approach to youth corrections.

The substantial decreases in reliance on youth prisons over the past decade are significant. However, these reductions have neither been anchored in a strong new national consensus among policy leaders, nor based on comprehensive changes to policy, practice, programming, and financing that will be critical to ensure sustainable, effective alternative responses to juvenile crime.

The Annie E. Casey Foundation hopes that this report can serve as a catalyst for building a new movement for enlightened juvenile corrections reform. If states adopt the recommendations and best practices highlighted in *No Place for Kids* and reallocate funds currently spent on incarceration to more constructive supervision and treatment strategies, there is every reason to believe that the end result will be less crime and more successful futures for America’s young people.

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. For more than two decades, the Annie E. Casey Foundation has supported efforts to reform the juvenile justice system. Its Juvenile Detention Alternatives Initiative (JDAI), a system reform project aimed at reducing unnecessary and inappropriate reliance on local detention centers, is active in 35 states and the District of Columbia. To read the report, *No Place for Kids*, and find more information, visit www.aecf.org/noplaceforkids.

The Annie E. Casey Foundation 701 St. Paul Street Baltimore, MD 21202 P 410.547.6600 F 410.547.6624 www.aecf.org



August 2005

Planning Community-Based Facilities for Violent Juvenile Offenders as Part of a System of Graduated Sanctions

Shelley Zavlek

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is presenting a Juvenile Justice Practices Series to provide the field with updated research, promising practices, and tools for a variety of juvenile justice areas. These Bulletins are important resources for youth-serving professionals involved in developing and adopting juvenile justice policies and programs, regardless of their funding sources.

This fourth Bulletin in the series discusses the use of small, secure, community-based or regional facilities to house serious, violent, and/or chronic juvenile offenders.¹

In the early 1990s, the prevailing belief was that serious juvenile crime was out of control and bound to get worse. These projections, although credible at the time, failed to materialize. On the contrary, serious juvenile crime rates have been declining over the past decade and, as of 2001, were at their lowest level since 1983 (Snyder, 2003). Nevertheless, the rate at which youth have been placed in confinement in the United States nearly doubled between 1979 and 2001 (Hobbs and Nicole, 2002; Snyder and Sickmund, 1999; Sickmund, 2002; Sickmund, Sladky, and Kang, 2004). The causes of these apparently contradictory trends are complex, and the end result is troubling: most youth housed in today's large, secure juvenile facilities do not require the level of security these facilities were created to provide. Furthermore, research suggests that simply "locking kids up" in such facilities is an ineffective and unnecessarily expensive approach to helping troubled youth and reducing juvenile crime. Jurisdictions are seeking better strategies.

¹ OJJDP first focused attention on treatment and intervention strategies for this population of juvenile offenders in its *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (Wilson and Howell, 1993). This group includes juveniles who commit serious violent and nonviolent offenses and juveniles who have had multiple contacts with the justice system. Loeber and Farrington define "serious violent offenses" as homicide, rape, robbery, aggravated assault, and kidnapping and "serious nonviolent offenses" as burglary, motor vehicle theft, theft over \$100, arson, and drug trafficking (Loeber and Farrington, 1998, p. xix). "Chronic offenders" are defined as those who have had five or more police contacts (Wilson and Howell, 1993, p. 2).

Points of view or opinions expressed in this document are those of the author and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice

A promising strategy for responding to juvenile crime is one in which secure confinement is an integral part of a continuum of options that also includes prevention, comprehensive services, graduated sanctions, and, for confined youth, aftercare programming to ensure successful reentry into the community. For each youth who comes to the attention of the juvenile justice system, the best response is the least restrictive one that meets the needs of the youth and the community. Secure confinement is reserved for the small number of offenders who pose a threat to public safety, account for a disproportionate share of all serious crime committed by juveniles, and are unsuitable for other settings or programs.

For this limited population of serious, violent, and/or chronic juvenile offenders, smaller, community-based or regional facilities can provide secure confinement economically and with the best possible outcomes for the youth involved. This Bulletin presents basic information relevant to planning such facilities. After a brief review of juvenile arrest and incarceration trends, the Bulletin discusses the advantages of small, secure, community-based or regional facilities and outlines a process for developing such facilities within a comprehensive juvenile justice system master plan. The Bulletin also describes three sample programs and presents a list of related resources.

Background

The mid-1980s and early 1990s saw a precipitous rise in violent juvenile crime, a projected surge in the juvenile population, and sporadic, high-profile incidents of youth crime, such as the shootings at schools in Jonesboro, AK, and Paducah, KY, and at Columbine High School in Littleton, CO. In the early 1990s, warnings of an emerging class of “violent juvenile superpredators” aroused public fears. In a 1996 report by the Coordinating Council on Juvenile Justice and Delinquency Prevention, U.S. Attorney General Janet Reno stated that “[n]o corner of America is safe from increasing levels of criminal violence, including violence committed by and against juveniles” (p. iii). The report issued an urgent call to action:

This Nation must take immediate and decisive action to intervene in the problem of juvenile violence that threatens the safety and security of communities—and the future of our children—across the country. Demographic experts predict that juvenile arrests for violent crimes will more than double by the year 2010, given population growth projections and trends in juvenile arrests over the past several decades (p. 1).

Reports of uncontrolled juvenile crime fueled fears that America was under assault by a generation of “teenage time bombs” and that “only the abandonment of ‘soft’ educational and rehabilitative approaches, in favor of strict and unrelenting discipline—a zero tolerance approach” could address the problem (Browne, 2003, p. 10).

By the mid-1990s, however, the overall juvenile arrest rate for violent offenses—murder, rape, robbery, and aggravated assault—was as low as it had been a generation earlier, and the rate has since declined even further. In 2002 (the most recent year for which data are available), the rate was nearly half its 1994 peak level. Between 1993 and 2002, the juvenile arrest rate for murder dropped 64 percent, rape 27 percent, robbery 38 percent, and assault 34 percent. In addition, the juvenile arrest rate for property crimes dropped 34 percent between 1993 and 2002 (Snyder, 2004).

Nevertheless, during the 1990s, legislators reacting to real and perceived public concerns determined to “crack down” on juvenile crime (McCord, Widom, and Crowell, 2001). Nationwide, states and local jurisdictions enacted new laws that imposed tougher sanctions on juvenile offenders—more mandatory and determinate sentences, blended sentencing (combining juvenile and adult sanctions), more offenses that qualified for the most severe sentences, progressive sanctions, and “zero tolerance” policies (Browne, 2003; Torbet et al., 1996; Torbet and Szymanski, 1998; Howell, 1997). These legislative reforms, together with juvenile justice system policy changes, brought more youth into the system for longer

periods of time. In addition, the system experienced an influx of youth with severe emotional, behavioral, and mental health problems (Teplin et al., 2002; Parent et al., 1994).

Thus, although serious juvenile crime rates in 2001 were comparable to rates 20 years earlier, the number of youth confined in juvenile residential facilities on any given day nearly doubled during the same period of time. In fact, whereas the total population of youth ages 10–19 increased only slightly more than 3 percent between 1980 and 2000,² the number of juveniles confined on an average day rose from 51,000 in 1979 to more than 104,000 in 2001—an increase of more than 100 percent (Snyder and Sickmund, 1999; Sickmund, 2002; Sickmund, Sladky, and Kang, 2004). As noted earlier, the juvenile violent crime arrest rate rose sharply during the mid-1980s and early 1990s, from 139 arrests per 100,000 youth ages 17 and younger in 1985 to 231 arrests per 100,000 youth in 1994—a 66-percent increase. However, as noted in a report by the Annie E. Casey Foundation (Stanfield, 1999), the number of youth confined in detention centers on an average day increased even more—74 percent—during approximately the same period of time (from 1985 to 1995). Moreover, although the juvenile violent crime arrest rate has declined dramatically since 1994—more than 44 percent from 1994 to 2001—there has not been a concomitant decline in juvenile confinement, which has remained fairly constant since 1995 (Snyder, 2003).

The increased reliance on confinement placed a large burden on existing juvenile detention and correctional facilities, many of which were reaching the end of their useful lives by the mid-1990s. Between 1991 and 1995, the number of youth committed to overcapacity training schools and long-term public institutions (i.e., facilities with more residents than they were designed to house) increased 55 percent. By 1995, nearly 70 percent of youth confined in public juvenile facilities were held in overcapacity facilities (Snyder and Sickmund, 1999). Furthermore, facilities built in the 1960s and 1970s were designed primarily for youth charged with petty crimes and status offenses, such as shoplifting and truancy. Few facilities were prepared to provide treatment and services for the more challenging populations placed in their custody during the 1980s and 1990s (Teplin et al., 2002; Roush and McMillen, 2000; Cocozza, 1992).

In the mid-1990s, studies such as *Conditions of Confinement: Juvenile Detention and Corrections Facilities* (Parent et al., 1994) and *Beyond the Walls: Improving the Conditions of Confinement for Youth in Custody* (Puritz and Scali, 1998) documented widespread overcrowding and substandard, dangerous conditions in juvenile facilities. The need to replace or renovate these facilities became apparent, and funds were allocated accordingly.

The need to add space to address existing safety and overcrowding conditions does not fully explain the increase in youth detention facility construction. Nor does it explain the development and construction of large facilities as opposed to smaller ones. Many juvenile systems and jurisdictions have developed larger facilities, containing anywhere from 150 to more than 800 juvenile beds.³ Such facilities, with their physically restrictive construction and sophisticated security and communications systems, are among the most expensive structures that public agencies build and are extraordinarily expensive to operate (Griffinger, 2001). A 1998 report on crowding in detention facilities recognized secure detention as “by far, the most expensive option for handling youth undergoing juvenile delinquency proceedings” (Burrell et al., 1998, p. 12). The extraordinary costs the report cites for secure facilities include both operating and construction costs. Based on a 2000 report, total juvenile justice expenditures in the United States are at

² According to U.S. Census data, the total U.S. population ages 10–19 increased 3.39 percent between 1980 and 2000 (Hobbs and Nicole, 2002).

³ For example, the 865-bed Chaderjian Youth Correctional Facility in Stockton, CA, opened in 1991; the 450-bed Michigan Youth Correctional Facility opened in 1999; and in Texas, the 436-bed Orientation and Assessment Unit opened in Marlin in 1995, the 356-bed San Saha State School opened in 1996, the 336-bed Victory Field Correctional Academy opened in 1997, and the 352-bed McLennan County State Juvenile Correctional Facility opened in 2000 (American Correctional Association, 2001).

least \$10–15 billion, with much of that amount paying for confinement of a small segment of the juvenile offender population, most of whom are housed in training schools or “large correctional units typically housing 100 to 500 youth” (Mendel, 2000, p. 49).

Today, many of the youth housed in juvenile correctional facilities pose little threat to the community. A 1993 study of incarcerated juveniles in 14 states revealed that violent offenders comprised a minority of youth in confinement, ranging from a high of 44 percent to a low of 11 percent (Krisberg et al., 1993). The 2001 Census of Juveniles in Residential Placement (CJRP) found that of the 76,298 youth residing in juvenile facilities as a result of court-ordered placements, 18,321—24 percent—had committed a Violent Crime Index offense (homicide, sexual assault, robbery, or aggravated assault). According to the CJRP, 23 percent of all youth in court-ordered placements had committed a combination of technical violations, status offenses, and other public order offenses (excluding weapons).⁴ A similar pattern was evident with youth held in temporary detention centers while awaiting trial (Sickmund, Sladky, and Kang, 2004). In addition, many youth are incarcerated simply because of a shortage of alternatives—in particular, community-based services and mental health services—that might prevent them from entering the juvenile justice system (Griffinger, 2001; Stanfield, 1999).

Youth in juvenile correctional facilities may be subjected to harsh conditions. In its assessment of juvenile facilities, the National Research Council Panel on Juvenile Crime concluded that

[d]etained and incarcerated juveniles have higher rates of physical injury, mental health problems, and suicide attempts and have poorer educational outcomes than do their counterparts who are treated in the community. Detention and incarceration also cause severe and long-term problems with future employment, leaving ex-offenders with few economic alternatives to crime. (McCord, Widom, and Crowell, 2001, p. 223)

Furthermore, a large, centralized facility unavoidably removes most youth from their community environments and local cultures.⁵ This increases alienation and isolates youth exclusively with other delinquent peers, which “tends to exacerbate rather than mitigate the law-breaking tendencies of youthful offenders” (Mendel, 2000, p. 49; Krisberg and Howell, 1998).

Serious, pervasive problems in the juvenile justice system—such as inadequate risk assessment procedures, lack of alternative programs, inadequate special programs (e.g., mental health, gender-specific), and poor supervision in probation and aftercare—all contribute to overcrowding in juvenile correctional facilities, which further adds to the harshness of conditions in these facilities. The lack or inadequacy of diversionary tools results in increased use of secure facilities as a catch-all solution (Mendel, 2001; Burrell et al., 1998).

The foregoing factors all underline the need for jurisdictions to examine carefully their approach to using secure confinement. To ensure that public funds are spent wisely, civic authorities responsible for juvenile justice planning must pursue a full range of custodial and service options to both protect the public and provide an appropriate, fiscally prudent response to juvenile treatment and supervision needs. Simply continuing to add secure bedspace will not suffice. The key is better designed programs and facilities that

⁴ Technical violations include violation of probation, parole, valid court orders, or conditions of probation or parole. Status offenses include obstruction of justice, nonviolent sex offenses, cruelty to animals, disorderly conduct, traffic offenses, etc.

⁵ On January 31, 2005, the California Youth Authority (CYA) announced the terms of a settlement reached in a lawsuit concerning conditions of confinement in the juvenile justice system. The settlement stated that in conjunction with developing a wholly new model for juvenile corrections in California, CYA would keep youth in facilities close to their homes.

address emerging needs. Jurisdictions must conduct the necessary research and engage in comprehensive planning processes to reach sound decisions regarding the need for secure beds for juveniles (Roush and McMillen, 2000; Zavlek and Barron, 2000). The remaining sections of this Bulletin address these tasks.

Advantages of Small, Community-Based Secure Facilities

Serious, violent, and chronic juvenile offenders may require placement in secure facilities to protect the public, hold the offenders accountable for their acts, and provide an appropriate treatment environment. Although training schools, camps, and ranches may still have some limited use for these purposes, most authorities agree that such “large congregate-care juvenile facilities . . . have not proven to be particularly effective in rehabilitating juvenile offenders” (Krisberg and Howell, 1998, p. 362).

The most effective strategy for treating and rehabilitating juvenile offenders and preventing recidivism is a comprehensive, community-based model that integrates prevention programming; a continuum of pretrial and sentencing placement options, services, and sanctions; and aftercare programs (Loeber and Farrington, 1998; Howell, 1995; Altschuler and Armstrong, 1994). This model reserves secure placement for only the most violent and serious juvenile offenders (Loeber and Farrington, 1998)—those who cannot function in a less restrictive environment or who pose a threat to public safety. Leading authorities point to the advantages of small, community-based facilities for housing the relatively few juvenile offenders who require a secure, structured setting (Krisberg and Howell, 1998). Even for jurisdictions under pressure to “get tough” on juvenile crime, planning new facilities within this framework has programmatic, economic, and systemwide advantages.

Programmatic Advantages

Decentralizing facilities for juvenile offenders has programmatic advantages that benefit juvenile justice systems, youth and families that come in contact with these systems, and communities as a whole. These advantages derive from (1) keeping young offenders connected to their communities and (2) targeting sanctions and services to meet the needs of specific jurisdictions and categories of offenders.

Research indicates that many incarcerated youth can be managed effectively in well-structured, community-based programs. Krisberg and Howell (1998) summarize the results of some of the most frequently referenced studies on alternatives to institutionalization for serious juvenile offenders. Most of these studies found greater or similar reductions in recidivism rates and greater attitudinal improvements in youth treated in community-based programs as compared to those placed in secure institutions. These studies led researchers to suspect that “alternatives to secure confinement for serious and chronic juveniles are at least as effective in suppressing recidivism as incarceration, but are considerably less costly to operate” (Krisberg and Howell, 1998, p. 360). When secure confinement is necessary, “the establishment of small, community-based facilities to provide intensive services in a secure environment offers the best hope for successful treatment of those juveniles who require a structured setting” (Krisberg and Howell, 1998, p. 362).

Based on this research, states considering new facilities have an opportunity to replace large, traditional training schools with smaller, community-based or regional facilities that are part of a continuum of services and sanctions supported by local justice systems and communities (Austin, Johnson, and Weitzer, forthcoming). Such facilities are more likely to be rooted in local values, engender community support and involvement, and reflect the needs of local jurisdictions. Equally important, these smaller facilities can target programming and operations to be responsive to the specific treatment and supervision needs of the youth in their care. By focusing exclusively on serious, violent, and/or chronic juvenile offenders, these facilities can avoid the operational problems that arise when disparate behavioral groups are housed together.

Developing small, secure, community-based or regional facilities to hold serious, violent, and/or chronic juvenile offenders who are identified as unsuitable for other settings or programs also creates a valuable opportunity to address the most serious problems of youth crime and recidivism. This relatively small group of offenders accounts for a disproportionate share of all serious crime committed by juveniles (Loeber and Farrington, 1998). Furthermore, studies have shown substantial recidivism among juveniles released from residential institutions.⁶ Clearly, just locking up these youth is not enough. It is critically important to provide effective treatment programs designed to enhance their chances for success when they return to the community. A smaller residential facility that houses only the most serious offenders can be an ideal setting for such programs.

Although few studies have examined the impact of criminal sanctions on juvenile crime rates, some research indicates that effective programming for serious and violent offenders can produce modest to substantial reductions in recidivism rates. A meta-analysis involving 200 studies that investigated the effects of interventions with serious juvenile offenders (83 of which dealt with programs for institutionalized youth) found that “for both institutionalized and noninstitutionalized offenders, the ‘average’ intervention program represented in the research literature produced positive, statistically significant effects equivalent to about a 12% reduction in subsequent reoffense rates” (Lipsey and Wilson, 1998, p. 338). However, the most effective treatment programs for institutionalized juveniles, which focused on interpersonal skills (e.g., social skills training, anger management, and moral education) and used behavioral programs (e.g., cognitive mediation training, stress inoculation training, reinforcement therapy principles), reduced recidivism rates by as much as 40 percent (Lipsey and Wilson, 1998). These and other researchers have concluded that developing successful facilities and treatment models for serious, violent, and/or chronic juvenile offenders is programmatically sound and makes both intuitive and fiscal sense considering the expense and social costs associated with the delinquent behavior of these juvenile offenders (Lipsey and Wilson, 1998; Wiebush et al., 1995; Altschuler, 1998).

Smaller facilities connected to local communities have programmatic advantages that are generally missing from large congregate-care facilities, which often confine youth hundreds of miles from their families and the communities they will reenter when they are released. Small, community-based or regional facilities can:

- ◆ Engage local communities to provide resources for creating a comprehensive prevention, sanction, and treatment model. Potential community partners include service providers, volunteers and mentors, houses of worship, schools, civic organizations, businesses, and government agencies.
- ◆ Help youth forge personal bonds with mentors and other caring adults in the community. A key factor for healthy development is the “capacity, ability, and opportunity to build relationships with caring adults” (Masten and Coatsworth, 1998). Studies of successful youth who live in high-risk environments indicate the critical importance of strong bonds with caregivers or other adults in preventing problem behaviors (Hawkins, Catalano, and Miller, 1992).
- ◆ Engage in ongoing, intensive family involvement and intervention activities. This approach recognizes the critical role of families in treating young offenders (Thornberry, 1993).
- ◆ Function as a resource for the community (e.g., through victim counseling and restitution programs).

A facility that is located in the community can also offer youth enhanced opportunities for independent living. Administrators can create phased reentry programs that allow youth and their support networks to participate in a gradual and successful transition back into the community.

⁶ A recent study of recidivism among incarcerated offenders in 15 states found that 82 percent of juveniles ages 14–17 were rearrested within 3 years of their release; among those serving time for violent offenses, the rate was 62 percent (Langan and Levin, 2002). A number of state studies confirm high recidivism rates (more than 50 percent) among juvenile offenders released from confinement (Feld, 1998; Howell, 1997).

Economic Advantages

A more localized system of sanctions and services for juvenile offenders has economic as well as programmatic advantages. Jurisdictions that adopt this strategy can expect cost savings in three areas: facility operations, recidivism, and facility construction.

Downsizing large, centralized facilities—i.e., replacing them with a system of smaller, community-based or regional facilities that are part of a full continuum of sanctions and services—is likely to produce substantial immediate and long-term savings in the form of lower operating costs and reduced recidivism (Loeber and Farrington, 1998). Secure facilities are particularly expensive to operate because they run 24 hours a day, 365 days a year, and have relatively high staffing ratios. Reforms that emphasize using the least restrictive sanction consistent with the needs of offenders and the safety of the community will result in reduced operating costs as many youth are moved out of secure confinement and into less expensive alternatives. In addition, reduced recidivism is likely to result as both secure facilities and other sanctions and services are better tailored to the needs of the juveniles and jurisdictions they serve.

Construction costs are an additional consideration. High-security facilities are the most expensive to construct. Costs associated with building materials, security systems, furniture, fixtures, and equipment for these facilities far exceed the costs of standard commercial-grade items that can be used in other facilities. If a jurisdiction decides it does not need to build a high-security facility and can instead substitute a lower security facility or a nonresidential program, cost savings will result.

Because secure facilities are expensive to build and operate, it is important for jurisdictions to recognize when secure incarceration is being used inappropriately for youth who can be successfully treated in other settings. Although more rigorous research into appropriate sanctions for the most serious juvenile offenders may be needed, leading authorities recognize that “community-based interventions for serious and chronic offenders can be safely expanded, and produce enormous cost savings” (Krisberg and Howell, 1998).

Systemwide Advantages

Creating a new small, secure, community-based facility (or a small, secure regional facility in less populated areas) offers an opportunity to improve the entire continuum of services and sanctions for at-risk and delinquent youth in the community. In developing such a facility, it is critical to understand that the facility should not stand alone but rather should be designed as an integrated part of this continuum. For example, by providing space and access for community-based service providers, the facility design can make it possible for these providers to begin working with youth while they are still in custody, thus ensuring continuity of services and helping the facility tap into the strengths and resources of the community.

Many jurisdictions are developing juvenile justice facilities that incorporate multiple aspects of the local continuum of services into the facility design. This approach achieves economies of scale by allowing various smaller programs and facilities to be housed either in a single multiservice center or in a campus-style setting. Furthermore, construction and operating expenses can be shared among several cost centers.

Although such facilities can offer clear advantages for a community, extensive teamwork and planning should precede the decision to build them.⁷ Juvenile justice system stakeholders need to work together toward a common goal: a system of facilities and programs that holds young offenders accountable

⁷ Jurisdictions should take caution to control the total bed capacity of a multiservice facility, keeping each residential component (detention, secure treatment, group home, etc.) relatively small—no larger than about 50 beds. The total capacity should reflect careful analysis of the juvenile offender population and related bedspace needs.

through a continuum of graduated sanctions while building strengths and resilience in these youth through a broad spectrum of services such as education, mental health, skills training, and intensive aftercare supervision.⁸

Missouri: A Case Study in Cost-Effective Reforms

In 1983, Missouri closed its only large training school and moved to a well-developed system of regional, small-scale correctional centers and community-based residential and nonresidential programs. The state also moved from an incarceration model to a rehabilitation model. In 1994, Missouri appropriated funds to construct 200 secure beds, with the condition that no facility could exceed a 50-bed capacity. By 2001, no juvenile correctional facility in Missouri contained more than 85 beds, and all except 3 contained 33 beds or fewer.^a Missouri also created an objective decisionmaking strategy to provide juvenile justice professionals with standardized procedures for screening, assessing, and assigning dispositions to juvenile offenders (Hsia and Beyer, 2000).

As a result of these reforms, three-fourths of youthful offenders committed to Missouri's Division of Youth Services (DYS) are assigned to nonresidential community programs, group homes, and less secure residential facilities. Youth who are committed to the state's medium- and high-security facilities enter a bright, noninstitutional environment that provides extensive, 24-hour-per-day therapy, quality education programs, strong family outreach and counseling, well-qualified and highly trained staff, and extensive aftercare support (Mendel, 2001).

A report sponsored by The American Youth Policy Forum concluded that Missouri's focus on treatment and use of least restrictive care rather than incarceration and punishment "is far more successful and cost-effective than the training school-oriented systems of most state juvenile corrections agencies" (Mendel, 2001, p. 11). Cost savings have resulted from avoiding overreliance on expensive residential confinement programs, limiting length of stay in residential programs, and reducing recidivism. Reported recidivism rates have declined from 50 percent or more in the old training school model to averages as low as 11 percent (Center on Juvenile & Criminal Justice, 2004). According to state records, currently only 8 percent of youth released from rehabilitative programs are in Missouri's prisons 5 years after their release. Based on regional per diem costs for secure confinement of juveniles, Missouri's reduced reliance on incarceration saves \$140 per day (\$51,000 per year) for each bed not used (because of reduced recidivism, use of alternatives, and other reforms). In addition, as a result of Missouri's reforms, DHS operated in 2000 with a budget of \$61 million (about \$94 per youth in the state's population ages 10–17); the average juvenile corrections budget in the eight states surrounding Missouri was approximately \$140 per youth—one-third more than Missouri's budget (Mendel, 2001).

Representatives from several states have visited Missouri to learn more about its reforms, and many are beginning to follow Missouri's lead.^b On January 31, 2005, as part of the settlement of a lawsuit challenging conditions in the California Youth Authority (CYA), CYA announced a plan to completely reform California's juvenile justice system based largely on Missouri's rehabilitative model and therapeutic environments. CYA's new model will include families in treatment and rehabilitation, keep youth in facilities close to their homes, provide youth with a supportive and positive environment that helps them get their lives back on track, and staff programs with trained rehabilitation specialists.

^a The Fulton Treatment Center, described under "Sample Programs," was the prototype for these smaller facilities.

^b Author's interviews with DHS Director Mark Steward.

⁸ These services have been identified as essential to the successful reintegration of young offenders into their communities (Altschuler and Armstrong, 1994).

The stakeholder team's first challenge is to establish links among all components of the existing system of services and sanctions, including prevention, diversion, probation, nonsecure sanctioning alternatives, secure sanctions, and aftercare. Once the links are established, the team should analyze the populations entering the juvenile justice system, ensure that alternatives to incarceration are used effectively, and develop new secure confinement facilities only when warranted. The links established by the stakeholder team are also essential for implementing effective case management and family involvement procedures at each stage of the juvenile justice process, from entry into the system through release.

The next two sections elaborate on this planning process. They discuss both the context and the "nuts and bolts" of facility planning.

A Systemic Approach to Facility Planning

A comprehensive juvenile justice system master plan is a prerequisite for developing new facilities and programs to ensure an appropriate continuum of residential and nonresidential services. "Master planning" means that juvenile justice agencies and civic authorities should:

- ◆ Know the populations their system serves.
- ◆ Select the best approaches for meeting the needs of youth and the community, based on clearly defined values and goals.
- ◆ Actively plan for all essential services and programs, addressing issues such as funding, staffing, and space needs.

The starting point for this process is a thorough assessment of the juvenile justice system. That requires the participation of all stakeholders in the system.

Participatory Planning: Building Consensus Among Stakeholders

The process of system assessment should be fully participatory. To achieve full participation, a steering committee consisting of key stakeholders should be established, including representatives from every level of government, probation and community corrections, existing facilities, social services, the judiciary, prosecuting attorneys, schools, child advocates, parents, and business leaders. Steering committee members should be individuals who:

- ◆ Understand the local community.
- ◆ Possess the necessary knowledge and skills to tailor a system plan and programs to local needs.
- ◆ Know how to get things done in the community.
- ◆ Have the power to implement the selected sentencing sanctions, programs, and plans broadly and to monitor their effects to make adjustments as needed. (Catalano et al., 1998)

Stakeholders may have very different and sometimes competing goals and interests. They may also have very different views about the objectives of the juvenile justice system and about critical decisions that affect juveniles at various points in the system (figure 1).

The Multiservice Facility: An Example From Eugene, OR

The Lane County Juvenile Justice Center in Eugene, OR, is a secure, co-ed, 36-bed facility that houses the county's Department of Youth Services (intake, probation, parole, and detention center); juvenile court, court clerk, district attorneys, and defense attorneys; Court Appointed Special Advocates (CASA); and the Oregon Youth Authority. The facility, which houses both preadjudicated and postadjudicated youth, also offers a drug and alcohol treatment program, assessments, and shelter care.

**Figure 1. Key Decision Points in the Juvenile Justice System:
Illustrative System Objectives and Decision Options**

Arrest	Adjudication		Disposition	Postdisposition
<p><i>System objectives:</i></p> <ul style="list-style-type: none"> • Conduct initial assessment • De-escalate and stabilize • Refer accused for formal adjudication • Prevent further offending • Assure initial court appearance 	<p><i>System objectives:</i></p> <ul style="list-style-type: none"> • Determine need for formal adjudication • Determine guilt or innocence • Evaluate the situation of the accused and his or her amenability to intervention • Maintain the accused and prevent further offending during case processing 	<p><i>System objectives:</i></p> <ul style="list-style-type: none"> • Protect the community • Hold offenders accountable • Rehabilitate • Prevent future crime 	<p><i>System objectives:</i></p> <ul style="list-style-type: none"> • Support successful reintegration into the community • Rehabilitate • Prevent future crime 	
<p>Arrest/Referral</p> <p><i>Decision options:</i></p> <ul style="list-style-type: none"> • Warn and release • Issue citation or summons • Refer to law enforcement diversion • Refer to services • Take youth into custody -- Conduct intake and assessment -- Provide crisis services -- Detain pending court hearing -- Release with or without conditions pending court hearing 	<p>Case Filing</p> <p>Preliminary Release or Detention</p> <p><i>Decision options:</i></p> <ul style="list-style-type: none"> • File petition or divert from formal adjudication • Determine need for continued detention during adjudication • If eligible for release pending adjudication, set release conditions • Refer to services (voluntary or as a condition of release) 	<p>Trial/Adjudication</p> <p>Sentencing/Disposition</p> <p><i>Decision options:</i></p> <ul style="list-style-type: none"> • Determine guilt or innocence • Determine need for pre-disposition evaluation • Determine disposition -- No intervention -- Civil fine or penalty -- Probation with or without conditions -- Commitment to state custody 	<p>Sanction/Sentence Modification</p> <p><i>Decision options:</i></p> <ul style="list-style-type: none"> • Placement (ranging from home to secure setting) • Supervision level • Services required • Progress in meeting court orders or case plan goals • Revocation if court ordered conditions not met • Discharge 	<p>Aftercare</p> <p><i>Decision options:</i></p> <ul style="list-style-type: none"> • Reentry services required -- Placement -- Level of supervision • Services required • Progress in meeting aftercare goals • Revocation if release conditions not met • Discharge

Source: S. Zivick, IPP Youth

Steering committee members should reach a consensus regarding objectives and decisionmaking criteria for each phase of the juvenile justice caseload process. Consensus is achieved through structured workshops that encourage an open exchange of ideas. These workshops usually move from the general (agreeing on broad values, creating vision and mission statements) to the very specific (spelling out goals and objectives). (A similar process takes place in developing a facility master plan, as discussed in greater detail below.)

Consensus building is important because decisions in the caseload process are governed as much by policy as by the behavior of juveniles. Policy changes can have a dramatic impact on costs and system outcomes. Careful assessment and planning can ensure that the juvenile justice system is responsive to the needs of youth and the community. For these reasons, it is essential that all stakeholders and other interested parties remain fully engaged throughout the assessment and planning process.

Juvenile Justice System Assessment

A juvenile justice system assessment is a collaborative information-gathering and analysis process conducted to gain a better understanding of how an existing system of sanctions and services works; to identify any duplication, gaps, needs, and excesses; and to determine where a proposed new facility would fit within the system (figure 2). The assessment should result in detailed baseline data and analyses that can be used to develop a more coordinated, rational, and cost-effective system.

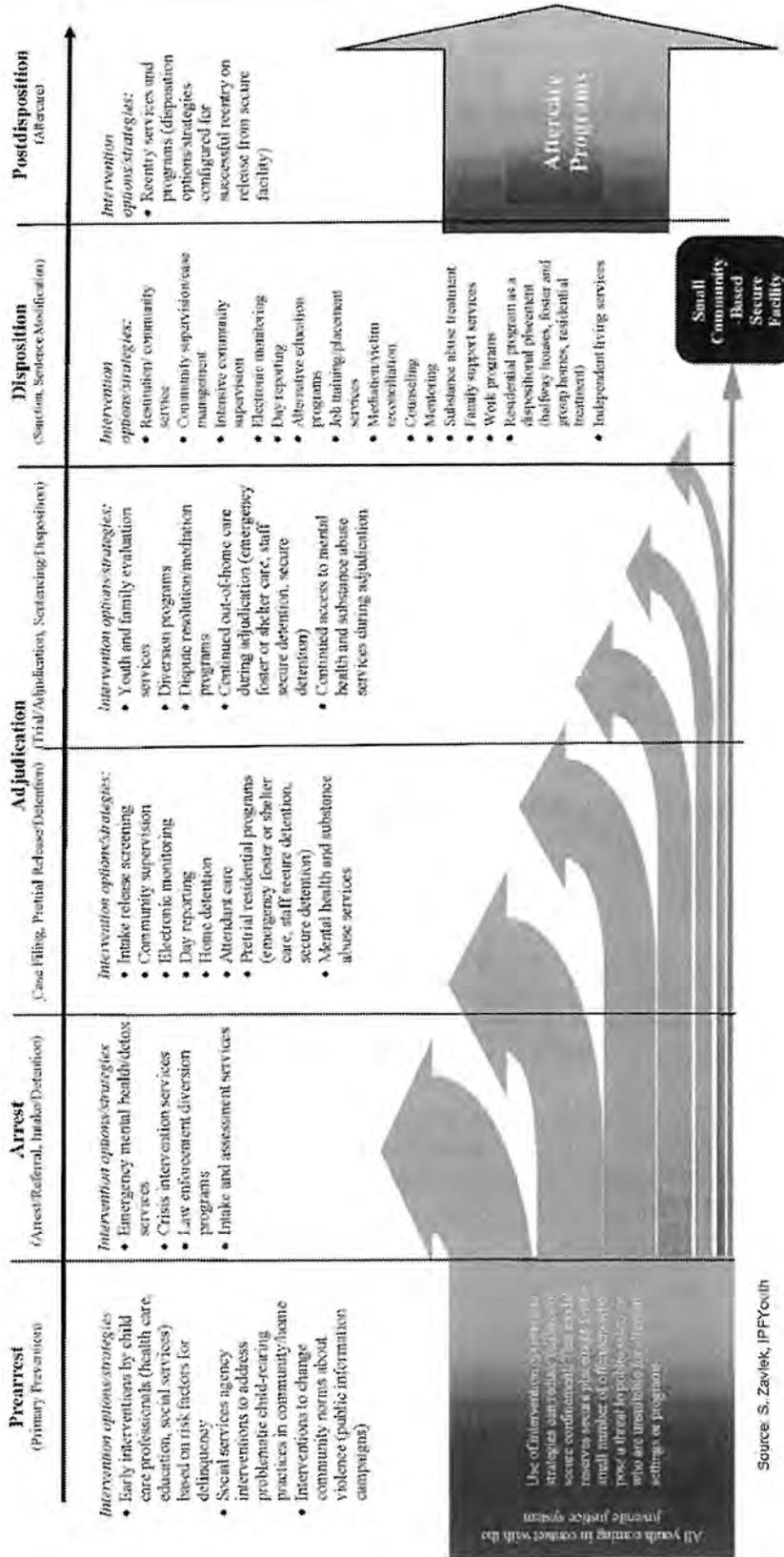
The assessment should consider all factors that affect demands on and use of sanctions and services. It should also examine all factors that drive the need for new detention and corrections beds, including the following: (1) policies, practices, and available resources; (2) arrest rates for various types of crimes; (3) speed with which the justice system processes cases; and (4) availability and use of alternatives to secure confinement.

Steps in the juvenile justice system assessment process include developing profiles of the community and the existing juvenile justice system, assessing other community resources, developing baseline information about how the sanctioning system currently operates, and researching historical justice system trends and analyzing data. The box that follows figure 2 outlines details of these steps.

Completing a system assessment requires many meetings. Participants include steering committee and assessment team members, public officials and policymakers, community leaders and citizens, and juvenile justice decisionmakers. The goal of the meetings is a consensus about the current status of the juvenile justice system, how well it is working, and how it might be improved.

Assessment results may be used to reevaluate or modify available sanctioning options, programs, and processes; refine forecasts of future bedspace needs; and identify opportunities for improving management of existing bedspace capacity. Information from the assessment provides a basis for shaping a vision of how the system might look in the future and for developing a strategy to realize that vision.

**Figure 2. Key Decision Points in the Juvenile Justice System:
Illustrative Intervention Options and Strategies**



Source: S. Zaviske, JPPYouth

Steps in the Juvenile Justice System Assessment Process

1. Develop a community profile. Describe the following characteristics of the community:

- Geographic area: location, size, climate, land use, etc.
- Resident population: demographic breakdowns (age, gender, income, marital status, educational attainment, etc.); population projections.
- Economy: major industry, economic trends, unemployment levels, poverty levels, etc.
- Assets and infrastructure: recreational facilities, libraries, shopping, transportation systems, health care, etc.

Such a profile yields information about issues and trends in the community that may affect use of juvenile detention or correctional facilities.

2. Develop a profile of the existing juvenile justice system. Describe the juvenile justice resources currently available in the jurisdiction, including the following:

- Police department.
- Court services, including probation and any alternative dispute resolution approaches.
- Prosecution and defense bar.
- Juvenile detention and placement facilities and operations.
- Community programs for juvenile offenders (day reporting, electronic monitoring, community service, mediation, etc.).

These descriptions should include information about each entity's functions, staffing, funding levels and sources, workload, etc. They should also highlight any major deficiencies or concerns with regard to facilities and operations.

3. Assess other community resources. Describe all other community resources that may work cooperatively with the justice system, including the following:

- Emergency services: fire, EMS, etc.
- Healthcare services: including services provided to juvenile offenders in the community and in custody.
- Mental health and substance abuse services: including services provided to juvenile offenders in the community and in custody (both residential and nonresidential).
- Juvenile services: residential and nonresidential.
- Social services.
- Schools and other providers of educational services.

These descriptions should include information about the extent to which each entity serves the juvenile offender population or otherwise addresses justice system needs. They should highlight barriers or problems encountered in providing services to this population.

Continued on page 14

Continued from page 13

4. Develop baseline information about how the sanctioning system currently operates. Address the following questions:

- What is happening in various sanctioning components for preadjudicated and adjudicated youth: detention, placement, intermediate sanctions, preadjudication services, diversion programs, probation and parole?
- How are cases being processed through the juvenile justice system, and what is the level and nature of coordination among justice system agencies?
- What is the system's current capacity for collecting and compiling information to support policy development efforts?
- Will the political climate support or impede change?

This information should help planners create or refine written policies regarding desired outcomes, target offender populations, screening procedures, intervention approaches, and capacity and costs of individual sanctions within the existing continuum of services.

5. Research historical justice system trends and analyze data. Collect and analyze the following types of data:

- Law enforcement data: arrests, rearrests, offense types, use of citations and warrants, etc.
- Court data: case filings, types of charges, dispositions, failure to appear rates, bonding practices, etc.
- Detention data: admissions and releases, average daily population, average length of stay, offender profile (age, gender, education, employment, special needs, charges, charge status, charge type, etc), recidivism, etc.
- Probation data: commitments and discharges, revocation data, caseloads, etc.
- Use of alternatives to incarceration: number and types of alternatives, number of juvenile offenders served, program completion/failure rates, etc.

Planners should also gather information from justice system officials regarding their policies and practices that affect use of detention. It can be helpful to construct a caseflow diagram as part of this process to understand how juveniles move through the system. The diagram provides a framework for linking together data from the various components of the system. As these data are collected and analyzed, a better understanding of the capabilities, deficiencies, and needs of the current system begins to emerge (Burke, Cushman, and Ney, 1996).

System Master Plan

The information compiled and analyzed in the assessment should be developed into a master plan that encompasses the design, use, capacity, and cost of a coordinated system of juvenile justice sanctions and services. A primary goal of this strategic plan is to identify opportunities for addressing inefficiencies and needs so that the system will function better and management of services and bedspace utilization can improve.

Through this process, states and local jurisdictions can evaluate whether juvenile correctional beds are being used appropriately and whether more effective use of alternatives might have an impact on the number or type of beds required. Jurisdictions can also determine the need for bedspace in smaller, specialized facilities that can be responsive to management needs of special populations such as sex offenders, female offenders, and youth with mental health, substance abuse, and/or behavior disorders.

The Facility Development Process

The process of developing a new secure facility for juvenile offenders (figure 3) is fundamentally similar to the process of creating a master plan for the overall juvenile justice system. Both activities rely on a systematic, participatory approach.

Just as a system master plan defines system needs and opportunities for the future, a facility master plan defines the functional and space needs of a new facility. To lay a solid foundation for the facility master planning process, stakeholders should achieve a consensus on the shared values, vision, mission, goals, and objectives for the new facility. Ideally, this process will be informed by comprehensive data on the justice system and the juvenile population to be served, developed through the assessment of the overall system.

Building a Foundation for Planning a Facility

The first step in the facility planning process is building a foundation for planning. In taking this first step, it is helpful to keep in mind that the best way to ensure the success of a project is to take control of it from start to finish. This requires understanding the decisionmaking processes that will be used and identifying and empowering the right participants so they can make sound and timely decisions. It also requires understanding facility planning, design, and construction processes; knowing how to create budgets and how to meet goals within limited budgets; and understanding the roles and responsibilities of all parties, including the owner.⁹

Develop the Project Approach and Participatory Process

The key to building and operating a successful small, community-based facility (or network of facilities) is a concerned, informed, and engaged owner and community. The facility planning process should be active and participatory. This approach creates a sense of shared ownership by all participants in the process, promotes an informed consensus, and helps to ensure that the needs of all interested parties and their departments and units are addressed.

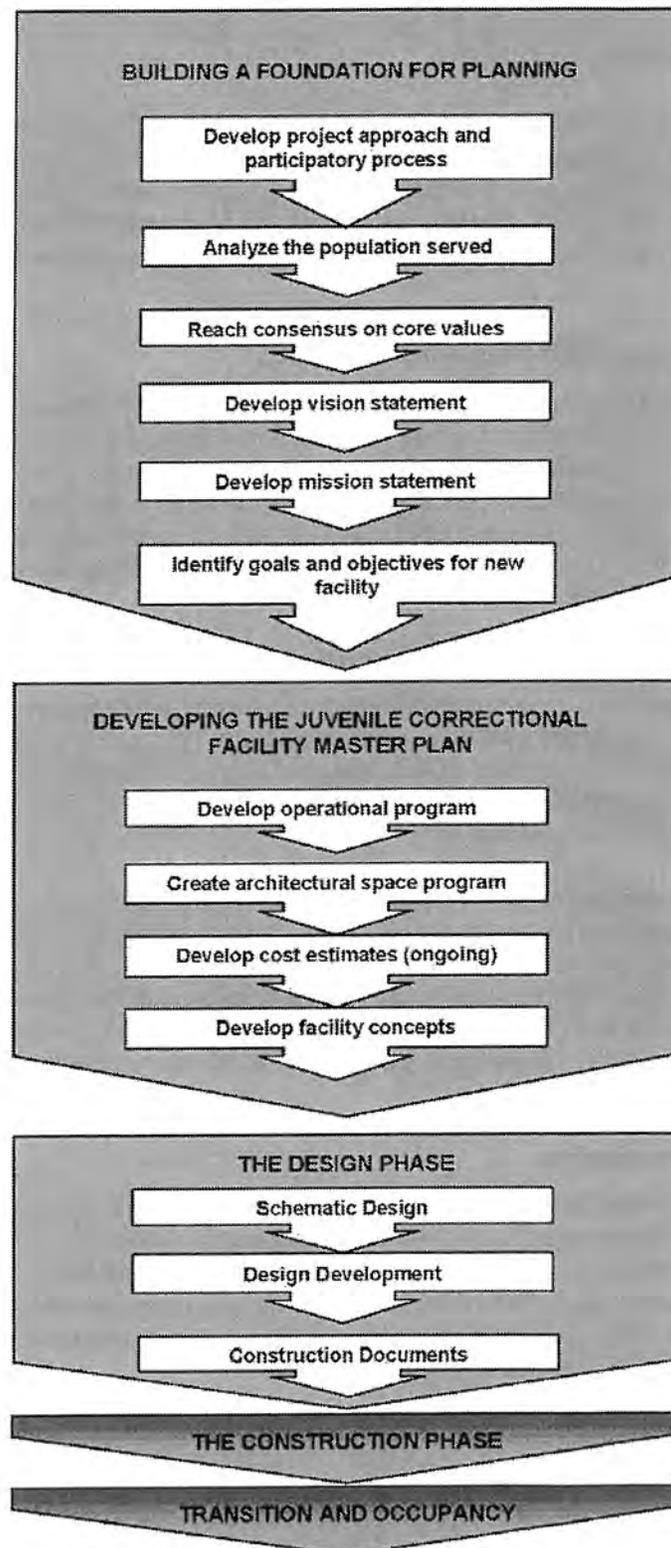
A planning team is established to carry out the day-to-day work of developing a master plan for the proposed facility. The composition of this team depends on the jurisdiction and the facility, but, typically, the team includes key facility staff (e.g., administrators and managers), technical members (e.g., an architect and a professional planner), and security and law enforcement representatives. For a community-based center, the planning team should also include court administrators, teachers, health professionals, and other applicable specialists. The planning committee is extremely “hands-on” and active throughout the facility development process.

Analyze the Population Served

Jurisdictions planning to build new secure juvenile facilities should first carefully examine their juvenile offender populations and the classification systems being used to determine secure bedspace needs. This analysis (which may have been substantially completed as part of the system assessment) should identify any existing alternatives to secure detention and placement and determine whether these alternatives are being used effectively. New space should be built only for youth who cannot function safely and effectively in less restrictive alternative programs.

⁹ The term “owner” refers to the organization or system that has primary responsibility for operating and paying for the facility. Depending on the jurisdiction, this could be a state, a county, an American Indian tribe, the juvenile court, or the probation department. The owner is also the entity that will occupy and operate the new facility when it is complete.

Figure 3. Facility Development



Source: S. Zavlek, IPFYouth

Population Profile

The first step in this analysis is to profile the current population of youth in the juvenile justice system and existing facilities. This involves gathering and analyzing data on age, gender, offense, legal status, offense history, substance abuse history, behavior, academic level, family, living arrangement at time of arrest, gang affiliation, and special management needs. Profiles should be based on the most comprehensive and recent local data available. Random samples may be used in populous jurisdictions, but larger samples and analyses of all data are warranted in jurisdictions with smaller populations of juvenile offenders.

The profile information is combined with population projections to determine: (1) appropriate custodial and noncustodial programs/alternatives for all youth, and approximate numbers of youth in each; (2) the types of custodial and noncustodial facilities that are needed and appropriate for youth and programs; (3) classification of youth in existing correctional facilities; and (4) design features of all spaces, from classrooms to living units, that best support youth and programs.

The profiling process can help jurisdictions determine both the need to build new facilities and the types of new facilities to build. For example, the data may indicate that a jurisdiction needs a 40-bed secure facility¹⁰ for boys, a 24-bed secure facility for girls, a 32-bed staff-secure facility¹¹ for boys, and 4 multiservice community centers (without beds) to provide substance abuse treatment, academic tutoring, anger management, family counseling, and prevocational training for 400 youth. A facility that targets the most serious and chronic juvenile offenders should be considered only after a jurisdiction verifies that the number of juveniles projected to fall within the physically secure facility category justifies construction of a new facility.

System Factors

In analyzing bedspace needs, planners should consider recent or pending juvenile justice system developments—legislative changes, policy shifts, crime trends, and other factors—at the local, state, and (to a lesser extent) national levels. One example is legislation that allows (or requires) juveniles older than a certain age who commit certain offenses to be charged as adults. Such a policy may reduce the number of local juvenile commitment beds needed but, because trials in the adult system often take longer than juvenile court proceedings, may increase the number of detention beds needed for youth with cases pending adjudication. Another example of legislation that affected bed needs is the federal Juvenile Justice and Delinquency Prevention Act of 1974, which required the deinstitutionalization of status offenders. Fewer low-security beds were needed, but this reduction was more than offset by the increase in demand during the 1980s and early 1990s for more secure bedspace to accommodate accused and adjudicated juveniles (e.g., youth adjudicated under legislation instituting harsher sentencing requirements and more severe treatment of serious juvenile offenders).

Although awareness of such developments is important, the continuum of available services and sanctions available for young offenders has an even greater impact on bedspace needs. Before a jurisdiction decides on the number and types of beds to be built, it should thoroughly study the population profile and projections together with existing and possible noncustodial alternatives. Without this key step, the jurisdiction is likely to overbuild, and the result will be dramatically higher construction, operating, and life-cycle costs than are necessary.

¹⁰ Secure facility in this context refers to a physically restricting environment that has hard construction, locked doors, and a secure perimeter.

¹¹ “Staff-secure” refers to an environment that is restricted by intensive staff supervision rather than by physical restrictions.

Facility Bedspace Capacity

Once a jurisdiction justifies the need to build a new facility, the next step is to calculate the bedspace capacity required for the target population. Because bedspace capacity has a direct impact on facility size, staffing, and operating and construction costs, establishing the number of beds required initially and over the next 10 to 20 years is a critical part of the planning process. Planners should be careful to document the rationale for all bedspace decisions.

Bed needs are determined by multiplying offender population projections by a factor that accounts for peaking and classification. Accounting for peaking is necessary because facilities must be able to handle fluctuations in offender populations. Classification must be considered to provide enough beds for different population categories and to ensure appropriate housing unit characteristics, which may vary widely depending on offender age, gender, offense, and behaviors. For example, if a violent, out-of-control youth enters a facility that has only general-population beds, serious problems may result. Although such youth usually comprise a very small percentage of the overall juvenile offender population, their impact on facility operations can be dramatic unless the facility design anticipates and accommodates their requirements.

Reach Consensus on Core Values

One of the most critical steps in building a foundation for facility planning is the articulation of core principles or values for the new facility. The core values, which reflect the shared beliefs of all stakeholders in the facility development process, will guide all decisions and activities related to planning, designing, and, ultimately, operating the new facility. These values help the owner define boundaries for decisions and activities and provide a gauge for keeping the planning and design processes on track.

Core values help the jurisdiction define a vision for the facility and a mission that will move the jurisdiction toward that vision. The mission and all related actions should fall within the boundaries defined by the core values. For example, if a core value is “promoting partnerships with family,” then the facility’s policies and design should be consistent with that value. It would allow frequent enough visits to accommodate families’ varying personal demands and work schedules. Visiting rules and procedures would be clearly stated. The facility would be designed to welcome family and guests by making access easy and providing comfortable and appropriate visiting spaces.

Develop the Vision Statement

The vision statement for a new facility will guide the planning process and provide the foundation for the facility’s operational and space requirements. The statement should be far reaching, portraying a future state

Sample Statements of Core Values

Promoting public safety. We promote public safety by being part of a continuum of services for youth that begins with prevention and ends with successful reintegration into the community.

Providing a purposeful program for youth. We provide a comprehensive, structured, purposeful, and gender-specific program that develops assets in youth and promotes their successful reintegration into the community.

Promoting partnerships with family. We encourage collaborations with family to best meet the needs of youth in our care and their families/support networks and to facilitate their successful transition back into the community.

Promoting partnerships with businesses, government, and community-based organizations. We encourage strong links and collaborations with business leaders, government, and the community to best meet the needs of youth in our care.

Promoting staff professionalism. We believe that staff are a valuable resource entitled to a supportive work environment that equitably enhances professional development and recognizes excellence.

Sample Vision Statement

All youth in the care of the Juvenile Justice Center will reach their fullest potential in a safe and nurturing environment and will become capable, productive, and law-abiding citizens.

that is better in some significant way than the current state. It should envision the new facility as part of a paradigm for juvenile crime control and treatment that taps into the community's strengths to address recidivism and reduce crime. Developing the vision statement requires a high level of participatory planning among key stakeholders. Ideally, before stakeholders begin this task, a system assessment team, legislative body, or umbrella agency will have created a broader vision for the juvenile justice system as a whole that provides a context for the facility's vision.

Develop the Mission Statement

The mission statement defines the "vehicle" that will transport the jurisdiction from its present state to its vision. It usually answers three questions:

- ◆ What is the purpose of the facility?
- ◆ What clients does the facility serve?
- ◆ What activities, services, or resources does the facility provide?

The mission statement should reflect the facility's core values, local risk factors for delinquency and youth crime, and community strengths and resources. It should be based on a consensus of all stakeholders.

Together, the statements of the facility's core values, vision, and mission provide a roadmap for key decisions during the planning process—including the definition of goals and objectives. In the longer term, these three fundamental statements will influence the nature and scope of juvenile offender custody, care, and treatment.

Sample Mission Statement

The mission of the Juvenile Justice Center is to promote public safety, reduce recidivism, and rehabilitate youth in our care through a continuum of services that are provided in safe and nurturing environments. To achieve this mission, the Juvenile Justice Center will focus on providing:

- Purposeful programming that includes prevention, diversion, supervision, education, behavioral management, therapy, youth accountability, and transitional services.
- Partnerships with families, the community, business leaders, and government.
- A diverse, well-trained, professional staff.

Identify Goals and Objectives

The goals and objectives of a facility shape its specific programmatic and design elements. Goals should support or build on the community's strengths and address local risk factors for delinquency and youth crime.¹² Therefore, the process of defining the facility's goals and objectives begins with a review of these strengths and risk factors. The available continuum of services and sanctions identified during the system assessment is a critical part of the protective factors or strengths from which the jurisdiction can draw. A new facility should be designed to build on the jurisdiction's strengths or protective factors (e.g., by providing safe and accessible workspaces for probation officers, lawyers, community-based service providers, and aftercare program staff operating in the facility) and to address its most prevalent risk factors (e.g., by providing comprehensive programming and well-planned spaces to support academic and counseling programs).

Goals often are expressed as the reduction of juvenile problem behaviors (e.g., recidivism, drug and alcohol abuse), reduction of risk factors (e.g., family conflict, availability of alcohol and drugs), or

¹² Research indicates that exposure to certain "risk factors" at the community, peer group, individual, family, or school level results in a significantly higher likelihood that a youth will become involved in delinquency, illegal drug use, or crime. The same research has identified "protective factors" or "assets" that appear to buffer youth against the effects of exposure to multiple risk factors. This research finds that strategies to decrease risk factors and enhance protective factors are important elements of an overall strategy for delinquency prevention and intervention (Hawkins et al, 2000; Loeber and Farrington, 1998; Farrington, 1996; Howell, 1995).

enhancement of protective factors (e.g., strong bonds between children and prosocial members of the community). Goals represent the desired end, not the means to the end. For example, if “lack of skills for employment” is identified as a risk factor for delinquency, the corresponding goal could be “helping youth in the facility gain skills that would increase their employability.”

Each goal should have a number of specific operational or programmatic objectives associated with it. Objectives are stated in concrete terms. Generally they specify who or what will change, by how much, and over what period of time. The more specific the objectives, the easier it is to determine if and when they have been achieved. For example, if a goal is “reducing family conflict,” an associated objective might be “Within 6 months after the facility begins operations, 85 percent of youth in its care for more than 10 days will be engaged in a family counseling program.”

As noted, each goal and objective has programmatic and design implications. During the facility master planning process (discussed further below), planners should conduct workshops with relevant staff and administrators to program each area of the facility, to ensure that the design will help staff achieve their identified goals and objectives. For example, to reach the goal of an enhanced family counseling program, the facility owner may choose to hire additional social workers or retain an independent contractor to set up an intensive family counseling program. The facility design would need to include spaces to accommodate the program. Such spaces might include a number of small conference rooms that are easily accessible to families, counselors, and residents and “family-friendly” visiting areas. Creating family-friendly visiting areas might have implications for where the areas are located (indoors or outdoors, accessible to visitors’ entrance); how they are designed (features to provide privacy, comfort, safety); and their functional and visual qualities (light, colors, visibility).

By carefully defining goals and objectives that are consistent with the facility’s core values, vision, and mission, planners can ensure that the core values are expressed in specific design features (figure 4).

Developing the Facility Master Plan

Once the system assessment is complete and the foundation for facility planning is in place—the core values, vision, mission, goals, and objectives—the next step is to develop the facility master plan. The master plan is not an isolated document. It should be viewed within the context of the overall plan for juvenile justice system sanctions and services.

As with overall system planning, the process of developing a master plan for a juvenile correctional facility is a participatory one. In addition to the interested stakeholders and the owner’s steering committee and planning team, the process involves consultants, architects, engineers, builders, and the public. In developing the facility master plan, participants will rely on the values, vision, mission, goals, and objectives already identified for the new facility and will explore operational and spatial alternatives to ensure the best possible configuration to achieve the mission and goals and realize the vision for the facility. The following sections provide a step-by-step overview of the facility master planning process, together with practical tips for implementing the process.

Develop the Operational Program

The operational program is a detailed narrative description of the specific program and service requirements, operational procedures, and management practices for each functional area of the facility. New facilities offer jurisdictions an opportunity to improve operations and services as defined during the system assessment process. Jurisdictions can explore state-of-the-art and emerging treatment and management methods that are responsive to the diverse needs of today’s youth-serving agencies.

Figure 4. Translating Core Values, Goals, and Objectives Into Design Features: Illustrations From a Facility Planning Project

Sample Core Values	Related Goal	Objective	Selected Implications for Facility Design
Promoting public safety	Develop a facility design that protects the public by preventing security breaches from within while permitting safe, secure, broad access for visitors.	In the first year of operation, the facility will have no escapes and will reduce reported incidents in visiting areas by 80%.	Maximum-secure facility perimeter with graduated levels of secure circulation within the facility to optimize safe and secure access by visitors. Strategically placed cameras at points of ingress and egress, good visual access to circulation corridors and visiting areas.
Providing a purposeful program for youth	Assist youth in developing a more positive self-image.	Within 10 days of admission, all youth will be engaged in a behavior management system that creates opportunities for success by permitting youth to achieve increasing levels of responsibility and privilege.	Availability of housing units ranging from maximum secure to transitional, elite lounges, isolation rooms, yards and courtyards, and diverse program spaces; design features such as desks and manual light switches (with overrides) in bedrooms; excellent site lines to allow movement to program spaces with visual observation.
Promoting partnerships with family	Encourage more and healthier family involvement with resident youth.	Upon activation, visiting hours will be increased 50%, with a commensurate increase in family visits; by the end of the first year of operation, 50% of eligible families will be enrolled in family counseling programs with residents in the facility.	Extensive, diverse, safe visiting spaces; conference and meeting rooms located conveniently for regularly scheduled family counseling sessions that include youth, social workers, and family members; large and small group visitation rooms; soft colors; privacy; child-friendly spaces in visiting area.
Promoting partnerships with local businesses, government, and community-based organizations	Increase residents' marketable skills.	All eligible youth in the school program will have access to vocational programs designed to teach marketable skills linked to the local economy.	Spaces designed for vocational programs tied to certifications in trades that are supported by the local economy or specific industries or businesses within the region. Participation of staff of related industries or businesses in facility planning and design process. Safe and easy access to vocational education and other education spaces for visiting instructors.

Source: S. Zavlek, IPFYouth

Jurisdictions can also investigate various classification systems, security levels, and daily program alternatives. In addition to accommodating traditional elements such as housing, dining, education, and recreation areas, a newly designed physical setting can incorporate new types of programs appropriate for special populations, units with smaller bed capacities, youth transitioning to the community, and even nonresident youth and their families (e.g., outpatient services, walk-in counseling, community supervision and training, conflict resolution, skills development, ombudsman services). A small, regional or community-based facility designed along these lines can provide support services to youth after their release from the facility, to youth who have been in custody in out-of-state programs, or to siblings of youth in custody who may be at high risk of becoming involved in the juvenile justice system.

The process of defining functional requirements for the operational program should be guided by the concepts and goals established during system assessment and planning and by the core values, vision, mission, goals, and objectives that constitute the foundation for facility planning. The best facilities are developed in response to a clear vision defined long before physical design efforts begin. The values that underlie that vision, established early on, serve as the benchmark for evaluating all aspects of the physical design process.

Before physical design efforts get underway, operational programming defines the kinds of spaces and the amount of space that will best serve the functions envisioned for the facility. This process involves rigorous examination of all potential activities (housing, education, vocational training, visiting, dining, recreation, medical services, administration, admissions, and support services); exploration of alternative approaches; and detailed description of the approaches determined to be most responsive to operational priorities.

Tips: Functional Requirements

Input from appropriate officials and staff is necessary in identifying the functional requirements of a new facility. Consultants can help to gather this input via questionnaires, interviews, and workshops.

Planners should work with interested stakeholders to define each functional area (e.g., intake, food service, recreation) in terms of the following:

- Mission, objectives, and policy issues defining the purpose of the area.
- General uses, including anticipated activities and functions.
- Frequent users (staff, students, community groups, neighborhood residents).
- Access (private, secure, and public movement) and adjacencies (which areas should be located adjacent or close to the functional area).
- Security level, including use of security hardware and cameras; sightlines, building materials (e.g., hollow metal doors versus solid wood doors, porcelain versus stainless steel bathroom fixtures, cement block versus dry wall); and furniture and finishes (e.g., fixed versus loose furniture, bright versus soft colors, carpet versus tile).
- Group size and supervision methods (e.g., housing unit capacity, direct or indirect supervision, spaces to support activities, and, if applicable, behavior management programs).
- Behavioral considerations, including users' perceptions, emotions, or circumstances (e.g., youth's high stress level and potential volatility in the intake area).
- Staffing requirements (direct care and other staff needed in the space, by shift and day of week).
- Hours of operation (including days of the week that the area will be in use and peak usage hours).
- Design directives (design features of each area, discrete spaces for users, special equipment, and furnishings).
- Applicable codes and standards.

Create the Architectural Space Program

Once operational needs are known, space planning begins. The architectural space program translates the functional requirements developed in the operational program into space, or square footage, requirements for each functional area of the facility and for the building as a whole. It defines with specificity the type and number of spaces required to support each function. The amount of square footage required for individual areas depends on a number of factors, including the kind of activity involved, the number and characteristics of juveniles who may use the space, staffing requirements, good operating practices,

Tips: Square Footage Estimates

The architectural space program should include a program summary that provides a tally of the net square footage (NSF) and gross square footage (GSF) totals for each functional area (e.g., housing, intake, food service, etc.) of the facility. The NSF represents assignable or usable floor space and excludes corridors, stairs, elevators, mechanical spaces, walls, and the building structure itself. The GSF equals the NSF multiplied by efficiency factors that represent the ratio of net usable space to gross unassignable space. Each functional area has its own efficiency factor. For example, in a recreation area comprising a large gymnasium, a storage room, and an office, the percentage of usable space would be high and therefore the efficiency factor would be low. The opposite would be true of a high-security, single-occupancy housing unit, which has a large quantity of walls (bedroom, bathroom, storage, etc.), plumbing chases, and secure construction.

In estimating total building GSF, some architects and planners add up all the GSF amounts for the various functional areas; others multiply the GSF sum by a building efficiency factor, which accounts for circulation among functional areas and mechanical and electrical areas that serve the entire building. In the latter case, lower multipliers are usually used for each functional area of the facility. As a result, the estimated total GSF for the building would be similar using either approach.

required furniture and equipment, and relevant state and national standards. Evaluation of these factors generates net area, or square footage, requirements for the usable areas of each anticipated facility function. Net area requirements are then combined with space requirements for general circulation and resident and staff movement through the facility, mechanical rooms, electrical closets, and other structural elements such as wall thickness. This calculation generates the gross square footage (GSF) or total building area of the facility.

The space requirements in the architectural program and all of the factors examined to derive them are the basis for space organization activities, specifically the development of adjacency diagrams that illustrate the desired connections and relationships between individual spaces (e.g., bedrooms, bathrooms, and living areas in housing units) and between groups of spaces (e.g., housing and education areas). The adjacency diagrams indicate general access and circulation patterns, resident movement, control points, and security features. Because the relationship and proximity of the various areas can be critical to the effective functioning of the facility, the design should clearly reflect the desired connections indicated in the adjacency diagrams.

Tips: Adjacency Information

One way to convey adjacency information is to create a matrix that lists all functional spaces in the facility along both the top and the left side. Each box in the matrix represents two corresponding spaces. In each box, a number represents the ideal relationship between the two spaces (one number might represent "must be immediately adjacent," another "visibility from one space to the other, but no physical connection"). Alternatively, "bubble" diagrams can illustrate relationships between functional spaces and activity areas (both indoor and outdoor) and the necessary or desirable features of each activity area.

Develop Cost Estimates

The area narratives, building gross square footage, and general spatial relationships described in the previous sections are used to project initial construction costs and total project development costs. The construction cost usually represents about 75 percent of the total cost of a project, with the remaining 25 percent covering items such as architectural and engineering fees, furnishings, site work, and contingencies. Thus, a building that costs \$10 million will usually entail a total project development cost of \$13.5 million.

Tips: Accuracy in Estimating Construction Costs

To calculate construction costs for the entire building, the cost estimator may simply use an average cost per square foot for all components combined, or the estimator may assign each component a different cost per square foot that reflects various factors. (For example, the cost per square foot for a high-security unit will always be relatively high, whereas that for nonsecure classrooms and administrative space will always be relatively low.) This second approach usually results in more accurate cost estimates.

If initial projections surpass anticipated or mandated funding levels (see section on funding considerations, below), further space programming is necessary to explore alternatives. Because it is difficult and expensive to make changes once the architect has begun to develop building plans, these cost considerations should be resolved as early in the process as is practical.

Tips: Ongoing Budget Review

As the planning and design process continues, the cost estimator has more and more information about the new building. Hence, each subsequent cost estimate should be more accurate than the preceding one. Each time a cost estimate is developed, decisionmakers should check that the project is still within budget. If an estimate exceeds the budget, planners should find ways to lower costs before entering the next phase of the process.

Ideally, project funding will be established at the completion of the programming process so that the size and anticipated cost of the facility have been thoroughly analyzed before the facility design process begins. Establishing the budget before programming takes place may make it necessary to eliminate required areas or reduce capacity if projected costs exceed the budget.

Tips: Staffing Costs

In addition to design and construction costs, planners must consider the cost of operating the facility. Staffing costs constitute the lion's share of a facility's annual operating costs and life-cycle costs (about 70 percent of life-cycle costs over 30 years). Thus, controlling staffing costs is a major consideration in facility planning. To estimate these costs, jurisdictions should develop a generic staffing plan based on a general assumption about the number of housing units and the number and type of posts, programs, and services projected for the facility. It is critical to consider how services will be provided (e.g., centralized versus decentralized, contracted or owner-operated). Developing a realistic staffing plan driven by actual programming and operational needs requires input not only from the facility operator and consultants but also from managers and staff of each functional area of the facility.

Develop Facility Concepts

The architect develops facility concepts (or conceptual diagrams) primarily to help the owner choose the design option that is most consistent with the jurisdiction's values, site, needs, and budget. These diagrams provide a visual representation of various configurations that may meet functional and space requirements. They illustrate key elements such as the facility "footprint" and the configuration of housing units and other functional areas. The diagrams should reflect issues pertaining to housing unit size, centralized versus decentralized services, classification divisions, access and circulation, and security.

In this phase, the architect and planner determine how many stories the facility will have and which functions work on which stories (blocking and stacking). They may also do studies that use three-dimensional forms to examine the relation of the building to its surrounding context and with its subparts (massing), to reach decisions about the building's external architectural form. By exploring conceptual alternatives in this way, the architect and planner can find an overall best solution.

Developing several facility concepts serves a number of purposes. In addition to depicting the various design options in a way that is meaningful for justice system professionals and other participants in the planning process, the concepts are useful in site planning, cost estimating (see previous section), and staffing.

Tips: Facility Concepts and Site Planning

If the jurisdiction has already selected a site (or has narrowed its selection to a few sites), the facility concepts should be applied to the site or sites. In addition to the building itself, the site concepts should show the following:

- Access points for general vehicular and pedestrian traffic, law enforcement (including secure ingress and egress), correctional agency vehicles, delivery vehicles (including loading docks), and trash vehicles.
- Outdoor recreational areas.
- Areas for the building to expand (e.g., added housing and classrooms).
- Areas for functions that may be added to the facility in the future (e.g., juvenile or family courts, day treatment centers, alternative schools, clubs).

After studying the concepts, the owner probably will prefer one option but will want to see some modifications. The architect refines the preferred concept based on owner input, and the process continues until the owner approves the design. A more detailed cost estimate should then be developed for the selected design concept.

Design

The building design process takes place following completion of the facility master plan. During building design, the owner works closely with the architect to ensure that the proposed design reflects the values, principles, and facility features identified during the planning process.

Tips: The Owner's Responsibility During Design

The owner's input is especially important at the beginning of the design phase. By the end of design, the process has become quite technical and the owner needs to rely more on the judgments and recommendations of the architects, engineers, and consultants. Nevertheless, it is critical that facility operators and other planning team members continue the review process throughout the design phase, asking the design professionals hard questions to ensure that all the technology, building systems, and room finishes (e.g., tile, carpet, block, sheetrock) support the jurisdiction's needs and will work well for staff, youth, and the community.

The design phase proceeds in three stages: schematic design, design development, and production of the construction documents.

Schematic Design

The schematic design builds on the selected facility concepts and continues to rely on the architectural space program and adjacency requirements. In schematic drawings, the owner can see the relative shapes and sizes of all the spaces in the facility. The main circulation patterns and the general character of the building begin to emerge in the schematic design phase.

Tips: Ongoing Design Review

During schematic design (as well as all other phases), the owner should insist on reviews during the process, rather than waiting until after each phase is completed. Often, informal "over-the-shoulder" reviews are very informative and helpful to the designers. However, even with such reviews, meetings are still important because individual reviewers may not agree and designers need clear and consistent direction. The owner should ask to see design documents (paper or electronic copies) prior to design review meetings, to make the meetings more efficient and productive and to avoid rushing the review process.

The end products of the schematic design phase include floor plans, site plans, a security zone plan, a site circulation plan, building sections, and elevations. The architect and engineer also outline the basic structural, electrical, and mechanical building systems and basic interior and exterior finishes and colors (usually referred to as "outline specifications").

Approval of the schematic drawings is a major step for the owner, who should insist that the architect circulate the schematic drawings widely and discuss them before panels that include all levels of facility staff and other stakeholders and interested parties. The architect should be willing to make several presentations at this stage to explain the basic concepts and ideas behind the design. Once the schematic design phase is complete, a more detailed and accurate cost estimate can be generated.

Design Development

During design development, detailed drawings and specifications are produced. These include finalized floor plans, elevations, and sections. The architects also develop drawings that show details such as staircases, windows, and doors. All design development drawings are drawn to scale.

Tips: Before Design Development Begins

Design development should not begin until all major design issues are resolved, primary decisions have been made, and participants are reasonably confident that the project will be within budget.

Design development is the first phase in which the full spectrum of engineers—mechanical, electrical, electronics/security, plumbing, structural—are heavily involved. They produce drawings that show structure, lighting, electrical outlets, electronics, plumbing, heating/ventilation/air conditioning (HVAC) systems, and construction materials. Specifications for all building systems, materials, and finishes outlined during the schematic design phase are detailed during this phase.

Tips: Critical Tasks for Owners During Design Development

- **Provide input on hardware, materials, and equipment.** This information is then indicated on the drawings and specifications. The owner should help to ensure that these items are consistent with the facility's mission and day-to-day operations and with the profile of the youth who will use the facility. In providing this input, the owner should keep in mind that different areas (even different housing units) probably will require different types of doors, windows, flooring materials, plumbing fixtures, finishes, etc. Owners should solicit input from facility managers and staff, architects, engineers, and maintenance administrators.
- **Discuss safety and security implications with the project's security consultant.**
- **Ensure that the project is within budget and on track.** If the project is not within budget, "value engineering" may be necessary. At this point in the process, it is easier to change materials, finishes, plumbing fixtures, hardware, etc., than to change or delete spaces. One exception: Some areas may be designed with the option of including them if the budget permits or adding them later if necessary (e.g., if a facility is designed with six housing units, perhaps one or two could be added in the future).

Construction Documents

Once design development is complete, the architect and engineers produce the detailed working documents that will be used for obtaining competitive construction bids and for construction. Their final submission includes working drawings for architecture and all engineering disciplines, a full set of specifications, and a construction schedule. At the end of this phase, they also submit a final revised cost estimate for construction.

Construction

Once the construction drawings are ready, the project is offered for bidding. Contractors submit bids in sealed envelopes, the bids are opened and compared, and, if the bids are consistent with the project framework, the jurisdiction begins negotiations, usually starting with the lowest responsive bidder. Some bidders may be eliminated based on criteria established by the owner and design team (e.g., recent experience building correctional facilities, or sufficient bonding/insurance). Once the negotiations are complete, the jurisdiction signs a detailed contract with the successful bidder.

Tips: The Design/Build Option

The design/build approach is an alternative to the traditional construction bidding process. In design/build, which is a form of project delivery that aims to simplify and speed up construction, owners contract with a single entity—the design-builder—to provide both design and construction services. The design-build entity may be a single firm, a group of experts, or a joint venture. Typically, the team includes an architect and a contractor, who may be partners in the undertaking or one a subcontractor to the other. Principal advantages of a design/build contract are the single point of responsibility and the potential to combine otherwise independent phases and thereby save time and money. A downside may be a reduction in the owner's responsibility and involvement after a certain point. To minimize loss of decisionmaking and control in such an arrangement, owners sometimes have one design team carry a project through schematic design or even partially into design development and then offer the project to design/builders for bids, specifying that the design cannot be changed and the outline specifications must be followed.

Once the contract is signed, construction begins. Timely, high-quality construction requires a good construction manager and effective supervision by the architect/designer (e.g., through approval of shop drawings, reports from observation of construction, interpretation of contract documents, and punch lists). However, the jurisdiction should continue to have its own project manager—ideally someone with a background in construction or architecture—during this phase.

Transition

While design and construction are moving forward, the owner carefully prepares for transition to and operation of the new facility. A well-thought-out transition and activation plan can help to ensure that staff and residents make a smooth transition and that the new facility operates as effectively and efficiently as possible.

The transition process, which requires attention to many details ranging from ensuring safety and security to supplying an adequate number of wastebaskets, is complex, time consuming, and demanding on staff. The process should begin 18 to 24 months before the projected completion date for construction.

The first step in the transition process is to establish an organizational structure. This includes appointing a transition coordinator and team, identifying major transition tasks and goals, and establishing task forces. The transition team should include representatives of all key facility functions (e.g., administration, training, programs, plant management, education). The steering committee formed earlier in the facility planning process will also continue to play a role. This initial step also involves defining a hierarchy of authority for decisionmaking and a process for identifying issues and getting them addressed.

Tips: Transition Task Forces

Task forces for carrying out the transition to a new facility typically include the following:

- Construction monitoring.
- Furniture, fixtures, and equipment.
- Interagency coordination.
- Programming.
- Scenarios, staffing, and facility schedule.
- Policies, procedures, and post orders.
- Security.
- Computerization and communications.
- Move management.
- Transportation.
- Public affairs and community relations.
- Recruitment, selection, and training of new and existing staff.
- Transition and operating budget.
- Resident and staff orientation.

The transition coordinator should establish a master timeline for the overall transition process. Each task force should have a detailed action plan and a timeline. The action plans (which are fluid) should clearly identify all tasks to be completed, due dates, and people responsible for each task.

Toward the end of construction and after the facility is officially transferred from the general contractor to the owner, the owner increasingly controls the project and must complete some essential tasks. An owner's "punchlist" should identify items overlooked by the contractor (e.g., missing locks, unpainted corners, building materials left behind) and address items that may create safety or security breaches (e.g., blind spots, fixtures that create suicide risks). A detailed logistical plan for the move should be developed, tested, and scheduled. Facility systems should be tested, and staff should receive training from manufacturers or staff trainers on how to operate these systems. Owner-purchased furniture, equipment, and supplies should be received and installed, and outfitting of the facility should be completed.

While attending to the many details involved in making the transition to the new facility, jurisdictions should keep the “big picture” in mind. A new physical environment offers a unique opportunity to implement major improvements in operations. Jurisdictions should, where possible, dedicate the time, effort, and resources necessary to take full advantage of that opportunity.

Tips: Smooth Transition to a Smaller Facility

Making the transition from large congregate care facilities to smaller facilities will inevitably present both challenges and advantages. The result can be disappointing if effective plans for operating the new facility are not in place. The following considerations are essential to a smooth transition:

- **Identify and resolve old problems.** Planners should provide well-thought-out programming, support facility staff through good training programs, and remember the adage that “buildings don’t solve problems, people do.”
- **Staff buy-in.** All levels of staff should be involved in developing operational plans. Staff committees can look at specific areas—security, education, food services, visiting, etc.—and develop plans for dealing with issues in each area. Remember that staff members will support what they help to create.
- **Alternative programs.** The new facility will have fewer beds than the old facility it is replacing. Based on decisions made during the system assessment and facility master planning phases, some categories of youth who were accommodated in the old facility will need to be placed in alternative programs and/or housed for shorter periods of time. A comprehensive plan should be developed for these youth, and alternative programs should be expanded and fully operational long before the move.
- **Culture change.** Serious attention must be given to creating an organizational culture that supports the values, vision, and mission that drove the design and programs for the new facility. The organizational culture is, in essence, the “personality” of an organization. In the juvenile facility, the culture may be apparent in the programs that management supports, the way things look, what staff are proud of, and how they talk to and act toward each other and the youth.
- **Post-occupancy evaluation.** Six months to a year after the new facility begins operation, the jurisdiction should evaluate the efficacy of the facility design and programs, as well as the transition process. Evaluation results form the basis of any design and programmatic changes that may be necessary.

Getting Started: Funding Considerations

Many federal and state grants are too small to pay for revamping an entire juvenile justice system or building and operating a new secure, community-based facility. These funds can, however, serve as seed money for initiating the process of changing from large institutions to smaller, community-based facilities. Such funds can also support a number of important related activities:

- ◆ Smaller projects ancillary to the construction of a new community-based facility.
- ◆ Planning studies or population analyses.
- ◆ Pilot programs.
- ◆ Development of classification instruments for use in targeting populations to be moved from large institutions to smaller, community-based facilities.
- ◆ Studies that help jurisdictions critically examine their classification and programming practices with an eye toward downsizing large congregate-care facilities.

Funding Ancillary Projects and Pilot Programs: Examples From Missouri and Wisconsin

When Missouri appropriated funds to construct 200 secure beds with the condition that no facility could exceed a 50-bed capacity, it used a small federal grant to draft model operating policies and procedures, risk and needs assessment instruments, and staff and site safety manuals (Hsia and Beyer, 2000).

Wisconsin used federal funds in 1995 to institute a “decompression treatment” pilot program that removes the most unmanageable, aggressive juvenile offenders from large state institutions and places them in a small, secure facility on the grounds of the state mental health institute, which administers the program for the state corrections department (see “Sample Programs, Mendota Juvenile Treatment Center”).

Summary

Juvenile justice system and facility planning is an interactive, dynamic process of working within a community or region to (1) identify local factors that contribute to delinquency, (2) identify local strengths and resources that create resilience in youth and prevent delinquency, (3) understand the continuum of services and sanctions that address delinquency and recidivism, and (4) plan and design appropriately sized facilities that are integrated within that continuum. Underlying the process is the principle of using secure facilities only for youth who pose a threat to the community or who cannot function in a less secure setting. The ultimate goal of the process is to create a system that effectively reduces juvenile delinquency and recidivism and supports the development of healthy, productive youth.

Sample Programs

The three programs described below fit the model described in this Bulletin and are offered as a starting point for jurisdictions interested in developing facilities within that model. The author selected these samples from a list of potential model programs developed in consultation with juvenile justice system practitioners throughout the country. Many of the programs on the original list lacked a continuum of sentencing and treatment options and/or empirical evidence of effectiveness and could not, therefore, serve as samples.

Fulton Treatment Center

The Fulton Treatment Center in Missouri is a 33-bed, high-security residential treatment program for males committed to the Division of Youth Services (DYS). With funds available from a 1994 bond issue and the 1995 Juvenile Crime Bill, DYS constructed a number of smaller residential facilities (one 40-bed, four 33-bed, one 24-bed, and two 20-bed) throughout the state so that youth could receive services closer to their communities. The Fulton Treatment Center, which opened in 1997, was a prototype for these facilities.

The Fulton facility uses an open-dorm model and is enclosed and locked with a perimeter fence. Youth are placed in treatment groups of 10 to 12 participants each. They receive educational services, vocational guidance, and a variety of counseling services (group therapy, family therapy, drug and alcohol counseling, sex offender counseling, etc.). Youth who successfully complete the facility’s program are released into the community and aftercare supervision with DYS.

Since fiscal year 2001, DYS has maintained a recommitment rate of 8 percent. Only 7 percent of youth discharged from DYS enter adult corrections within 5 years after their discharge.

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Jackson County Youth Center

The Jackson County (Michigan) Youth Center is a secure, co-ed facility that provides infirmary/health services and an academic program, day treatment program, family services, and aftercare. The center has a total capacity of 50 beds (24 detention, 26 short-term and long-term treatment). It is part of a 5-year strategic plan that has brought improvements in the county's management of juvenile offenders, as evidenced by the following results:

- ◆ The day treatment program provides immediate accountability for offenders' delinquent behavior and use of illegal substances, reducing the need for detention. Of the 78 youth who participated in the program from 1999 to 2003, 40 percent successfully returned to their home schools and avoided detention; 60 percent received graduated sanctions, moving along the continuum into more restrictive settings as appropriate.
- ◆ The detention unit reduced its average length of stay from 21 days in 1999 to 14 days in 2002. The residential treatment program increased its rate of successful transitions from 52 percent in 1996 to 77 percent in 2001 and 65 percent in 2002.
- ◆ Post-treatment adjudications decreased from 20 in 1995 to 4 in 2002.
- ◆ From 1995 to 2002, the facility administered more than 2,500 drug screens; 16 percent of youth tested positive and received graduated sanctions and treatment as appropriate, and 84 percent tested negative and received graduated rewards for staying drug free.

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Mendota Juvenile Treatment Center

The Mendota Juvenile Treatment Center (MJTC) in Wisconsin is a 29-bed secure correctional facility for male juveniles, located on the grounds of a state mental health institute. The mental health institute administers the MJTC program under the auspices of the state corrections department. The center uses the "decompression" treatment model to prepare the most defiant, aggressive youth for transition into conventional education, rehabilitation, and treatment settings.

The decompression model explains the behavior of the most unmanageable juvenile offenders in terms of a downward spiral in which these youth react in increasingly negative ways to deterrence-based sanctions. Sanctions beget aggression, which begets more sanctions, and so forth, until the juvenile is "compressed" into a behavior pattern of almost continual defiance. MJTC attempts to break this pattern so these youth will not withdraw (or be removed) from treatment. The MJTC program merges security with treatment when a youth's behavior becomes difficult and dangerous. If behavior requires increased security

measures, individualized treatment contacts also increase. Using a “today-tomorrow” strategy, the program rates each youth daily on basic behaviors (interactions with peers and staff, following rules, etc.); acceptable behavior “today” brings more privileges “tomorrow.” As youth become attached to having more privileges instead of repeating the antagonism-sanction cycle, they move toward greater involvement in school and therapy.

Regular outcome studies have compared MJTC participants with control groups to assess the effectiveness of the decompression treatment model. These studies have consistently found significant reductions in violent and felony reoffending among MJTC participants (Caldwell and Van Rybroek, 2001, in press).

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Resources

Planning and Designing Juvenile Facilities

Training

Juvenile Transition and Activation Planning (J-TAP)

The curriculum for this weeklong training program is targeted to jurisdictions that are planning for the transition to and activation of new juvenile detention or correctional facilities. J-TAP is a joint project of International Partnership for Youth (IPFYouth), the National Institute of Corrections (NIC), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). For information about the program, contact Shelley Zavlek, IPFYouth, 29 Donnybrook Drive, Demarest, NJ 07627, szavlek@ipfyouth.com.

Planning of New Institutions for Juveniles (Juvenile PONI)

The curriculum for this weeklong training program is targeted to jurisdictions that are planning, designing, and building a new juvenile facility. The Juvenile PONI program helps jurisdictions make well-informed planning decisions about building new secure juvenile facilities or about renovating or expanding existing facilities. Juvenile PONI is a joint project of OJJDP and the Bureau of Justice Assistance (both within the Office of Justice Programs) and NIC. A two-page Fact Sheet on Juvenile PONI is available from OJJDP at www.ncjrs.org/pdffiles1/ojjdp/fs200101.pdf. For information on related technical assistance that NIC offers, contact Nancy Shomaker, National Institute of Corrections, 1960 Industrial Circle, Longmont, CO 80501; 800-995-6429 ext. 120; nshomaker@bop.gov.

Publications

Anticipating Space Needs in Juvenile Detention and Correctional Facilities

OJJDP Bulletin. 2001. NCJ 185234.

Available at www.ncjrs.org/pdffiles1/ojjdp/185234.pdf.

Provides juvenile justice policymakers with information to help them project detention and corrections populations. Presents an overview of the roles of juvenile justice system policies and decisionmaking in determining space needs. Analyzes methods for projecting juvenile confinement populations, noting limits of simple projection models and describing a detailed example of a comprehensive projection

model. Examines practical implications of projecting detention and corrections populations and outlines differences between forecasting and predicting future space needs.

Construction, Operations, and Staff Training for Juvenile Confinement Facilities

OJJDP Juvenile Accountability Block Grants Series Bulletin. 2000. NCJ 178928.

Available at www.ncjrs.org/pdffiles1/ojdp/178928.pdf.

Provides practical guidance on best practices with regard to juvenile confinement facilities, including information on construction decisions, master planning, facility development, operations, and staff training. Offers a step-by-step explanation of the planning process, thorough instructions on determining the type of facility needed, and a detailed discussion of the key elements of operation. Also includes extensive references and resources.

Correctional Facility Design and Detailing

American Correctional Association. Available at www.aca.org/store/bookstore.

Offers comprehensive ideas for designing, detailing, and specifying correctional facilities of all kinds, including jails, prisons, and juvenile detention facilities. Systematically examines architectural planning for state-of-the-art facilities ranging from rural settings to urban highrises. Uses modular format to combine photographs, details, specifications, and design issues. Includes case studies of new construction and remodel projects.

Planning and Design Guide for Secure Adult and Juvenile Facilities

American Correctional Association. Available at www.aca.org/store/bookstore.

Provides architects, planners, and administrators with information for designing and building facilities that are safe, secure, and architecturally sound. Shows how the elements of a correctional facility can work together. Topics include planning, design, and construction processes and issues; inmate services and programs; administrative functions; service facilities and physical plant; security features and technology; and commissioning. Also covers budget development, privatization, ADA (Americans with Disabilities Act) guidelines, outsourcing/contract services, and staffing. Contributors include top architects, planners, and administrators of adult and juvenile facilities.

Alternatives to Incarceration

Publications

Focus on Accountability: Best Practices for Juvenile Court and Probation

OJJDP Juvenile Accountability Block Grants Series Bulletin. 1999. NCJ 177611.

Available at www.ncjrs.org/pdffiles1/177611.pdf.

Describes what it means to hold juvenile offenders accountable, details the role of the juvenile court and probation department, identifies the key elements of programs that promote accountability, and presents examples of exemplary community-based initiatives. Examples include diversion, mediation and restitution, specialized probation supervision, and aftercare programs.

Juvenile Intensive Supervision: Planning Guide

OJJDP Program Summary. 1994. NCJ 150065.

Available at www.ncjrs.org/pdffiles/juvsu.pdf.

Offers practitioners tools for implementing community-based intensive supervision programs as alternatives to long-term institutional confinement for designated juvenile offenders.

Outcome Evaluation of Washington State’s Research-Based Programs for Juvenile Offenders
Washington State Institute for Public Policy.

Available at www.wsipp.wa.gov/rptfiles/04-01-1201.pdf.

Documents the first statewide experiment involving research-based programs for juvenile justice, including functional family therapy, aggression replacement training, coordination of services, and multisystemic theory. Evaluates whether programs previously researched only as small-scale pilot projects work when applied statewide in a “real world” setting. Indicates that programs can be both effective and cost efficient, with savings ranging from \$400 to more than \$2,000 per participant.

Resources for Juvenile Detention Reform

OJJDP Fact Sheet. 2000. FS 200018.

Available at www.ncjrs.org/pdffiles1/ojjdp/fs200018.pdf.

Addresses the issue of crowding in juvenile detention facilities and describes detention reform initiatives.

Treatment Foster Care

OJJDP Family Strengthening Series Bulletin. 1998. NCJ 173421.

Available at www.ncjrs.org/pdffiles1/ojjdp/173421.pdf.

Describes an alternative to residential and group care placements for serious and chronic juvenile offenders. Includes an overview of the Treatment Foster Care approach, together with findings from evaluation studies.

Teleconference

How Shall We Respond to the Dreams of Youth?

OJJDP Teleconference. 2000. NCJ 182438.

Available online and on videotape.

See www.ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11045.

Highlights effective interventions and model programs that serve the needs of troubled youth. Includes interviews with successful “graduates” of the juvenile justice system, footage of the system at work, and highlights from “National Juvenile Justice Summit: Revitalizing the Juvenile Court” and the National Juvenile Justice Awards.

Organizations

The organizations listed below provide guidance and information relevant to programming, planning, designing, and operating juvenile detention and correctional facilities. They also offer resources for juvenile justice system planning.

American Correctional Association. www.aca.org. 800-222-5646.

American Institute of Architects. www.aia.org. 800-242-3837.

Council for Educators of At-Risk and Delinquent Youth. www.ceardy.org. 859-622-6259.

Juvenile Justice Clearinghouse. www.ojjdp.ncjrs.org/programs/ProgSummary.asp?pi=2.
800-851-3420.

National Council of Juvenile and Family Court Judges. www.ncjfcj.org. 775-784-6012.

National Criminal Justice Reference Service. www.ncjrs.org. 800-851-3420.

National Institute of Corrections. www.nicic.org. 800-995-6429 (Academy Division). 800-877-1461 (Information Center).

National Juvenile Detention Association. www.njda.com. 859-622-6259.

National Partnership for Juvenile Services. www.npjs.org. 859-622-6259.

OJJDP National Training and Technical Assistance Center. www.nttac.org. 800-830-4031.

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Acknowledgments

This Bulletin was written by Shelley Zavlek, M.Ed., J.D., President of International Partnership for Youth/Justice Solutions Group. Ms. Zavlek, formerly Executive Director of Capital and Operational Planning for the New York City Department of Juvenile Justice, has more than 25 years of experience in justice system and facility administration and planning, law, and education. Under cooperative agreements with the National Institute of Corrections (NIC) and supported by funding from OJJDP, Ms. Zavlek has developed two weeklong courses addressing the challenges of planning for and opening new juvenile detention and correctional facilities. She has presented these programs—Planning of New Institutions for Juvenile Facilities (Juvenile PONI) and Juvenile Transition and Activation Planning (J-TAP)—to numerous jurisdictions across the country. She currently provides technical assistance on planning, designing, and operating juvenile and adult correctional facilities to 22 American Indian and Alaska Native tribes under a cooperative agreement with NIC. As part of this cooperative agreement, Ms. Zavlek has overseen the development of a series of guides on planning, designing, and constructing detention and correctional facilities in Indian Country.

Ms. Zavlek is a member of the Governing Board of the National Partnership for Juvenile Services, President and a founding member of the Council for Educators of At-Risk and Delinquent Youth, and a member of the Juvenile Corrections Committee of the American Correctional Association.

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NCJ 209326

Barry Krisberg
1530 Edith Street
Berkeley, California 94703

March 28, 2016

To Whom it May Concern:

I am writing about the proposed closure of the Illinois Youth Center at Kewanee. I support the plans in this matter of the Illinois Department of Juvenile Justice and am submitting this testimony via email.

I am the federally court-appointed expert on safety and welfare issues in an agreement between the IDJJ and the ACLU known as R.J. et al vs Jones. I have served in this capacity for the past four years. During that time I visited every IDJJ institution several times and spent sufficient time onsite, including at the Illinois Youth Center at Kewanee. I am very familiar with the design and practices at IYC Kewanee.

I support the proposed closure and repurposing of the Kewanee facility for several reasons. First, the population of youth has declined in IDJJ facilities due to statutory and other policy changes. There is ample living space at other IDJJ institutions to accommodate the remaining Kewanee youth. Second, the IYC Kewanee has faced a chronic problem of recruiting and maintaining staff at almost all positions, especially education, counseling, security and mental health professionals. The lack of adequate staffing is a major and means that IDJJ cannot come in compliance with the provisions of the R.J agreement. Third, the substantial distance of Kewanee from many of the courts where the youth must attend hearings creates a burden of transporting these youth that further reduces the staff available to provide direct supervisions for youth.

The location of Kewanee makes it very difficult for families to visit the incarcerated youth and to maintain effective family contacts. The distance of Kewanee from major metropolitan areas in Illinois makes it very difficult to help youth plan and implement their successful return to community living.

The Kewanee facility is more suited as an adult corrections institution and is not an optimal treatment milieu for young offenders. The location also makes it difficult for youth to stay in communication with their legal advisors, special education resources and with potential future employers. The IDJJ plans to transition youth from Kewanee are thoughtful and will likely result in a net improvement in their care. IDJJ is taking appropriate steps to minimize the impact on current Kewanee employees and to give them viable job options in the future.

Respectfully yours,

A handwritten signature in black ink that reads "Barry Kusch". The signature is written in a cursive style with a long, sweeping tail on the letter "g".

The Status of Education Services and Supports for Students in the Illinois Department of Juvenile Justice, 2015¹

Peter E. Leone, Ph.D.
October 22, 2015

¹ This report is a requirement of the *R.J. et al. v. Jones* Consent Decree approved by the U.S. District Court on December 6, 2012.

Introduction and Summary

This report is the third in a series on the status of education services for youth in the Illinois Department of Juvenile Justice (IDJJ). During this last year I met with the IDJJ leadership team in Chicago, conferred with education Superintendent Davis, reviewed IDJJ policies for education and related areas, and visited each of the six facilities operated by IDJJ. As in previous years, I participated in conference calls with the parties jointly and with other monitors, and individually with attorneys for the defendants and plaintiffs. I also conferred by phone and email with several of the principals and teachers in IDJJ facilities and spoke by phone with residents at two youth centers.

The Remedial Plan approved by the Court in April 2014 set specific requirements for the IDJJ education program as well as other areas of operation at the youth centers. Among other things, the Remedial Plan required full-time schooling for youth, new staffing levels and new positions, substitute teachers, a blended instructional model, career and technical education, post-secondary education, and special education services. On September 4, 2015, IDJJ released *Improving Youth Outcomes – Six Month Update: Reporting Progress on Outcomes March 2015-August 2015*. The Six Month Update notes progress in a number of areas and acknowledges the considerable work to be done.

This annual report begins with a discussion of several areas where the education program has made progress during the past year, highlights innovative practices at several facilities, and identifies on-going concerns. The report then discusses the current education staffing at the youth centers and the consequences of an inadequate number staff to youth. This is followed by a review of the status of each of the education requirements of the Remedial Plan. Finally,

the report makes two recommendations to the Court to address some of the issues raised here. Appended to the report are profiles of several students interviewed during this past year.

Mixed Progress in Meeting the Education Needs of Youth

During the past 12 months there has been a steady improvement in the quality of education services at most of the youth centers. Observations and interviews indicate that most youth who have access to a full-time education program are satisfied with the quality of the services they receive. Unfortunately, at two Youth Centers – Kewanee and St. Charles – students do not attend school full time and satisfaction with the education program is low. Also, the least academically competent students appear to be the least satisfied with the quality of services.²

Many youth who receive full-time education services enjoy completing their work via GradPoint, a web-based virtual learning program that enables students to work relatively independently, complete coursework, and accrue credits. However, there is a significant number of youth who struggle with GradPoint and who, during interviews, disparage the quality of education services with comments like “I wish the teachers would teach.” Most frequently those who struggle with GradPoint are special education students.³

The sections of the Remedial Plan for *R.J. v. Jones* explicitly call for a blended learning model in which teachers combine on-line instruction with individual and small group instruction. This has been occurring at some youth centers but at others there does not appear to be specific policies in place for teachers. Given the absence of school counselors at all sites and the

² The education superintendent mandated full-day, five days per week schedules at these sites but staff shortages have made it impossible to provide full-time education services at these sites.

³ Many youth who are dissatisfied with the education program are eligible special education but do not receive services as specified in their IEPs (Individualized Education Programs) because of insufficient staff.

absence of administrative assistants at two sites, principals have not been able to provide the instructional leadership and work with teachers to effectively implement blended learning practices in their schools.

Two IYC schools, Chicago and Harrisburg participated with educators from youth centers in other states in a tech camp sponsored by the Center for Educational Excellence in Alternative Settings (CEEAS) this past summer. Among other things, the camp was designed to provide support to improve student achievement and engagement in math and language arts through the use of technology-enhanced learning tools and blended learning. Participating teachers from each site received a Chromebook and a 3D printer to enhance their ability to deliver instruction. In addition to teachers from the two sites, the IDJJ team included principals, the lead security staff, the assistant superintendent for programming from each facility, and the education superintendent for IDJJ.

Several other IDJJ education initiatives show the potential for engaging and intensive education services for youth. At IYC- Pere Marquette and IYC-Harrisburg, several students participate in Youth Build, a program in which youth receive both academic instruction as well as learn construction skills as they build affordable housing in the community. Currently, three youth at Harrisburg and six youth at Pere Marquette participate in the six-month long Youth Build program.

Another innovative project is a partnership between IYC-Harrisburg and Southern Illinois University's (SIU) Touch of Nature outdoor center. The program currently serves four youth

from IYC-Harrisburg; a science teacher and an SIU staff member from Touch of Nature jointly direct the program. During a visit to Harrisburg this past August, I observed youth learning about the local ecology as they restored trails at the center. Interviews with youth and discussion with staff indicated that this new initiative was highly regarded by both youth and youth center administrators.

While there has been some progress during the past year, staff shortages contribute greatly to the failure of IDJJ to meet many of the deadlines and requirements of the Settlement Agreement. The following section reviews issues related to staff shortages and reports on discussions with staff about the genesis of these shortages.

Staffing the Education Program at the Youth Centers

The schools operated by IDJJ at the youth centers continue to experience numerous staff vacancies with serious consequences for students. As this report is being written, only two of six IDJJ Youth Centers – Pere Marquette and Warrenville – have a full complement of teachers and other education staff vacancies exist at Pere Marquette, Warrenville, and all other youth centers. The staffing at St. Charles and Kewanee and until this past June, at Pere Marquette, is particularly bad. During the past year, students at these facilities on average received less than one half the instructional time to which they were entitled. At Pere Marquette, only one teacher was on staff from January until June of 2015. Consequently, the approximately 26 students at that facility enrolled in the secondary school program attended school either in the mornings or afternoons.⁴ At St. Charles long-standing teacher shortages have not abated during the past year

⁴ Ten of the 36 students at Pere Marquette on August 20, 2015, had graduated from high school or had earned a General Education Development (GED) certificate.

in spite of DJJ's efforts to recruit teachers. During the period from April 16 to June 18, the school at St. Charles was closed for 10 of approximately 40 instructional days.⁵ Students received on average less than 40% of the instructional time during this period. Follow-up interviews with two youth at St. Charles in August suggest that the problem may be worse than I initially thought. For example, these youth reported that in recent months, some units only attend school ½ day each week.⁶

At Kewanee there has been a slight improvement in the number of hours school is scheduled for all youth this past year, but security staff shortages have resulted in school cancellations on a regular basis. For example, at the time of my visit on June 22, 2015, school was cancelled for some youth because there were not enough security staff. Students placed on one unit at Kewanee receive no education services. My interviews with youth on 2A in the alternative placement housing indicated that school was not regularly scheduled. One youth who had been on 2A since being returned to Kewanee for a parole violation in January 2015 had not been in school for more than 6 months. Another who was placed on 2A in February 2015 had not received any school services at the time I interviewed him in June 2015. A third student on 2A had not received any education since his placement there in April 2015. At Warrenville, several youth have been housed on a separate unit for residents with the most challenging behavior and have received minimal education services. Interviews with youth and another member of the monitoring team indicated that girls on this unit only receive one hour of education services at most each day.

⁵ On three of the 10 days school was cancelled during this two month period, school was closed in the morning or afternoon; on the other seven days, school was closed the entire day.

⁶ The students interviewed by phone on August 26, 2015 were residents of Robinson and Cleveland cottages.

Students receive less than the five hours of academic instruction at Kewanee and St. Charles (and until this past June at Pere Marquette) each day for several reasons. Shortages of qualified teaching staff is a major contributor to inadequate academic time for students. A second related problem is the lack of sufficient numbers of custody and security staff needed to escort youth to the schools and provide supervision while youth are in school. In December 2014, IDJJ received an exemption from State personnel code via Senate Bill 2992, As Amended. This change enabled applicants for IDJJ teaching and education support positions to bypass the CMS grading process to qualify for employment. While this change in the regulatory requirements for hiring IDJJ education staff was welcome by IDJJ administrative staff, it has been inadequate to ensure that the education programs are fully staffed.⁷

⁷ Teaching and other staff shortages are not due to insufficient interest in teaching incarcerated youth. Rather the shortages are associated with the cumbersome and protracted hiring process that IDJJ is required to use to fill vacant positions.

Table 1 shows the extent of the teaching and other staff shortages in the IDJJ education programs based on an August 2015 staffing update provided by IDJJ.⁸

Table 1: IDJJ Education Vacancies, August 2015

	Positions Required by the Remedial Plan	Current Vacancies
Special Education Teachers	36 ⁹	21
General Education Teachers	54	15
Vocational Instructors	10	7
School Counselors	8.5	8.5
Special Education Instructional Specialists	5 ¹⁰	5
Office Coordinators	6	2
Library Associates ¹¹	6	4 ¹²
Totals	125.5	62.5

There are on-going problems associated with filling vacant positions and attracting new talent to classrooms and support positions. In September, 2014 the monitors jointly sent a letter to Director Jones urging her to work for legislative and/or regulatory reform that would enable the agency to recruit and hire staff independently from Central Management Services. We opined that it would be extremely difficult to fill vacant positions and achieve compliance with the Remedial Plan in the absence of major changes in the ways in which IDJJ hires staff. The relief provided by Senate Bill 2992, As Amended, eliminates one step in a cumbersome hiring process but IDJJ continues to suffer from a system inadequate and inappropriate for hiring teachers in a

⁸ Correspondence with youth center principals in September 2015 confirmed the extent of the shortages though the exact number of vacancies may have changed. The number of vacancies for vocational instructors was not available.

⁹ As required by the Remedial Plan submitted by the parties and approved by the Court. The numbers of required teaching positions were generated by the school superintendent and human resources staff.

¹⁰ Special ed. Instructional specialists at Pere Marquette and Warrenville are .5 FTE.

¹¹ Per discussions between the education monitor and defendant's counsel, these positions will be filled with librarians once position descriptions have been developed.

¹² Library associates at Pere Marquette and Warrenville are .5 FTE.

competitive marketplace where most positions are advertised and filled between March and August each year. With the exception of two teachers hired at Pere Marquette in June 2015 in response to a crisis, the time between posting positions and hiring staff takes months longer than it should. Well-qualified teachers receive teaching offers from school districts while awaiting to clear background screening and other hurdles associated with IDJJ's hiring process. IDJJ has minimal ability to speed up the current hiring process.

Consequences of Staff Vacancies on Youth. The effects of an inadequate number of teaching, supervisory, and support staff on youth are consequential. When youth are unable to attend school full-time because of unfilled teaching positions and vacancies among custody and security staff, they fall further behind their peers. The likelihood that they will be able to earn a sufficient number of credits and complete coursework and graduate from high school or alternatively pass the GED test are diminished. Further, the ability of students to complete coursework and achieve milestones is also compromised.

Status of Compliance with the Remedial Plan

The status of each of the education components of the Remedial Plan is discussed below.

1. Full-Time, Full-Day Instruction. IDJJ does not provide full-time, full day instruction – five hours per day - on all scheduled school days in each youth center. Youth with high school diplomas or GEDs do not receive the 2 ½ hours of services as specified in the Remedial Plan. Youth in reception and classification units do not receive any alternative education services.
2. Teacher Staffing Levels. Less than one-half of all positions required by the Remedial Plan have been filled. Special education services and staffing levels have been effected by staff shortages. While DJJ has worked diligently with the legislators, Central Management

Services, and with Shared Services, the efforts to date have been inadequate to address education staff shortages. Per the Remedial Plan, these positions should have been filled by April 2015.

3. Other Education Staffing Levels. DJJ and the education monitor have conferred about appropriate staffing levels for school librarians, school counselors, school clerical staff, and special education instructional specialists to assist special education teachers. To date, the vast majority of these positions have not been filled and a number of new positions have yet to be created or authorized.
4. Substitute Teacher Policy. DJJ has a substitute teacher policy.¹³ None of the schools in the youth centers have substitute teachers.
5. Modified School Calendar. During the 2014-15 school year, the IDJJ operated under a modified school calendar that minimized teacher absences during the academic year.¹⁴ The 2015-16 calendar is similar but while the academic calendar specifies non-instructional days during traditional school holidays such as at the end of the year and during the summer, teachers are allowed to work these non-instructional days and take vacation time during the middle of the semester.¹⁵ The absence of substitute teachers compounds this problem as some students do not receive education services while their teachers are on vacation.
6. Blended Instructional Model. The blended instructional model required by the Remedial Plan has been unevenly implemented at best. Some teachers do provide individual and small group instruction periodically in their classrooms. At most sites however, implementation is uneven.

¹³ IDJJ School District, Board Policy 5:220.

¹⁴ This calendar was reviewed and approved by the Court.

¹⁵ This practice would never be tolerated in a public school system.

7. Curriculum. The GradPoint web-based instructional system has been in place for several years. Problems associated with adequate technical support for the system (e.g., inadequate bandwidth to operate the program) are slowly being addressed. As noted earlier, a blended instructional model as specified in the Remedial Plan, is not a reality in most IDJJ classrooms. Because of inadequate staffing, students are not able to stay on track and make adequate progress toward graduation at two of the six youth centers. Vocational education or CTE (career and technical education) is only available to a small fraction of youths in custody. While several sites have purchased building trades programs such as Paxton-Patterson, for the most part, equipment and technology set unused because of inadequate space or lack of teachers.¹⁶ Several sites have youth enrolled in Youth Build, a six-month building trades program and at IYC-Harrisburg, a culinary arts program was reinstated this summer.¹⁷ Most youth with a high school diploma or a GED certificate have no regularly scheduled academic or vocational programming. With the exception of a handful of youth enrolled in Youth Build and several youth participating in the partnership with Touch of Nature Center at SIU, graduates spend their time on the units and working at the youth centers. Very few youth with literacy levels below the 25th percentile receive intensive literacy support as required by the Remedial Plan. Students at several youth centers receive tutoring from Literacy Volunteers of Illinois, but no IDJJ staff provide these services.

8. Special Education Policies and Procedures. Because of the vast number of unfilled education position and the shortage school psychologists' services, many students in the youth centers do not receive special education services as specified on their IEPs. In many

¹⁶ At St. Charles, the Paxton-Patterson materials are on site but are not used. The teacher, a union negotiator, has been off site 3 days every two weeks. Because he is the only CTE teacher at St. Charles and because there are no substitute teachers, students do not receive services.

¹⁷ To date, ServSafe Certification – the industry standard for food handlers – is not available for students in this program. Most culinary arts programs routinely provide this certification as part of the curriculum.

cases, IEPs are out of date and the implementation and monitoring process associated with special education service delivery is absent. IDJJ has updated its special education policies but is unable to implement them because of the dire staffing situation.

Infrastructure

In the September 2013 and October 2014 reports to the Court, I discussed the lack of infrastructure supporting the education program. Problems noted earlier, the absence of school counselors, librarians, substitute teachers, and administrative assistants continue in spite of the Remedial Plan. The significant problems with hiring well-qualified staff including the ability to appoint new staff in a timely manner can be directly attributed to the cumbersome and unwieldy hiring practices. In spite of relief provided to IDJJ earlier this year that enabled the agency to bypass the CMS grading process, much of the control and timeliness of hiring is not in the hands of IDJJ administrative or human resources staff. Absent regulatory change, things are unlikely to improve.

Unlike many state employees, teachers and other professionals working in the public schools are typically hired and typically change jobs on a cyclical basis. That is, positions are often posted in the spring and early summer and school districts determine who will remain on staff and who is retiring or moving to a new position. By July or early August, most school districts offer contracts to their professional staff for the coming year. Once teachers and other professionals sign contracts, they are obligated to remain with the school district under contract for the duration of the academic year. When teachers apply for positions in state agencies like the IDJJ they have few options when job offers are tendered by school districts but the IDJJ hiring process

is not complete. Most teachers do not have the luxury to wait to see if they are offered a contract by IDJJ after the beginning of the academic year. Teachers who begin the school year under a contract with a local school district risk sanctions from the Illinois State Board of Education if they resign to take a position with IDJJ.

Recommendations

1. The IDJJ leadership in concert with CMS, the Illinois State Board of Education, and appropriate Illinois legislative committees, needs to address the problems associated with the inability of the State to fill teaching and other education vacancies.^{18 19}
2. IDJJ and the State need to develop a plan to provide compensatory education and support services to youth who, because of absence of teachers and lack of custody or security staff, were unable to attend school and earn credits at an appropriate pace while incarcerated at IDJJ facilities. These services should be individually tailored and provided in the community by public and private providers. Appropriate services could include academic remediation and support, career counseling, GED preparation, post-secondary education, and credit recovery.²⁰



October 22, 2015

¹⁸ No one reading this report would tolerate a school district that failed to provide timely services that meet state requirements and provided full-time instruction for their own children.

¹⁹ This problem is not unique to vacancies for IDJJ education staff.

²⁰ During discussion of a draft copy of this report with the parties, defendants' attorneys opined that this recommendation was beyond the scope of the Remedial Plan.

Profiles of IDJJ Youth²¹

- CM is a 15 year old student at St. Charles. He is eligible for special education services but does not receive the instructional time to which he is entitled because school is frequently cancelled due to staff shortages.
- GS is a 15 year old from Waukegan. At the time he was interviewed, he had spent five months at St. Charles and anticipated leaving in March 2016. His favorite subject is math and his favorite author is Walter Dean Meyers. He doesn't like frequent school cancellation and is concerned that he does not earn credits when he is not in school.
- ES, MD, and BL are youth housed on unit 2A, a specialized housing unit at Kewanee. Like the other seven youth on 2A, these youth aged 16-20 receive no education services. ES, a 17 year old with 10 $\frac{3}{4}$ credits, was placed on unit 2A in January 2015. MD, another 17 year old, has
- EB, graduated from high school in 2013 at an IDJJ facility. He has spent much of the past two years at IYC-Harrisburg and Pere Marquette with no education services because he has a high school diploma and education services are not available to graduates and GED recipients. EB is interested in becoming a welder or diesel mechanic.
- BG, a 17 year old with a history of special education services, has 10 $\frac{1}{2}$ high school credits. He likes to read and says that the teachers at ICY-Harrisburg are nice. He doesn't like working on computers and prefers book work. His favorite subject is math.
- WC is a 17 year old from Peoria with 10 credits. He likes the school program in the IDJJ. He is interested in studying business in college after graduating from high school. He spent three weeks on the intake unit at IYC-Harrisburg where he received no education services.
- MK is an 18 year old from Dixon with a GED. He was placed at IYC-Harrisburg in February 2015 and anticipates release in March 2016. He is interested in becoming a welder but has not received any CTE (Career and Technical Education) services in IDJJ facilities since receiving his GED.

²¹ The initials of the youth profiled here have been changed to protect their identity.

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

R.J., et al.,)	
)	
Plaintiffs,)	No. 12-cv-07289
)	
vs.)	Hon. Matthew F. Kennelly
)	
Candice Jones,)	
Defendant.)	

**MENTAL HEALTH
MONITOR UPDATE**

Date of Report: November 2, 2015

This report focuses on Part II of the remedial plan, which concerns mental health issues, and Part IV, which concerns confinement issues. This report's findings and recommendations are based on my monitoring of the IDJJ during the last year, including my facility site visits, interviews with IDJJ officials, staff, and youth, and review of IDJJ documents.

Facility Assessments

IYC Chicago

I inspected and evaluated IYC Chicago on March 31, 2015. They had a total of 61 youth at the facility. IYC Chicago is not an Intake program, nor does it define itself as a program for youth with significant mental health concerns. There are few youth with any significant mental health issues or significant acting out behaviors. If this were to occur they would be transferred to IYC St. Charles or IYC Kewanee.

They are not fully documenting Informed Consent utilizing the revised forms and information about dosage levels and side effects as required by revised policies. When one reviews the charts, one does not see documentation of side effects and goals of the medication. One also gets no concept that families/guardians have been fully informed. DJJ has appointed a Medical Director since my 2015 facility visits and reportedly will ensure full compliance with informed consent requirement. This will be a subject of monitoring in 2016.

There are relatively few youth on psychotropic medications. The psychiatric hours have not changed. The psychiatrist comes out 5 hours per week. She typically comes out Sundays like she had the year before. This psychiatrist is a child and adolescent psychiatrist.

There were no concerns identified regarding seclusion at IYC Chicago. In regards to youth who had recently been on confinement, the maximum amount of time on confinement was three and a half hours.

I did not see any Aftercare staff at IYC Chicago. These are the IDJJ staff who supervise youth in the community after their release from IDJJ secure facilities. The remedial plan requires coordination by mental health staff with other staff to plan community reentry. The remedial plan also requires aftercare planning to begin within two weeks of a youth's commitment to IDJJ. My strong concerns, as with my earlier monitor report, are that the Aftercare appointments are not being made for these youth while they are at their facility as part of the coordinated release planning. DJJ's revised policies for case planning required this coordination which will be monitored in the coming year.

They informed me they were going to begin implementing the Youth Assessment and Screening Instrument (YASI) screening tool, which is replacing the CANS (Child and Adolescent Needs and Strengths). They talked about a Positive Behavior Interventions and Supports (PBIS) coach and having a monthly PBIS meeting. They felt the behavioral program is coming along though this is only beginning to be implemented. This will be a subject of monitoring in 2016. They are implementing the SPARCS program for some youth and for all youth having the SOS curriculum. They have a Wells (alcohol and substance abuse) Program at the facility, which has 22 beds. At the time of my interview, they had 18 youth in this program.

For one of the healthiest groups of youth in IDJJ, it appears IYC Chicago does an adequate job. IYC Chicago, with its central location will be among the most apt to get the staff they need, which appears to be why they have a full complement of staff which for the most part have stayed on. There also seems to be a full complement of security at this facility.

There are no family therapy sessions. There have been no changes in this since my earlier reports. No didactics and no structure have been put together to implement family sessions. This is still an area of deficit. The remedial plan requires family therapy as appropriate.

IYC Warrenville

I inspected and evaluated IYC Warrenville on March 31 and April 1, 2015. All of the females who come to IDJJ are assessed and housed at IYC Warrenville. IYC Warrenville had a total of 32 youth when I visited. Their Treatment Unit Administrator continues to be Dr. Harbaugh.

Essentially nothing significant has changed at IYC Warrenville since my last evaluation. They are doing a variety of treatment interventions as they were doing previously, including DBT, SPARCS and family therapy, reportedly by telephone.

I am not impressed with family therapy at any facility in IDJJ. Until protocols can be put into place that youth follow, this is going to be a problem that needs to be followed up with. Like other facilities, they state they do some family therapy by telephone, but the assessment process with regard to the needed family therapy and the types of interventions implemented are essentially nonexistent. As with the other facilities, there needs to be a consistent process in place for family therapy. This is not yet in place.

At the time I was there, they reported there were no transgender youth. In the previous year there were 6 youth that potentially had that identification.

At the present time, they have 7 youth in the Wells Program (alcohol and substance abuse). They reportedly have space for up to 20 youth.

There was one youth I evaluated who essentially is on a behavioral plan that provided limited contact with other youth at the time of my site visit. She presented a very challenging case in that she is an aggressive youth who is unable to sustain herself at placement and unable to sustain herself safely outside of the unit they have her on alone. They have consistently attempted to get her off the unit and they have staff working with her repeatedly. They give her time out of her room. However, this has been something problematic. Once the IDJJ contracts with a board-certified child and adolescent psychiatrist, as required by the remedial plan, the facility staff hope to get more oversight and interventions regarding these types of situations. They have done a commendable job however in this case under the circumstances and DJJ subsequently reported that the youth had transitioned to a residential unit with other youth.

As with the other facilities, Aftercare was not visible. I got no sense that any type of Aftercare programming is put into place prior to the youth leaving. For example, there were no appointments or other types of interventions.

Warrenville also has a number of youth who are past or near their Administrative Review Dates, when youth are scheduled for parole review. This could be an area of potential concern in regards to why exactly the youth are still being confined to a juvenile correction facility.

They reported the facility psychiatrist does psychiatric assessments on all of the youth and follow-up where appropriate. IYC Warrenville has continued to feel they need more psychiatric hours to assist in the care of the youth. As discussed above, a major area of concern at IYC Warrenville has to do with Aftercare plans. I think that having more psychiatric services would be of benefit in regards to assisting and working with other mental health staff regarding planning, in particular with some of the more complex children.

IYC Kewanee

I inspected and evaluated IYC Kewanee on June 23 and 24, 2015. There were 152 youth present. IYC Kewanee houses male youth who have been classified as higher security risks or as juvenile sex offenders. These two groups include many youth with substantial mental health needs.

IYC Kewanee reported they are down a significant amount of security staff. As a result, youth in many of the dorms are typically kept in their rooms for extended periods of time. This is of significant concern.

Youth in Units 2A and 6B are reportedly spending up to 24 hours per day in their rooms, with some having up to 2 hours per day out of their rooms. I found no youth who had more than that amount of time out of their rooms in these alternative dorms. Essentially these two dorms are acting as confinement Youth continued to report that they are in their rooms for extended periods of time, upwards to 22 or more hours per day.

I was informed that there are three phases for these youth and on Phase 3 they should have at least 8 hours out of their rooms. In speaking with the youth, this is not occurring. However, even though Dorms 2A and 6B have been developed into two or three week programs, in reality youth are staying on these units for significantly longer. Even those youth in Phase 3 of this program, which are expected to get over eight hours of time out of their rooms per day, at most get one or two hours out per day.

I met with a group of youth after spending time on Unit 2A. The youth in this particular group are all either high school graduates or have obtained their GEDs. They felt they were being punished because there isn't the option of going to school; rather, they have to spend this time in their locked cells. They said there are no other options for them. Many of the youth informed me they are not able to go to their scheduled groups and they have become progressively more upset about this. There continued to be significant educational difficulties. I saw no signs of an educational process occurring in these dorms.

There was one youth that I met in Unit 6B who reportedly had been spitting on staff and was put to the ground. The youth reported that he was assaultive to staff but he then had a "spit mask" put over his head and was repeatedly beaten by staff, ultimately breaking several of his teeth. He had seen a dental assistant at the time I was there, but had not seen a dentist. The senior nurse reported to me that they would not fix his broken teeth in any type of more complete fashion until shortly before release, reporting that youth in general have a history of reportedly breaking their teeth again. There were reportedly tapes which had been reviewed, but I did not see these tapes.

The MISA Program (mental illness and substance abuse) has been stopped. I was informed they were going to have a general alcohol and substance abuse educational program for the facility. They were still assessing youth through the Gains Assessment for substance abuse, but staff were still in the training process while I was there. Essentially, the whole alcohol and substance use programming at IYC Kewanee seemed questionable at best.

Last year I brought up the issue that it was very difficult to understand any practical difference between the MISA Program and the Wells Program. There is no longer a MISA program. However, it is unclear what kind of substance abuse program is effectively working at IYC Kewanee.

I met with 4 Wells Program staff at IYC Kewanee. They reported they are reassessing all of the drug treatment programming and at this point only three youth had been identified to begin the Wells Program. They are going to do GAINS assessments on youth at IYC Kewanee to further assess who might be appropriate. Staff reported that once the GAINS is given, after one year it is no longer valid. Whatever type of general substance abuse education program is ultimately put together for the general population, this has not yet occurred. There were actually not any programmatic components that they could show me.

At the present time, clearly alcohol and substance abuse issues are not being adequately taken care of at IYC Kewanee. Although there appears to be development of a potential change, this has not been implemented.

At the time I was there, 63 youth were on psychotropic medications. No one could give me the exact dates of when the psychiatrist comes. I was told that she would be coming out one of the days I was there. On that day I was told she was not coming, and there was nobody at the facility that could give me a reason why she didn't come or why they were not aware that she was not coming.

There is no family therapy and no family therapy program that has been implemented. Also, there still has not been any specific training for family therapy. Further, there has not been any structure to developing family therapy.

There were other isolated difficulties. There was a youth who was placed in confinement for apparently having mental health status changes. He may have been placed there for a crisis status initially. He remained there for 72 hours. The youth never left his room in the 72-hour period and never had a shower during the 72-hour period. He miraculously started doing better after 72 hours and returned to his dorm without a psychiatric assessment. It seemed evident there was not an acute mental health issue. Even if the youth had been noncompliant with his medication, the impact of the medications would not have occurred so quickly. This youth was placed in 72-hour crisis for barking like a dog and reportedly not being compliant with his psychiatric medications. The concern among other things with this confinement was that, in speaking with the youth, he was required to remain on

confinement until he took his medication. They were essentially forcing him to take his medication by keeping him in solitary confinement until he agreed, which ultimately happened after 3 days.

Staff at IYC Kewanee were aware of this incident. It was actually while interviewing this youth with Dr. Jaworski that this information was identified and then acknowledged by staff.

In my opinion, there continued to be a lack a sufficient number of mental health staff at IYC Kewanee. One of their rationales was that they had fewer youth at Kewanee, now at 152, and therefore needed less staff. Dorms 1C, 2C, and 4C are currently empty.

I am not convinced by any means that they have enough staff, and more importantly, trained staff. I spoke frankly with the mental health workers who acknowledged that there is not enough staff to help them out.

They felt that an equally frustrating problem is the lack of security and support staff to allow them to see patients. I was informed that over 30 security staff need to be hired at IYC Kewanee. I was informed that as a result of security staff not being there, there have been a variety of difficulties, including youth not getting the recreational time that they are supposed to have, and not being transported to treatment groups and other types of activities. This results in the youth spending excessive amounts of time in their small rooms, separated from the day-to-day activities, such as education and rec time, which they should normally be involved in.

Staff at IYC Kewanee has stopped doing the SPARCS group. They reported this has occurred because essentially they can't get the youth to groups, because there are not enough security staff. They hope to potentially do this at some point in the future. There was no structure as to when this might occur. Within my interviews at IYC Kewanee, there was an obviously significant paucity of treatment interventions. Some of the staff reported being able to have groups which are completed. However, the majority of mental health staff described not being able to complete groups, including substance abuse and other therapeutic interventions.

Although there is a dearth of staff and numerous open positions, staff reported that in general there are more staff than the last time I evaluated IYC Kewanee. Essentially, they have at least one mental staff person per Unit. However, every mental health worker said that treatment would be far better if each unit had more than one mental health staff. It would allow for better group work, more consistent individual work and coverage when another staff is ill or on vacation.

There is now an IDJJ Medical Director in place. There is still not an IDJJ child psychiatrist. I hope that appropriate staff are identified, and those staffing positions which need to be filled are filled, so youth can have their basic mental health treatment needs met.

The juvenile sex offender (JSO) program is housed on Units 2B and 3. An employee with a psychologist-2 position, who is not currently licensed but reportedly is working on their license, is taking care of the acute special treatment youth. These are the most acute special treatment youth in all of IDJJ. These are more acute than the special treatment youth who are sent to IYC St. Charles. IDJJ is using an unlicensed Masters Level Psychologist to oversee their treatment.

Unit 2B is for the high school graduates in the JSO program. Over 50 percent of these youth are waiting for placement in the community and are past their ARD date. Dorms 3A and 3B are JSO high school students who have not yet been placed, and Unit 3C is the JSO Honor wing. Staff reported they have been working with Onarga, a nearby residential facility, in regards to the New Beginnings Program. They reported this was beginning, but for reasons unclear thereafter it seemed to simply end. It is unclear what types of connections with community-based programs are being put together in an attempt to appropriately place youth.

Dorm 6A is now the protective custody wing. This wing was put into place to assist with the large number of youth who were staying on medical or fearful for one reason or another to go back to their units, and also spending additional time on crisis.

I was informed that Aftercare is responsible for finding placements and is required to meet with youth on a monthly basis. There was nothing actually identified in any of the files to show this was case. Youth did not support this either.

While at IYC Kewanee I spoke to a mental health worker who previously was an Aftercare worker. This person told me that as an Aftercare worker, he focused a lot of treatment in making sure the youth were appropriately placed in Aftercare. He felt that recidivism was down because of this. There is no clear data to support this. I had no information given to me as to whether or not Aftercare planning is put into place while the youth are in the facilities. The easiest follow-up data for this is to determine whether, if the appointments are put into place, youth actually go to their appointments, and whether they do so regardless. The point of having appointments in place is to ensure appropriate community treatment and thus to minimize recidivism.

There was a more complicated transgender youth who was 19-years-of age who was evaluated with Dr. Jaworski. The concern that Dr. Jaworski had is that there is an appropriate protocol set up for youth going through Intake who are transgender, for the youth to formally go through and for staff to evaluate. This youth did not go through that protocol. Staff immediately addressed this area of concern with this youth.

There were a number of other youth I met with who had complex mental health histories in association with suicidal ideations and self-mutilatory behavior and other difficulties. In my opinion, one of the biggest areas of concern with all of these

youth is the lack of mental health services that they can access at IYC Kewanee, which is increasing how their pathology is presenting.

In summary, there is a tremendous amount of confinement with youth that is occurring. The majority of youth are spending 22 or more hours a day in their rooms. I interviewed a number of youth who are presenting with depressive symptoms, along with self-mutilatory behaviors.

IYC Harrisburg

I interviewed staff at IYC Harrisburg and inspected the facility on June 29 and 30, 2015. IYC Harrisburg houses male youths from central and southern Illinois.

The staff were very pleasant. I met with the Director of Operations, the Assistant Superintendent of Programs, and numerous mental health staff. I reviewed the remedial plan with the staff again.

At the time when I visited Harrisburg, they informed me that a Treatment Unit Administrator, who will oversee mental health treatment at the facility, was likely hired. DJJ subsequently reported that the TUA had been hired. The remedial plan requires a TUA at each facility with a doctorate degree and appropriate licensure.

There were concerns after the longtime psychiatrist at IYC Harrisburg, Dr. Chandra, retired. The psychiatrist hired as a replacement did not start in the position. Subsequently Dr. Chandra returned from retirement and is now seeing patients again. I was concerned because numerous youth had not been seen by a psychiatrist for over 30 days, at the time of my evaluation. In addition, there were youth who were acutely mentally ill that had not been evaluated by the psychiatrist because at the time I was there, there had not been a psychiatrist. Dr. Chandra was already leaving and was not coming in his full hours at that point.

At the time of my site visit there were 14 youth at IYC Harrisburg past the 30-day mark and needing to see a psychiatrist. Based on my subsequent conversation with Dr. Chandra, there are no longer youth who are overdue for psychiatric follow-up at IYC Harrisburg. The situation will continue to be monitored. There have been some attempts to utilize telepsychiatry, but this has been inconsistent. .

In January of 2015, there were 38 youth on psychotropic medications; 24 were on antidepressants, 7 were on antipsychotics, 8 were on antianxiety medications, 3 were on anticonvulsants, 2 were on Alpha 2 Agonists, 2 were on stimulants, 17 on non-controlled medication for ADHD. In May of 2015 there were 43 youth on psychotropic medication; 10 were on antipsychotics, 16 were on antidepressants, 20 on antianxiety medication, 1 on an anticonvulsant agent, 1 on an antihypertensive, and 29 on stimulant medications.

The psychiatric services are through their contractual agency. However, DJJ is ultimately responsible for what their contractual agency is doing and not doing.

Within the charts at IYC Harrisburg, they have had far more comprehensive consents which have been sent out to the parents. These are not formalized throughout IDJJ. However, the consents at IYC Harrisburg are comprehensive, addressing most side effects and goals regarding the medications.

The new Court-approved seclusion guidelines are in place at this point. There were two youth that I met who reported a process at IYC St. Charles where they were put in essentially confinement for 24-hours, released for a period of time, and then put back into confinement. There were also youth who stated they were in their own rooms for significant periods of time. There are not youth that are formally put on confinement for more than 24-hours. However, the concern for ongoing confinement issues continues.

Overall, Harrisburg had shown clear improvements. They had a full mental health staff. The mental health staff stated they are looking forward to having a treatment unit administrator who could helpfully give them centralized directions in regards to the ongoing treatment of the youth. Although, as mentioned above, a TUA had been hired, there was still no TUA in place. I hope at the time of my next evaluation, the TUA will be there and they can show me the implementations of what they are doing. At present, there continues to be ongoing treatment.

At the Intake section at IYC Harrisburg, there was still some confusion regarding how many groups versus individual treatment they were having and an explanation to me of what exactly they were doing. They had the staff to take care of these youth and they were clearly in the process of implementing the additional group mental health interventions within Reception and Classification, which was agreed upon in the remedial plan. Overall, IYC Harrisburg looked much improved.

There were still the same concerns regarding Aftercare. In southern Illinois there is a paucity of Aftercare. Staff spoke about Aftercare being there. However, when I spoke with mental health staff and tried to get a sense of involvement with Aftercare, setting up programming for the youth when they were discharged, etc., no one could say that Aftercare was interacting with them. My impression, based on the paucity of Aftercare programming, is that the necessary appointments that the youth need to have set up for them are not being done. There continues to be a high recidivism at IYC Harrisburg.

Overall, there is significant improvement. It is difficult to fully assess mental health, as they still do not have a Treatment Unit Administrator. In addition, because there is not an IDJJ child psychiatrist to assist with the staffing issues, it is difficult to fully assess this area. At the time of my site visit to IYC Harrisburg in June 2015, the IDJJ was not in compliance with the remedial plan regarding having the medical director in place, or in hiring a child psychiatrist. Since then, a medical director has been hired. I met with Dr. Kwak while at IYC St. Charles in September 2015. I thought he was quite competent and will hopefully do a fine job in this position.

IYC Pere Marquette

I inspected and evaluated IYC Pere Marquette on July 1, 2015. This is a step-down facility that houses a smaller number of lower-risk male youths.

I met with superintendent House, Bernard Nutsukpui, Head of Programming and Cheryl Motley, PhD, Treatment Unit Administrator.

Last year when I was at Pere Marquette they did not yet have a Treatment Unit Administrator. Dr. Motley is a new hire. She is really an exceptional hire. I was impressed with her intelligence, openness, breadth of knowledge, and ability to work with staff in developing programming.

IYC Pere Marquette also has a licensed clinical social worker that was hired approximately two weeks prior to my visit, which completes their complement of mental health workers.

I attempted to call their psychiatrist. She did not pick up at our scheduled time to speak. She is the same psychiatrist who was there the prior year. At the time of my assessment, she was working ten hours per month for IYC Pere Marquette. She would only come in once a month. Concerns expressed by staff included that there are children who come in with acute mental health concerns that are not seen by the psychiatrist for almost a month. In addition, there are some who have side effects to medication, who among other things will stop taking medications because of these side effects, because they are not able to see the psychiatrist for up to a month. In last year's evaluation I brought up this concern, and nothing was done about it. Having a psychiatrist coming only once a month is not adequate treatment for the youth. It presents significant risk for mental health concerns.

Shortly before completion of this report, I was informed that they are adding psychiatric hours to IYC Pere Marquette, and there will now be a total of 16 hours. This will result in the psychiatrist coming every two weeks rather than once a month. If this is implemented, I feel that it will be adequate. I am unsure when it will begin to be implemented.

At the time of my evaluation, the youth had been evacuated to the nearby Alton Mental Health Center because of the flooding of the Mississippi River. The staff and superintendent were trying very hard to work with the youth, putting together positives in regards to the temporary move. For example, on the day I came to see the youth, all of them were at the Cahokia Mounds on a field trip. I went out to the Cahokia Mounds to see some of the youth and then saw more after their return.

There was no Aftercare worker there. I was informed an Aftercare worker does come, but typically at the time of parole hearings or about once a month. They had

no information to say that anything was different from the prior year regarding setting up appointments for youth. From their understanding nothing is done. One of the concerns which I have, as with other institutions, is the expectation that appropriate Aftercare planning would be put into place with appropriate appointments made prior to the youth leaving. The reality is that until appropriate mental health, alcohol, and substance use appointments can be made while youth are awaiting parole or release, they will be at a high risk for recidivism. At this point, appropriate programming prior to parole has not occurred.

I reviewed files and spoke to youth on psychotropic medication. None of the youth reported being talked to about side effects of medications. The charts do not show that appropriate consent has been obtained. There is no documentation of side effects or goals being reviewed with parents or guardians.

Psychiatric care in general needs to be looked at closely. I hope once a child psychiatrist is in place, this can be looked at closely in regards to medications being prescribed, psychiatric follow up with the youth on medications, and appropriate medications for side effects.

IYC St. Charles

I inspected IYC St. Charles on September 3 and 4, 2015. It is the largest IDJJ facility, and houses many youth with substantial mental health needs. IYC St. Charles currently has 222 youth.

The new seclusion policies had not yet been implemented. The Court approved them earlier this year.

A medical director, Dr. Kwak, had been hired. The child psychiatrist has not been hired. Therefore, specific staffing ratios still have not formally been identified as required in the remedial plan.

I met with a number of mental health professionals, as well as Interns and others. St. Charles continues to have the largest complement of mental health professionals. They are the only facility having a comprehensive internship program, mostly through the Adler School of Psychology.

In general, the psychiatric care appears adequate. In my opinion, there are youth there with complex psychiatric disorders. Having a department-wide, board-certified child and adolescent psychiatrist to consult with or to assist some of the more complicated treatment options, would make more sense. There is a significant use of mood stabilizers and neuroleptics with diagnoses such as Bipolar Disorder being prevalent, but not necessarily with diagnostic criteria to support the diagnoses.

St. Charles has a new superintendent, Brenda Welch, who is working hard in looking over some of the areas of strength and deficit.

One of the major difficulties with IYC St. Charles is that there is a tremendous lack of security staff. Although they are fully staffed on paper, many of the security staff are out on disability. Because of the lack of security staff, many of the therapy groups that are put together for the youth are not occurring. In reviewing therapists' schedules, it appears that at least a third of the groups are not occurring because there is no security staff to bring the youth to groups.

An even more significant concern is the tremendous amount of time that youth are kept in their rooms because of a lack of security. In speaking with youth in a number of the dorms, they will spend extraordinary amounts of time in their room in a consistent fashion. There are many youth who are spending upwards of 23 to 24 hours a day in their room, though they have not done anything that would justify any official form of "confinement."

In association with this, there is a paucity of educational staff which has greatly limited youth involvement at school. These youth are essentially on confinement. They are locked in their small somewhat damp rooms for the great majority of the day, many without any rec time, many without going to school, or if they do go to school for a very minimal number of hours, perhaps several days a week. Mental health staff is concerned regarding some of the new confinement criteria and have felt that this is related to more significant behavioral issues with youth. In my strong opinion, the first and foremost area that has to be looked at is the painful amount of time they are confined to their cells.

Superintendent Welch helped me understand how St. Charles is trying to address the issue of confinement. At the time of my assessment, they had developed sheets in draft form for IDJJ, related to the graduated interventions of "cool downs" (time with staff in an unsecure area away from other youth), "time outs" (time alone in a youth's own room or other secure area for up to four hours), and "confinement" (time alone in the confinement wing for up to 24 hours).

I met with the Reception and Classification Unit Administrator. He is working on issues of comprehensive background history for the youth and concern regarding limited understanding of cognition.

The treatment unit administrator was quite helpful. I met with him on both days I was at IYC St. Charles. Within Reception and Classification (R&C), there are three sets of groups that are running.

Last year, Positive Behavioral Intervention & Supports (PBIS) was just being implemented and was not yet being used. This was a statewide behavioral program. The remedial plan requires the IDJJ to adopt and implement a department-wide behavioral management system, and the Court has approved the IDJJ's plan to do so

by means of PBIS. The program itself is quite reasonable. The difficulty has to do with the actual implementation. As I evaluated St. Charles, as well as other facilities, the implementation appeared to be barely beginning, after a year. It seems as though there is some level of difficulty getting security staff to consistently use this behavioral program. I hope by next year's assessment this will be fully implemented.

There are two mental health spots open. One is a Psychology position in the Reception and Classification Unit and one is a Social Work position in the Special Treatment Unit.

They are now using the Forward Thinking Model in the Special Treatment Unit. This treatment option had been used in their substance abuse program. It is not specific to the general population, and for the first time shows different programming in the Special Treatment Unit. In addition, the special treatment unit has a different area where youth live. The two units are Lincoln and Adams Cottages. The Lincoln Cottage is for younger and less violent youth. The Adams Cottage is for older and more violent youth.

I spoke with the superintendent regarding the new structure of confinement time. It is essentially less than four hours for any individual. Beyond that it requires mental health interventions. Mental health staff has expressed concern, feeling there are no ramifications to the youth's behavior if confinement cannot be longer than this. The major area of concern from mental health's staff is the lack of security staff. Mental health staff reported that many youth are locked in their rooms for the majority of the day. A number of youth are lucky if they go to school one day a week. This is a travesty.

The irony in assessing the St. Charles facility is that even though they have described decreasing confinement to only four hours a day, essentially many of the youth are confined to their rooms (not able to attend school or rec time) for most of the day, regardless of the reason at hand.

I spoke with mental health staff about Aftercare. They reported that there are only the rarest of interactions with Aftercare at the facility. They described that Aftercare workers cover a large area, upwards of 250 square miles, and have court and other obligations which have limited their involvement with the youth at the facilities. St. Charles, as with the other facilities, is not setting up the appropriate appointments for Aftercare. There is absolutely no documentation to show this is occurring.

I attended a group with 9 youth at Kennedy College. The two staff running the group did an exceptional job. I was very impressed with the youth participation and saw it as a worthwhile and helpful endeavor. The mental health staff were experienced, insightful and empathetic.

After the group, I spoke with the youth. The remedial plan requires opportunities for all youth to spend at least eight hours per day outside of their rooms engaged in

supervised activities. The youth reported they have minimal time out of their room in a day. All nine of the youth said this relatively consistently. They reported their meals are being served in their rooms. They will get a brief break to take a shower, but beyond that they are typically in their rooms for 24 hours a day. Youth reported on September 3, 2015, they had four hours of rec time. They thought this was quite unusual. One of the youth even questioned whether or not they had more rec time because the staff knew I was visiting.

The maximal capacity of the Special Treatment Units is 46 beds. Currently they are far below capacity. There was some discussion previously about transferring some of the youth with more significant mental health concerns from IYC Kewanee to IYC St. Charles. At the present time, while some individual special treatment youth have moved, the program itself has not. The concern here is that there is a paucity of treatment providers at IYC Kewanee along with a dearth of security which leaves even more significant problems.

Mental health staff informed me that they have begun doing the assessments of youth who have been in crisis for 72 hours, as to whether or not they need to be hospitalized. This is required by the Court-approved IDJJ policies on mental health crisis confinement and psychiatric hospitalization. At the time of my site visit, there were two youth who had had these assessments. One youth was still on crisis confinement several days after the 72-hour assessment was completed. The youth had previously been evaluated by one of the psychiatrists at IYC St. Charles. I continue to have concerns about the coordination between the contractual psychiatrists and the mental health staff at the facility, particularly with youth on crisis status and in complex cases. There must be better coordination and collaboration.

The Special Treatment Unit has specialized components, beyond simply the individualized treatment approach they have developed, but also the development of a therapeutic milieu, the group and individual therapy. The youth in the Special Treatment Unit were the one group of youth that I saw spending a significant amount of time out of their rooms. When speaking with the youth, they described a positive interaction with staff that has been supportive and helpful.

Areas of concern include no family therapy, almost no telepsychiatry, and no teletherapy. I was not shown anything to support that Aftercare plans or appointments are put into place for the youth, making the likelihood of compliance with any kind of Aftercare services that much less.

The lack of security staff within the facility has been extremely detrimental to the well-being of the youth, requiring them to essentially be on confinement in their rooms for most days, sometimes all of the day.

There is nice documentation regarding the variety of individual sessions and group sessions being held. But group sessions are limited due to the paucity of security staff to get youth there.

I spoke with numerous mental health staff regarding LGBT youth. There is a committee that was formed within IDJJ to address youth that may be transgender. There is more of a focus within IDJJ and sensitivity regarding treatment issues and other areas of concern for these youth.

There were a number of mental health staff that described the facility at the present time as a travesty in regards to not being able to get the youth to school, their remaining in their rooms on confinement-like status, and not being able to get them to therapeutic groups.

In general, there truly seems to be motivation, as well as administrative directives focused on behavioral management and de-escalation. The complexity of course will be to see whether or not this can actually be consistently implemented, which has been a significant problem in the past.

In summary, I am really quite impressed with the overall mental health staff at IYC St. Charles. The concerns are that they can't actually implement the mental health programming in a consistent fashion because of the paucity of security staff. The concern is that the youth remain in their room in what is a confinement-like status, because of the lack of security staff. The youth are minimally, if at all, attending school on even a near regular basis. All of which leads to higher risk for recurring mental health concerns, including Major Depression, Anxiety Disorders, and PTSD symptomatology, just to name a few.

General Findings

As with my last evaluation, the parties and monitors have worked out and developed additional policies, service plans and procedures as part of the Remedial Plan and beyond.

However, there continue to be significant staffing concerns at IYC Kewanee. In my opinion, it makes the program somewhat dysfunctional and potentially dangerous.

There are also significant security staffing concerns at IYC St. Charles, which has also made the mental health programming somewhat dysfunctional, and essentially means keeping many of the youth in confinement. By this, I mean keeping them in their rooms for 22 to 24 hours a day, and not having them do the typical activities they might normally do, including education and rec time, among other things.

IYC Harrisburg has shown improvement. However, at the time of my evaluation, they were without a psychiatrist. The psychiatrist returned because the psychiatrist they were going to hire had some difficulties regarding his hours at the facility.

There were numerous youth who had not been seen in well over 30 days, including youth that were presenting with acute mental health concerns, as well as youth with potential medication side effects. A psychiatrist is now updating all of the patients.

The Remedial Plan requires IDJJ mental health and other staff to plan each youth's community reentry. This should include integration with community mental health services, in collaboration with IDJJ Aftercare. The Consent Decree requires the monitors to monitor this reentry planning. The majority of youth in the Department of Juvenile Justice have underlying special education issues and/or mental health concerns. I continue to be disturbed that community mental health appointments are not being set up for these adolescents before they leave IDJJ facilities. These are some of the highest risk adolescents we have in our state. They are in need of a variety of wrap-around services. The complete state of Illinois FY 2014 recidivism rate in regards to parole violations is at 52.5 percent, and the 3-year recidivism rate is at 54.5 percent. This rate overall continues to be quite high. In my interviews with youth, quite a number talk about no follow-up from Aftercare about mental health, alcohol, or substance use treatment. All have reported not having any of these appointments made prior to leaving.

There clearly were interventions at Reception and Classification regarding setting up groups. Most notable were the groups and interactions and development of this process at IYC Harrisburg and IYC St. Charles. They still have some work to do on this, but the progress was quite positive. The major difficulty at R&C is because of the paucity of security, the youth are essentially left on confinement when not doing some of the specific activities that are scheduled, such as groups or individual counseling.

In general, the most significant concern is the amount of confinement time that has now greatly increased because of what is rationalized as staffing issues. This needs to be fixed. At this point in time, after the second year of assessing the program, there is no excuse for this to be occurring. This will worsen mental health issues and propagate aggressive behavior, resulting in increased morbidity and even risk for mortality.

The last issue to be brought up has to do with the medical director and child psychiatry positions. The medical director was just hired at the time of my last evaluation at IYC St. Charles. He was just acclimating and was not yet in the position to talk about staffing issues or any other potential interventions. He appeared quite reasonable and previously experienced with IDJJ, having worked there as a physician.

They have not yet hired a child psychiatrist. They are going to begin looking at staffing issues without a child and adolescent psychiatrist. I have significant concern regarding an inability to yet hire a child psychiatrist. It is my understanding from IDJJ that one candidate I referred engaged in negotiations with IDJJ but ultimately declined to accept the position. In my opinion, there are relatively minimal financial

concerns that are playing a significant part here. One may be the potential hourly salary that they are willing to offer a child and adolescent psychiatrist, but the other concern is the lack of a reasonable search. I was informed that there is actually no budget for looking for a child psychiatrist. Child psychiatry is one of the areas of need in medicine. There are child psychiatrists that are available throughout the country, but one needs to advertise for the position. Not having an advertising budget and not advertising in the appropriate journals, such as the Journal of the American Academy of Child and Adolescent Psychiatry, will basically solidify not being able to find a child and adolescent psychiatrist. It is about a year since the remedial plan anticipated having this position in place.

To finish on a positive note, there has been a positive growth. I see this at IYC St. Charles and IYC Harrisburg, which were most noteworthy. Treatment at IYC Kewanee continues to be a significant concern. I am unclear why a facility that is most lacking in licensed mental health professionals and security would be the facility where we send our most significant mentally ill youth in IDJJ.

A handwritten signature in black ink, appearing to read "Louis Kraus MD". The signature is written in a cursive style with a large, stylized initial "L".

Children and Family Justice Center

Julie Biehl, *Director*
Alison Flaum, *Legal Director*

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**Testimony to the Illinois Commission on
Government Forecasting and Accountability**

Re: Department of Juvenile Justice Proposal to Close IYC Kewanee

Presented by Stephanie Kollmann, Policy Director
Children and Family Justice Center
kollmann@nlaw.northwestern.edu (312) 503-1479

March 30, 2016

Dear Senator Trotter, Representative Moffitt, and Commission Members,

For over twenty years, the attorneys, law students, and social workers at the Children and Family Justice Center have advocated for system changes guided by best practices and grounded in our representation of youth in conflict with the law. More than five times in the last four years, my colleagues and I have testified to members of the General Assembly, including this Commission, about the dangers and drawbacks of incarcerating youth in large, prison-like facilities.

Others are presenting you with important administrative, programmatic, and economic concerns, including our state's urgent need to reinvest funds from underutilized, ineffective prison beds, in order to shore up under-resourced but proven community programs. But tonight I want to revisit what it means to go through adolescence behind bars and, especially, the responsibilities we adults have to justice-involved youth – in three brief points:

- Rehabilitation is a core principle of the juvenile system;
- Prison frequently obstructs rehabilitation and other core goals; and
- We can't keep wasting youth and staff potential on a broken system.

These statements are increasingly supported not only by research into best practices models and outcomes, but by public opinion. The vast majority of Americans support shifting the youth justice system from incarceration and punishment to prevention and rehabilitation.¹

Rehabilitation is a core principle of the juvenile justice system.²

Policymakers generally intuit that public safety and youth accountability are primary system objectives, but it is also important to pay specific attention to the unique role that rehabilitation plays in juvenile justice:

¹ National polling commissioned by Youth First Initiative of 1,000 adults in 50 states, conducted January 2016. <http://www.youthfirstinitiative.org/national-poll-results/>

² 705 ILCS 405/5-101(1)(c).

2013 MACEI
Award Winner

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“Every young person in prison is capable of rehabilitation. When the state severs parental custody and incarcerates a teenager, it undertakes the grave responsibility to support that rehabilitation. Too often, state incarceration of youth becomes an evasion of that responsibility rather than a serious commitment to it. But state law does not permit the juvenile system to give up on any delinquent youth, and for good reason.

Research is clear that most young people, even those who commit very serious offenses, quickly age out of their behavior. The key, as with any other teenagers, is to ensure that the consequences of their actions are proportionate, safe and productive, never destructive or debilitating.”³

Prison environments frequently obstruct rehabilitation, and therefore safety goals.⁴

The incarceration setting is at odds with basic functions of adolescent development:⁵ static rules hinder teens’ ability to practice increasing judgment and independence; constant monitoring reduces development of personal responsibility and self-regulation; prescriptive behavioral norms interfere with emerging personal values. A complete hold is put on key social interactions, such as caring for younger children or navigating appropriate and respectful contact with opposite-sex peers. Parental guidance and support is mostly unavailable. Typical adolescent sleeping and eating schedules are impossible and may be further compromised by trauma or depression. Sibling relationships are interrupted. Positive school, family, and community supports are eroded.

Simultaneously, youth are placed in round-the-clock contact with high-risk youth, developing friendships they will be prohibited from continuing upon release. In the best-case scenario, it is difficult to imagine a more disconnected, isolating experience for a teenager. The typical scenario is much worse: crime, arrest, prosecution, and incarceration aggravate and compound existing youth

³ Stephanie Kollmann, “Closing Kewanee Just a Start for Juvenile Justice Reforms,” STATE JOURNAL-REGISTER (Springfield IL) (March 3, 2016).

⁴ Passage excerpted from CHILDREN AND FAMILY JUSTICE CENTER, *Rehabilitative Release of Youth from Illinois Prisons* (March 2016) at 7.

⁵ “The process of changing an adolescent’s trajectory rests on the ability of the systems around the adolescent to support and direct the ongoing change process. In late adolescence, most individuals follow a pattern of individuating from parents, orienting toward peers, and integrating components of attitudes and behavior into an autonomous self-identity. These processes are occurring simultaneously in an overlapping fashion, with the success of one process dependent on the course of another. Navigating this developmental period successfully, in which the adolescent sees himself or herself as a prosocial, law-abiding person, requires supportive adults, healthy relationships with peers, and opportunities to make autonomous decisions.” NATIONAL ACADEMY OF SCIENCES, *REFORMING JUVENILE JUSTICE: A DEVELOPMENTAL APPROACH* 179 (Richard J. Bonnie, et al, eds.) (2013) (internal citations omitted).

trauma.⁶ Daily institutional life presents tangible risk of physical⁷ and sexual violence.⁸ The issues that brought youth into custody may remain unaddressed or be exacerbated by the setting, leading to extensions of incarceration, while mental health deteriorates.

While delinquent youth must be held accountable, it is important to do so in a manner that increases, not decreases, safety.⁹ Even short stays in detention facilities have deleterious effects on youth outcomes.¹⁰

We can't keep wasting youth and staff potential on a broken system.

As a result of visionary leadership and many dedicated staff expending their best efforts, IDJJ has made incredible strides in recent years. However, the incarceration model provides such a hindrance that IDJJ continues to struggle to meet its basic obligations to youth. In order for any juvenile justice system to be effective, it is critical to create a culture that supports rehabilitation and maturation, because most youth who commit even very serious crimes will soon cease offending as they grow up.¹¹ Yet prison-like institutions, even if they are well-staffed, adequately resourced, performing optimally, and aimed at only the highest-risk youth, do not meet this requirement.¹²

When standards fall off because waste has spread efforts too thin, the results are even worse.

⁶ An estimated 75% - 93% of youth entering the juvenile justice system have experienced some degree of trauma. JUSTICE POLICY INSTITUTE, *Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense* (Washington, DC: Justice Policy Institute, 2010).

⁷ "Less than 17 percent of youth in placement for a year or less experienced some form of violence, compared with 24 percent of youth in placement between 18 and 24 months, and 33 percent of those in placement for more than 2 years." Melissa Sickmund and Charles Puzzanchera, NATIONAL CENTER ON JUVENILE JUSTICE, *Juvenile Offenders and Victims: 2014 National Report* (2014).

⁸ See, e.g., *Sexual Victimization of Youth in Illinois Facilities: Hearing Before the Illinois House Restorative Justice Committee* (July 30, 2013) (statement of Julie Biehl, Director, Children and Family Justice Center) (responding to U.S. Department of Justice report that Illinois was one of four states with juvenile prison sexual victimization rates more than 35% above the national average).
<http://www.law.northwestern.edu/legalclinic/cfjc/documents/CFJC%20RJ%20Committee%20Final.pdf>.

⁹ "In short, the experience of imprisonment is more aversive for adolescents than for adult prisoners, because adolescents are in a formative developmental stage in which their social context is likely to shape the trajectory of their future lives. While some may view this experience as one that is deserved due to the harm caused to any victim of crime, it does not accomplish the purpose that most victims desire for a juvenile offender, i.e., that the result of incarceration will be no future victims." NATIONAL ACADEMY OF SCIENCES, *supra* note 5 at 135.

¹⁰ For example, Cook County youth who were sent to juvenile detention were twice as likely (as youth with the same backgrounds who were not detained due to more lenient judges) to be incarcerated in an adult prison by the age of 25. Anna Aizer, Joseph J. Doyle, Jr., *Juvenile Incarceration, Human Capital and Future Crime: Evidence from Randomly-Assigned Judges*, NBER Working Paper No. 19102 (June 2013). See also Richard A. Mendel, *NO PLACE FOR KIDS: THE CASE FOR REDUCING JUVENILE INCARCERATION*, ANNIE E. CASEY FOUNDATION (2011).

¹¹ For a lengthy discussion of desistance from youth crime and the safety benefits of juvenile court, see ILLINOIS JUVENILE JUSTICE COMMISSION, *RAISING THE AGE OF JUVENILE COURT JURISDICTION* at 21-23 (2013), available at <http://ijjc.illinois.gov/rta>. See also Monahan, Steinberg, Cauffman et al, "Trajectories of Antisocial Behavior and Psychosocial Maturity from Adolescence to Young Adulthood," 45 *Dev. Psychology* 1654 (2009).

¹² NATIONAL ACADEMY OF SCIENCES, *supra* note 5 at 126. "The practice of committing youth to large institutions that fail to provide for their developmental needs is both costly in financial terms and ineffective in furthering the goal of crime prevention." *Id.*

Wisconsin's juvenile prison system is currently the subject of state and federal investigations into allegations of extensive physical and sexual abuse. The chair of Wisconsin's Juvenile Justice Commission recently wrote:

“The fact is that larger, congregate care institutions, particularly for youthful offenders, are the dinosaurs of the juvenile justice world. Even a well-run institution under the best of circumstances has challenges maintaining a strong and well-trained workforce, meeting the individual needs of youth, keeping youth linked with their family and community, and setting the stage for successful re-entry into the community. It is evident that we have not been operating under the best of circumstances. Unfortunately, **when it comes to big institutions, problems like those we are hearing about at Lincoln Hills are less a matter of ‘if’ and more a matter of ‘when.’”**¹³

Illinois faces a similarly clear choice. We can remain more committed to our risky youth incarceration model than we are to achieving results. But today, we have the opportunity to stop the cycle of good people throwing good effort after bad, only to end up with youth prisons that continue to be inherently dangerous and destructive environments, incompatible with healthy adolescent development and the wishes of the general public.

Youth, victims, families, staff, and other taxpayers all deserve better than our current, broken system. Let's refocus our efforts into advocating for a better set of options for everyone.

I am happy to answer any questions you may have about our research. Please let me know if there is any more information we can provide as you consider your decision.

Sincerely,

Stephanie Kollmann
Policy Director

¹³ Jim Moeser, *Opportunity knocks to move on reforming juvenile justice in Wisconsin*, CAPITAL TIMES (March 24, 2016), available at: http://host.madison.com/ct/opinion/column/jim-moeser-opportunity-knocks-to-move-on-reforming-juvenile-justice/article_e514441a-d36c-5131-b7bc-91777fed4f3c.html.

JUVENILE JUSTICE INITIATIVE

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March 25, 2016

Senator Donne Trotter
Representative Donald Moffitt
Co-Chairs
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706

Re: Kewanee IYC Facility Closure Hearing March 30, 2016

Dear COGFA Co-Chairs and Members:

The Juvenile Justice Initiative supports the proposal of the Director of the Department of Juvenile Justice to close the IYC-Kewanee, based on the dramatic decrease in IDJJ population. The closure of this outdated large institution is a critical step in the Department's plan to "right-size" the Department by moving youth in IDJJ custody to evidence-based small facilities/community based alternatives close to their home.

Decrease in juvenile prison population in Illinois. While the current Director and staff have worked diligently to improve conditions within the juvenile facilities, it is simply not sustainable to administer operations at six separate facilities with a total capacity of housing 989 youth for the rapidly diminishing juvenile population now hovering around 400 youth.

And let me pause for a moment so we can reflect on the tremendous progress this state has made in shifting from large institutional prisons to community-based alternatives. In 2012, when JJI testified in support of the proposed closure of IYC Joliet, we noted that Illinois had a diminished juvenile prison population hovering around 1,000 but was operating eight juvenile prisons with a total bed capacity of 1,754 youth. Since that time, Illinois has closed two juvenile prisons and shifted to single occupancy rooms all while raising the age of juvenile court from 17 to 18— yet, still has a rapidly decreasing juvenile prison population along with an abundance of juvenile beds thanks to a corresponding investment in community-based alternatives.

Illinois has implemented evidence-based programs through fiscal incentives including Redeploy Illinois, and local policy shifts in detention alternatives. From its beginning in 2005 through 2014, Redeploy Illinois provided individualized intensive community based alternatives to more than 2,500 youth and resulted in a 58% decrease in incarceration from 42 counties— with an average cost per youth of \$5,912, and an annual budget under \$5 million. The \$14.2 million dollar savings anticipated from the closure of IYC Kewanee would cover the full annual budget of Redeploy and still leave nearly \$10 million additional state dollars for fiscal reinvestment.

We also note, this “right-sizing” is part of a national trend to shift state financial investment from costly and ineffective institutional care to individualized community based care. As a national report noted, **18 states have closed over 50 juvenile prisons since 2007**. States are closing large-scale juvenile prisons based on evidence that large, remote institutions are the least effective in rehabilitation. As other states have concluded, good public policy and smart budgeting argue for closure of large-scale juvenile prisons with a shift of savings to reinvestment in community-based alternatives. States including Texas, Ohio and New York have shifted some of the savings to community based care, and New York has shifted additional savings to fiscal reinvestment in upstate towns with prison closures.

Economic impact. The Department has estimated the fiscal impact of closure of IYC Kewanee on the employees and the surrounding community, but we believe there is a critical additional fiscal impact that must be weighed against the economic impact on the Kewanee community. We are talking about an industry based on locking up children – and there is an enormous fiscal impact on the children who are incarcerated, on their families and on their communities that must be balanced against the economic interests of the community where the children are incarcerated.

The first negative impact upon children and their families is the detrimental impact on family stability and the maintenance of family relationships. The John Howard Association noted that a disproportionate number of children in IYC Kewanee are from the Chicago area and never receive any family visits due to Kewanee’s remote geographic location. [Footnote 22 on page 9 of the JHA 2014 IYC Kewanee monitoring report documented that 43% of the children incarcerated in Kewanee IYC came from Cook County, as of February, 2015.] To the extent that children have to be removed from their home, they should be placed in small group home facilities located within or near their community.

The second negative impact is the challenge to emotional, behavioral and physical health during incarceration. Mental health and substance abuse issues are exacerbated during incarceration, with long-term negative impact, particularly on children. [See The Northwestern Juvenile Project, <http://www.ojjdp.gov/pubs/234522.pdf>] These negative issues are particularly aggravated in IYC Kewanee due to the well documented difficulties attracting and retaining programmatic and therapeutic staff.

The third negative impact is the challenge to building economic security through education and employment due to the stigma of incarceration and the interruption to education.

All of these negative economic impacts are documented in a recent national report by the Ella Baker Center – *Who Pays: The True Cost of Incarceration on Families*. www.whopaysreport.org As the report notes:

...costs run deeper than budget line items and extend far beyond the sentences served. These costs are rarely quantified and measured and primarily impact incarcerated populations and the families and communities from whom they are separated, the same people who are already stigmatized, penalized, and punished.

Racial disparities - What is even more troubling is that these negative economic impacts fall disproportionately upon minority communities. Although less than 20% of the state’s youth population is Black (as of CY2013), the IDJJ reported that 65% of the youth in IDJJ facilities were Black in January of 2016. This is even more troubling when combined with the fact that 56.3% of the IDJJ population were incarcerated based on Class 2 or lower felonies, with only 2% incarcerated for murder and 12.8% for Class X felonies. In fact, as of January 2016, 85% (378 youth) of the IDJJ institutionalized population was eligible for Redeploy Illinois alternatives – a clear argument for closure of IYC Kewanee and reinvestment in Redeploy Illinois community-based alternatives.

Closing outdated large-scale institutional prisons, such as Kewanee, and shifting the savings to investment in community-based programming is consistent with research on best practice, as well as the most effective approach to ensure public safety.

In conclusion - For too long we have invested scarce state resources in institutional confinement, spending over \$100 million annually to confine youth, but less than \$5 million at the front end to keep youth out through Redeploy Illinois – and providing few resources to keep youth from returning through juvenile aftercare services. Despite the miniscule state investment to keep youth out of confinement, we have seen dramatic reductions in the number of youth committed to the Department of Juvenile Justice. Shifting some of the savings from closing one – or more – youth facilities to community-based alternatives would continue this positive trend of reduced juvenile offending, thereby improving public safety and providing more resources for youth across the state. A report from the Annie E Casey Foundation, *No Place for Kids: The Case for Reducing Juvenile Incarceration*, (Oct., 2011), www.aecf.org concludes, there is now “overwhelming evidence that the wholesale incarceration of juvenile offenders is a failed strategy” for reducing juvenile crime. Further, the federal Dept. of Justice, reviewed a longitudinal study (Pathways to Desistance, funded by the MacArthur Foundation) on juvenile offenders that included findings documenting the inefficacy of longer juvenile incarcerations on decreasing repeat offending. <http://www.ojjdp.gov/publications/PubAbstract.asp?pubi=253020>

The Juvenile Redeploy Illinois 2014 Annual Report says it best:

From the human perspective, the approximately 2,500 youth served in the program over the past nine years have been provided with a second chance at becoming contributing, law-abiding citizens of their respective communities. In 2014, 483 of the 506 youth referred to the Redeploy program were provided with this second chance. Beyond saving dollars, the program mends lives and saves families.

Executive Summary, Redeploy Illinois Annual Report 2014,
<http://www.dhs.state.il.us/page.aspx?item=83186>

Thank you for your attention to this proposed facility closure. We will be happy to answer any questions or provide further information.

Sincerely,

Elizabeth Clarke

Elizabeth Clarke
President
Juvenile Justice Initiative

Cc: IDJJ Director Candice Jones
Sarah Myerscough-Mueller
Thomas Walsh, JJI
Julia Sportolari, JJI

Jon DeBord

From: Jon DeBord
Sent: Wednesday, March 30, 2016 6:12 AM
To: 'facilityclosure@ilga.gov'
Cc: 'slooney@cityofkewanee.net'
Subject: Illinois Youth Center Kewanee Public Hearing

Mr. Varner:

I will be unable to attend tonight's hearing in Kewanee due to prior scheduled conflicts, but I wanted to share a statement with you and request that it be either read publicly or shared with the Commission prior to their final decision.

Two hundred jobs. Two hundred employees. Two hundred women and men who have served the State and the Illinois Juvenile Justice Department, some for as many as 15 years. Two hundred women and men who have worked tirelessly to care for the youth of our State that were some of the most violent and heinous offenders, often putting their own safety at risk so that these young people could receive the necessary education and care in as safe of an environment as possible. Two hundred women and men that you have recommended releasing from employment.

Governor Rauner's Office has calculated a savings for the State of around \$74 million by closing IYC Kewanee. Even if some of the youth currently housed at Kewanee are transitioned to outpatient programs, many will still need ongoing care in 24-hour facilities. I wonder if the costs of those programs were part of the calculated savings.

The facilities at IYC Kewanee were built less than 20 years ago. When it opened, the facility was touted by the State as one of the best and most modern facilities in the State. Millions of dollars were spent in construction of a top-notch facility. To even consider shuttering the buildings is a shameful waste of taxpayer money. I understand that practice patterns change, and that perhaps the policies and procedures of the Illinois Juvenile Justice Department have to change to meet those new standards. But to throw away good facilities and great staff would be disgraceful. If IYC Kewanee can no longer be used to house juvenile offenders, why couldn't it be re-purposed into an adult facility? The medical, education, and housing units at IYC Kewanee would seem to be better and more up-to-date than many of the facilities in which the State currently houses prisoners. Additionally, many of the State's prisons are overcrowded, creating unsafe environments for both prisoners and staff.

Two hundred families will be directly affected if you move forward with the closure of IYC Kewanee. There will be a loss at least one income in two hundred homes in and around Kewanee. Many of those families will likely have to leave the area to find employment. The economic impact on our communities would stretch far beyond what will be saved by the State. As a business owner in Kewanee, Galva, and Wyoming, I struggle every day to meet the ongoing expenses of operating my practices. With as many as two hundred more families in our communities leaving or losing a significant portion of their income, this struggle will only intensify. I'm not sure that the total impact of losing that many jobs could even be measured or accurately predicted, but it would certainly be devastating to Kewanee and the surrounding communities.

Please reconsider the planned closure of IYC Kewanee. Stop it. Delay it. Find an alternative to putting two hundred dedicated employees of the State of Illinois out of work.

Thank you,

Jon DeBord, PT, MS,ATC,SCS
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EXECUTIVE SUMMARY

Closer to Home: An Analysis of the State and Local Impact of the Texas Juvenile Justice Reforms

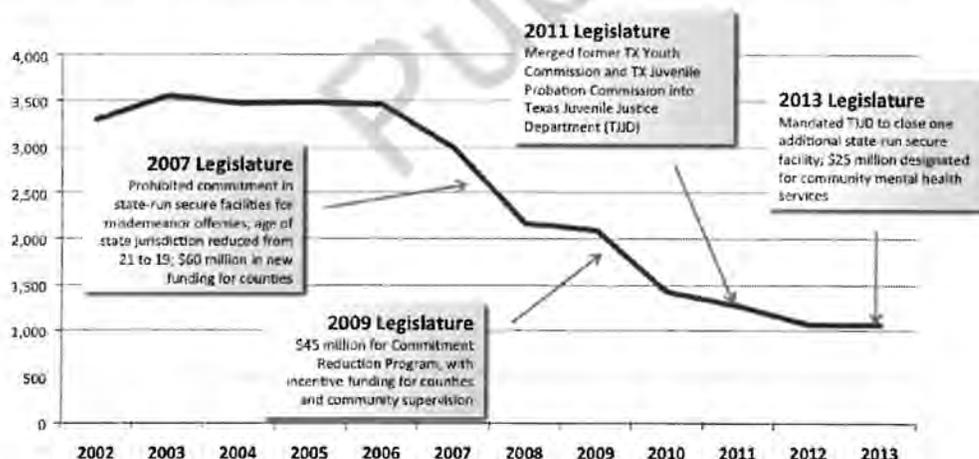
BACKGROUND

Prepared at the request of Texas state leaders, this report—*Closer to Home: An Analysis of the State and Local Impact of the Texas Juvenile Justice Reforms*—examines the impact of extensive steps that policymakers took between 2007 and 2011 to reform the state's juvenile justice system.¹ The dataset used to conduct this study draws on over 1.3 million individual case records assembled across databases maintained by three state agencies.

After it came to light in 2007 that youth incarcerated in state juvenile facilities had suffered a number of abuses, Texas state leaders made a concerted effort to reduce the number of youth in state-run secure correctional institutions and, over the course of seven years, invested hundreds of millions of dollars in local juvenile probation departments. Propelled by a combination of advocacy, litigation, budget concerns, and research, other states can point to similar efforts to curb their reliance on the use of juvenile correctional facilities to respond to delinquent behavior.

To some extent, what distinguishes the reforms implemented in Texas from other states where there has been a decline in youth incarceration is that Texas elected officials were so explicit in their goal of moving youth closer to home, and that they were setting out to shrink one of the largest state juvenile correctional systems in the United States.

FIGURE 1: REFORM HIGHLIGHTS AND AVERAGE DAILY POPULATION IN STATE-RUN SECURE JUVENILE FACILITIES



But what truly sets Texas apart from most states is its history of investing in and maintaining a robust information system that makes it possible to track youth referred to the juvenile justice system, regardless of whether they are incarcerated in a state-run correctional facility or are under the supervision of a local juvenile probation department. Furthermore, state policymakers have repeatedly leveraged this capacity to measure the extent to which state agencies are reducing reincarceration and rearrest rates among youth coming into contact with the juvenile justice system.

THE SIGNIFICANCE OF THIS STUDY

The findings in this report are essential reading for any state policymaker, local official, or advocate in Texas who seek to determine the impact the reforms have had and to build on the efforts to date. But this report is not written for a Texas audience only; findings presented here have national significance.

First, the questions Texas state officials posed are questions that are highly relevant everywhere, but are unanswered in most states. In all but three states in the United States, the number of youth incarcerated in secure juvenile facilities declined dramatically between 1997 and 2011.² In each of these states, this trend begs numerous questions: Why has the population declined? If youth coming into contact with juvenile justice system are now less likely to be committed to a secure facility, what is happening to them instead? Are youth who would previously have been committed to state incarceration but are now adjudicated to community supervision less likely to be rearrested, referred again to the juvenile justice system, or reincarcerated soon after they reach adult age? In no other state to date have legislative, judicial, and executive branch officials come together seeking data-driven answers to these questions.

Second, analyses conducted for this study draw on a statewide dataset unlike any ever compiled before. State officials extracted 1.3 million records corresponding to approximately 466,000 youth who were in contact with juvenile probation, committed to and released from a state-run juvenile correctional facility, and/or arrested over an eight-year period. By drawing on three distinct databases, the research team had extensive information about each youth's history of contact with the juvenile justice system. Furthermore, the research team had data that tracked whether the youth had contact with police, probation, or corrections after his or her adjudication and after the youth reached adult age.

Third, the number of records involved in the dataset, and information available in each of these records (such as demographic information, risk factors, offense, disposition, and programming and placement), made it possible to conduct multivariate analyses. Using this approach, researchers could control for dozens of variables not only pertaining to the characteristics of the youth, but

also the characteristics of the county (crime rates, unemployment rates, per capita income, etc.) where the youth resided. Consequently, when comparing rearrest rates for juveniles under community supervision from one county to the next or when gauging differences in rearrest rates between youth released from a state-run secure facility and youth under community supervision, researchers could be confident they were making apples-to-apples comparisons. Furthermore, this methodology enabled researchers to measure the relationship between particular factors, such as differences in spending or type of program, and recidivism rates of youth under juvenile justice supervision.

KEY QUESTIONS ANSWERED BY THIS REPORT

1. How have state reforms affected the number of youth incarcerated in state-run secure correctional facilities? And what happened to juvenile crime in the meantime?

Since 2007, when state lawmakers enacted the first set of laws aimed at shrinking the state's reliance on state-run secure correctional facilities for youth adjudicated delinquent, the number of youth incarcerated in these facilities has plummeted 65 percent. Close inspection of pre- and post-reform trends regarding the admissions of youth to state-run correctional facilities and their length of stay once incarcerated demonstrate that the changes in state law were at least a key factor and likely the principal driver of this change. During the same time period, juvenile crime (as measured by arrest rates) declined close to 33 percent. Although it is impossible to attribute that development to the reforms or any other particular policy change, the sharp reduction in juvenile crime that occurred demonstrates that in making it harder for local governments to commit a youth to a state-run correctional facility, the state did not compromise public safety, and possibly became safer.³

2. What impact did the state's policy changes making it more difficult to commit youth to state custody have on local juvenile probation departments?

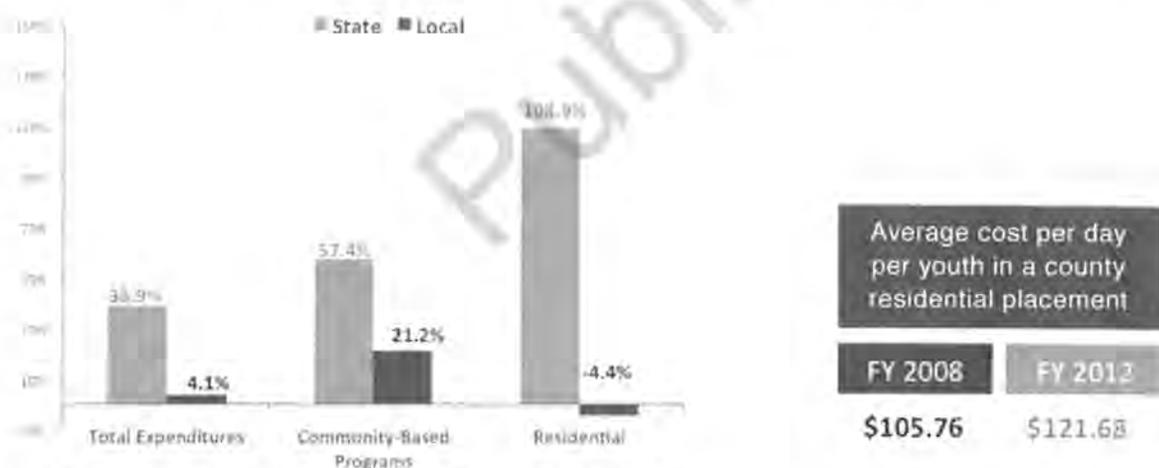
Between 2007 and 2012, the average number of youth under supervision by a local juvenile probation department declined 30 percent, from 35,353 to 24,674. Of the 165 juvenile probation departments, all but a few, which were among the smallest in the state, experienced a dramatic reduction in the number of youth referred to juvenile probation supervision, with some of the largest departments experiencing a decline exceeding 50 percent. The research conducted for this study did not explore what, if any, relationship there was between the reforms and the decline in number of youth under the community supervision, which appears to be driven largely by the decline in arrests and fewer referrals to the juvenile justice system.

Because only 3 percent (in 2005, 2,677 out of 90,657) of all dispositions resulted in a youth being committed to a state-run correctional facility prior to the reforms, it was nearly impossible for the reforms to have *significantly* increased the volume of cases adjudicated to the supervision of local probation departments. One development did suggest that since the reforms, local juvenile probation departments are making more frequent use of county-based residential placements. The percentage of dispositions to probation that resulted in placement in a residential facility (secure and non-secure) increased 20 percent between 2005 and 2012.⁴ Furthermore, although the total number of youth under juvenile probation supervision who were placed in a facility has declined since the reforms, it did not decline at the same rate as the total number of youth under juvenile probation supervision.⁵

3. To what extent did the state allocate additional resources to county juvenile probation departments, and what did counties do with that money?

Between 2007 and 2012, the state has shuttered 8 state-run juvenile correctional facilities, reducing appropriations for state-run secure facilities from \$469 million during the 2006–2007 biennium to \$290 million during the 2014–2015 biennium. The state has reinvested heavily in local juvenile probation departments, which are responsible for coordinating the supervision, treatment, and delivery of services to youth adjudicated to probation. In doing so, the Texas Juvenile Justice Department went from being an agency whose dollars were dedicated primarily to the operation of state-run correctional facilities to an agency whose dollars are dedicated primarily to the funding of local juvenile probation departments to provide community supervision, services, and treatment.

FIGURE 2: CHANGE IN STATE AND COUNTY EXPENDITURES ON RESIDENTIAL PLACEMENTS AND COMMUNITY-BASED PROGRAMS, FY2008 AND FY2012*



* Change based on actual FY2008 and FY2012 expenditures, not adjusted for inflation

Even with the increased investment from the state, funding for most juvenile probation departments continues to come from local county governments. For example, in 2012, large urban counties in Texas funded at least 60 percent and as much as 80 percent of the budget of their local juvenile probation departments.

The combination of fewer youth referred to and under the supervision of juvenile probation departments and additional funding made available from the state to juvenile probation departments resulted in a significant increase in spending, per capita, on youth served by these departments. Adjusting for inflation, spending on a youth under the jurisdiction of juvenile probation departments increased 67 percent (from \$4,337 to \$7,304) between 2005 and 2012.

In making the additional funding available to juvenile probation departments, the state placed few parameters on how those dollars could be used. Counties applied a disproportionately large percentage of the new state dollars toward the costs associated with placing youth in local secure and non-secure residential settings. Whereas state expenditures on community based programs for youth increased approximately 57 percent between 2007 and 2012, state spending for youth placed in secure and non-secure facilities more than doubled, increasing approximately 108 percent.

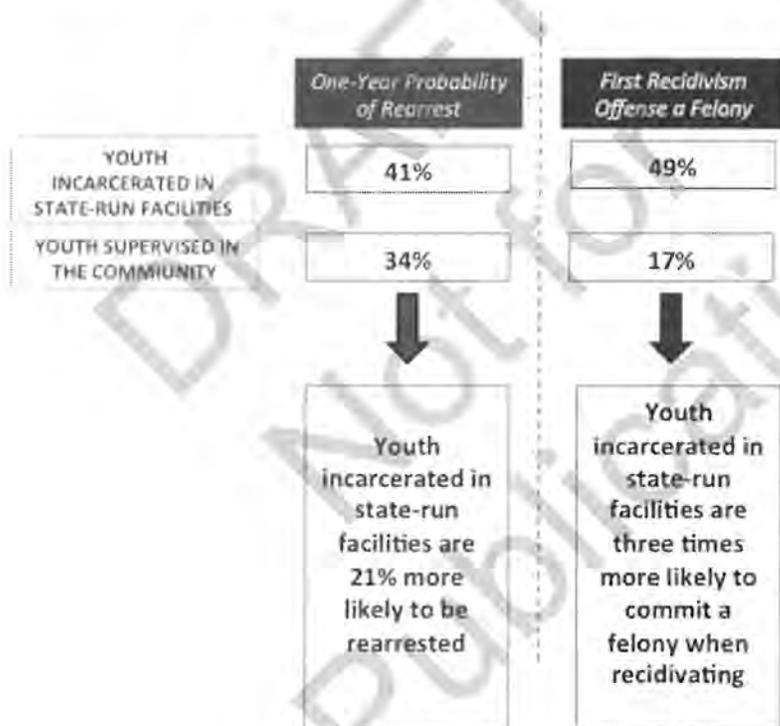
4. Were youth who were adjudicated to community supervision less likely to be rearrested than youth committed to a state juvenile correctional institution?

As is the case across the U.S., rearrest and reincarceration rates for Texas youth in contact with the juvenile justice system are high. Sixty-four percent of youth under juvenile probation supervision in 2010 were rearrested within three years, while 77 percent of youth released from a state juvenile correctional facility in 2010 were rearrested during the same period. The 3-year reincarceration rate for these youth was 14 percent for juveniles beginning probation supervision and 44 percent for juveniles released from a state-run juvenile correctional facility.

These particular statistics do not make the case that the nearly 25,000 youth under local juvenile probation department supervision in Texas in 2012 will do better than the nearly 1,000 youth released from state-run secure facilities in 2012, as the statistics don't account for the possibility that youth under community supervision may have characteristics that make them less likely to reoffend than youth committed to state-run secure facilities.

Because of the multivariate modeling used, researchers were able to make comparisons of similar youth (offense history, age, demographics, treatment needs) and control for characteristics of the county to which the youth returned. In doing so, the research team could determine whether the youth adjudicated to community supervision or the youth committed to state custody was more likely to be rearrested. Youth adjudicated to the supervision of a local juvenile probation department were 21 percent less likely to be rearrested than youth released from a state-run juvenile correctional facility. Furthermore, a youth released from a state-run juvenile correctional facility who reoffended was nearly three times as likely to be rearrested for a felony-level offense than a youth under community probation supervision who reoffended.

FIGURE 3: YOUTH INCARCERATED IN STATE-RUN FACILITIES VS. YOUTH SUPERVISED IN THE COMMUNITY



These data do not necessarily demonstrate that public safety is best served by adjudicating every youth to community supervision instead of incarceration. But these data do show that the state is getting better results (and certainly saving a lot of money) adjudicating certain types of youth who previously would have been committed to state custody to the supervision of local juvenile probation departments.

5. When looking at youth under community supervision across the state, how do rearrest rates compare among youth placed in different types of programs?

The research team compared the probability of rearrest among youth placed in residential facilities as well as in non-residential treatment, skill-based, and surveillance programs.⁶ When controlling for a broad spectrum of variables, the team found that the likelihood of rearrest rates among these youth—regardless of the program in which they were placed—was comparable. Furthermore, youth who were not placed in any program were no more likely to be rearrested than youth who were placed in a treatment or surveillance program. In other words, the majority of approaches employed at the local level, ranging from the highly restrictive nature of placement in a secure or non-secure facility to a non-residential treatment program are not having any more impact on rearrest rates than doing nothing at all.

FIGURE 4: REARREST RATES FOR PRE- AND POST-REFORM STUDY GROUPS BY TYPE OF INTERVENTION

	PRE-REFORM STUDY GROUP <i>One-Year Probability of Rearrest</i>	POST-REFORM STUDY GROUP <i>One-Year Probability of Rearrest</i>
State Incarceration	41%	41%
Skill-Based Program	29%	27%
Treatment Program	28%	30%
Surveillance Program	31%	29%
Secure County Placement	33%	34%
Non-Secure County Placement	35%	35%
No Intervention	33%	32%

None of these data suggest that youth under the supervision of a local juvenile probation department do not benefit from treatment or community supervision or that any particular program does not work. In fact, there is some evidence that youth participating in skill-based programs do have better outcomes than youth placed in residential facilities or who receive no intervention. Although not a consistent finding, this indicates promise for programs operated by local juvenile probation departments. Moreover, other rigorous research has shown that there are interventions and models that do work when implemented effectively.⁷ Along with the additional data described below, these data underscore the opportunity that exists to improve the return on investment being made in community-based programs and services for youth who are under the supervision of local probation departments.

6. How do rearrest rates for youth adjudicated to the supervision of juvenile probation departments differ across counties? What explains the differences in rearrest rates?

Although the likelihood of rearrest rates for youth under community supervision, when controlling for all variables, are considerably better than the likelihood of rearrest rates for youth released from state custody, youth under community supervision in 2012 were as likely to be rearrested as youth under community supervision in 2007. What this statistic masks, however, is how much variation there is one from county to the next.

Comparing recidivism rates of youth under probation supervision from one county to the next is problematic, because both county characteristics and the characteristics of the youth under probation supervision vary by county. Using multivariate modeling, researchers were able to project the rearrest rates of youth under probation supervision in 30 of the largest counties in Texas and found that approximately one third of these counties had higher than expected rearrest rates and approximately one third of the counties had lower than expected rearrest rates.

Although quantitative analyses could not pinpoint explanations for these variations, the research team was able to rule out some possible reasons, including how much counties spent per youth (higher spending did not necessarily show better results) and what programs they required a youth to complete.

FIGURE 5: EXPECTED REARREST RATES COMPARED TO ACTUAL REARREST RATES BASED ON IN-DEPTH ANALYSIS OF SELECT COUNTIES



7. What opportunities exist to improve recidivism rates for youth under juvenile probation supervision?

With rearrest rates in some counties that were lower than expected and with numerous examples of innovative programs across the state, there are lots of reasons to believe recidivism rates can be reduced among youth under juvenile probation supervision. In-depth analysis of eight counties, which represented a cross-section of large and mid-size county systems across the state, revealed that there is a significant gap between existing practice and what the research has shown is necessary to reduce rearrest rates. For example, of 275 programs examined in these jurisdictions, all but 2 served a mix of youth who were low, medium, and high risk of reoffending. In most of these eight counties, youth who were at low risk of reoffending spent, on average, more days in programs than youth who were at high risk of reoffending. Further, youth who did not demonstrate particularly high needs were placed in programs, while the acute needs of other youth often went unmet. For example, between 80 to

100 percent of youth in the 8 counties who were under probation supervision and had substance use treatment needs were not placed in a treatment program. These and other practices minimize the impact that a program can have and miss important opportunities to reduce recidivism. They can also *increase* the likelihood a youth will come into contact with the justice system.⁸

THE VIEW FROM THE GROUND LEVEL

The research team did not rely solely on quantitative analyses to inform their understanding of the impact the state reforms had on local juvenile probation departments. In each of the eight counties where in-depth quantitative analyses were conducted, the research team used the *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System* to assess local policies and practices according to what research shows works to reduce recidivism. The research team participated in more than a dozen in-person meetings with administrators and line staff in each county's juvenile justice system, and administered detailed written questionnaires to stakeholders in each county's juvenile justice system.

Consistent with the results of the quantitative analyses, the research team found some gaps between what the research shows works to recidivism and existing policies and practices:

- Local juvenile probation departments conduct risk and needs assessments, but typically only information about the youth's offense is used to make disposition and programming decisions.
- The implementation of evidence-based programs and practices at the county level is not consistent, highlighting the need for ongoing evaluation of these programs and practices to ensure the fidelity of implementation that is necessary to achieve expected results.
- Standardized processes and policies do not exist in most jurisdictions to govern how and when assessments are conducted and how the results of those assessments should be used to drive program development and referral.
- Most programs lack a written framework that describes the program's goals, target population, and measurable outcomes for youth the program serves.
- Youth participating in programs often do not meet the criteria established for that program's target population.

To its credit, Texas has used the results of this qualitative assessment to develop a system-wide improvement plan, an approach that can be replicated by juvenile justice systems everywhere.

KEY TAKEAWAYS

- As a result of state reforms enacted between 2007 and 2011, Texas has made good on its promise to reduce the number of youth incarcerated in its state-run juvenile correctional facilities without compromising public safety.
- The closure of nine juvenile correctional facilities has generated hundreds of millions of dollars in savings. A significant portion of those savings has been reinvested in county juvenile probation departments to support and serve youth under community supervision.
- Thousands of youth who, prior to the reforms, would have been committed to state custody are now being supervised closer to home. Their rearrest rates are significantly lower than similar youth released from state-run secure facilities.
- In 2014, there were an average of 1,069 youth per day in state-run secure facilities, at an annual cost of more than \$130,000 per youth. Many of these youth have profiles that are nearly identical to youth who were instead adjudicated to county probation supervision. Texas has a significant opportunity to further reduce the number youth incarcerated in state-run correctional facilities, and to focus on strategies to reduce stubbornly high rates of rearrest and reincarceration for the youth released from these facilities.
- Texas is not realizing the full potential of its investment in community-based supervision and services. Greater guidance, increased training and technical assistance, and improved approaches to performance measurement is necessary to maximize the impact of the programs and practices that research shows can improve outcomes for youth involved with the juvenile justice system.
- States and local jurisdictions across the country should assess whether they are collecting the data necessary to analyze recidivism and other outcomes for youth, whether youth are being provided with the type of supervision and programs appropriate to their needs and risk of reoffending, and whether such supervision and programs are being delivered as effectively as necessary to improve outcomes for these youth.



PREVIOUS RESEARCH BY THE CSG JUSTICE CENTER THAT INFORMS THIS REPORT

This report, *Closer to Home*, follows on the heels of two publications that the CSG Justice Center recently issued to help policymakers and professionals who work on the front lines of the juvenile justice system to reduce recidivism and improve other outcomes for youth.⁹

Measuring and Using Juvenile Recidivism Data to Inform Policy, Practice, and Resource Allocation reviews the results of a 50-state survey of states' current approaches to measuring recidivism rates among youth involved in the state juvenile justice system.¹⁰ It also provides state and local policymakers with recommended approaches to improve the measurement, analysis, collection, reporting, and use of recidivism data for youth involved with the juvenile justice system.



Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System distills and synthesizes the research on what works to reduce recidivism and improve outcomes for youth in the juvenile justice system into four core principles.¹¹ This white paper also provides information about lessons learned from research and practice on how to implement the principles with fidelity.



ENDNOTES

¹ Data used for this study included youth disposed by juvenile probation between 2005 and 2012, and, as such, allowed for the examination of outcomes for youth involved in the juvenile justice system since reforms were adopted in 2007, 2009, and 2011. Because the data used for this study do not extend beyond 2012, the findings in this report do not reflect any impact of additional reforms adopted in 2013, which are occasionally referenced in this study.

² Office of Juvenile Justice and Delinquency Prevention, *Easy Access to the Census of Juveniles in Residential Placement*. Available at ojjdp.gov/ojstatbb/ezacirp.

³ In Texas, commitments to state facilities made up an average of only three percent of all juvenile dispositions prior to the reforms. Post-reform, they dropped to one percent of all dispositions. Because the numbers are so small, it would not have been possible for them to have a significant impact on statewide arrest or recidivism rates.

⁴ 2005 was used as the pre-reform indicator for placements, in part because the 2007 numbers for residential placements may have been impacted by the scandals involving conditions in TYC facilities. Judges were reluctant to commit youth to these facilities after the problems surfaced early in the fiscal year, and some youth who might have otherwise been committed were likely instead placed in a county residential facility.

⁵ While dispositions decreased 34 percent and dispositions to probation decreased 30 percent, dispositions to placement saw a smaller 16 percent decrease.

⁶ The state currently organizes its programs into 34 categories, and the overlap among these categories is considerable, making the assignment of a program to a particular category somewhat arbitrary. Furthermore, just because a program is assigned to a particular category does not mean it necessarily adheres to the criteria associated with

such programs—or that it employs the policies and practices that the research demonstrates are essential to success.

⁷ Mark W. Lipsey et al., *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice* (Washington, DC: Center for Juvenile Justice Reform, 2010).

⁸ James Bonta and Don A. Andrews, *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation* (Ottawa, ON: Public Safety Canada, 2007).

⁹ These publications were made possible through funding provided by the John D. and Catherine T. MacArthur

Foundation, the U.S. Department of Justice's Bureau of Justice Assistance, and the support of the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention.

¹⁰ Council of State Governments Justice Center, *Measuring and Using Juvenile Recidivism Data to Inform Policy, Practice, and Resource Allocation* (New York: Council of State Governments Justice Center, 2014).

¹¹ Elizabeth Seigle, Nastassia Walsh, and Josh Weber, *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System* (New York: Council of State Governments Justice Center, 2014).

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**A NEW ERA IN CALIFORNIA JUVENILE JUSTICE:
DOWNSIZING THE STATE YOUTH CORRECTIONS SYSTEM**

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EXECUTIVE SUMMARY

California created a statewide system of youth corrections facilities in 1941. The newly formed California Youth Authority (CYA) was considered a major progressive step forward in juvenile justice. Part of its focus in its early years was programming designed to keep youth close to their home communities. In its first three decades, the CYA population never exceeded 7,000. Leadership and policy changes in the late-1970s and early 1980s, however, started a long period of increase in the CYA population.

By 1996, the number of incarcerated youth in the CYA grew steadily to over 10,000 youth. The rise was driven by several major factors: a fear that a growing California youth population was increasingly dangerous; a decrease in state funding to counties for local programs; and the cost savings to counties of sending youth to the CYA rather than county facilities or group homes. After 1996, the trend of a rising youth inmate population turned around, with fewer and fewer young people being held in the CYA. By the end of 2009, the CYA held 1,499 youth. This decline in the CYA population is the largest drop in youth confinement that has been experienced by any state.

The research presented here attempts to examine the many factors that may have contributed to that “decarceration”. We also examine concurrent trends in crime, arrests, and the use of other, non-CYA forms of custody for these youth.

In 1996, California began to reverse traditional funding trends and passed legislation to make counties pay more to send youth to the CYA. The state also began giving grants to counties to build new juvenile facilities and implement new alternative sentencing programs. The influence of youth advocacy groups such as Books Not Bars,

the Youth Law Center, the Commonweal Institute and National Council on Crime and Delinquency (NCCD) intensified in the early 2000s. However, the voters continued to embrace policies such as Proposition 21 which increased penalties for many crimes and made it easier to move young offenders to the adult courts. Also, a reorganization of state corrections under Governor Schwarzenegger moved the CYA under the control of the California Department of Corrections and Rehabilitation (CDCR) – despite the objections of most juvenile justice professionals and youth advocates. The CYA is now known as the Division of Juvenile Facilities (DJF) under the CDCR. (For the purposes of this paper, we continue to refer to the agency by its older name of CYA.)

Reports of substandard conditions of confinement in the CYA began to surface, prompting the Legislature to hold public hearings. The Office of Inspector General conducted a series of investigations about alleged abusive practices at state juvenile prisons. The media began highlighting these abuses with several in-depth investigate reports. As the deplorable conditions of confinement for youth in custody appeared on front pages, some of the people responsible for sending youth to the CYA--judges, probation officers, and prosecutors--began to express public concerns that their decisions may have been doing more harm than good.

In the face of these allegations of abuse, growing evidence that recidivism rates were very high, and because the CYA had become so expensive, sending youth to state facilities became increasingly unpopular. The negative publicity worsened in 2003 in the wake of a major lawsuit brought by the Prison Law Office. Part of the litigation involved an independent investigation of

A New Era in California Juvenile Justice

the CYA funded by the California Attorney General in 2003. With the investigation findings public, the state quickly entered into a consent decree in *Farrell v. Harper*, which mandated reform of many aspects of the CYA. In 2007, legislators enacted comprehensive reforms to “realign” the juvenile justice system, requiring that nonviolent juvenile offenders and parole violators be kept at the local level and shifting some funding to counties to manage the new clients.

Despite the many changes in the juvenile justice system over the last 15 years, significant reforms in state juvenile facilities are still “a work in

progress.” Significant levels of violence are still occurring at some facilities and evidence-based rehabilitation programs are still being designed and pilot-tested. Although some observers, including the Little Hoover Commission, and many youth advocates continue to call for the closing of the CYA altogether, for now, state facilities provide a needed setting for more serious youth offenders whose needs are not being met at the local level. Without a better option to existing county programs, there is concern that there will be an influx of youth being sent to adult prisons and jails, a placement far worse than the CYA itself.

This study was supported by grants from the Van Löben Sels RembeRock Foundation, the San Francisco Foundation and the W.T Grant Foundation. The views expressed in this report are those of the authors and do not necessarily represent those of the funders.

INTRODUCTION

Behind the media and political attention focused on California prisons, plagued with severe levels of crowding and a federal court order to reduce the inmate population by over 40,000, lies one of California's best kept secrets: the state's youth correctional custodial population has declined over 80 percent in just over the past decade. Just since 2004 the California Youth Authority (CYA) population declined by over 5,000 inmates. The state has already closed five major juvenile facilities and four forestry camps for juvenile offenders.

A number of factors have contributed significantly to the drop in the population of the CYA, now known as the Division of Juvenile Facilities* under the California Department of Corrections and Rehabilitation (CDCR). The most frequently cited is the very negative media publicity in the early 2000s about the conditions inside facilities, the case of *Farrell v. Harper* in 2003, and the realignment legislation passed in 2007 that required that more youthful offenders be managed at the county level. However, the CYA population began declining as early as 1997—before these events. The trend towards increased costs for counties to send youth to the CYA, and doubt that the CYA was an appropriate setting for many of the youth being sent there had already begun in the late 1990s.

While no single factor accounts for the drastic change in the CYA population, the research presented here points to multiple forces that came together in the mid- to late-1990s and early 2000s to change public perception, judicial behaviors, probation programs, sentencing policies, and state funding streams. We also find that this population reduction is particularly notable because it did not result in an increase in

juvenile crime, as some had erroneously predicted.

METHODS

In preparing this report, the authors gathered data from several state agencies, conducted interviews with individuals who had first-hand knowledge about the decline in the CYA population, and reviewed media coverage of youth crime. The data sources revealed how the numbers changed, and the interviews and the media review provided the context around the changing numbers. The data sources include the California Attorney General's Criminal Justice Statistics Center for juvenile arrest and placement data, and the Corrections Standard Authority for historical data on new admissions to the California Youth Authority. Interviews were conducted with those who worked on the issue at a macro-level, such as youth advocates (Lenore Anderson, former Director of Books Not Bars; David Steinhart, Director of the Commonwealth Juvenile Justice Program; Daniel Macallair, Executive Director of the Center on Juvenile and Criminal Justice; Sue Burrell, Youth Law Center), and with those who saw the changes happen at the local level, such as chief probation officers (Chiefs Jerry Powers of Stanislaus County and Donald H. Blevins of Los Angeles County, formerly of Alameda County) and the court (Kurt Kumli, Superior Court Judge in Santa Clara County and formerly chief deputy district attorney. A media review was conducted through Lexis Nexis and several major reports were also consulted.

* For clarity, this report uses the older acronym CYA to refer to the state agency operating juvenile corrections facilities.

HISTORY AND MANDATE OF THE CYA

Rehabilitation has been the primary goal of the California juvenile justice system for more than a half century. According to the Welfare and Institutions Code 1700, the juvenile system is designed to 1) protect public safety and 2) rehabilitate youthful offenders through community and victim restoration and offender training and treatment in lieu of retributive punishment. This attitude was also reflected nationally, as evidenced by the Youth Corrections Authority Act of 1940, the model legislation with the intent of rehabilitating offenders between the ages of 16-21. This age range was deemed "a more promising time of life for dealing with delinquents or criminals than any later period."¹ California passed this Act in 1941 and in the process created the California Youth Authority (CYA).

The newly established CYA was celebrated as a major, progressive step forward in juvenile justice. During its first three decades, the CYA was led by Herman G. Stark, Karl Holton, and Allen Breed, each a nationally known leader in the field. During this period, the youth resident population of the CYA never exceeded 7,000. During the 1960s and 1970s, the CYA instituted a number of programs designed to keep delinquent youth in local placements. However, during the administration of Governor Jerry Brown, many of these community-based programs were eliminated and the population in state juvenile facilities began to steadily rise through the administrations of Governors George Deukmejian, Peter Wilson, and Gray Davis.

The Commitment Process

The process of sending youth to CYA begins at the county level, with prosecutors, public defenders, probation officers, juvenile court judges and others who play a role in determining if a youth will be placed out of home and, if so, where and for how long. Rehabilitation is meant to be a top priority. There are several options for processing arrested youth, most of which are far less harsh than commitment to CYA. After arrest, youth can be referred to probation or counseled and released. Once referred, probation officers can close the case, place youth on probation, divert youth away from the system, or file a petition in juvenile court. Judges determine whether the youth is deemed delinquent and make final sentencing decisions, including maximum confinement time based on recommendations by probation officers, the district attorney, and defense attorney. At this point, youth can be placed under state wardship, placed on probation, diverted, or dismissed. Wardship placements can include home supervision, county facilities, group homes, health or welfare facilities, or CYA. At each of the decision points from arrest through disposition, the youth may also be transferred for processing in the adult system. It is county probation departments that bear the cost of a youth's placement, whether it is local, state, or out of state.

¹ Coghill, H. (1943). "The Proposed Youth Correction Authority Act." *American Journal of Psychiatry*, 99 (890-893).

A GROWING STATE YOUTH CORRECTIONS POPULATION

Although it held as many as 6,700 in 1965, the CYA population was never over 5,000 in the 1970s (see Figure 1). Then began a long period of growth, surpassing 6,000 in 1984, 8,000 in 1987, and reaching its peak of 10,122 youth in 1996. The rise in the incarcerated population was fueled by fears that there was a growing number of very violent youth in California, especially those involved in gangs. Furthermore, the rise in commitments to the CYA was driven by two cost factors. First, since the late-1960s, the state had given counties money for local programs, encouraging rehabilitation of offenders at the local level. The California Probation Subsidy Act of 1965 paid counties \$4,000 for each adult or juvenile who could be diverted to probation instead of incarcerated. This state subsidy ended in 1978, but was replaced with the County Justice System Subvention Program, which gave state grants to counties for local programming. By 1992, however, because costs continued to rise but the level of state funding did not, these grants covered less than 10% of actual county expenditures on local juvenile justice programs.² Secondly, sending youth to state prison was inexpensive compared to keeping them at the county level. Until 1996, it cost counties only \$25/month to commit a youth to the state.

The CYA had the facilities and infrastructure that the counties did not have for holding wards on a long-term basis, but these cost incentives had the effect of encouraging counties to send short-term wards to the state as well. At least until the early 1990s, the counties did so with some confidence in the CYA's standards and practices. Although some advocates, lawmakers, and judges were starting to doubt that it was always an appropriate setting for the youth sent there, most stakeholders believed the CYA to have decent facilities, programming and services. In fact, probation officers reported being as shocked as the public when horrible stories about the CYA later began making front-page news.

A SHRINKING STATE YOUTH CORRECTIONS POPULATION

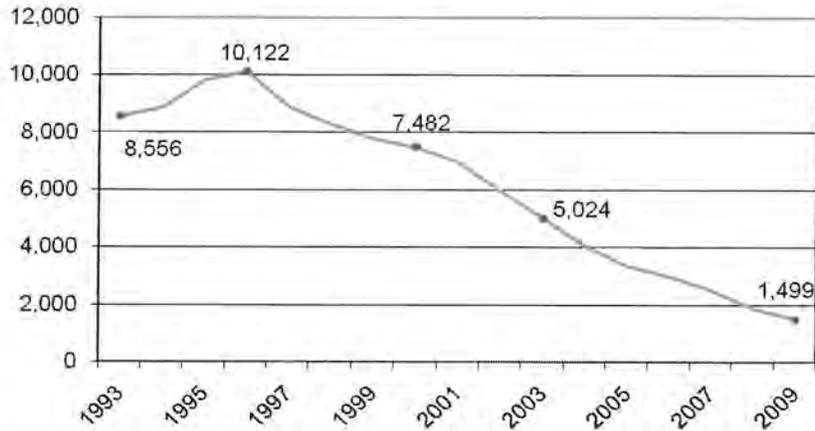
Figure 1 shows that since its peak in 1996 the CYA population has steadily declined, falling to 1,499 in December, 2009. Pending legislation would make the state youth corrections system even smaller and experts believe the population will continue to decline.³

² Nieto, M. (1996). *The Changing Role of Probation in CA's Criminal Justice System*. California Research Bureau.

³ California Department of the Youth Authority, Ward Information and Parole Research Bureau (nd). *A Comparison of the Youth Authority's Institution and Parole Populations: June 30 Each Year, 1993-2002*. See http://www.cdcr.ca.gov/reports_research/docs/research/pops_93-02.pdf.

Figure 1

Population of CYA, 1993-2009



Admissions and Length of Stay

Like any custodial system, the CYA population is determined by the number of admissions and the length of stay of these admissions. The changes in policy and practice described in this report mainly speak to changes in admissions. While length of stay has increased somewhat, the driving force behind the decline in the CYA population has been a decline in admissions.

New admissions fluctuated between 3,500 and 4,000 from 1985 to 1996. Then began a sharp decline, with new admissions dropping a full third in the year after the state began charging the counties more for youth sent to the CYA, and continuing to drop to just 504 new admissions in 2009.

The average length of stay among CYA inmates also fluctuated, but generally rose since the late 1990s. The average length of stay in the decade leading up to 1996 was 21.1 months, while between 1997 and 2009 it was 25.4 months. This change was most likely due to toughened penalties for youth offenders as well as lower-level offenders being sent to counties, thereby increasing the proportion of more serious offenders with longer sentences sent to the CYA.⁴

⁴ CDCR (2010). *Population Movement Summaries*. See http://www.cdcr.ca.gov/Juvenile_Justice/Research_and_Statistics/index.html.

IMPACT ON PUBLIC SAFETY

Reported Crime

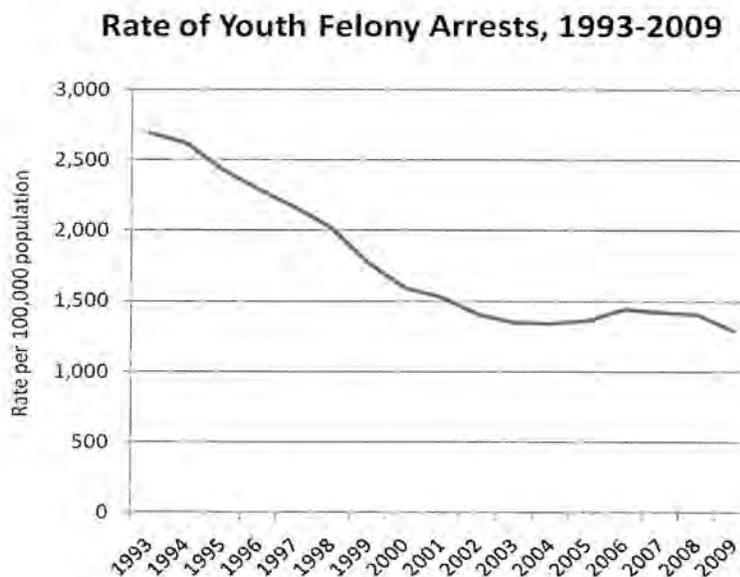
Prior to 1996, California's rate of reported violent crime was rising while the property crime rate was falling. From 1996 to 2009, both violent and property crime rates steadily declined to their 25-year lows of 454 per 100,000 for violent crimes and 1,548 per 100,000 for property crimes in 2009.⁵ The dramatic decline in the CYA population was not associated with an increase in crimes reported to the police.

Juvenile Arrests

The juvenile felony arrest rate reached a 25-year high in 1991, at 2,902. Figure 2 shows that the rate consistently declined since then—throughout the years of the decline in the CYA population—to 1,345 per 100,000 youth aged 10-17 in the general population in 2004 and, after a brief rise in 2005-06, dropped to a 50-year low of 1,290 345 per 100,000 youth aged 10-17 in the general population in 2009.⁶

This drop in juvenile arrests is important in two ways. First, to some extent, it most likely contributed to the decline in CYA custody—fewer arrests generally mean fewer youth in the system. Second, and more importantly, the decline in CYA custody *did not* contribute to a decrease in public safety (that is, a rise in arrests), as some feared it would.

Figure 2



⁵ California, Office of the Attorney General, Criminal Justice Statistics Center (2010). *Crime in California, 1983-2009: By Category*. See <http://ag.ca.gov/cjsc/glance/data/1data.txt>

⁶ California, Office of the Attorney General, Criminal Justice Statistics Center (2010). *California Arrest Rates, 1960-2009: Total Felony Violations*. See <http://ag.ca.gov/cjsc/glance/data/5data.txt>

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Adult Arrests and Incarceration

Similar to juvenile arrest rates, the adult felony arrest rate began a decline in the 1990s from a high in 1989 of 2,577 to 1,586 in 2009.⁷ This is relevant to the CYA population decline since many of the youth who exit the youth prisons have passed their 18th birthday and are eligible to be arrested as adults.

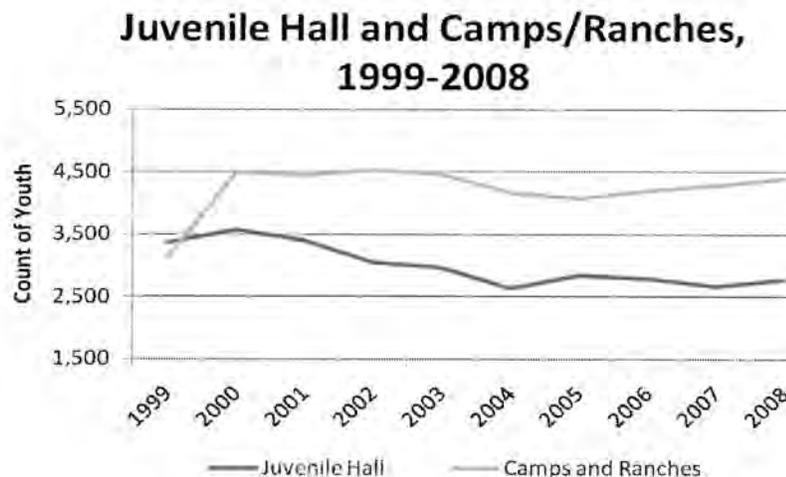
Unlike CYA population figures, California's prison population grew in this period, from 131,232 in 1995 to 166,569 in August, 2009.⁸

ALTERNATIVES TO THE CYA

County Custody

A question that arises when one considers counties no longer send as many of their delinquent youth to the CYA is: Where did they go? Counties have several alternatives to the CYA. Most youth sentenced to residential placement in the county will serve their time in juvenile hall or county camps or ranches. Figure 3⁹ illustrates that, while there were some increases at the beginning of the past ten years, the number of post-disposition youth placed in these settings has remained static or dropped. (Youth being detained in juvenile halls awaiting trial are not included in these numbers, since CYA youth are not likely to have that status.)

Figure 3



⁷ California, Office of the Attorney General, Criminal Justice Statistics Center (2010). *California Arrest Rates, 1960-2009: Total Felony Violations*. See <http://ag.ca.gov/cjsc/glance/data/5data.txt>

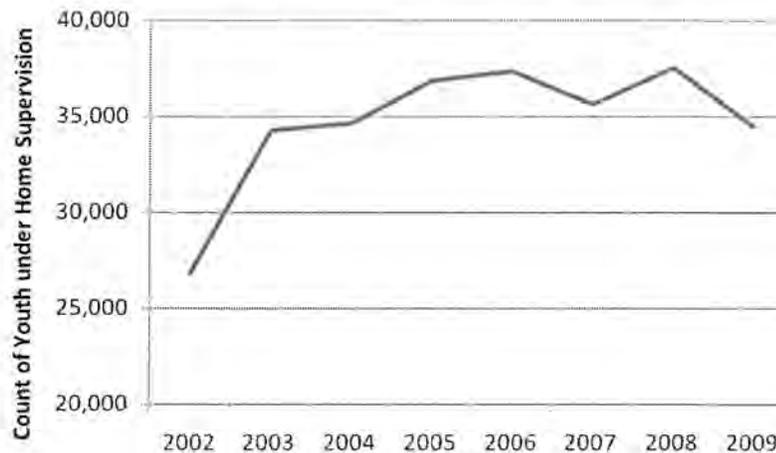
⁸ CDCR (Fall, 2009). *Corrections: Moving Forward* (CDCR Annual Report). See http://www.cdcr.ca.gov/News/2009_Press_Releases/docs/CDCR_Annual_Report.pdf

⁹ Corrections Standards Authority (2010). *Juvenile hall population summary, 1993-2008 & Camps population summary, 1993-2008*. Obtained via special request.

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A key alternative to incarceration is home supervision or probation, in which the youth lives at home under supervision of the probation department. Figure 4¹⁰ shows rising trends in the use of home supervision, which usually includes intensive supervision, electronic monitoring, day reporting, or some other form of probation.

Figure 4
Home Supervision, 2002-2009



Transfers to the Adult System

In the past few years, California has seen an increase in direct files to adult court (Figures 5 and 6¹¹). Serious juvenile cases may go to adult court if a juvenile is deemed unfit for juvenile proceedings, but in such a case, a prosecutor has initially filed the case in the juvenile court. With a direct file to adult court, a prosecutor bypasses the juvenile justice system. In addition to Proposition 21, which required that juveniles charged with certain violent crimes be tried in adult court, the increase of direct file cases may reflect that prosecutors believe that there are fewer options for very serious offenders in lieu of the CYA. With many judges tacitly refusing to commit youth to the CYA, and because many county facilities are not designed to hold juveniles for extended periods of time, prosecutors may be resorting to direct file. However, this tactic may not be succeeding. There has not been a major change in the number of persons under the age of 20 serving time in adult facilities, suggesting that the rise in direct files has not resulted in more young people being sent to CDCR. For example, in 1999 there were 2,811 new admissions to CDCR of persons under the age of 20. By 2009, after the major decline in the CYA population, the number of felony admissions to CDCR of youth under age 20 was only 2,594.¹²

¹⁰ California, Office of the Attorney General (2010). *Juvenile Justice in California 2002-2008* [Series]. See <http://www.ag.ca.gov/cjsc/pubs.php#juvenileJustice>

¹¹ California, Department of Justice, Office of the Attorney General (2010). *Juvenile Justice in California 2002-2009* [Series]. See <http://www.ag.ca.gov/cjsc/pubs.php#juvenileJustice>

¹² See http://www.cdcr.ca.gov/Reports_Research/Offender_Information_Services_Branch/index.html.

Figure 5

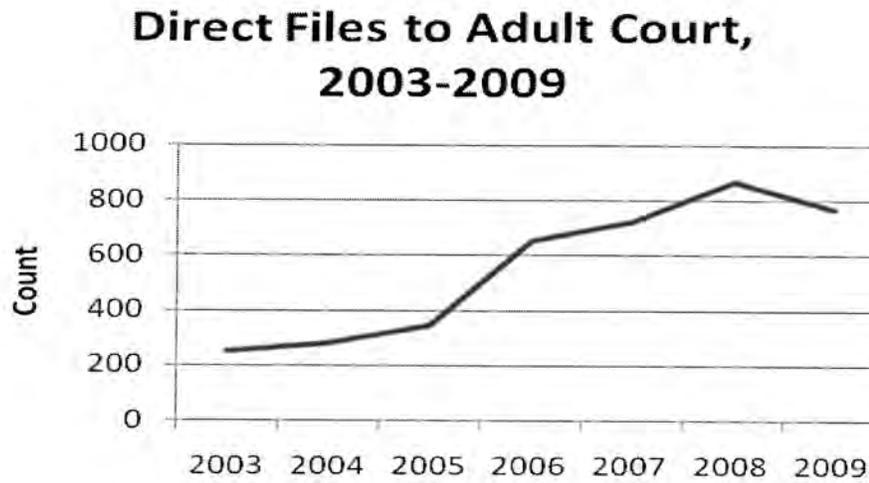
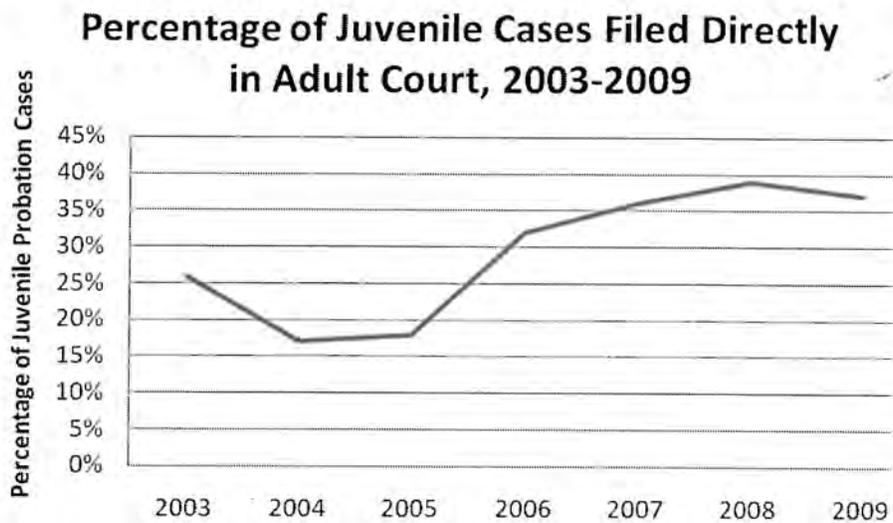


Figure 6



CONTEXT OF THE DECLINE

Rehabilitation at the County Level

After the CYA population peaked in 1996, it began a steady decline that continues today. In the mid-1990s, CYA facilities were growing increasingly crowded, so CYA administrators developed plans for increasing capacity by 25%, mainly through new construction. State lawmakers balked, citing the costs to the state, the increasing use of the CYA as a catch-all system for even very low-level offenders, and growing concern about the quality of care received there. Instead the Legislature passed SB 681 in 1996, which set up a sliding scale of costs, making the minimum monthly payment \$150 per month per juvenile offender. Payments increased as severity of offense decreased, with the least severe offenders costing counties \$2,600 per month, or 100% of the actual cost to the state. This structure encouraged counties to find rehabilitative options for less serious youth at the county level; the CYA should be reserved for the most serious youth, whose needs could not be met at the county level. Several other factors were also at work. AB 2312, also passed in 1996, authorized \$33 million to support local juvenile justice programs. The Juvenile Crime Enforcement and Accountability Challenge Grants gave nearly \$50 million to local counties to support graduated sanctions at the local level and nearly \$500 million for the construction of local juvenile facilities.

Increasing Costs of the CYA

The cost to the state to house a youth in the CYA has always been higher than adult prison, in part because of the serious needs of youth sent there. Other factors contributing to high per capita CYA costs include the salaries of CYA corrections staff and maintenance of

deteriorating state youth facilities. In 1996, the annual cost to house a ward in the CYA was \$36,118. In 2003, before the Farrell consent decree, this cost had already risen to \$83,223. The Farrell consent decree has required hiring more medical, mental health, and education staff for CYA facilities and this has led to cost increases. As the youth custodial population has decreased and a number of CYA facilities have been mothballed, the agency's overhead costs have remained largely the same and state personnel rules have slowed the process of reducing the CYA workforce. This drove the annual cost per youth to \$218,000 in 2007. With California's state budget already in crisis by 2001, it is not surprising that the CYA became a target for budget cuts and pressures to close more CYA facilities.

Realignment Legislation

In 2007, the state passed historic "realignment" legislation: SB 81. Though it had been pushed for before 2007, many believe that the growing cost of the CYA, along with the cost of implementing the reforms required by the Farrell lawsuit, helped SB 81 to pass when it did. The bill redefined placement options, allowing only the most serious violent offenders and sex offenders to be sent to the state; all other offenders had to be kept in county facilities. (Counties were also allowed, but generally not forced, to recall from the CYA juvenile offenders who had been committed on a nonserious offense.) SB 81 further changed the population of the CYA, as nonviolent youth were no longer sent to state facilities. Although the state provided some additional money to the counties for their increased caseloads, many chief probation officers felt blindsided. With little warning, they had to accept youth into their facilities that were previously sent to the CYA. The chief probation officers had initially opposed SB 81 and complained that

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they had little time to prepare their facilities and programs for the changes. There is ongoing uncertainty that state funding to offset county costs will still be available as the state budget deficit becomes more severe.

The reduction in new admissions to the CYA averaged several hundred fewer youth each year statewide. While not all of these youth were sent to county placement options, this is a substantial number that could not easily be absorbed into the various county placement options. The influx, which included young people with multiple mental health, special education, and substance abuse treatment needs, and the associated costs of providing these services made for big changes in the already burdened and tightly budgeted county systems. Furthermore, since youth who were sent to the CYA and youth who remained with the counties was based on each youth's current offense without regard to priors, youth with very serious offense histories currently being held for a lesser offense remained the responsibility of the counties. For example, a youth with several violent priors currently being held for a relatively minor property offense would stay with the county, even though his priors might suggest the need for a more secure setting. Probation chiefs feel this new county population has contributed to increases of in-custody incidents, gang activity, and difficulty in finding appropriate programming for these deeper-end youth. There are, however, no data that supports these anecdotal observations. On the other hand, chief probation officers interviewed for this report also held the view that probation departments have come out better for realignment. Counties have been forced to get creative, to augment or develop local programs for youth, and to change the way their local facilities ran. They have increased the use of such approaches as community probation and

intensive supervision, and have increased prevention efforts. They have found that keeping these youth at the local level is not only cheaper than the current costs of the CYA, but it gives youth access to local programs and services and keeps them connected to their families and communities.

INSTITUTIONAL ABUSE AND THE STRUGGLE FOR YOUTH JUSTICE

Despite the decrease in the incarcerated youth population that commenced towards the end of the 1990s, the CYA's problems continued. The violence within the state facilities was beginning to become public, starting with the inmate murder of a CYA counselor, Ineasie Baker, in 1996. Many familiar with the CYA believe that it was this incident that began the era of extensive 23-hour solitary confinement of many youth. The practice of 23-hour lockups consisted of isolating youth (with behavioral and psychological problems) in their cells for 23 hours a day, for days and even months on end, with one hour of large muscle exercise.¹³ In some instances, the Office of the Inspector General found that youth were denied this one hour and, in other instances, that this one hour of activity was conducted in a wire cage. This practice prevented youth from receiving any programming or services to which they were entitled. But high levels of violence within the CYA had begun long before Baker's murder. A 1989 lawsuit over the lack of special education programming had given the Youth Law Center (YLC) a unique window into the disturbing practices of the CYA: the suit provided inmates with YLC contact information. In the following years, YLC was inundated with letters from

¹³ California, Office of the Inspector General. (2000). *23 and 1 Program Review*. See <http://www.oig.ca.gov/pages/reports/bai-reviews.php>

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inmates and families of inmates detailing abusive practices. With overwhelming evidence of abuse coming from youth themselves, youth advocates in the 1990s began actively lobbying for improved conditions and even the outright closing of the facilities. YLC and other like-minded organizations such as NCCD, the Center on Juvenile and Criminal Justice, and Commonweal began coordinating their efforts, meeting frequently to discuss strategies for pushing reform of the CYA.

With the passage of Proposition 21, youth advocates fought even harder to keep youth in local, rehabilitative facilities. Proposition 21, passed by California voters in March, 2000, increased penalties for certain delinquency offenses and *required* transfers to the adult system for youth aged 14 and over who were charged with murder and/or certain sex crimes. Books Not Bars began organizing families of youth incarcerated in the CYA to lobby for the shuttering of the youth prison system. Their campaign was a very public one, working to keep the cause in the media constantly, informing the public not only of the abuses, but also of the possible alternatives, like the Missouri Model, a successful juvenile corrections reform effort in the Midwest.

With so much happening around CYA reform, groups like Books Not Bars and the Youth Law Center began educating judicial leadership not only about the changes in law but also about the options counties had for their youth. YLC began a list-serve among the public defender community, educating them about different legislation and initiatives taking place. As these decision makers were beginning to realize the abuses and violence that youth were facing in the CYA, coupled with the agency's high price-tag, these re-education efforts were timely. Many juvenile justice practitioners began reconsidering committing youth to the state,

with several Bay Area counties even declaring a moratorium on youth commitments to the CYA, though follow-through was uneven.

Support in the Legislature

Between 1999 and 2000, state leaders began taking a new look at the CYA. As Chairman of the Committee on Public Safety, State Senator John Vasconcellos held a number of public hearings over the allegations of abuse in the CYA. As a result of these hearings, the Office of the Inspector General and the Attorney General conducted a series of investigations, publishing scathing reports about rampant abuse, along with conditions of confinement, such as the use of cages and extended, 23-hour lockdown periods.

In 2003, Senator John Burton pushed through a significant piece of legislation altering juvenile justice proceedings. The Youthful Offender Parole Board had, by then, gained a reputation of being out of touch with the CYA and conditions within the facilities, constantly lengthening sentences of youth without knowing the conditions to which they were being subjected. SB 459 took away most of the Parole Board's authority, putting in place a different governance structure. SB 459 also allowed counties to recall wards who were not receiving proper treatment. Lastly, the law allowed juvenile court judges to set maximum confinement time for inmates to be less than the maximum term an adult would receive for the same offense, which had been the prior practice.

Another champion of CYA reform in the State Senate was Senator Gloria Romero, a consistent advocate for reform, holding legislative hearings and authoring several bills. Senator Romero became very involved in CYA reform after she obtained a video tape showing

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the beatings of two youth by several CYA youth at the Chadgerian facility. There were also well-publicized suicides of youth who had been placed in the 23-hour solitary confinement program. Senator Michael Machado, chair of the powerful budget subcommittee covering CDCR, authored SB 81 that led to the major realignment in 2007.

Lawsuits

Several lawsuits were brought against the California Youth Authority in the early 2000s, including one that required all 11 health care facilities to obtain state certification. The biggest and most influential case, however, was *Farrell v. Harper*, filed in 2003 by Prison Law Office. The Farrell suit challenged practically all aspects of incarceration in the CYA, including physical safety of wards, segregation, medical and dental care, mental health care, programming/rehabilitation (i.e. education, substance abuse treatment, sex offender treatment, exercise, physical facilities, religion), access to courts and redress of grievances, use of force, disability discrimination, and sex discrimination.

At the same time that the Farrell suit was filed, California was undergoing a change in leadership at the top level. Gray Davis, who often turned a blind eye to the accusations against the CYA, was being replaced by Arnold Schwarzenegger. Schwarzenegger visited CYA facilities, saw the cages used to deliver “education” to incarcerated youth, and soon after took steps to end their use in the CYA.¹⁴ This change in leadership is one of the main reasons the lawsuit resulted in a consent decree in 2004. In the next year, both plaintiffs

and defendants agreed to the findings of several expert reviews; remedial plans were finalized and a schedule for reform was set. Yet despite the “cautious optimism”¹⁵ of advocates following the Farrell suit, the reforms have still not materialized as quickly as they had hoped, and stories of inmate abuse, violence and decrepit facilities are still frequently found in the media.

Effect of the Media

Mainstream media picked up many stories of abuse within the facilities throughout the period of CYA population decline (see Table 1). Videos and news reports continued to surface, with several leading news outlets such as the Los Angeles Times and the San Jose Mercury News conducting in-depth investigations. For the first time, the public knew about the incidents and trends that occurred behind the closed doors of the CYA. Abuse was perhaps the most common, ranging from inmate-inmate and inmate-staff violence, to staged fights and forcing girls to participate in pornographic videos. Newspapers also reported inmate deaths, both homicides and suicides, and quoted parents describing the desperate situation their kids faced and the lack of response from authorities. Other stories covered the 23-hour isolation practices, the deterioration and out-dated facilities, and the worsening mental health conditions for youth.

¹⁴ California, Office of the Governor (2004). *Governor Schwarzenegger Announces Settlement in CYA Case* [Press Release]. See <http://gov.ca.gov/press-release/2677/>

¹⁵ From interview with Sue Burrell of YLC.

Table 1
Sample of Media Stories from 1999-2005

Dec. 24, 1999	Head of California Youth Authority resigns under fire, Associated Press
Jan. 9, 2000	California Youth Authority Shifts from Rehab to Brutality, Los Angeles Times
2001, 2005, 2007	Various reports by the Office of the Inspector General revealing abuse within facilities.
2004	Video: System Failure: Violence, Abuse, and Neglect in the California Youth Authority, Books Not Bars
Dec. 30, 2003	Dog bite at N.A. Chaderjian Youth Correctional Facility, YouTube, http://www.youtube.com/watch?v=GFdz349InCQ
Jan. 20, 2004	Youth Beaten Down at Chaderjian Youth Correctional Facility, YouTube http://www.youtube.com/watch?v=rV4JzOM2QAk
Jan. 28, 2004	Allegations Of Abuse Being Investigated – Scathing report on Youth Authority, San Jose Mercury News Young inmates caged, drugged, state study finds, Associated Press
April 1, 2004	Videotape shows guards beating two CYA inmates, Associated Press
Sept. 2004	Cover-up feared in prison death – 4 th Youth Authority inmate to die in custody this year, San Francisco Chronicle
Nov. 23, 2004 - Jan. 21, 2005	California Youth Authority (in-depth six investigative report series), San Jose Mercury News

IN THE AFTERMATH...

In the past 15 years, the number of youth incarcerated in the CYA has declined more than 80 percent. This decline did not come as a result of large increases in spending on new alternative programs, but rather a series of changes in funding structures as well as changed attitudes on the effectiveness of the youth prison system. In fact, it is possible to see the ongoing state budget problems as one major cause of reducing the CYA population that will continue into the immediate future. Most importantly, this decline in the youth prison population did not endanger public safety; California crime rates have continued to decline and fewer youth are being arrested. Although some youth who might have gone to the CYA are now sent to county camps and ranches, many youth are being rehabilitated at the local level under probation supervision.

The reduction in the number of youth confined at the state level has not hugely impacted counties in a negative way. The shifting of youth back to the county has allowed—or, in some cases, forced—probation officers, judges, and district attorneys to get creative with their resources, to find and create local alternatives, and to invest in programs that work for their communities. Some counties are converting or building new facilities to house long-termers, but even these youth benefit from serving time in a local setting.

With the CYA population so greatly declined, its facility conditions are still changing at a slow pace. Although preventing new admissions and removing non-violent youth from the CYA is certainly a step in the right direction, finding

appropriate alternatives for serious youth offenders is critical.

We have already seen a rise in the number of juvenile cases being filed in adult court. Without a plan for effective rehabilitation for serious offenders, it is likely that more of them will be sent to adult prison, which would in many ways reverse much of the progress that has already been made in reducing the CYA population. There must be an alternative to adult prison; youth should be afforded a rehabilitative environment where their safety and well-being can be guaranteed.

As noted earlier, the radical decline in the CYA population is one of the state's and nation's best kept secrets. Other large states such as New York, Ohio, Michigan, Texas, and Illinois have achieved significant reductions in their state youth corrections populations, but not to the same extent as California. In each of these locales, the public exposure of abusive practices, stories of institutional violence and budgetary pressures are driving the decarceration movement. While the decline in the CYA population has yet to free up significant funding to expand local prevention and intervention programs, these budgetary shifts are likely to be achieved in the coming legislative session.

The California experience illustrates how the reduction of incarcerated youth can save lives and cost less money than expensive and failed state facilities. Perhaps the lessons of the declining youth inmate population can offer clues on how to better manage our bulging adult corrections system in California.

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THE RISK–NEED–RESPONSIVITY MODEL OF OFFENDER REHABILITATION

The Risk–Need–Responsivity (RNR) Model first emerged out of Canada in the 1980s, during the heyday of the “nothing works” pessimism around rehabilitation. In the wonderful phrase of Canadian Stephen Duguid (2000), its emergence was like “a cold wind from the North” sweeping across North America and later to Europe and beyond. In this chapter and the next we shall describe the RNR Model in depth and then systematically evaluate it utilizing the epistemic (epistemological) criteria outlined in the previous chapter. However, it is first necessary to discuss briefly the concepts of risk, need and responsivity, since any evaluation of the RNR Model hinges on how these concepts are interpreted.

THE CONCEPT OF RISK

Risk refers to the possibility of harmful consequences occurring (Douglas, 1992). Risk has two major components: the

existence of potentially harmful agents (people, animals, diseases, toxins, situations, etc.) and the possibility that the hazards associated with the agents in question will actually occur (Denny, 2005). Risk assessment is an indeterminate (uncertain) process and involves the application of procedures for ascertaining the probability of a harmful event occurring within a specified time period. It involves judgments by individuals about the nature of the harm involved and the likelihood of a harmful event actually happening (Denny, 2005).

The concept of risk is clearly value-based (Kekes, 1989) and can be approached from a variety of theoretical perspectives. These range from positivist approaches that view risk factors as independent variables to cultural accounts where risk is hypothesized to be socially and politically constructed by different groups and not able to be adequately measured (Beck, 1992; Brown, 2000; Douglas, 1985; Young, 1999). In an important analysis of risk in what he calls the "risk society", Beck (1992, p. 42) asserts that "Basically one is no longer concerned with attaining something 'good' but rather preventing the worst". The idea is that individuals and institutions are increasingly concerned with avoiding a variety of dangers and holding others accountable when harm is experienced.

In the criminal justice process, risk assessment is the process of determining an individual's potential for harmful behavior toward himself or herself or others (see Feeley and Simon, 1992). The account of risk assumed by proponents of RNR and the majority of correctional workers appears to be an individualist or psychometric one. It is assumed that risk factors exist independently in the world rather than simply reflecting individuals' subjective concerns and once quantified can be used to estimate accurately the chances of adverse events (predominantly reoffending) taking place. Thus, a risk factor is a variable that increases the chances that an

individual will behave in a harmful manner (see Blackburn, 2000). This influence may change over a person's life, and may vary across people, situations and developmental pathways (McGuire, 2000; Mrazek and Haggerty, 1994).

Risk factors may fall within four broad domains: (1) dispositional factors such as psychopathic or antisocial personality characteristics, cognitive variables, and demographic data; (2) historical factors such as adverse developmental history, prior history of crime and violence, prior hospitalization, and poor treatment compliance; (3) contextual antecedents to violence such as criminogenic needs (risk factors of criminal behavior), deviant social networks, and lack of positive social supports; and (4) clinical factors such as psychological disorders, poor level of functioning, and substance abuse (Andrews and Bonta, 1998; Blackburn, 2000; Hollin, 1999; McGuire, 2000). Risk factors are also commonly conceptualized as *static* or *dynamic* risk factors. Static factors are those risk variables that cannot change such as previous offense history, lack of long-term relationships, and general criminality. *Stable dynamic* risk factors are those risk variables that tend to be stable over time but are amenable to change; that is, sexual interests/sexual self-regulation, pro-offending attitudes, socio-affective functioning, and general self-regulation. *Acute dynamic* risk factors are those factors that change and fluctuate from one situation to another, such as mood state and substance abuse which can signal the onset of offending.

THE CONCEPT OF NEED

The concept of "need" is related to "risk" in the sense that individuals whose needs are not met might be said to be at risk of a harm of some sort; indeed, an unmet need is in some ways a harm in itself. After all, to have a need typically

indicates a lack or deficiency of some kind, in particular a lack of a significant good (Braybrooke, 1987; Thomson, 1987). Maslow (1970) famously outlined a hierarchy of human needs with four levels of "deficiency needs" involving, in order: physiological needs, safety needs, love/belonging, and status/esteem needs. Maslow argued that all of these deficiency needs must be met for healthy growth and development, and that behavior is shaped in many ways by pursuit of fulfilling these needs. When these deficiency needs are met, Maslow theorized, humans can pursue a further level of "being needs" involving self-actualization and self-transcendence. This higher level of need involves peak experiences, creative pursuits, becoming "all that you can be" (as television commercials for the US Army promise).

More recently, Deci and Ryan (2000) have developed a self-determination theory of needs that is particularly useful for thinking about needs in the correctional context. Self-determination theory states that human beings are inherently active, self-directed organisms who are naturally predisposed to seek autonomy, relatedness and competence. Although this is a recent theoretical formulation, the idea that "agency" and "communion" (Bakan, 1966) are primary motivations for behavior can be traced back at least to the pre-Socratic philosopher Empedocles. Dan McAdams and his colleagues (1996, p. 340) write "That human lives are animated by two broad and contrasting tendencies resembling Bakan's concepts of agency and communion is an idea that is at least 2,000 years old". Agency and communion themes (i.e. work and love) were also central to Freud's theory of adult development and have been a central feature of almost every scientific effort to quantify significant aspects of interpersonal behavior for at least the last forty-five years (see the review in Wiggins, 1991). Deci and Ryan (2000, p. 229), however, go further than these previous understandings by defining autonomy and relatedness as needs or "innate

psychological nutriments that are essential for ongoing psychological growth, integrity, and well-being".

Human needs involve the conditions essential for psychological well-being and fulfillment, and individuals can only flourish if they are met. Deci and Ryan suggest the failure to meet the three basic needs for autonomy, relatedness and competence will inevitably cause psychological distress and will likely result in the acquisition of maladaptive defenses. In other words, thwarted basic needs result in stunted lives, psychological problems and social maladjustment. Under these circumstances individuals acquire *substitute needs* that give them at least some degree of relatedness, competence and autonomy. However, the goals associated with these proxy needs are likely to result in a poorly integrated self, ultimately frustrating and unsatisfying relationships, self-esteem disturbances, and a sense of personal helplessness (for research evidence, see Deci and Ryan, 2000). Deci and Ryan argue that in order to experience a sense of enduring well-being all three needs have to be fulfilled; social conditions that pit one need against the other are likely to result in defensive motives and the development of substitute needs. The outcome of this forced accommodation is reduced levels of well-being.

Proponents of the RNR model of rehabilitation define needs more explicitly as personal deficits, but argue that only certain of these deficits or shortcomings are related to offending. They make this distinction explicit in their differentiation between two types of need: "criminogenic needs" and "noncriminogenic needs". Criminogenic needs include pro-offending attitudes, aspects of antisocial personality (e.g. impulsiveness), poor problem-solving abilities, substance-abuse problems, high hostility and anger, and criminal associates (Andrews and Bonta, 2003). These are contrasted with noncriminogenic needs, which, according to the RNR model, are aspects of the individual or his or her

circumstances that if changed may not have a direct impact on recidivism rates. Examples of noncriminogenic needs are clinical phenomena such as low self-esteem (see Baumeister, 1999) and mental health problems such as depression or unresolved grief (but see De Coster and Heimer, 2001). In this framework, it is difficult to distinguish between a "criminogenic need" and a "risk factor" as both denote an empirically determined correlate of criminal offending.

THE CONCEPT OF RESPONSIVITY

Finally, the concept of responsivity is concerned with how an individual interacts with the treatment environment, covering a range of factors and situations. As such, responsivity (partly) involves an individual's motivation to engage in therapy and to commit to change (Miller and Rollnick, 2002; Prochaska and DiClemente, 1998). Responsivity is usually understood in the rehabilitation literature as primarily concerned with therapist and therapy features and is, therefore, essentially concerned with adjusting treatment delivery in a way that maximizes change (e.g. see Horvath and Luborsky, 1993).

The responsivity principle states that correctional programs should be matched to the offender's learning style, level of motivation, and personal and interpersonal circumstances. The principle of responsivity is based on the selection of interventions that are capable of making the desired changes and that match the offender's learning style (Andrews *et al.*, 1990). Responsivity may be usefully partitioned into two related ideas of specific and general responsivity. *Specific responsivity* refers to the individual characteristics of offenders which will make them more or less likely to engage with treatment. These characteristics typically include such factors as language skills, interpersonal

skills, motivation and anxiety. For example, an unmotivated offender may be less likely to benefit from treatment. *General responsivity* describes the role of treatment-level issues in the match between treatment modality and offenders' learning styles (Andrews and Bonta, 2003).

Andrews (2001) further divides responsivity into internal and external responsivity. Attention to *internal responsivity* factors requires therapists to match the content and pace of sessions to specific client attributes such as personality and cognitive maturity. On the other hand, *external responsivity* refers to a range of general and specific issues, such as the use of active and participatory methods and consideration of the individual's life circumstances, culture, etc. Additionally, external responsivity can be divided further into staff and setting characteristics (Serin and Kennedy, 1997). The issue of responsivity to correctional treatment is a crucial but underexplored area in criminological research (but see Birgden, 2004; Bonta, 1995; Ward *et al.*, 2004). Certainly, the topic receives far less attention than identifying risk factors or criminogenic needs.

WHAT IS THE RISK-NEED-RESPONSIVITY MODEL?

Just what constitutes the Risk-Need-Responsivity Model (RNR) is a matter of some debate. Some researchers and practitioners have complained that the model lacks conceptual depth and is essentially a list of principles without theoretical grounding (e.g. Hannah-Moffat, 1999; Ward and Brown, 2003). Critics argue that it is, therefore, incapable of providing correctional personnel with the comprehensive guidance required to reintegrate offenders. Proponents of the RNR model have responded to such criticisms by arguing that a strong theoretical basis exists for this influential rehabilitation model and that once this is clearly articulated

the many criticisms fail to hit their mark (e.g. Andrews and Bonta, 2003; Bonta and Andrews, 2003; Ogloff and Davis, 2004). While advocates of the RNR model accept that the theory is often presented purely in terms of the principles of risk, need and responsivity, they claim that this does not mean that it lacks theoretical grounding (e.g. Bonta, 2003). In other words, it is asserted that it is a mistake to frame the RNR model purely in terms of the three rehabilitation principles and the associated program elements. Rather, it is claimed that the theory contained in Andrews and Bonta's seminal book *The Psychology of Criminal Conduct* (2003) and in accompanying articles effectively grounds the three principles, and by doing so outlines a powerful rehabilitation theory.

The trouble with this response is that at least three different theoretical models or perspectives have been presented as providing an underlying theoretical justification for the RNR model. In other words, it is not clear exactly what theory is being appealed to in this debate. First, in their exposition of the RNR model, Ogloff and Davis (2004) proposed that the Psychology of Criminal Conduct perspective (PCC) outlined by Andrews and Bonta (2003) in a number of publications "provides directions for the assessment of offenders and their classification for treatment" (p. 232). Second, Andrews and Bonta (2003) affirm that a model they call a General Personality and Social Psychological Perspective on Criminal Conduct (GPSPP) is able to account for "multiple routes to involvement in illegal conduct" (p. 165). Third, Gillis (2000) asserts that the Personal Interpersonal Community-Reinforcement Perspective (PIC-R) affords a theoretical source for predicting and explaining criminal behavior. Moreover, these three models are all to be found in Andrews and Bonta's discussion of the theoretical underpinnings of their approach to offender rehabilitation in chapters 1 and 4 of *The Psychology of*

Criminal Conduct. For Andrews and Bonta, the three models are thought to provide theoretical support and justification for the “big” three rehabilitation principles of risk, need and responsivity (Bonta, 2003). While all three models are discussed in Andrews and Bonta’s (and other RNR proponents’) writings, the degree to which they – collectively or individually – can ground the three principles of risk, need and responsivity theoretically is unclear. Another area of vagueness concerns the *relationship* between the three models. Should they be hierarchically related or are they simply alternative conceptualizations of a psychology of criminal conduct? Exactly how should the three models be interrelated within the RNR model of offender rehabilitation?

The difficulty with having more than one theory associated with the RNR model is that it makes the evaluation of the model a difficult and slippery process. It is hard to state exactly what etiological claims are being made and how the principles comprising the RNR model are derived from underlying theory and research. In the trail of such vagueness follow problems of falsification and confirmation. How do we know whether the RNR model is an adequate rehabilitation model if we are unsure what its theoretical commitments are? Furthermore, from an intellectual point of view it is important to link coherently the various strands of the justificatory theory to the RNR principles. Indeed, Andrews and Bonta (2003, p. 4) are adamant that “psychology seeks explanations of criminal conduct that are consistent with the findings of systematic observation, rationally organized, and useful to people with practical interests in criminal behavior”. They advocate vigorous critical debate on the theoretical, empirical and practical aspects of offender rehabilitation. Their commitment to rational empiricism is admirable and reminds us that it is important never simply to assume the truth of our favored theories, but always to integrate them critically in the pursuit of greater understanding.

Without a clear statement of the theoretical and methodological commitments of the RNR model, it is harder to defend it against the kinds of criticism outlined above. In order to conclude whether or not they are reasonable it is first necessary to delineate the assumptions of the RNR model in a systematic and coherent manner. Our aim in this chapter is to *reconstruct* the rehabilitation theory in which the three principles of risk, needs and responsivity are implicitly embedded. This task is essentially an architectural one and will involve a careful reading of RNR theoretical work and some degree of redesigning the theory in light of this process of critical reflection. We do not wish to be presumptuous or to claim that this reconstruction represents a new theory or is ours in any significant respect. Rather, our intention is to draw together the various strands of theory from Andrews and Bonta's work and additional theories, and to weave them together in a more systematic and transparent way. Indeed, our hope is that the reconstructed theory will be a stronger and more coherent rehabilitation theory. Our reconstruction of the RNR model concentrates on treatment, but a case could be made for extending it to all interventions in the criminal justice area (see Ward and Yates, 2006).

THEORETICAL SOURCE MODELS OF RNR

There are at least three related but seemingly distinct theoretical models that are associated with the RNR model: the Psychology of Criminal Conduct Perspective (PCC), the General Personality and Social Psychological Perspective on Criminal Conduct (GPSPP) and the Personal Interpersonal Community-Reinforcement Perspective (PIC-R). We shall briefly review each of these models before drawing from all three in our reconstruction of the RNR model. To foreshadow our argument, we suggest that the three models are

hierarchically linked (as alluded to in Andrews and Bonta, 2003), with the PCC providing a general set of assumptions concerning the explanation and modification of criminal conduct, the GPSPP sketching out the general contours of an explanatory theory, and the PIC-R in effect fleshing out the GPSPP. That is, the PIC-R is more specific than the GPSPP (see below). They range in order of abstraction from a rather general view of crime to a specific theory centered on dynamic and static risk factors and learning principles (see Figure 3.1).

It is important to note that, although Andrews and Bonta (2003) refer to these models as perspectives, they also refer to them as etiological models or theories in a number of places throughout the book. Therefore, we shall treat them as theories or models rather than as broad perspectives on criminal behavior (we use the terms “models” and “theories” interchangeably). This interpretation is strengthened by Andrews and Bonta’s frequent reference to rational empiricism and theory development throughout *The Psychology of Criminal Conduct* (2003). This indicates that one of their aims is to construct a theoretically robust explanation of criminal behavior that is able to ground offender rehabilitation.

PSYCHOLOGY OF CRIMINAL CONDUCT (PCC)

PCC is essentially an approach to the study of criminal conduct based on the investigation of individual differences in the propensity to commit crimes (Andrews, 1995). It describes an *orientation* to the study of crime by identifying psychological correlates of offending. According to Andrews and Bonta (2003), crime is caused by distinct patterns of social and psychological factors that increase the chances that a given individual will break the law. They assert that once the causes of crime have been identified they can be explicitly targeted in order to decrease reoffending rates.

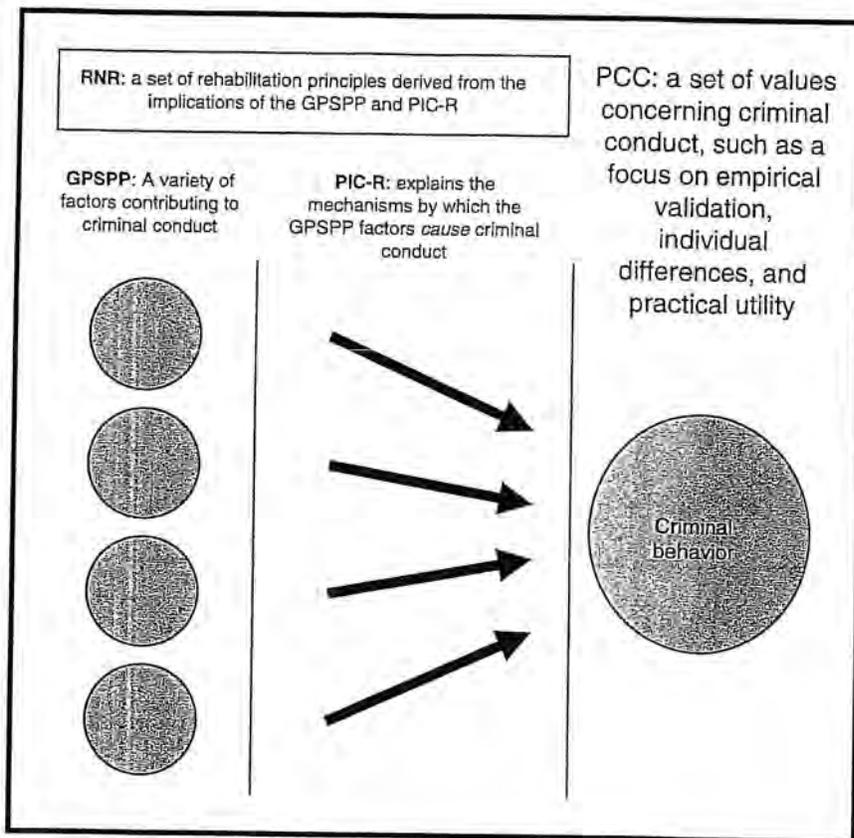


Figure 3.1 The relationship between the PCC (Psychology of Criminal Conduct), the GPSPP (General Personality and Social Psychological Perspective on Criminal Conduct), and the PIC-R (Personal Interpersonal Community-Reinforcement Perspective)

Furthermore, it is assumed that individuals vary in their predisposition to commit deviant acts and that this should be taken into account when planning rehabilitation programs; treatment should be tailored to meet each individual's

unique cluster of causes. In other words, the claim is that there exists a "general personality and social psychology of antisocial behavior" that is capable of explaining crime (Andrews and Bonta, 2003, p. 2).

The following two paragraphs capture nicely what Andrews and Bonta (2003) mean by a psychological approach to the explanation and modification of criminal conduct:

As a science, the psychology of criminal conduct is an approach to understanding the criminal behavior of individuals through: (a) the ethical and humane application of systematic empirical methods of investigation, and (b) the construction of rational explanatory systems.

(p. 15)

Professionally, a psychology of criminal conduct involves the ethical application of psychological knowledge and methods to the practical tasks of predicting and influencing the likelihood of criminal behavior, and to the reduction of the human and social costs associated with crime and criminal justice processing.

(p. 15)

Thus, the aims of a psychological approach to crime research reflect this focus on individual differences and empirical rigor, and are evident in a number of methodological, theoretical and ethical assumptions. First, there is a focus on variation within individuals and between individuals. The search for such differences should be multifactorial and involve biological, social, cultural, situational and psychological variables. Andrews and Bonta (2003) state that "it is an empirical focus on individual variation in criminal conduct that is the key to PCC, rather than disciplinary or political preferences regarding the potential covariates that ought to be observed" (p. 55). There should be a respect for individual diversity and the complexity

of human behavior. Second, researchers seek an empirical understanding of crime through the detection of *co-variates* (i.e. correlates, predictors, and causal or functional variables) using appropriate research designs. These will involve cross-sectional (correlates), longitudinal (predictors), multi-wave longitudinal (dynamic predictors or criminogenic needs) and experimental research designs (functional variables). Third, once empirical regularities have been identified, they argue that it is important to construct sound theoretical explanations of crime. The markers of a sound explanation are what we have called epistemic values: simplicity, internal consistency, external consistency, empirical adequacy and scope, explanatory depth, and practical utility. Fourth, it is stipulated that researchers should hold certain attitudes toward research that take into account the previous assumptions. They should be *open* to new ideas and possible sources of crime co-variates and not dismiss possible knowledge simply because it comes from another discipline. *Theoreticism*, or the dismissal of empirical findings because of fixed ideological positions or self-interest, is regarded as particularly serious and unwarranted. In their depiction of PCC, Andrews and Bonta insist that the research and practical activities of psychologists should be undertaken in ethical and humane ways. Finally, the authors are adamant that in order to advance the understanding of crime and its co-variates it is necessary to engage in "unsparing criticism of theoretical assertions and research findings" (2003, p. 1), albeit criticism that is tempered by a respect for the facts and methods consistent with a scientific approach.

Despite their endorsement of rational empiricism, or perhaps because of it (!), Andrews and Bonta display a laudable tolerance for the social and context dependence of knowledge. More especially they acknowledge the partialness, social, historical and political conditions that

constrain the generation of scientific theories and accept that all knowledge is socially constructed. However, this simply serves to underline the fact that theories are formulated by human beings and does not in any way infer that there are no truths to be discovered or a world that cannot be accurately mapped by our best theories.

GENERAL PERSONALITY AND SOCIAL PSYCHOLOGICAL PERSPECTIVE ON CRIMINAL CONDUCT (GPSPP)

The PCC model outlined above is clearly not a comprehensive rehabilitation theory or a detailed etiological model. It is essentially a set of assumptions concerning methodology, theory, research and practice used to inform the study and modification of criminal conduct. As noted above, we use the term "model" loosely when referring to PCC, but in a way that is consistent with Andrews and Bonta's (2003) discussion.

GPSPP, on the other hand, represents a broad theoretical framework guided by the assumptions of PCC. It is Andrews and Bonta's general sketch of the type of explanatory theory that is able to account for crime in a scientifically defensible manner. GPSPP is a complex theory of criminal behavior based on a number of cognitive, behavioral, biological and situational factors. It is based on the diversity evident in biology, personality, cognition, behavioral history and interpersonal functioning in a variety of domains (see Andrews and Bonta, 2003; Bonta, 2000). Most importantly, it is built around the best-established *risk factors* for criminal offending: antisocial cognition, antisocial associates, a history of antisocial behavior, and features of antisocial personality (e.g. impulsivity, poor problem-solving, hostility and callousness). Thus, with GPSPP, Andrews and Bonta seek to construct an explanatory framework that is responsive to

the established facts concerning criminal behavior. While they are aware that GPSPP does not provide any detailed description of the putative causal mechanisms, they resist the claim that it is simply a list of risk factors.

In contrast to criminological explanations that propose that the individual's only important characteristic is his/her place in the social system, GPSPP attempts to provide a comprehensive or holistic model of the causes of criminal behavior (Andrews and Bonta, 2003; Ogloff and Davis, 2004). Consistent with PCC, this feature highlights its multifactorial nature; criminal conduct is viewed as having a variety of causes. While the full variety of causes of criminal conduct is acknowledged, it is important to note that GPSPP is primarily a personality and social-learning perspective (Ogloff and Davis, 2004), and draws on an empirical research base suggesting that personality constructs (such as low self-control) and social-learning constructs (such as antisocial peer groups) contribute independently to the generation of criminal behavior (Andrews and Bonta, 2003; Andrews, Bonta and Wormith, 2006).

According to GPSPP, three sets of causal factors (in no particular order) each independently result in an individual defining a high-risk situation in a way that favors the option of committing a crime versus desisting from a crime. The first set of causal factors is the *immediate situation* or what we have termed the high-risk situation. Andrews and Bonta argue that action is subject to powerful situational determinants, and that the cues and potential rewards in immediate situations can facilitate (or the costs inhibit) offending: i.e. when the balance of rewards outweighs the costs. A number of psychological mechanisms derived from different theories are listed as possible mediators of this appraisal process. These include the constructs of behavioral intentions, self-efficacy and neutralization. There is no specification of the mechanisms in any detail,

and a number of possibilities are canvassed, primarily involving the array of other causes outlined in the model, such as antisocial cognitions, peer influence and self-management deficits.

The second causal factor is the presence of *delinquent associates* or a peer group who actively support the antisocial behavior of the individual. The exact mechanisms for this influence again are not spelled out but could involve social pressure, reinforcement, adoption of group norms, or simply the fact that the individual's social environment is constrained by the illegal activities and opportunities associated with his or her social network (Andrews and Bonta, 2003).

The third type of cause is the individual's *crime supportive* attitudes, values, beliefs and emotions. These attitudes have been shown to be strongly associated with offending and if modified result in lowered recidivism rates (Andrews and Bonta, 2003). Other causal factors outlined in GPSPP but not directly linked to offending are variables such as early childhood experiences, family of origin, gender, age, ethnicity, school performance and conduct, and a cluster of personality features (e.g. impulsivity or lack of social skills). The other cluster of factors are thought by Andrews and Bonta causally to influence offending in some unspecified manner or through their impact on the three direct routes described above. Importantly, all the factors listed in GPSPP have been identified by research as co-variates of crime (Andrews and Bonta, 2003; Andrews, Bonta and Wormith, 2006; Andrews *et al.*, 1990).

As a theoretical framework, GPSPP only begins to sketch out the set of causal factors associated with crime without any attempt to specify the mechanisms in sufficient detail. It is also apparent that from the perspective of GPSPP there are a number of possible pathways leading to offending depending on the particular cluster of psychological vulnerabilities exhibited by individuals and also the features of

the contexts in question. As an etiological theory it is too general to provide a comprehensive explanation of criminal conduct satisfactorily. The fact that it is so flexible and has the ability to incorporate new ideas as research uncovers them raises the possibility that it is not falsifiable. A theory should generate specific predictions and explanatory accounts. If you can simply add new components at will (as new research emerges), then it is not saying anything specific. Furthermore, the lack of clarity (and detail) on the various causal factors (e.g. immediate situation, antisocial cognitions) and their interrelationships means that it is not always clear exactly what is being claimed or why. The primary value of GPSPP, then, seems to rest on its status as a *framework theory*, able to guide the formulation of *substantive* theories for specific types of crime (e.g. sexual or violent offending).

PERSONAL INTERPERSONAL COMMUNITY-REINFORCEMENT PERSPECTIVE (PIC-R)

The third model outlined by Andrews and Bonta (2003) in their influential book *The Psychology of Criminal Conduct* is PIC-R, which argues that the probability of an individual engaging in criminal behavior "is a direct function of the patterns of communication or types of behavior patterns that are modeled, rehearsed, and reinforced to the offender" (Dowden and Andrews, 2004, p. 203). In other words, "offenders need to have anticriminal behavior and/or sentiments modeled and appropriately reinforced for correctional treatment to be effective" (ibid).

This is essentially a fleshed-out version of GPSPP and is the only model that really provides detail concerning the mechanisms that initiate and maintain criminal behavior in the RNR canon. It is important to note that PIC-R is only one of a possible number of models that could be derived

from GPSPP depending on how the various risk factors are unpacked and what particular theories are used to explicate the casual mechanisms involved. In fact, Andrews and Bonta (2003) describe this model as "one example of the general personality and social psychological approach" (p. 165) to account for deviant behavior.

In essence PIC-R accepts the array of causal factors outlined in GPSPP but provides more detail on some of them. Thus, social and personal circumstances, interpersonal relationships of various kinds, psychological factors such as self-regulation deficits, personality, and pro-crime cognitions are thought to interact with the immediate situation to result in criminal activity. In addition, it incorporates broad social and cultural factors into the background conditions that confront offenders and constrain their learning opportunities, which ultimately provide conditions that are conducive to criminal activity. PIC-R leans heavily on radical behavioral and social-learning theories with some elements from personality and social psychology also thrown into the mix. Thus, Andrews and Bonta state that PIC-R

...emphasizes behavioral and social learning principles because of their demonstrated functional power in applied settings. The practical and clinical utility of the PIC-R will reside in its ability to encourage comprehensive assessments and to assist in planning reasonable and effective interventions.

(pp. 166-7)

In total, Andrews and Bonta unpack PIC-R in terms of fifteen principles that revolve around the behavioral explanation of criminal behavior. It is the detailed description of the learning principles listed, in particular, that gives this model its greater specificity and explanatory power.

A key assumption of PIC-R is that criminal behavior is

acquired and maintained through a combination of operant and classical conditioning, and observational learning (see also Akers, 1998; Sutherland, 1947). The theory states that individuals can adopt antisocial attitudes, goals and behaviors through their association with people who fail to inhibit antisocial behavior (not necessarily offenders). If antisocial behavior is reinforced through rewards or escape from painful stimuli, it is likely to be strengthened and become part of a person's general repertoire in the future. Immediate situations can directly control behavior via the number of rewards and costs contained in them, in conjunction with the contingencies that occur in particular settings. In addition to direct experience, individuals also learn from observing other people and noticing whether their actions are punished or reinforced. A good example of social learning in a criminal context is when a young man watches his father "solve" interpersonal conflicts through the use of violence, resulting in him using the same tactics as an adult. The exposure to the father's aggressive actions is likely to inculcate attitudes favorable to interpersonal violence in the son, and his own subsequent history of rewards and costs for behaving violently in conjunction with the other influences in his life may culminate in the son becoming a violent offender. It is important to note that from the perspective of PIC-R observational learning is only one relevant cause and, generally speaking, multiple causal factors determine whether or not criminal behavior occurs (e.g. reinforcement, the presence of crime-supportive cognitions, etc.).

PIC-R is a more obvious candidate for an explanatory theory of crime but still has limitations. For one thing, the processes associated with the different risk factors are not fleshed out and it is not clear what mechanisms actually comprise dynamic risk factors such as antisocial peers or self-management problems. The relationship between the various risk factors is also a little vague and requires further

elucidation. The details that are provided concerning the operation of radical behavioral and social-learning principles apply to any behavior and are not specific to any particular type of offending. Most importantly, however, what is provided in PIC-R is a collection of variable names and their possible relationships. The problem of explaining how the risk factors actually operate and influence criminal actions is left unaddressed. In short, PIC-R is a little undercooked and would benefit from further elaboration indicating how causal elements such as antisocial attitudes or personality features generate particular types of antisocial behavior in specific settings (e.g. sexual or violent offenses).

REHABILITATION IMPLICATIONS

The primary treatment implication of these models is that interventions ought to be focused on modifying or eliminating dynamic risk factors (criminogenic needs). It is noteworthy that, consistent with the broad orientation of the three models, this includes individual, social and ecological/environmental factors. From the standpoints of PCC, GPSPP and PIC-R, criminogenic needs represent clinical needs that are stipulated to be the primary targets of rehabilitation effects. Thus, the whole rehabilitation process is recommended to be driven by the empirical detection of the correlates of crime rather than treatment targets being simply derived in an *a priori* fashion from clinical or criminological theories without a consideration of research findings.

What is lacking, however, is clear guidance on what to "do" about criminogenic needs or risk factors once identified. Practitioners are instructed to "target", "tackle" and "address" various deficits, yet given little by way of guidance on what this entails. As such, the three theories that have been postulated as underlying the RNR model are unable to supply the necessary etiological and theoretical components

to ground a model of offender rehabilitation. First, the models on their own lack the resources to justify the core assumptions of the RNR model with respect to the notion of risk, need and responsivity. For example, PCC is primarily concerned with outlining what we have referred to as the first component (values, aims, etc.) of a rehabilitation theory and is vague when it comes to etiology. While GPSPP and PIC-R are better able to deal with the etiological aspects (with varying degrees of success), they fail to articulate the values and broad assumptions underpinning the RNR model. Second, it is unclear whether the RNR model is essentially a rehabilitation theory or simply a cluster of principles. There is a certain ambiguity in the way the term "RNR model" has been used by researchers. On the one hand, it refers to the three principles of risk, need and responsivity and their accompanying program assumptions (see below). On the other hand, it refers to the three principles, the components of an effective program, and the theoretical and methodological assumption contained in the three source models. In other words, there is considerable vagueness concerning what comprises the RNR model. What is needed is a systematic exposition of the RNR model incorporating the three components or levels of a rehabilitation described earlier.

THE RECONSTRUCTED RISK-NEED-RESPONSIVITY MODEL

We shall now attempt to *reconstruct* the RNR rehabilitation theory by drawing upon the collective resources of the three models and the principles of risk, need and responsivity (plus other elements of effective service programming). Our aim is to present the RNR model in its strongest possible form in order to evaluate more accurately its strengths and

weaknesses. Note that by the term "RNR model" we are referring to the *entire rehabilitation theory*, not simply the three classification principles and their accompanying program components. In other words, we accept the claim by major proponents of the RNR model (e.g. Andrews and Bonta, 2003) that it is a comprehensive rehabilitation framework theory rather than a collection of principles and a few assumptions. Our job in this section is to reconstruct the RNR model component by component (see Figure 3.2).

It should be noted that the formulation of the RNR model and the three source theories in Andrews and Bonta's various published works are rather general and tentative in places, and therefore at times we have had to make judgments about their meaning (e.g. concerning the relationship between the three models or the way risk is conceptualized).

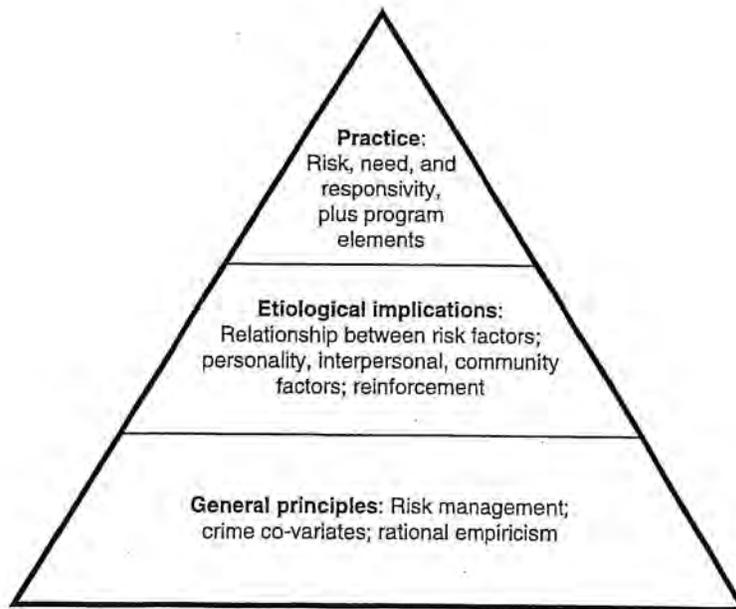


Figure 3.2 The Risk-Need-Responsivity Model

Thus, our depiction of the RNR model is a reconstruction in two senses: (a) it represents a reformulation of the RNR model using the three-component structure outlined earlier; and (b) it embodies our own interpretations of the various source models, including the creative filling of previously identified gaps.

PRINCIPLES, AIMS AND VALUES

There are a number of basic assumptions that constitute the first level or component of the RNR rehabilitation model. First, the primary aim of offender rehabilitation is to reduce the amount of harm inflicted on members of the public and on society by offenders. Considerations of the offender's welfare are secondary to this, with the caveat that any interventions must not intentionally harm him unnecessarily or violate commonly accepted professional ethical standards (see McCord, 2003). It is acknowledged that there is always some degree of harm experienced by an offender during therapy (e.g. feelings of distress or shame), but this is typically viewed as relatively minor and necessary to achieve therapy goals.

Second, individuals are likely to vary with respect to their predisposition to commit crimes. The factors that are associated with offending come from a range of variables including biological, psychological, social, cultural, personal, interpersonal and situational factors. Research into offending should be broad in scope. Furthermore, effective treatment requires that clinicians have systematically assessed offenders and identified their particular risk factors and offense pathways.

Third, the severity of risk (i.e. whether low, medium or high) is assumed to co-vary with the number of criminogenic needs, and additionally with the severity or strength of each need. That is, lower-risk individuals will have few, if

any, criminogenic needs while higher-risk individuals will display a significant range of such needs. Risk factors are viewed as discrete, quantifiable characteristics of individuals and their environments that can be identified and measured. The conceptualization of risk is from the individualist perspective.

Fourth, the most important treatment targets are those characteristics that research has associated with potentially reduced recidivism rates. Everything else is, at best, of marginal relevance and, at worst, potentially obstructive and harmful. The key issue here is that it is important to use the scarce resources available to manage crime to best effect, which means reducing the empirically established triggers of offending where possible. Above all, a risk-management rehabilitation perspective is concerned with reducing the likelihood that individuals will engage in behavior that will prove harmful to the community. The expectation is that by identifying and managing dynamic risk factors (e.g. antisocial attitudes and impulsivity) offending rates will be reduced. Fifth, the identification of risk factors and/or criminogenic needs is said to be an empirical and therefore value-free process. Note this does not mean that values are not involved in rehabilitation; simply that the detection of crime co-variates is value-free. The detection of correlates of crime should be undertaken with rigor and appropriate research designs; and, while it is accepted that knowledge is always partial and subject to social and political interests, it is possible to acquire an accurate understanding of the causes of crime. Relatedly, using the knowledge of the causes of crime it is possible to design effective treatment programs.

Sixth, individuals should be treated humanely, with research and treatment delivered in an ethically responsible manner. Considerations of responsivity and motivation alongside respect for basic human rights mean that offenders should be regarded as persons who have the capacity to

change their behavior. Still, as stated above, the primary aim of offender rehabilitation should be to reduce the risk to society rather than to enhance the well-being of offenders. This is really an issue of priority, and it is not assumed that offenders' welfare is unimportant or incompatible with the promotion of community safety.

ETIOLOGICAL AND METHODOLOGICAL ASSUMPTIONS

In the components of the RNR model of offender rehabilitation there are a number of etiological and methodological assumptions drawn primarily from GPSPP and PIC-R. First, there are a number of major risk factors (known as the "big eight") for offending and these are causally linked to criminal conduct or at least function as indicators of causes: antisocial attitudes, antisocial associates, a history of antisocial behavior, antisocial personality pattern, problematic circumstances at home, difficulties at work or at school, problems with leisure activities, and substance abuse. An empirically informed etiological theory of crime should be based on these risk factors and outline their relationships to each other (where known) and actual incidents of crime. Thus, theory construction is a *bottom-up* process in the sense that theoretical constructs are constrained by the detection of empirical regularities. There is nothing sacrosanct about the big eight, and the exact number of risk factors should always reflect the findings of research, and variation according to predictors of the type of crime (e.g. sexual offending versus property crime). It is critical that researchers are open to new findings and that the resultant theories display the epistemic values of simplicity, internal consistency, external consistency, empirical adequacy and scope, explanatory depth and practical utility.

The proximal cause of offending is the framing of an

immediate (high-risk) situation in such a way that the rewards of criminal activity are evaluated as outweighing the costs. Rewards are viewed as plural in nature and range from the automatic and physiologically based reinforcement of drug ingestion to social acceptance and approval from other offenders. It is not clear what psychological mechanisms actually mediate the process of reward/cost appraisal. According to the RNR model, the possible mechanisms include self-efficacy expectations, intentions, or perception of the density of rewards in a situation. Thus, there is room for a phenomenological (based on subjective awareness and conscious intentions) or a more mechanistic explanation. The presence of delinquent associates (external) and crime-supportive attitudes, values and beliefs distorts the appraisal process and increases the chances that certain individuals commit an offense in a specific situation. Further factors such as social rejection or disconnection, relationship problems and ongoing self-management deficits make it more likely that the antisocial cognitions of certain individuals will be activated and that they will be susceptible to the influence of delinquent peers.

More distal causes of an individual's predisposition to experience the problems outlined above include developmental adversity (e.g. sexual or physical abuse, neglect) and growing up in an environment in which antisocial norms have been modeled, or where the opportunities to lead a crime-free life are significantly low. Once a crime has been committed its effects are likely to reinforce further offending and the individual concerned will be responsive to environmental and internal cues that signal the presence of offending opportunities. In fact, according to the RNR model, environments exert a powerful influence on behavior. Andrews and Bonta argue that in order to explain fully the likelihood that a person will perpetrate a crime it is also essential to consider the wider political, economic and

cultural contexts within which he or she lives. However, these conditions alone are insufficient to *cause* crime – the individual/personal factors must also be present. Andrews and Bonta argue strongly that, while political, economic and cultural conditions may set the stage for criminal actions, anti-social learning and attitudes, and the other causal elements outlined in the RNR model, mediate these broad effects.

The RNR model therefore contains an integrated set of etiological assumptions and accompanying methodological commitments. It is a multidimensional and dynamic theoretical approach that respects empirical evidence but is also sensitive to the social ecological and cultural contexts of offending.

PRACTICE IMPLICATIONS

The theory above lays out the necessary groundwork for the well-known principles of risk, need and responsivity central to the RNR model. First, the *risk* principle is concerned with the match between individuals' level of risk for reoffending and the amount of treatment/interventions they should receive. The assumption is that risk is a rough indicator of clinical need and, therefore, according to this principle, high-risk individuals should receive the most treatment, typically at least 100 hours of cognitive behavioral interventions (Hollin, 1999). Those individuals displaying moderate levels of risk should receive a lesser dose of treatment, while those designated as low-risk warrant little, if any, intervention. Risk can be divided into static and dynamic risk factors. Static risk factors are variables that cannot be changed, for example, number of past offenses or gender. Dynamic risk factors are attributes of the individual or of his or her situation that are able to be modified in some important respects, for example, impulsivity or deviant sexual preferences. Furthermore, an important assumption is

that the severity of risk (i.e. whether low, medium or high) is likely to co-vary with the intensity and depth of the criminogenic needs present.

Second, according to the *need* principle, treatment programs should primarily focus on changing criminogenic needs – that is, dynamic characteristics that, when changed, are associated with reduced recidivism rates (e.g. impulsiveness or poor problem-solving abilities). Although clinicians may sometimes decide to treat noncriminogenic needs (e.g. depression or grief) in therapy, they should not expect these efforts to result in lower recidivism rates. For example, setting out to enhance an individual's self-esteem may leave him or her feeling better about themselves but, according to Andrews and Bonta (2003), will not (on its own) reduce reoffending rates. In fact, according to some research, targeting such variables may in fact increase individuals' chances of reoffending (Baumeister, 1999; Ogloff and Davis, 2004).

Third, the *responsivity* principle is used to refer to the use of a style and mode of intervention that engages the interest of the client group and takes into account their relevant characteristics such as cognitive ability, learning style, and values (Andrews and Bonta, 2003). The responsivity principle states that treatment strategies should be carefully matched to the preferred learning styles of the treatment recipient (Andrews and Bonta, 2003). Bonta (1995) argues that treatment effectiveness depends on matching types of treatment and therapist to types of client based on the personal "styles" of both.

Internal responsivity is related to the need to attend to individual circumstances and a particular array of causes, and cautions clinicians to view each offender as an individual rather than adopt "a one size fits all" approach. External responsivity signals the importance of ensuring that features of the interventions utilized and the contexts in which they are implemented are taken into account. Offender motivation,

gender and cultural issues are all important features explicitly to consider when adjusting therapy to individuals' particular features and situations.

Clearly, all three principles (risk, need and responsivity) depend entirely on the comprehensive and empirically validated assessment of correctional clients. To help in this process, Andrews and Bonta (1995) developed the Level of Service Inventory – Revised (LSI-R), a 54-item measure that addresses a wide range of static and dynamic variables associated with criminal conduct. The domains covered by the LSI-R instrument include: offending history, education, employment, family and marital relationships, accommodation, friendships, the use of alcohol and drugs, emotional problems, and attitudes toward offending. Instruments such as LSI-R and measures of risk are used to allocate individuals to treatment programs and to determine the necessary intensity or “dose” of treatment.

Second, in conjunction with the RNR principles outlined earlier, Andrews and Bonta (2003) stress that there are six main principles needed for effective rehabilitation. They argue that treatment programs should be: (1) cognitive-behavioral in orientation; (2) highly structured, specifying the aims and tasks to be covered in each session; (3) implemented by trained, qualified and appropriately supervised staff; (4) delivered in the intended manner and as intended by program developers to ensure treatment integrity; (5) manual based; and (6) housed within institutions with personnel committed to the ideals of rehabilitation and a management structure (i.e. key correctional personnel and policies within an agency) that supports rehabilitation (Andrews and Bonta, 2003; Gendreau and Andrews, 1990; Gendreau, Goggin, Cullen and Andrews, 2000; Gendreau, Little and Goggin, 1996; Hollin, 1999; McGuire, 2002; Ogloff and Davis, 2004).

Finally, researchers and theorists are continuing to

strengthen the RNR model. One area of current interest is that of responsivity, including the problem of motivation. In particular, Ogloff and Davis (2004) have made some valuable suggestions for improving treatment outcome by addressing *responsivity impediments* such as acute mental illness and lack of motivation. They suggest that these problems can adversely impact on individuals' ability to behave autonomously and therefore should be dealt with before embarking on treatment targeting criminogenic needs. Furthermore, Ogloff and Davis recommend that, following sufficient progress in reducing criminogenic needs, efforts can be made to enhance individuals' well-being and therefore help them to adopt ways of living that will prove more satisfying (see the next two chapters) than a criminal lifestyle.

CONCLUSIONS

In this chapter we have tried to present RNR in its strongest-possible form. This has meant that we have undertaken some reconstructive work and had to make a number of decisions about what to include in the model description and at what level (i.e. components A, B or C). It is clear that RNR is built around a risk framework and that the notion of offender "need" plays a secondary role at most in the process of rehabilitation (Hannah-Moffat, 2005). It is an indisputable fact that RNR is among the premier rehabilitation models in operation today, and the model has an impressive research record to back up its claims. Yet, despite its obvious merits, there are areas of concern and there are nagging doubts about its ability to provide correctional workers with the guidance they require in the difficult process of helping individuals turn their lives around. In the next chapter we shall attempt to address these lingering concerns about the theoretical adequacy of the RNR model.



Testimony by Era Laudermilk on behalf of the Illinois Justice Project

to the

Commission on Government Forecasting and Accountability

**Honorable Donne Trotter, Illinois Senate, Co-Chair
Honorable Donald Moffitt, Illinois House, Co-Chair
and
Commission Members**

**Hearing on the Proposed Closure of the Illinois Youth Center at
Kewanee**

March 30, 2016

Good Evening Co-Chairs Trotter and Moffitt and Members:

I am Era Laudermilk, Program Director at the Illinois Justice Project, and I thank you for the opportunity to testify about the proposed closer of the Illinois Youth Center at Kewanee (IYC Kewanee).

The Illinois Justice Project (ILJP) supports the proposal to close the state's juvenile prison in Kewanee; the transfer of the boys remaining at IYC Kewanee to other juvenile prisons that are better equipped to provide them with necessary mental health and rehabilitative services; and the continued downsizing of the entire juvenile incarceration system in Illinois.

The ILJP, a non-profit organization, is a legacy project of Metropolis Strategies and is a supporting organization of the Chicago Community Trust. We advocate criminal justice reform efforts that promote policies that will make our communities safer and reduce recidivism among youths and adults.

That is exactly what the closure of the prison IYC Kewanee will help accomplish.

The fact that we're all here talking again about closing a juvenile prison is due largely to the success of sound public policy enacted by the General Assembly over the last decade. For this, Illinois is to be commended.

The reduction has been achieved through the state's investment in community-based programs and services, such as Redeploy Illinois, that help rehabilitate youth in their home communities. Several policy and law changes in Illinois reflect a growing recognition that positive changes in youth behaviors are aided by involvement of family members and negative behaviors are increased by sending adolescents, especially low-level offenders, to state prisons far away from their homes.

These community interventions are significantly less costly than prison (and can range from \$2,000 to \$12,000 compared to over \$100,000 for a year in prison) and far more effective at preventing repeat offending.

In addition, in 2012, the Juvenile Court Act was amended to instruct juvenile court judges considering commitment of youth to a state prison to first make the determination that prison is "the least restrictive alternative based on evidence that efforts were made to locate less restrictive alternatives to secure confinement and the reasons why efforts were unsuccessful in locating a less restrictive alternative to secure confinement."

ILLINOIS YOUTH PRISON POPULATION HAS DECLINED FROM 1,600 TO 400.

Before the Illinois Department of Juvenile Justice (IDJJ) was created as a stand-alone state agency in 2005 and given the mission of rehabilitating the youth in state prisons, the average daily population of the eight state prisons in the system was about 1,600 youth.

By the time the state proposed closing youth prisons in Joliet and Murphysboro, the average daily population had dropped to about 1,100 youth. Today, the population is closer to 400 youth.

With the closing juvenile prisons in Joliet and Murphysboro and after IDJJ converted double-bed cells into single occupancy cells, the juvenile prison system has gone from eight juvenile prisons with 1,754 beds to six juvenile prisons with a total bed capacity of 683.

Because the state has been so successful at keeping youth out of prison and reducing the length of stay for those who are sent to prison, the juvenile prison system – unlike the adult system – operates far below capacity. Although the juvenile system has been reduced in size by 1,000 beds, it currently operates at 61 percent capacity. That's nearly the same rate as the last time the state faced a youth prison closing decision in 2011 -- when IDJJ was operating at 63 percent of capacity.

END THE INEFFICIENT USE OF TAX DOLLARS AND DIRECT SAVINGS TO IMPROVING THE OUTCOME FOR YOUTH.

The continued operation of several large prisons with more than 200 empty beds is inefficient and uses tax dollars that would be better spent delivering rehabilitative programs

to juveniles in their home communities, as well as on the delivery of better programming inside the remaining prisons.

DIRECT SAVINGS TO COMMUNITY SERVICES AND IMPROVEMENTS AT IDJJ.

IDJJ has estimated the closing of the Kewanee prison would result in a net savings of \$14.2 million in Fiscal Year 2017. We urge the General Assembly and the Governor to direct those savings to cover the costs of necessary treatment services and programs to improve outcomes for youth and their families in their home communities and to IDJJ to improve mental health treatment, educational offerings and other programming needed to prepare youth for the successful return to their home communities.

Most youth committed to state prisons have long standing behavior problems, and some have severe mental health needs, which require individualized attention and care by highly specialized and experienced professionals. Those youth with the most significant treatment and programmatic needs should only be placed in a safe setting where IDJJ administrators can readily employ skilled mental health professionals and to help them fill vacant job positions with qualified candidates as quickly as possible. For several years, that has been a barrier to the delivery of quality mental health care to the youth incarcerated at IYC Kewanee.

The staffing problems at Kewanee have been well document by the prison watchdog entity – the John Howard Association -- and by federally appointed court monitors in the *R.J. v. Jones* class action lawsuit. In his most recent Mental Health Monitor Update to the court, Dr. Louis Kraus stated that the lack of necessary security staff had resulted in youth with extensive mental health needs spending upwards of 22 hours or more in cells; he also documents the lack of a sufficient number of mental health staff; and lack of enough security and support staff to allow the mental health staff to see patients.

IDJJ has promised that the transfer of youth with significant mental health issues will result in their receiving improved treatment at prisons closer to Chicago where IDJJ has more success recruiting skilled workers to fill vacant positions.

PROVIDE QUALITY EDUCATION, VOCATIONAL, and RECREATIONAL PROGRAMMING.

Facilities should have the ability to draw staff from a wide range of skilled educators and counselors and they should also have a pool of dedicated and effective volunteers to augment facility programming -- especially on weekends and holidays. IDJJ will have more success finding qualified staff and volunteers at the other prisons in the system.

Closing one or more youth prisons makes good fiscal sense, but the decision of which prison or prisons to close must be based on sound public policy and an assessment of what is in the best interests of the incarcerated youth, their families and their communities. Most of the youth who are in prison now, will return to our local communities one day. The maturation, rehabilitation, and guidance youth receive while committed to IDJJ will play a large part in determining whether they return to us with the necessary tools to grow into

responsible adults, or whether they commit another, perhaps more serious crime, and enter our over-crowded and expensive adult prison system.

For these reasons, we at the Illinois Justice Project believe IYC Kewanee is the best choice of juvenile prisons to close. It just makes sense from both a fiscal and policy perspective. We urge you to support the decision to close IYC Kewanee. We also ask you to continue to support laws and policies that will help children stay out of prison and provide the necessary rehabilitative treatment and services that will improve the safety of our neighborhoods. We urge you to direct the estimated annual savings of \$14.2 million to funding enhanced programming at the five remaining youth prisons and to rehabilitative services in local communities by funding programs such as Redeploy Illinois, which has lost funding, resulting in the rapid closure of sites throughout the state.

PETITION TO THE ILLINOIS DEPARTMENT OF CORRECTIONS AND ANY AGENCY OF THE STATE OF ILLINOIS INVOLVED WITH THE CONTINUED USE AND OPERATION OF THE ILLINOIS YOUTH CENTER IN KEWANEE, ILLINOIS.

We the undersigned citizens of Kewanee and surrounding communities, including the surrounding counties, hereby petition the Illinois Department of Corrections and any State of Illinois agency having decision powers regarding the continued use and operation of the Illinois Youth Center in Kewanee, Illinois as a juvenile justice facility or adult prison or other use to exert their best efforts to find a continued use for the youth facilities. We urge you to take into account the great impact closure of the facility will have on the well being of our communities.

1. DOUGLASE PARROT, PO Box 92, Toulon, IL 61483 309-238-2861
2. Jodi Dunsel 2885 Twp Rd 1500E Wyoming, IL 61491
3. Janelle Noyce Williamsfield IL 989-3056
4. Masha Lee 810E Main Toulon
5. Dyhan J. Princeville, IL
6. John Winston Geneseo, IL
7. Norma Schaeber Dahinda IL
8. Lilla Colvin La Fayette, IL 61449
9. Sara Smith Wyoming, IL 61491
10. Cody Hunt 708 Henry St. Kewanee, IL 61443
11. Amber Vandenberg 510 East St S, Kewanee, IL 61443
12. Sue Hendrix 6863 Sup Rd. 1000N Toulon, IL 61483
13. David Miller 13421 Twp Rd 700E Toulon IL 61483
14. Linda Anderson 1461 N. Lakewood Rd Dahinda IL 61428
15. Margie Myerson Wyoming IL
16. _____
17. _____
18. _____

PETITION TO THE ILLINOIS DEPARTMENT OF CORRECTIONS AND ANY AGENCY OF THE STATE OF ILLINOIS INVOLVED WITH THE CONTINUED USE AND OPERATION OF THE ILLINOIS YOUTH CENTER IN KEWANEE, ILLINOIS.

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1. Annette Medley Kewanee
2. Joyette Schabauer Kewanee
3. Yvonne G. Grew Knexville
4. Ann K. K. K. Wyoming
5. Amber Brock Galena Ill
6. Ann G. G. G. Kewanee
7. Robr Sulski Taylor
8. Kathy Lindquist Galva, IL
9. Julie Hanzawa Wyoming IL
10. Sarah R. R. Wyoming IL
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

PETITION TO THE ILLINOIS DEPARTMENT OF CORRECTIONS AND ANY AGENCY OF THE STATE OF ILLINOIS INVOLVED WITH THE CONTINUED USE AND OPERATION OF THE ILLINOIS YOUTH CENTER IN KEWANEE, ILLINOIS.

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1. Angie Johnson 415 E. College, Kewanee, Ill. 309-540-9712
2. Chrissy Gelf 110 Olson St Bispeff, IL 8548501
3. Christine Beck 611 NW 1st St. Galva IL 61434
4. Jan LaCoste 202 N. 6th St, Wyoming, IL 61491
5. Lucy Appentamer 120 SE 1st Ave Galva Ill. 61434
6. Jeralynne Kease 220 E Thomas, Toulon, IL 61483
7. Patricia Walcott 3435 60 St #3B Moline IL 61265
8. Littie Bond 308 5th Ave Kewanee
9. Deb Bay 603 W Main St Toulon
10. Sue Ann Shuster 339 Helen St. Kewanee, IL
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: THERESA DECLERK

Title: REGISTERED NURSE

Firm / Business or Agency: IYC KEWANEE

Address: 717 GEORGE ST City: KEWANEE State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

DONOT CLOSE IYC KEWANEE
I AND MANY OTHERS NEED OUR
JOBS!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: JERRY A WARNER JR

Title: _____

Firm / Business or Agency: _____

Address: 332 S PARK ST City: KEWANEE State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

*DO NOT CLOSE THE NEWEST PRISON IN
THE SYSTEM*



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Mary Menard

Title: President of the Kewanee Chamber

Firm / Business or Agency: _____

Address: 415 Midland City Kewanee State: IL Zip: 61443

Email: marymenard@gmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Keep prison open



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Robert Newmark

Title: Retired

Firm / Business or Agency: _____

Address: 415 Midland City: Kewanee State: IL Zip: 61445

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Keep open.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Mindi J Perkins

Title: _____

Firm / Business or Agency: _____

Address: 306 NE 2nd St. City: Galva State: IL Zip: 61434

Email: snikrepidnim@gmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Keep prison open!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Heather Frykman

Title: RN

Firm / Business or Agency: IYC Kewanee employee

Address: 800 Willow City: Kewanee State: IL Zip: 61443

Email: frykman08@comcast.net

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

For the sake of our ~~town~~ community. Please do not
close IYC Kewanee. For the sake of MY
family, my children's stability. Do not close.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Robert Frykman

Title: Juvenile Justice Specialist

Firm / Business or Agency: IYC KEWANEE

Address: 800 Willow City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Please do not close for the sake of my family, community,
Stability. They matter.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: John DeBord

Title: _____

Firm / Business or Agency: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Nathan Schaub

Title: Loop loss Adjuster

Firm / Business or Agency: _____

Address: 126 E Clinton St PO Box 472 City: Brimfield State: IL Zip: 61517

Email: nathan.schaub@gmail.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

Illinois is trying to save jobs &
keep IL employed but this opposite
of ~~that~~, Bruce Rauner's thinking



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: PAT Jamison

Title: YFS

Firm / Business or Agency: IPJJ

Address: 537 ROCKWELL City: KEWANEE State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS: IT SHOULD BE USED FOR ADULT-
IT'S ONLY 15 YRS OLD



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: RON HAPPACh

Title: Teacher

Firm / Business or Agency: I.Y.C. Kewanee

Address: 201 So Church City: Sheffield State: Ill Zip: 61361

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

OPPOSED TO CLOSING



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: JOHN R. BARTO

Title: SALESMAN

Firm / Business or Agency: GUSTAFSON FORD

Address: 17047 TR 1691 E City: DIAPER State: IL Zip: 61421

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

I think THE PRISON SHOULD BE REPURPOSED AS AN
ADULT FACILITY FOR THE BETTERMENT OF THE COMMUNITY!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Katie Bitting

Title: Lead Counselor

Firm / Business or Agency: Wells Center @ IYK-Kewanee

Address: 2021 Kankakee Rd. City: Kewanee State: IL Zip: 61443

Email: Katie.Bitting@dc.illinois.gov

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Dont do it!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Jon Stevens

Title: Plumber

Firm / Business or Agency: IYC Kewanee

Address: 2911 Knox Rd, 1700 E City: Altona State: IL Zip: 61414

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

The economic impact statement does not reflect the impact on all of those who have devoted 15 working yrs. to IYC Kewanee, the families that are here and in the school system, and mid career will be trying to re-establish a job that might create a retirement in a new job some where rather than wind up a burden to family.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Wally Stodghill

Title: Owner Walt's Garage & Muffler Shop

Firm / Business or Agency: _____

Address: 121 Mill Street City: Buda State: IL Zip: 61314

Email: walstodg@yahoo.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Closing of this Facility would be a negative impact to the community, families & customers of mine.

If you need to do budget cuts why don't you cut back the payroll of our Representatives that have put the state in the mess we are in!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Tanner Ewing

Title: Juvenile Justice specialist

Firm / Business or Agency: IYC - Kewanee

Address: 9420 Township Rd 75 E City: Lafayette State: IL Zip: 61449

Email: Ewingtannerr@gmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Opposed to the closure!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: J. Anthony

Title: Juvenile Justice Specialist

Firm / Business or Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Oppose to closure!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Ray Bollinger

Title: JJ Correction Locksmith

Firm / Business or Agency: OJJ

Address: 822 E 7th St City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

No to closure

NO Valid Reason

IT IS A VERY good facility compared

TO All other facility



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Jean Clemens

Title: _____

Firm / Business or Agency: _____

Address: 401 E 9th St City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

*This is bad idea for both
Kewanee & State - Criminal
deserve a good prison which
Kewanee is - If no juveniles
at the others come here -
think of people working
there as well as humane
treatment of prisoners*



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Ashley Stewart

Title: _____

Firm / Business or Agency: _____

Address: 7927 S Rhodes Ave City: Chicago State: IL Zip: 60619

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Repurpose facility or don't close it.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Candace Zepeda

Title: X

Firm / Business or Agency: _____

Address: 312 Lave Lida Lane City: Rochelle State: IL Zip: 61068

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Repurpose facility, or don't close facility



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Eugene Lang

Title: N/A

Firm / Business or Agency: Ameren IL

Address: 331 East Church St. City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Re Purpose this facility



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: DEAN PRICE

Title: EDUCATOR

Firm / Business or Agency: IDJJ

Address: 1112 W. 41st St. City: Kewanee State: IL Zip: 61443

Email: deltagolfpapa@gmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

FACILITY IS FAR TO MODERN & VITAL TO
THE TOWN'S ECONOMY TO BE CLOSED.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Amy Segura

Title: _____

Firm / Business or Agency: IYC Kewanee

Address: 6010 E Mill St City: Kewanee State: IL Zip: 61443

Email: segura4life@yahoo.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

Huge Huge Huge impact on me, my family
and my community!!!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: RANDY WIESER

Title: J.T.S.

Firm / Business or Agency: D.J.J.

Address: 701 E 9th

City: Kewanee

State: IL

Zip: 61443

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

lets keep some tax money
DOWN STATE



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

March 30, 2016

SUBJECT MATTER: Proposed Closure IL Youth Center KEWANEE

IDENTIFICATION:

Name: Delbert A S. Eklund

Title: _____

Firm / Business or Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

This will have adverse
affect on our community!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

March 30, 2016

SUBJECT MATTER: Proposed Closure IL Youth Center KEWANEE

IDENTIFICATION:

Name: Jamie Padilla

Title: _____

Firm / Business or Agency: DHS

Address: 5025 East St. City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

I am a guest



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Kathryn Bollinger

Title: PAEA

Firm / Business or Agency: IDHS - Henry Co.

Address: 829 E 1st City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

No need for closure
newest & most efficient



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name:

Kristina Primo

Title:

JJ Specialist

Firm / Business or Agency:

JDJJ

Address:

12576 N. Castleton Rd City: Bradford State: IL Zip: 60142

Email:

kristinaprino@yahoo.com

POSITION:

Proponent



Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

I ~~oppose~~ oppose this closure.
Kewanee needs this
facility !!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Anthony Pajima

Title: ISS President

Firm / Business or Agency: ITC Kewanee

Address: 2005 Kentucky Rd. City: Kewanee State: IL Zip: 61423

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

*I oppose the
closure of
ITC Kewanee*



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Celina Roth

Title: Juvenile Justice Specialist

Firm / Business or Agency: NYC - Kewanee

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Repurpose Facility!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Shaw Charity

Title: _____

Firm / Business or Agency: _____

Address: 556 E Danysse St City: Geneseo State: IL Zip: 61254

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

If closing IYC-Kewanee, repurpose
for another use!!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Brian Sale

Title: ISSpec

Firm / Business or Agency: IDSS Iyc Kewanee

Address: 443 S. Tremont

City: Kewanee

State: IL

Zip: 61443

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

Repurpose if Anything



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Robert Beebe

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Vermont State: IL Zip: 61484

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Repurpose the facility!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Neil Schueneman

Title: JIS Specialist

Firm / Business or Agency: State of Illinois

Address: 719 Heary Street

City: Kewanee

State: IL

Zip: 61443

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

Please use as IDOC if closed,



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Will Bruno

Title: JJ Specialist

Firm / Business or Agency: IDJJ

Address: 819 Rockwell St. City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Makes sense to repurpose



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Heather Nolan

Title: Youth Family Specialist Supervisor

Firm / Business or Agency: IDJJ

Address: 550 E Orange City: Geneseo State: IL Zip: 61254

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

If closure is imminent, please
repurpose facility.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Andrew Vastreack

Title: JIS

Firm / Business or Agency: n/A

Address: 325 Hollis St. City: Kewanee State: IL Zip: 61443

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

*This is so Condemni Taxes can Have
all the jobs in Chicago!!*



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name:

Erica Verstraete

Title:

Citizen

Firm / Business or Agency:

Address:

325 Hollis

City:

Kewanee

State:

IL

Zip:

601443

Email:

erica-brase@yahoo.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

This facility is vital for our community!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Matthew Bush

Title: _____

Firm / Business or Agency: CC

Address: _____ City: Chicago State: IL Zip: 60614

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

- Children are better than criminalization
- Kewanee is better than criminalization



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: NARCISA T. ENOPENA
Title: COMMUNITY LEADER - NORTH CHICAGO
Firm / Business or Agency: COMMUNITIES UNITED
Address: 41749 N. Kedzie City: CHICAGO State: IL Zip: 60621
Email: narcisae1954@gmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

THE PRISONERS SHOULD BE GIVEN A NEW
GOOD FUTURE ESPECIALLY THE YOUTH.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

March 30, 2016

SUBJECT MATTER: Proposed Closure IL Youth Center KEWANEE

IDENTIFICATION:

Name: Mary York

Title: Nursing

Firm / Business or Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

*We need to keep it open
for \$ in the town / should
have min not Max kids*



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Lisa Hand

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Kewanee State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

This will tremendously impact my first graders lives as several would have to move as a result.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: Mike YAKLICH

Title: City Councilman

Firm / Business or Agency: City of Kewanee

Address: 701 Morton Ave City: Kewanee State: IL Zip: 61443

Email: illiniyak@aim.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

How do you justify closing
our facility while leaving
older less efficient facilities
open?



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

March 30, 2016

SUBJECT MATTER: **Proposed Closure IL Youth Center KEWANEE**

IDENTIFICATION:

Name: Matthew French

Title: MR

Firm / Business or Agency: _____

Address: 306 Freedom Lane Apt 102 City: Kewanee State: IL Zip: 61463

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Just

no

..



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 3/30/16

SUBJECT MATTER: Proposed Closure of Illinois Youth Center - Kewanee

IDENTIFICATION:

Name: MARILYN J. STURTEVANT

Title: _____

Firm / Business or Agency: _____

Address: 1206 MARK ST. City: KEWANEE State: IL Zip: 61443

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Why close a perfectly good & equipped facility ??? Makes NO SENSE !!



Testimony by Era Laudermilk on behalf of the Illinois Justice Project

to the

Commission on Government Forecasting and Accountability

Honorable Donne Trotter, Illinois Senate, Co-Chair

Honorable Donald Moffitt, Illinois House, Co-Chair

and

Commission Members

**Hearing on the Proposed Closure of the Illinois Youth Center at
Kewanee**

March 30, 2016

Good Evening Co-Chairs Trotter and Moffitt and Members:

I am Era Laudermilk, Program Director at the Illinois Justice Project, and I thank you for the opportunity to testify about the proposed closure of the Illinois Youth Center at Kewanee (IYC Kewanee).

The Illinois Justice Project (ILJP) supports the proposal to close the state's juvenile prison in Kewanee; the transfer of the boys remaining at IYC Kewanee to other juvenile prisons that are better equipped to provide them with necessary mental health and rehabilitative services; and the continued downsizing of the entire juvenile incarceration system in Illinois.

The ILJP, a non-profit organization, is a legacy project of Metropolis Strategies and is a supporting organization of the Chicago Community Trust. We advocate criminal justice reform efforts that promote policies that will make our communities safer and reduce recidivism among youths and adults.

That is exactly what the closure of the prison IYC Kewanee will help accomplish.

The fact that we're all here talking again about closing a juvenile prison is due largely to the success of sound public policy enacted by the General Assembly over the last decade. For this, Illinois is to be commended.

The reduction has been achieved through the state's investment in community-based programs and services, such as Redeploy Illinois, that help rehabilitate youth in their home communities. Several policy and law changes in Illinois reflect a growing recognition that positive changes in youth behaviors are aided by involvement of family members and negative behaviors are increased by sending adolescents, especially low-level offenders, to state prisons far away from their homes.

These community interventions are significantly less costly than prison (and can range from \$2,000 to \$12,000 compared to over \$100,000 for a year in prison) and far more effective at preventing repeat offending.

In addition, in 2012, the Juvenile Court Act was amended to instruct juvenile court judges considering commitment of youth to a state prison to first make the determination that prison is "the least restrictive alternative based on evidence that efforts were made to locate less restrictive alternatives to secure confinement and the reasons why efforts were unsuccessful in locating a less restrictive alternative to secure confinement."

ILLINOIS YOUTH PRISON POPULATION HAS DECLINED FROM 1,600 TO 400.

Before the Illinois Department of Juvenile Justice (IDJJ) was created as a stand-alone state agency in 2005 and given the mission of rehabilitating the youth in state prisons, the average daily population of the eight state prisons in the system was about 1,600 youth.

By the time the state proposed closing youth prisons in Joliet and Murphysboro, the average daily population had dropped to about 1,100 youth. Today, the population is closer to 400 youth.

With the closing juvenile prisons in Joliet and Murphysboro and after IDJJ converted double-bed cells into single occupancy cells, the juvenile prison system has gone from eight juvenile prisons with 1,754 beds to six juvenile prisons with a total bed capacity of 683.

Because the state has been so successful at keeping youth out of prison and reducing the length of stay for those who are sent to prison, the juvenile prison system – unlike the adult system – operates far below capacity. Although the juvenile system has been reduced in size by 1,000 beds, it currently operates at 61 percent capacity. That's nearly the same rate as the last time the state faced a youth prison closing decision in 2011 -- when IDJJ was operating at 63 percent of capacity.

END THE INEFFICIENT USE OF TAX DOLLARS AND DIRECT SAVINGS TO IMPROVING THE OUTCOME FOR YOUTH.

The continued operation of several large prisons with more than 200 empty beds is inefficient and uses tax dollars that would be better spent delivering rehabilitative programs

to juveniles in their home communities, as well as on the delivery of better programming inside the remaining prisons.

DIRECT SAVINGS TO COMMUNITY SERVICES AND IMPROVEMENTS AT IDJJ.

IDJJ has estimated the closing of the Kewanee prison would result in a net savings of \$14.2 million in Fiscal Year 2017. We urge the General Assembly and the Governor to direct those savings to cover the costs of necessary treatment services and programs to improve outcomes for youth and their families in their home communities and to IDJJ to improve mental health treatment, educational offerings and other programming needed to prepare youth for the successful return to their home communities.

Most youth committed to state prisons have long standing behavior problems, and some have severe mental health needs, which require individualized attention and care by highly specialized and experienced professionals. Those youth with the most significant treatment and programmatic needs should only be placed in a safe setting where IDJJ administrators can readily employ skilled mental health professionals and to help them fill vacant job positions with qualified candidates as quickly as possible. For several years, that has been a barrier to the delivery of quality mental health care to the youth incarcerated at IYC Kewanee.

The staffing problems at Kewanee have been well document by the prison watchdog entity – the John Howard Association -- and by federally appointed court monitors in the *R.J. v. Jones* class action lawsuit. In his most recent Mental Health Monitor Update to the court, Dr. Louis Kraus stated that the lack of necessary security staff had resulted in youth with extensive mental health needs spending upwards of 22 hours or more in cells; he also documents the lack of a sufficient number of mental health staff; and lack of enough security and support staff to allow the mental health staff to see patients.

IDJJ has promised that the transfer of youth with significant mental health issues will result in their receiving improved treatment at prisons closer to Chicago where IDJJ has more success recruiting skilled workers to fill vacant positions.

PROVIDE QUALITY EDUCATION, VOCATIONAL, and RECREATIONAL PROGRAMMING.

Facilities should have the ability to draw staff from a wide range of skilled educators and counselors and they should also have a pool of dedicated and effective volunteers to augment facility programming -- especially on weekends and holidays. IDJJ will have more success finding qualified staff and volunteers at the other prisons in the system.

Closing one or more youth prisons makes good fiscal sense, but the decision of which prison or prisons to close must be based on sound public policy and an assessment of what is in the best interests of the incarcerated youth, their families and their communities. Most of the youth who are in prison now, will return to our local communities one day. The maturation, rehabilitation, and guidance youth receive while committed to IDJJ will play a large part in determining whether they return to us with the necessary tools to grow into

responsible adults, or whether they commit another, perhaps more serious crime, and enter our over-crowded and expensive adult prison system.

For these reasons, we at the Illinois Justice Project believe IYC Kewanee is the best choice of juvenile prisons to close. It just makes sense from both a fiscal and policy perspective. We urge you to support the decision to close IYC Kewanee. We also ask you to continue to support laws and policies that will help children stay out of prison and provide the necessary rehabilitative treatment and services that will improve the safety of our neighborhoods. We urge you to direct the estimated annual savings of \$14.2 million to funding enhanced programming at the five remaining youth prisons and to rehabilitative services in local communities by funding programs such as Redeploy Illinois, which has lost funding, resulting in the rapid closure of sites throughout the state.

Executive Committee

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Field Operations**

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Executive Director

Jolene Lowder

March 2016

**Illinois Parent Teacher Association Statement in
Support of Closing the Illinois Youth Center - Kewanee**

The Illinois PTA, an organization with 100,000 members, strongly supports closing the IYC in Kewanee, an underutilized Illinois youth prison.

The Illinois PTA report “*Ten Years of Progress*” includes recommendations which were adopted by the PTA Convention in 2009, that not only address the rehabilitation, education and treatment of youth in the Department of Juvenile Justice (DJJ), but make it clear that the preference for such services should be, unless otherwise needed for the safety of the youth or community, *without the use of secure confinement*. (Emphasis added.) The full report can be accessed on the Illinois PTA website, www.illinoispta.org.

Presently, the declining population of juvenile prisons has resulted in some of them being kept open while being greatly under capacity. At the present time, Illinois has just 418 youth in confinement in the entire state, and a capacity – by the time Kewanee is closed, and the youth that will need to be transferred from there are moved - of an expected 683 single bunk rooms. Keeping open Kewanee is not a reasonable or responsible use of scarce dollars – dollars which ideally could be diverted to programs such as Redeploy Illinois that services juveniles that have come in contact with DJJ.

In fact, one of the significant successes in treating juvenile offenders in Illinois has been the institution of Redeploy Illinois. This program has proved successful in treating many youth ages 13 to 18 that are at high risk of being committed to DJJ, *thus reducing the need for juvenile corrections facilities*. Redeploy Illinois also services youth at a greatly reduced cost compared to secure confinement.

Any of the youth at Kewanee who need to remain in secure confinement can be transferred to other facilities that are not at capacity and Illinois will have succeeded in closing a youth prison that is simply not needed any longer.

Some employees may have an opportunity to transfer to other facilities, and depending on any arrangements that may be made in the future to repurpose the facility, may be able to be reemployed there once again.

Finally, amongst many recent studies and reports on the use of imprisoning juvenile offenders, one that argues most forcefully against such action is “*No Place for Kids, The Case for Reducing Juvenile Incarceration*,” from the highly respected Annie E. Casey Foundation (October, 2011). It presents compelling evidence that our nation’s heavy reliance on youth incarceration:

- Does not reduce future offending;
- Provides no overall benefit to public safety;
- Wastes taxpayer dollars; and
- Exposes youth to high levels of violence and abuse.

Again, the Illinois PTA strongly urges that the IYC at Kewanee be closed, certainly for budgetary reasons, but also importantly because it will help to continue to reduce Illinois’ over reliance on imprisoning youth, and help it take a step forward in redirecting the resources and efforts of the Department of Juvenile Justice toward the more effective rehabilitation of the youth in its care.

Sincerely,

Matthew John Rodriguez

Matthew John Rodriguez, Illinois PTA
mrodriguez@illinoispta.org



Illinois Juvenile Justice Commission

401 S. Clinton, Chicago, Illinois 60607

Telephone: 312-793-3401 Facsimile: 312-793-4666 Website: ijc.illinois.gov

Chairperson

George Timberlake
Mt. Vernon

March 28, 2016

Vice Chair

Lisa Jacobs
Wheaton

The Honorable Donne Trotter, Co-Chair
The Honorable Donald Moffitt, Co-Chair
Commission on Government Forecasting and Accountability
Re: Department of Juvenile Justice Proposal to Close IYC Kewanee

Commissioners

Rodney Ahitow
Cuba

Dear Sen. Trotter and Rep. Moffitt,

Julie Biehl
Chicago

On behalf of the Illinois Juvenile Justice Commission, I submit this letter outlining the Commission's position on the proposed closure of the IYC Kewanee youth prison (hereinafter "IYC Kewanee"). The Commission is duty-bound under Illinois law to advise the General Assembly on matters impacting juvenile delinquency policy and practice. Consistent with that duty, the Commission submits that closing a Department of Juvenile Justice facility and shifting resources to community-based services and supervision is the most prudent decision to protect public safety, ensure greater fiscal responsibility, and improve the outcomes of Illinois youth in conflict with the law.

Jaqueline Bullard
Springfield

Shelley Davis
Chicago

Veronica Dixon
Decatur

Samantha Fields
Chicago

National crime rates are steadily declining and since 2005, Illinois youth arrests have been on a consistent downward trend. Research has also shown that states that reduced their rates of juvenile confinement reported greater declines in juvenile violent crime. States across the country are responding to these diminishing crime rates and best practice research by downsizing their juvenile prison systems. Over the past ten years, states have closed more than fifty juvenile prisons. According to the most recent Annual Report from the Illinois Department of Juvenile Justice, the population across its six youth facilities has fallen every year since FY1999 with a seven percent decrease just in the last year. In a time of fiscal uncertainty, Illinois must invest in what is necessary. Closing facilities both improves public safety and saves taxpayers millions of dollars.

Esther Franco-Payne
Chicago

Candice Jones
Chicago

George H. Hill
Decatur

Toni Irving
Chicago

Ametra Jackson
Chicago

Brendan Kelley
Swansea

While no member of the Commission takes lightly the potential local economic hardship caused by facilities closures, we cannot ignore the growing body of research that shows the positive impacts of community-based services and supervision as opposed to incarceration-based models. Public sentiment is also beginning to align with the research. Polls for many years have supported rehabilitative, community-based services over incarceration.

Patrick Nelson
Chicago

Edward Rangel
Chicago

Michael Rodriguez
Chicago

Ben Roe
Rochelle

Rick Velasquez
Oak Park

For the reasons outlined in this letter, the Illinois Juvenile Justice Commission supports the closure of IYC Kewanee and urges you to do what is fiscally sound and in the interest of public safety.

Ethan Viets-VanLear
Chicago

Dana Weiner
Chicago

Sincerely,

Hon. George W. Timberlake, Retired
Chairman, Illinois Juvenile Justice Commission

Tom Weitzel
Riverside

CC: Director Candice Jones, Illinois Department of Juvenile Justice

Barry Krisberg
1530 Edith Street
Berkeley, California 94703

March 28, 2016

To Whom it May Concern:

I am writing about the proposed closure of the Illinois Youth Center at Kewanee. I support the plans in this matter of the Illinois Department of Juvenile Justice and am submitting this testimony via email.

I am the federally court-appointed expert on safety and welfare issues in an agreement between the IDJJ and the ACLU known as R.J. et al vs Jones. I have served in this capacity for the past four years. During that time I visited every IDJJ institution several times and spent sufficient time onsite, including at the Illinois Youth Center at Kewanee. I am very familiar with the design and practices at IYC Kewanee.

I support the proposed closure and repurposing of the Kewanee facility for several reasons. First, the population of youth has declined in IDJJ facilities due to statutory and other policy changes. There is ample living space at other IDJJ institutions to accommodate the remaining Kewanee youth. Second, the IYC Kewanee has faced a chronic problem of recruiting and maintaining staff at almost all positions, especially education, counseling, security and mental health professionals. The lack of adequate staffing is a major and means that IDJJ cannot come in compliance with the provisions of the R.J agreement. Third, the substantial distance of Kewanee from many of the courts where the youth must attend hearings creates a burden of transporting these youth that further reduces the staff available to provide direct supervisions for youth.

The location of Kewanee makes it very difficult for families to visit the incarcerated youth and to maintain effective family contacts. The distance of Kewanee from major metropolitan areas in Illinois makes it very difficult to help youth plan and implement their successful return to community living.

The Kewanee facility is more suited as an adult corrections institution and is not an optimal treatment milieu for young offenders. The location also makes it difficult for youth to stay in communication with their legal advisors, special education resources and with potential future employers. The IDJJ plans to transition youth from Kewanee are thoughtful and will likely result in a net improvement in their care. IDJJ is taking appropriate steps to minimize the impact on current Kewanee employees and to give them viable job options in the future.

Respectfully yours,

A handwritten signature in black ink, reading "Barry Kusch". The signature is written in a cursive style with a large, sweeping initial "B" and a long, horizontal tail stroke.



For a Just Society

March 28, 2016

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Founder

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Members of the Commission on Government
Forecasting and Accountability

ATTN: Facility Closure
Illinois Youth Center at Kewanee
Kewanee, Illinois 61443

RE: Illinois Youth Center at Kewanee

Dear Commission Members,

On behalf of Business and Professional People for the Public Interest (BPI), I write to support the closure of IYC Kewanee. It is clear that Kewanee cannot meet the very serious mental, educational, health, and emotional needs of young people in prison. It lacks the capacity to rehabilitate young people in the criminal justice system, impairing its ability to help keep our communities safe.

Kewanee currently houses approximately 95 of the State's most high-need young offenders, including maximum security offenders and juvenile sex offenders. Many of these young men suffer from serious mental illnesses and require intensive psychiatric care, mental health counseling, and special education. Nearly half of the population hails from Cook County. A large and growing body of evidence shows that no matter the quality and the dedication of the staff, a facility like Kewanee will do more harm than good to many of the youth who are sent there. Many will leave Kewanee posing a greater risk to society than when they went in.

Moreover, because the State has made great progress in reducing the youth prison population, there is tremendous overcapacity at Kewanee and throughout the system. The State can now house 683 youth in prison, but the population in IDJJ facilities is approximately 400. This is an incredibly inefficient use of tax dollars, money that could be used more effectively to rehabilitate juvenile offenders and keep communities safer.

Kewanee is located over 150 miles from Chicago and equally distant from any other major metro areas with large numbers of medical health and education professionals. As a consequence, it is nearly impossible for the Illinois Department of Juvenile Justice to recruit adequate staff with sufficient skills and qualifications to work effectively with the youth at Kewanee. This chronic understaffing has resulted in inadequate health care and psychiatric care. Most critically, Kewanee has been unable to retain the number of licensed, board certified psychiatrists it needs to treat young people with serious mental illnesses. This problem is particularly acute for youth who need psychotropic medication, the administration of which requires regular psychiatric supervision.

Business and Professional People for the Public Interest

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Recipient of the MacArthur Award
for Creative and Effective Institutions

Understaffing also leads to youth idleness and problematic behavior. Without adequate supervisory staff, the young men at Kewanee spend much of their time in their cells, rather than participating in programs that could help them develop the practical and emotional skills necessary to rejoin society. Equally troubling, research overwhelmingly shows that spending excessive amounts of time in locked rooms exacerbates mental illness.

Family engagement is crucial to support the well-being of young people in prison but is out of reach for many of those housed at Kewanee. Families of nearly half the youth population at Kewanee live in Cook County. There are no reasonable and affordable public transportation options between Kewanee and Chicago. With more than a three-hour drive from Cook County to Kewanee, contact with their families and support systems is limited, thus reducing further their chances for successful rehabilitation.

Finally, juvenile sex offenders are not receiving the services they need at Kewanee. Many of these young men have themselves been victims of sexual abuse as children. This population has unique needs and requires heightened care and protection. Research shows that when they receive the proper care, juvenile sex offenders exhibit extremely low rates of recidivism. Kewanee, however, cannot recruit enough specially-trained staff to deliver that needed care. As a result, the facility has difficulty placing boys eligible for release at the single group home for juvenile sex offenders in the state.

We recognize that the Illinois Youth Center at Kewanee is an important source of jobs in western Illinois. We implore the State to make all possible efforts to bring other jobs to the area. With support from the State, other options exist for the Kewanee facility, and new jobs can be created. The State can address the jobs challenges. The State cannot repair the youth who languish at Kewanee without adequate care.

We urge you to support the closure of IYC Kewanee.

Sincerely,

E. Hoy McConnell, II
Executive Director

About BPI

BPI is a public interest law and policy center that for 47 years has worked to create a more just society. BPI strives to resolve compelling issues of social justice and quality of life in the Chicago region by addressing the challenges of urban poverty, increasing housing and educational opportunity, building vital communities, and improving Illinois' justice system. BPI is a recipient of the MacArthur Award for Creative and Effective Institutions.

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March 28, 2016

Commission on Government Forecasting and Accountability
ATTN: Facility Closure
703 Stratton Building
Springfield, IL 62706

Re: IYC-Kewanee Facility Closure Hearing, March 30, 2016

Dear COGFA Co-Chairs and Members:

The ACLU of Illinois supports the proposal of the Director of the Department of Juvenile Justice to close the Illinois Youth Center in Kewanee. Due to the center's geographic isolation from sufficient licensed mental health professionals, teachers, and security staff, IDJJ has been and continues to be unable to provide minimally adequate services to youth at this facility.

The ACLU represents a class of youth currently confined in IDJJ facilities in *R.J. v. Jones*, a civil rights action in the U.S. District Court for the Northern District of Illinois. The *R.J.* Consent Decree and Remedial Plan mandate improvements in mental health, educational, and security services in IDJJ, and three independent Court-appointed monitors report annually on IDJJ's progress as to compliance with the Decree and Plan. The monitors' reports over the past three years illustrate how IDJJ has struggled to deliver minimally adequate services to youth at IYC-Kewanee, largely due to IDJJ's inability to hire sufficient mental health professionals, general and special education staff, and security staff. As a result, the ACLU has twice in the past urged IDJJ and the Governor to close IYC-Kewanee, and supports the IDJJ Director's closure recommendation today.

Most youth in IDJJ custody have significant mental health needs, and IYC-Kewanee has traditionally housed youth with the greatest mental health needs. IYC-Kewanee also houses youth who have been adjudicated delinquent of sex offenses, whom the *R.J.* mental health expert identifies as "the most acute special treatment youth in all of IDJJ." (2015 Kraus Report at p. 7). Under the Remedial Plan, these youth are entitled to specialized treatment from mental health professionals. (Remedial Plan at p. 8). However, in 2014, the *R.J.* mental health monitor reported that "Kewanee is woefully in need of additional mental health treatment staff." (2014 Kraus Report at p. 5). Indeed, IDJJ's own mental health staffing records in October 2014 showed that IYC-Kewanee had, by far, the worst ratios of youth to mental health staff in the entire IDJJ system, and as of 2015 this problem had not ameliorated. *See* 2015 Kraus Report at p. 6 ("In my opinion, there continue[s] to be a lack [of] sufficient number[s] of mental health staff at IYC

Kewanee ... I am not convinced by any means that they have enough staff, and more importantly, trained staff.”). These conclusions have been echoed by Illinois’ independent prison monitoring organization, the John Howard Association, who for years reported that IYC-Kewanee’s lack of sufficient mental health staffing resulted in inadequate mental health services for its high-need population. *See, e.g.*, Models For Change, “Report on behavioral health program for youth committed to IDJJ” (July 2010) at p. 36; John Howard Association, “Monitoring visit to IYC Kewanee” (Sept. 2013) at p. 1.

IDJJ has also struggled to provide minimally adequate education services at IYC-Kewanee. The *R.J.* Remedial Plan requires adequate education services for all youth with general education and special education needs, including “full-time, full day instruction on all scheduled school days in each facility.” (Remedial Plan at p. 4). However, the October 2015 report from the education monitor states that “in many respects the education program operated by the IDJJ continues to operate far below minimally accepted standards.” (2015 Leone Report at p. 5). The education monitor described education staffing at Kewanee as “particularly bad,” explaining that students at Kewanee “on average received less than one half the instructional time to which they were entitled.” *Id.*

IDJJ’s difficulty providing mental health and education services at IYC-Kewanee are exacerbated by persistent shortages in the custody and security staff needed to provide supervision and escort youth to and from school and therapeutic programs. In October 2015, the mental health monitor reported that IYC-Kewanee is “down a significant amount of security staff. As a result, youth in many of the dorms are typically kept in their rooms for extended periods of time.” (2015 Kraus Report at p. 4). The education monitor similarly described how “security staff shortages have resulted in school cancellations on a regular basis,” with students on one unit at Kewanee receiving “no education services.” (2015 Leone Report at p. 6).

The average number of children in Illinois’ state juvenile prisons this calendar year is at an historic low – less than 450 statewide – in a system of six facilities with a combined 1,242 bed capacity. Not only is the administration of six facilities for such a small population unnecessarily costly, but IYC-Kewanee’s isolated location and difficulty attracting and retaining an adequate number of qualified staff make it unlikely that IDJJ will ever be able to provide minimally adequate services in compliance with the *R.J.* Remedial Plan at this facility. For these reasons, we support the recommendation of the Director to close IYC-Kewanee.

Sincerely,



Lindsay S. Miller
Staff Attorney
ACLU of Illinois

Encls.: *R.J.* Remedial Plan; 2014 Kraus Report; 2015 Kraus Report; 2015 Leone Report

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

R.J., et al.,)	
)	
Plaintiffs,)	No. 12-cv-07289
)	
vs.)	Hon. Matthew F. Kennelly
)	
CANDICE JONES,)	
)	
Defendant.)	

**MENTAL HEALTH
MONITOR UPDATE**

Date of report: October 30, 2014

This is the first compliance report of the mental health monitor required by the consent decree and remedial plan in *R.J. v. Jones*. This report focuses on Part II of the remedial plan, which concerns mental health issues, and Part IV, which concerns confinement issues. This report’s findings and recommendations are based on my monitoring of the IDJJ during the last six months, including my facility site visits, interviews with IDJJ officials, staff, and youth, and review of IDJJ documents.

Facility Assessments

IYC St. Charles

I went to IYC St. Charles on July 10 and July 11, 2014. At the time when I interviewed at IYC St. Charles, the specific mental health policies had not yet been put into place nor was it required based on the Remedial Plan.

Newly developed Informed Consents were not yet implemented at the time of my visits. However, the revised consent forms and accompanying policies which I find appropriate have since been submitted and approved by the court. Their usage will be the subject of future monitoring.

At IYC St. Charles, I met with a number of mental health professionals, as well as Interns, students and others. St. Charles has the largest complement of mental health professionals. They are the only facility having a comprehensive Internship Program, mostly through the Adler School of Psychology.

The special treatment units at St. Charles (Lincoln and Adams) have decreased their maximal capacity. They now have a maximal capacity of 23 youth in each cottage. Neither of the units were at capacity. There was some planning regarding transferring additional special treatment youth from IYC Kewanee to IYC St. Charles. This has not yet begun. Although there are still

several mental health professional positions open at IYC St. Charles, they seem to be doing an adequate job. The special treatment units at present don't have any specialized treatment programming, but are seeming to head in that direction.

While not required at the time of my visit to IYC St. Charles, there has been nothing put into place regarding family therapy, either at initial assessments at Reception to determine its appropriateness, or the family therapy itself, whether face-to-face or through a teletherapy program. Although there was a comprehensive description of the types of family therapy and treatment approaches they use, there is nothing yet put into place. This is not required yet but will be. Dr. Jaworski, the IDJJ's Chief of Mental Health, is keenly aware of this process and she is looking at other programs around the country in regards to how to best implement and proceed with developing family therapy interventions. Future monitoring will address whether the DJJ is implementing family therapy pursuant to the policies it has filed with the court.

Dorm 6 is still the Crisis Dorm. The long wing is for Confinement and there are usually 5 to 8 juveniles there for court writs, and the other wing is for Crisis. In the inspection process, staff were clear in regards to the need to separate these two units.

The Wells Center, which handles the alcohol and substance abuse program, was also looked at. These programs have been consistent. Wells runs all of the IDJJ's alcohol and substance abuse programs except the one at IYC Harrisburg. The one at IYC St. Charles is at the Harding Cottage. The Wells Program has varying levels of treatment staff: some are CADC certified, but most are in the process of training. Many of the individuals that I saw were new. The first concern is that when these staff have either been CADC certified or are near receiving that certification, they tend to leave. I would guess there is probably a price differential in regards to the positions once CADC licensed, and there is likely no significant change in salary, resulting in these people leaving for better paid positions. If the process is simply a continuation of a 2-year rotation of unlicensed CADC professionals, this will likely be a less than adequate program. My second concern with the Wells Program throughout the state is that there is no process of assessing the efficacy of the program other than youth completing it. I was informed that pre, mid, and post-test protocols would be implemented; this will be the subject of future monitoring. For example, there is no follow up in the community in regards to relapse or 12-step follow up programs or other types of programming the youth may be in. There is generally not follow up data regarding youth who come back to the facilities in regards to their relapse rates. As such, there is no real way to see if this is offering any level of improvement.

Overall, the staff at IYC St. Charles appeared motivated and know the youth they are taking care of.

There has been a lot of excitement at IYC St. Charles and all the other DJJ programs about implementing the Positive Behavior Interventions Support system (PBIS). This has been started at all the facilities.

It is not completely clear whether or not there are enough psychiatric hours to meet the diagnostic and follow up needs at IYC St. Charles. It is somewhat difficult to fully assess at the present time. We need to wait for the new Medical Director and child psychiatrist to be on board and then assess the hours they have designed. As of July 7, 2014 there were a total of 42 youth on

psychotropic medication at IYC St. Charles. Each youth should be seen on at least a monthly basis for at least a half-hour. This would total 21 hours per month for these 42 youth. Also, there were a total of 69 new psychiatric evaluations in June of 2014, performed by three psychiatrists. One assumes that they took 90 minutes per evaluation. Considering these standard evaluations alone, they would actually have enough hours. However, this does not take into account seeing youth on more than one occasion, potentially assessing youth that might be on crisis or any type of other staff time that might be necessary. My concern at IYC St. Charles is that there is a need for additional psychiatric hours.

IYC Chicago

I inspected and evaluated IYC Chicago. There are 11 youth there who are on psychotropic medications. They have a new general psychiatrist who has only been there twice. She comes out 5 hours per week. They have reported she comes on Sundays. Like the other IDJJ psychiatrists, she is a general psychiatrist. This shows the need for a department-wide Child and Adolescent Psychiatrist, as required by the Remedial Plan. Out of the 11 youth who are on psychotropic medication, only 2 had written consents, and those 2 written consents were not adequate. The rest were simply verbal consents. This should be remedied going forward by the revised policies and consent forms DJJ has put into place. I reviewed all of the youth on psychotropic medications at the present time.

IYC Chicago is not an Intake program. It does not define itself as a program for youth with significant mental health concerns.

For both youth from IYC Chicago and youth from other facilities returning to Chicago, it was completely unclear when talking to Aftercare staff what is the planned psychiatric follow up for these youth. For those youth that are not going into residential programming, it was also not completely clear what is the planned mental health follow up for these youth. This information needs to be clarified. My strong concern is that the aftercare appointments are not being made for these youth which will leave them in a very vulnerable position once released.

IYC Harrisburg

I interviewed staff at IYC Harrisburg and inspected the facility on August 4th and 5th of 2014. I had an initial meeting with the Director of Operations, Assistant Superintendent of Programs, Superintendent and a significant number of mental health staff. I reviewed the Remedial Plan with the staff. They had all understood and reviewed this plan.

A licensed clinical professional counselor reported having a caseload of 14 to 18 youth implementing the SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) Program. A licensed clinical social worker who also works with the SPARCS Program reported that she has 18 youth in her caseload. Another LCSW works in the Phoenix Unit and has 14 youth. She runs MRT groups and reported they have one youth on mental health level 2. A certified rehabilitation counselor reported she has 19 youth on her caseload.

There was no psychologist or Treatment Unit Administrator (TUA) at IYC Harrisburg at the time of my visit in August 2014.

There was no family therapy yet implemented at IYC Harrisburg; this will be the subject of future monitoring to assess the DJJ's compliance with the new policies it has filed. Aftercare planning for family therapy, individual therapy, medication management, and alcohol or substance abuse was not yet implemented at the time of my visit. One problem is that youths are not getting appointments with outside providers prior to their release. DJJ reports that this is due to a resistance on the part of providers to making appointments prior to release. I again reviewed the primary measures used on reception and classification. This included the V-DISC, the MAYSI, the GAIN (Global Appraisal of Individual Needs), and the VISA. This was unchanged from my report in September 2013.

IYC Harrisburg is also implementing the behavioral plan (PBIS) which is being done consistently throughout the state. I was happy to see this. There was a wonderful staff supported breakfast for youth who had been selected for the PBIS breakfast based on their behavioral levels. Youth attending this were behaving very well.

I observed the PREA group on the Reception and Classification unit. One of the concerns I have generally speaking with some of the groups is the fact that the youth are not looked at in regards to cognition and their ability to function in groups. As a result, kids will be in groups together who probably cannot work in as open and consistent a way as possible. It might be far more worthwhile to do additional cognitive assessments to better determine what types of kids would work together best in particular groups. Staff consistently at different sites acknowledged this issue. The construct of the groups seemed good, and having a consistent type of group seems good. It seems to me that to have kids within the group that work best together is going to give it the highest likelihood of success.

IYC Pere Marquette

I inspected and evaluated IYC Pere Marquette. I initially met with the Superintendent and Dr. Jaworski.

There are about 14 youth on medication. Their psychiatrist comes in approximately once a month for 10 hours. Based on the number and frequency of psychiatric evaluations at IYC Pere Marquette, it is my opinion that 10 hours per month is not sufficient and that more hours of psychiatric services are needed there. Many youths on medication were not being seen by a psychiatrist on a monthly basis.

There were several other concerns in regards to Pere Marquette. There was a paucity of aftercare plans and programming as the aftercare program has not yet been implemented statewide. The need for looking at substance abuse and mental health treatment at Pere Marquette is particularly important because of the very small grouping of youth who are there. There continues to be a negative impact in regards to the youth being able to get the appropriate treatment which they need. Comprehensive aftercare planning is not yet in place statewide and thus was not yet in place at Pere Marquette at the time of my visit; this will be the subject of future monitoring. As with other facilities, appropriate consents were not yet in place; this also will be the subject of future monitoring.

There are also problems regarding the amount of medication prescribed. For example, a youth was started on Clonidine .2mg at night to help with sleep. This is simply much too high of a starting

dose. This could have led to potential side effects, including among other things lower blood pressure.

IYC Kewanee

IYC Kewanee was inspected and evaluated on August 14, 2014.

I reviewed the Alternative Housing Program at units 2a and 6b. Staff describe this as a 3-Phase Program. However, youth report they are in their rooms for extended periods of time, upwards of 22 hours per day. They have a teacher who is coming up and is supposed to be spending 3 hours with the youth. However, this is clearly not occurring with each youth. They reportedly have 2 hours of group per week and counseling of 30 to 60 minutes per week. It is unlikely this is occurring as described. There was one youth who was kicking a door, saying he had stepped on glass. Staff would not open the door to assess the youth, saying when he gets out of his room it is often very difficult to get him back in. This youth was quite unruly and seemed disorganized. Staff reported that they had made a psychiatric referral, but the youth had yet to be seen.

One of the difficulties is that there are mental health professionals who have Masters Degrees in science and psychology and would like to obtain their LCPC, but they have not had the supervision which they need. Once such staff member has been at the facility for 5 years.

It was very difficult to understand any practical difference between the Wells Program and the MISA Program. The MISA Program is supposed to be for youth with alcohol and substance abuse issues and also associated significant mental health issues. The Wells Program addresses substance abuse but not mental health. However, it was very difficult to see any treatment differences in the programs. Moreover, the staff are not well trained. For example, a MISA worker with four years of experience at Kewanee was working towards her CADC. She seemed very interested in working at the program, but the reality is that she is a non-licensed mental health professional and she has yet to get her CADC. One would think that a professional in the MISA Program would at least have a CADC or at least be a licensed mental health professional in some area.

As before, staffing continues to be an issue. Kewanee is woefully in need of additional mental health treatment staff. There are a number of other professionals that are relatively new to the program. Staff at Kewanee consistently described significant frustration in regards to the need for mental health staff. There are currently eight vacancies at IYC Kewanee for mental health staff. There is a Psych 3 position, a Psych 2 position, a Psych 1 position and 3 Social Worker 2 positions. There are 2 other potential vacancies as well. There was one therapist on vacation and one on maternity leave at the time of my assessment. There is nothing set up for temporary staff when these people are on vacation or leave. The Kewanee Special Treatment Unit and Sex Offender Unit are significantly devoid of staff. They have two Sex Offender Units. One of their staff is on maternity leave. There was no temporary staff for their replacement. This is essentially the same, if not worse, than the last time I evaluated IYC Kewanee a year ago in regards to the number of mental health professional positions that are vacant.

Again, it is quite difficult to determine the amount of staffing they need, because they are so woefully understaffed that the process of programming Kewanee is essentially a house of cards. Some of the staff they have seemed very invested in the program, have been there for years and

would like to do a more comprehensive assessment and treatment. However, the lack of staffing has made this essentially impossible. They simply cannot meet the needs of these youth.

Kewanee is also underserved by psychiatry. The exact number of total hours of the psychiatrist coming out, and what days the psychiatrist consistently comes out, was unclear. Staff described the need for telepsychiatry and telepsychiatry had begun just the day prior to my visit. Staff were not yet able to report on the successes or issues in implementation of the program. This will be a subject for follow up review. There are currently 90 youth at Kewanee who are on maximum security. There are twenty-two youth who are currently seeing the psychiatrist and are on medication. Based on the amount of mental health programs at Kewanee, one would certainly assume that there were more than 22 youth on psychotropic medication. My strong opinion is that based on the level of psychopathology observed in the wings and talking to some of the youth, there is a continuing problem with the youth not being adequately assessed or treated at IYC Kewanee because there simply are not enough psychiatric hours and no child psychiatrist.

The reality is that IYC Kewanee is quite a distance from Chicago and other major metropolitan areas, which creates a challenge for finding mental health professionals.

They are reportedly beginning to work more in regards to transitional programming in their sex offender units. This will be appropriate for follow up assessment.

IYC Warrenville

I inspected and evaluated IYC Warrenville on August 19, 2014. Essentially nothing changed at IYC Warrenville since my last evaluation. They have all of their mental health staff employed, plus a general psychiatrist. Several of the mental health staff are working on an LPC. There is one LSW that would like to be a licensed clinical social worker, but she has not been able to get the supervision she needs. There is an additional psychologist that is also there full time. They described that they do DBT, SPARCS, and have family therapy by telephone.

All of the females who come through IDJJ are assessed at IYC Warrenville. Like the other facilities, they state that they do some family therapy by telephone. But the assessment process with regard to needed family therapy, and nature of family therapy offered, is unclear. There needs to be a consistent plan throughout DJJ regarding family therapy which is the subject of revised policies and practices to be implemented after the date of my visit. Some types of treatment interventions used at IYC Warrenville, such as DBT, could be an appropriate intervention throughout DJJ, but are generally not used at the other facilities.

At IYC Warrenville, they reported there are six youth who have Gender Dysphoria. I evaluated two of these six youth. One of the youths did not present with any type of transgender issues, but rather defines herself as lesbian. The other youth is transgender. In my opinion, there was confusion regarding the Gender Dysphoria diagnoses. There has been an ongoing inconsistency in all of the IDJJ facilities regarding how youth with Gender Dysphoria are treated. New policies were implemented this year. There are several transgender females (i.e., identifying as female) at the boys' facilities. Although there are particular hygiene products that are female specific at IYC Warrenville and available to the females at IYC Warrenville through a positive behavior plan, these products were not available to the transgender female youths at the male facilities. The issue of whether some of these transgender females should be placed at IYC Warrenville versus the

male facilities is now the subject of a revised DJJ policy and implementation of practices consistent with these policies should be subject to further evaluation. It is becoming much more mainstream practice, certainly in residential facilities, to have the identified sex determine the placement for the adolescent. This has been seen in residential facilities throughout the country.

IYC Warrenville is also implementing PBIS. There continues to be a Wells Center at IYC Warrenville at their Maya Dorm. They are licensed to have up to 20 youth who are in this program, but currently only have 7.

They have requested additional psychiatric hours. They currently have 16 psychiatric hours, but requested 20 psychiatric hours per week. The Treatment Unit Administrator reported some youth are quite ill and have needed to see the psychiatrist twice a week in regards to medication management. The reality is that this is probably an issue at all of the facilities, but even though some youth do need to see the psychiatrist twice a week, they will only see the psychiatrist once every month if not at longer intervals. The TUA reported that the psychiatrist will also see youth who are not currently on medication.

There was also an issue regarding treating youth for a sleep disturbance when they have no other identified psychiatric ailment. For almost all people, when they have a sleep disturbance it is because of some type of identifiable difficulty. It could be because they simply like to stay up or it is noisy, or it could be because there is an underlying anxiety or depressive disorder. There also could be an underlying sleep disorder, which has not been identified.

In reviewing the psychiatric assessment, 37 of the 53 youth were on psychotropic medication in July. In June, 43 of the 63 youth were on psychotropic medication. In May, 35 of the 64 youth were on psychotropic medication. As one can see, the number of youth identified with more significant mental health issues and the need for psychotropic medication are more than 50 percent of the youth at IYC Warrenville. This is close to the studies regarding major mental health issues in youth in pre-detention facilities. It is significantly higher than the IDJJ male population that has been prescribed psychotropic medication. While the female juvenile justice population generally has a higher incidence of mental health disorders, in my opinion this IDJJ male-female disparity in psychotropic medication may exemplify the paucity of needed mental health and psychiatric interventions in the male population at some facilities at DJJ.

IYC Warrenville has a higher ratio of mental health staff to youth. Even though they have likely more complex youth, they are better able to manage the youth. In my opinion, this is directly correlated to the higher percentage of mental health staff which they have. This should be looked at closely and more appropriately mirrored in the male DJJ facilities.

General Findings

On the positive side, the parties and monitors have worked out and developed numerous new policies, service plans and procedures as part of the remedial plan.

However, there are significant staffing concerns, in particular at IYC Kewanee and IYC Harrisburg. I find it unfathomable that unlicensed mental health workers continue to be used for crisis assessments and individual treatment management for some of the most significantly mentally ill youth in the facilities. I do not want to minimize some of the programmatic benefits

seen at IYC St. Charles and the high level of mental health staffing seen at IYC Warrenville, but there are still significant concerns regarding these issues.

At the time of this report, neither a Medical Director nor a Child and Adolescent Psychiatrist have been hired by the IDJJ. This is contrary to the time frame of the Remedial Plan. I have been informed by the IDJJ Deputy Director of Programs that they have interviewed several people for the medical director position, and have not yet interviewed for the child psychiatry position. If these positions aren't hired, it delays all of the programming related to all of the mental health related policies. Currently as we completed our reassessment of all of the DJJ facilities, one of the rationales that was used repetitively in regards to program concerns was they were still in the process of development. This includes family therapy, perhaps with the exception of IYC Warrenville (by telephone). It also includes minimal integration with aftercare, with the understanding that aftercare personnel are beginning to participate at treatment planning meetings, but not in a consistent fashion.

The Remedial Plan requires IDJJ mental health staff to plan each youth's community reentry, including integration with community mental health services, in collaboration with IDJJ aftercare staff. The Consent Decree requires the monitors to monitor this reentry planning. The majority of the youth in DJJ have underlying special education issues and mental health concerns. I was disturbed by the report that community mental health programs are not setting up appointments for these adolescents before they leave IDJJ facilities. These are some of the highest risk adolescents we have in our state. The facility staff at IYC Harrisburg reported that 85% of the youths present were there for either a parole violation of some type of recidivistic behavior. I spoke to numerous youth at different facilities who had returned one or more times. The youths consistently told me about a lack of follow-up care once discharged, relapsing with alcohol or substance use issues or not filling their prescriptions. The lack of aftercare planning at the time of my visit likely makes it harder for youths to succeed while on release. I will be monitoring aftercare planning in the future.

There has been nothing set up to assess the need for family therapy. There is a requirement for family therapy to be implemented. The DJJ reports that it is exploring family therapy models, and I will monitor this going forward. The reality is that they are understaffed. They need additional experts and they need additional licensed mental health professionals to assist them. I saw nothing to support this process.

There was one fragmented telepsychiatry attempt at IYC Kewanee to make up for the lack of services there. However, it was only partially effective mainly because the psychiatrist was late. The construct of using teletherapy for family therapy and other more comprehensive interventions has not been put into place in any context at IDJJ. Without this in place, it is unlikely that there will be consistent ability to care for these youth.

The state has numerous unlicensed mental health professional positions such as a Psychology II or III position. The title gives the impression that these people are licensed psychologists. The reality is that they can be at a Masters level and don't need a license. They need some level of experience. For clarification, the type of professionals they are hiring would not be able to bill Medicaid or Medicare at a community mental health program. These youth deserve at least that level of mental health professionalism training and licensing. A non-licensed mental health professional can be

used in a variety of contexts, particularly when working with other licensed mental health professionals.

There are several areas of confinement that need to be addressed. It will be very important to see the appropriateness of mental health interventions in confinement and the consistency with that. I have some concern regarding the need for mental health follow-up with youth after their release from confinement. Mental health staff aspired to sessions that will typically be a half-hour to forty-five minutes. Indeed, it takes a reasonable period of time to make an appropriate mental health assessment. Yet we now have potentially unlicensed mental health professionals who may use too short of periods of time to assess the youths and then make a clinical opinion.

Although in general it appeared that confinement was less than it had been, the reality is that in two of the facilities there were behavior units that were essentially confinement. Youth within these units will spend up to 22 hours a day in their cell, if not more time in these small cells. Some will have additional time out of the room and others won't. Once again, I have identified youth who have significant mental health issues on these confinement units. These youth are not being adequately treated. On my initial evaluation I identified a youth that was floridly psychotic in the Phoenix dorm at IYC Harrisburg. This time there was a youth who was significantly depressed and another youth who had obvious manic symptomatology. So there is no confusion, the units I am referring to include the Phoenix unit at IYC Harrisburg, and the Alternative Housing Program in Units 6b and 2a at IYC Kewanee. Although I greatly appreciate the concept that there is going to be an attempt to further look at how behavior units can be more safely and appropriately structured, at the time of my visits, in my opinion, they were utilized as confinement. This will be a subject for further monitoring as revised policies on the use of confinement are implemented.

The treatment unit administrator (TUA) position is vacant at IYC Harrisburg. They have no PhD or PsyD within the facility to assist with mental health treatment. This position should have been hired within 180 days of the entry of the Remedial Plan. This means they should have been hired by October 6, 2014.

Another requirement on the Remedial Plan was that *"DJJ shall, within 90 days of this Remedial Plan, create and implement a training program and promulgate and implement policies addressing needs and potential treatment of LGBTQ youth and youth diagnosed with gender sphoria."* This process has begun. The policies have been put into place. It will be extremely important to follow up closely with IDJJ to see if they are actually able to clinically follow up with this.

A handwritten signature in black ink, appearing to read 'L. Kraus, MD', is written over a light gray rectangular background.

Louis J. Kraus, MD

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

R.J., et al.,)	
)	
Plaintiffs,)	
)	Case No.: 12-cv-07289
vs.)	
)	Hon. Matthew F. Kennelly
)	
CANDICE JONES,)	
)	
Defendant.)	

REMEDIAL PLAN

For good cause shown, the Court orders, adjudges, decrees, and finds as follows:

PART I: GENERAL PROVISIONS

1. Prior proceedings.

- (a) Complaint. On September 12, 2012, plaintiffs filed this civil rights class action pursuant to 42 U.S.C. §§ 1983 and 1988 and 28 U.S.C. § 2201 *et seq.* Plaintiffs are youths confined in secure facilities operated by the Illinois Department of Juvenile Justice (“DJJ”). Defendant is the DJJ Director. The complaint alleges that certain DJJ conditions, services, and treatment violate the Due Process Clause of the Fourteenth Amendment of the United States Constitution and the federal Individuals with Disabilities Education Act. Specifically, the complaint addresses DJJ mental health services, general and special education services, room confinement, safety, and commitment beyond release dates for lack of a community placement. The complaint seeks declaratory and injunctive relief. *See* Dkt. 1.

- (b) Class certification. On September 26, 2012, this Court certified a plaintiff class consisting of all youths who now are, and/or in the future will be, confined by the DJJ, and of a sub-class consisting of class members with special education needs. *See* Dkt. 12-13, 17.

- (c) Consent decree. On December 6, 2012, this Court entered and approved a consent decree and appointed three experts. *See* Dkt. 32-34. The consent decree required the court-appointed experts to investigate DJJ conditions and services, and then to file a report of their findings and recommendations. *See* Dkt. 33 at ¶¶ 6, 10-11. The court-appointed experts are Louis Kraus on mental health issues, Peter Leone on education issues, and Barry Krisberg on general juvenile justice issues. *Id.* at ¶ 7. Next, the consent decree required the parties, with expert input, to prepare and file either an

agreed proposed remedial plan, or separate proposed remedial plans from each party. *Id.* at ¶¶ 12-15. The consent decree then required this Court, subject to its review and approval, to enter the final remedial plan as a new order. *Id.* at ¶ 16.

(d) Expert reports. On September 23, 2013, the parties filed the reports of the court-appointed experts, including their findings and recommendations. *See* Dkt. 51.

2. PLRA Findings and Stipulations. The Court finds, based among other reasons on the reports of the court-appointed experts, and the parties stipulate that this remedial plan complies in all respects with the Prison Litigation Reform Act (“PLRA”), 18 U.S.C. § 3626(a). Specifically, the terms of this remedial plan are narrowly drawn; they extend no further than necessary to correct the violation of the federal rights of the plaintiffs, the plaintiff class, and the plaintiff sub-class; and they are the least restrictive means necessary to correct the violation. The court has given substantial weight to any adverse impact on public safety or the operation of a criminal justice system caused by the terms of this remedial plan.
3. Process for Developing Policies and Procedures. When this remedial plan requires the DJJ to develop, revise, implement, or ensure policies, procedures, plans, calendars, models, and the like (together, “policies”), the DJJ shall, at least 30 days prior to the deadline specified in the plan, provide a draft to the court-appointed experts and plaintiffs’ counsel for their review and comment. DJJ shall consider in good faith any proposed revisions and meet and confer on request. DJJ shall, on or before the deadline specified in the plan, submit each policy required under the plan to the Court for its review and approval. Also, if plaintiffs object to the policy, plaintiffs may seek the Court’s determination of whether such drafts comply with federal law, the consent decree, and this remedial plan. DJJ shall implement these policies.

PART II: MENTAL HEALTH SERVICES

1. Licensed Physician Medical Director. DJJ shall, within 180 days of entry of this remedial plan, enter into a contract with a licensed physician to serve as DJJ medical director to provide oversight of all facility health care operations, oversight and monitoring of all vendor-provided health care services, and development of protocols and procedures for delivery of health care services. The contract shall require an adequate number of hours of work per week to ensure adequate mental health services, subject to review by the court-appointed mental health expert. DJJ shall promptly fill any vacancy in this position.
2. Board-Certified Child and Adolescent Psychiatrist. DJJ shall, within 180 days of entry of this remedial plan, enter into a contract with a board-certified child and adolescent psychiatrist. The child and adolescent psychiatrist shall provide oversight of all psychiatric services in all DJJ facilities, including monitoring all vendor-provided psychiatric services; ensure coordination of all psychiatric services with other health care and mental health services; consult with staff; assist with the development and implementation of protocols and procedures for delivery of psychiatric and mental health

services; and assess and evaluate youth in appropriate cases. The child and adolescent psychiatrist shall ensure that psychiatric staffing hours in DJJ facilities are sufficient to ensure that psychiatric services to youth comply with established professional standards, including (a) initial psychiatric evaluations of at least 90 minutes per patient and (b) medication follow-up and assessments of at least 30 minutes per patient. The contract shall require an adequate number of hours of work per week to ensure adequate mental health services, subject to review by the court-appointed mental health expert. DJJ shall promptly fill any vacancy in this position.

3. Treatment Unit Administrator Positions. DJJ shall, within 180 days of entry of this remedial plan, have qualified full-time treatment unit administrators (“TUAs”) to oversee delivery of mental health services at each of its facilities. The minimum qualifications for these positions shall include a doctoral degree (Ph.D. or Psy.D.) and appropriate licensure by the State of Illinois.
4. Mental Health Staffing Levels and Qualifications. Within 90 days of the hiring of the DJJ medical director and DJJ child and adolescent psychiatrist, DJJ shall, in consultation with the court-appointed mental health expert and plaintiffs’ counsel, establish appropriate staffing levels and qualifications of mental health professionals to deliver individual and group therapy based on youths’ diagnostic needs and services called for in each youth’s individualized mental health treatment plan. These staffing levels and qualifications shall be adopted in a supplemental order, including deadlines for implementation, subject to the Court’s review and approval, and also subject to the PLRA findings as set forth above in paragraph I(2).
5. Mental Health Records and Hospitalization. DJJ shall, within 90 days of entry of this remedial plan, implement uniform policies in all facilities to ensure (a) that the DJJ timely requests hospital and other outside mental health records for youth and (b) adequate identification and assessment of youth with significant mental health needs potentially in need of outside hospitalization, and as appropriate facilitation of such hospitalization.
6. Individualized Mental Health Treatment Plans and Coordination of Treatment. DJJ shall, within 180 days of entry of this remedial plan, ensure uniform policies and procedures are in place in all facilities requiring: (a) the development and implementation of an individualized mental health treatment plan for each youth, including the type and amount of mental health services each youth needs, (b) coordination by mental health staff with each other, and with other staff, in planning treatment, providing treatment, and planning community reentry (including integration with community mental health services), and (c) family therapy as appropriate.
7. Medication Consent. DJJ shall, within 90 days of entry of this remedial plan, develop revised procedures and forms to ensure that appropriate informed consents are obtained for administration of psychotropic medications. The consent forms shall (a) communicate the diagnosis; (b) identify the specific goals and potential side effects of the treatment; (c) provide for documentation of parental, guardian, or youth consent as

legally required; and (d) provide for an assent signature for minor youth where consent is provided by a parent or guardian.

8. Medication Management. DJJ shall, within one year of entry of this remedial plan, review and revise, in consultation with the DJJ medical director and child and adolescent psychiatrist, its policies and procedures relating to medication management. The policies and procedures shall address the use of stimulant medications for youths with poly-substance abuse and shall ensure adequate monitoring of the consequences of medication.
9. Youths in Reception and Classification Units. DJJ shall, within 120 days of entry of this remedial plan, create and implement policies and procedures to ensure appropriate group therapy is available to youths in Reception and Classification Units subject to reasonable safety and security considerations.
10. Youths Seeking Immediate Mental Health Care. DJJ shall promptly fulfill, to the extent reasonably possible, requests by youths who ask to immediately speak with a mental health professional, without any presumption that such youths need crisis confinement.
11. LGBTQ Youths. DJJ shall, within 90 days of entry of this remedial plan, create and implement a training program and promulgate and implement revised policies addressing needs and potential treatment of LGBTQ youth and youth diagnosed with Gender Dysphoria. The revised policies shall include (a) protection of LGBTQ youths from violence, threats, and harassment from staff and others; (b) individualized decision-making, which includes the input of DJJ mental health staff, regarding the classification and housing of transgender youths, including whether to house them with male or female youths; (c) individualized decision-making, which includes the input of DJJ mental health staff, regarding whether to continue or begin hormone or hormone-blocker therapy for transgender youths; and (d) when body searches of transgender youths are necessary, allowing such youths to choose the gender of the staff who will search them.

PART III: EDUCATION SERVICES

1. Full-Time, Full-Day Instruction. DJJ shall provide full-time, full day instruction on all scheduled school days in each facility. Specifically, DJJ shall make available at least five hours of instruction per day, on all scheduled school days, to all youths committed to the DJJ, regardless of their status or security classification, except that: (a) DJJ shall offer at least two and one-half hours of educational programming per scheduled school day to youths who have a high school diploma or GED; and (b) within 120 days of the entry of this plan, and in consultation with the court-appointed education expert and plaintiffs' counsel, DJJ shall develop and implement a policy regarding the kind and minimum amount of alternative educational programming for youth in reception and classification units. During scheduled non-school days, DJJ shall offer alternative educational programming and online coursework.
2. Teacher Staffing Levels. Within one year of entry of this remedial plan, DJJ shall create and fill additional teacher positions to ensure that full-time, full day instruction is

provided on all scheduled school days in each facility, and that all special education services required by youths' IEPs are provided. DJJ shall ensure student to teacher ratios of 10:1 or lower for a general classroom setting and 6:1 or lower for students with intensive needs; however, with approval of the court-appointed education expert higher ratios may be utilized where para-professionals such as teachers' assistants are available. DJJ shall also work to streamline the teacher hiring process to eliminate any barriers to timely hiring of teachers and duplicative efforts or other inefficiencies in the hiring process.

3. Other Education Staffing Levels. Within 90 days of the entry of this plan, and in consultation with the court-appointed education expert and plaintiffs' counsel, DJJ shall establish (a) appropriate staffing levels for school librarians, school counselors, and school clerical staff, and (b) an appropriate number of special education instructional specialists to assist special education teachers. The responsibilities of the school counselors shall include timely obtaining youths' prior school records, assessing credits needed for graduation, and monitoring implementation and compliance with youths' Individualized Education Plans. These staffing levels shall be adopted in a supplemental order, including deadlines for implementation, subject to the Court's review and approval, and also subject to the PLRA findings as set forth above in paragraph I(2).
4. Substitute Teacher Policy. DJJ shall, within 180 days of entry of this remedial plan, create and implement a plan to provide for certified substitute teachers in its facilities to minimize the impact of teacher absences on instruction in its schools.
5. Modified School Calendar. DJJ shall reduce teacher absences and ensure continuity of instruction by implementing a modified school calendar. The modified school calendar shall have defined vacation times for teachers, and minimize the use of vacation time by teachers during school instruction periods. DJJ shall, within 60 days of entry of this remedial plan, prepare a draft school calendar for 2014-15 that specifies school holidays and other vacation time, staff development days, and a summer break for teachers while providing alternative educational programming for youths. Following review and input from the education expert and plaintiffs' counsel, DJJ shall, within 90 days of entry of this remedial plan, publish its final school calendar for 2014-15.
6. Blended Instruction. DJJ shall ensure that it provides both traditional classroom instruction and web-based instruction, individually tailored to students' needs.
7. Curriculum. DJJ shall provide an academic curriculum sufficient to make available, to every youth without a high school diploma or GED, instruction in: (a) all subjects in which they must earn credit under state law in order to earn a high school diploma; (b) all subjects they need in order to prepare to take the GED exam; and (c) career and technical education programs for which high school credit can be earned. DJJ shall also offer vocational programming in which youths who already have a high school diploma or GED, or who are not on a diploma track, can earn vocational certification. Within one year of entry of this remedial plan, DJJ shall offer at least two vocational programs at each facility (except that facilities with fewer than 50 youths need only have one), and the

DJJ shall ensure that at least one vocational program at each facility leads to certification. DJJ shall provide intensive literacy instruction to all youths who score below the 25th percentile on standardized reading tests upon DJJ admission.

8. Special Education Policies and Procedures. DJJ shall, within 180 days of entry of this remedial plan, revise and update its policies and procedures relating to special education. The policies and procedures shall provide for (a) timely obtaining youths' IEPs and related materials from their prior schools, (b) identification and assessment of youths with learning disabilities, (c) development and implementation of IEPs, and (d) monitoring to ensure that youths are receiving the services specified in their IEPs.

PART IV: USE OF CONFINEMENT

1. Confinement and Restricted Movement Policy. DJJ shall, within 180 days of entry of this remedial plan, rewrite its policy regarding use of confinement and restricted movement. For purposes of this Part IV, (i) "Confinement" shall refer to the removal of a youth from his or her assigned housing unit and placement of the youth into a confinement unit room, segregated from other youth, and (ii) "Restricted Movement" shall refer to youth who are not held on a confinement unit in confinement status but nevertheless have restricted movement. The new policy regarding the use of confinement and restricted movement shall include the following features:
 - (a) Limits on confinement for behavior management. Confinement shall be allowed for purposes of safely managing a youth who has exhibited aggressive or uncontrolled behavior or movement and presents an immediate risk to staff, other youths, or facility security. When the youth regains self-control, such confinement must end. In no case shall confinement solely for behavior management last for a duration of more than twenty-four (24) hours.
 - (b) Limits on mental health crisis confinement. Confinement shall be allowed when (i) based on the youth's mental health status such confinement is necessary to prevent physical harm to self or others, (ii) no less restrictive intervention is available, and (iii) such confinement does not pose an undue risk to the youth's health. Such confinement must end when the risk of harm to self or others ends. Such confinement shall be re-evaluated every 24 hours by a mental health professional, subject to the same three findings above. If such confinement is still necessary after three days, the youth shall be evaluated by a psychiatrist, psychologist, or other qualified mental health professional for hospitalization.
 - (c) Limits on investigative confinement. If DJJ has probable cause to believe that a youth has committed a serious offense while in DJJ custody, they may confine such a youth during the pendency of an investigation of the alleged offense. The policy must address the maximum duration of such confinement, and which offenses allow such confinement.

- (d) Limits on confinement for transfer to DOC. If DJJ has temporary custody of an individual who is of adult age with a criminal conviction and a sentence to the Department of Corrections (“DOC”), DJJ may confine such an adult while awaiting their transfer to a DOC facility, but in no event for longer than three business days.
 - (e) Limits on medical confinement. The policy must address whether, and if so when, DJJ medical staff may order the confinement of a youth for purposes of medical quarantine or isolation.
 - (f) Other confinement prohibited. All other forms of confinement shall be prohibited, including but not limited to: for purposes of disciplining or punishing a youth, or for purposes of protecting one youth from another youth.
 - (g) Periodic visual inspections. The policy must require that at regular intervals, staff must visually inspect the well-being of all youths in confinement or restricted movement and have verbal communication with such youths during these visual checks.
 - (h) Appropriate services. The policy must define the appropriate services for youths in confinement or restricted movement, including medical care, mental health services, education, recreation, visiting, telephone contacts and meals.
 - (i) Process for entering, continuing, and exiting confinement or restricted movement. The policy must establish the criteria and process for entering and continuing confinement or restricted movement, and the criteria and process for exiting confinement and returning to regular living units or terminating restricted movement, including who makes such decisions, how they are reviewed and by whom, and timeframes for such decision and review.
 - (j) Documentation. For youths in confinement or restricted movement, the policy shall address appropriate documentation of the foregoing visual inspections, verbal communications, appropriate services, and processes for entry, continuation, or exit.
 - (k) Restricted movement on other living units. The policy must address limitations on all forms of restricted movement, including “room confinement” to the youth’s own room, any behavioral management units, reception and classification units, medical infirmary units, mental health crisis observation units, visitor or guest units for youth temporarily assigned to a facility for any reason, and institutional restricted movement.
2. Confinement Liaison. DJJ shall, within 180 days of entry of this remedial plan, develop and implement policies and procedures requiring a youth and family specialist or other non-security staff member to be present during the day shift at each confinement unit that has at least one youth in confinement. The youth and family specialist shall serve as a liaison between the youth and other facility staff, and shall help ensure that appropriate services (including mental health services, education services, and reading materials) are

provided to the youth. This provision shall be subject to modification after implementation of the revised policy outlined in this Part IV, and the experts' assessment as to the need for and efficacy of the confinement liaison.

3. Confinement Conditions. DJJ shall, within 180 days of entry of this remedial plan, develop and implement policies and procedures ensuring adequate thorough cleaning and sanitation of all confinement rooms after they are vacated before the room is used for another youth, and as needed during any period of use with an individual youth to ensure rooms remain free of food or human waste and/or graffiti. DJJ shall also, within 180 days of entry of this remedial plan, ensure that all confinement rooms are well lit with functional plumbing, are appropriately heated or cooled, and contain adequate bedding and blankets.

PART V: SAFETY AND GENERAL ISSUES

1. Comprehensive Treatment Model. DJJ shall, within one year of entry of this remedial plan, develop and implement a strategic plan for an evidence-based or evidence-informed comprehensive treatment and rehabilitation model to be used for all youths in all DJJ facilities, including but not limited to youths in special treatment units and for juvenile sex offenders. Such a model shall ensure general uniformity and cohesive programming in all DJJ facilities, across educational, mental health, substance abuse, behavioral management, and other programming for youths.
2. Department-Wide Behavioral Management System. DJJ shall, within one year of entry of this remedial plan, adopt and implement a comprehensive, department-wide, evidence-based or evidence-informed behavioral management system, to provide a consistent model for youth behavior throughout the facilities.
3. Individualized Youth Development Plans. DJJ shall, within 180 days of entry of this remedial plan, implement policies and procedures requiring preparation and implementation of a youth development plan ("YDP") for each youth committed to DJJ custody. Within fourteen days of a youth's arrival at his or her assigned facility, DJJ facility and Aftercare staff will begin collaborating to develop the youth's YDP. The YDP will, through the use of screening and assessment, identify needed services based on the youth's strengths and needs, and will serve as a plan for the youth carrying through to the youth's release on aftercare.
4. Security Staffing Levels. DJJ shall increase the number of security staff posts to ensure adequate staffing at each facility. Specifically, DJJ shall comply with the Prison Rape Elimination Act ("PREA") Juvenile Facility Standards (28 CFR 115.313(c)) by achieving and maintaining youth to security staff ratios of (a) 12:1 for waking hours and 20:1 for sleeping hours by October 2015, (2) 10:1 for waking hours and 18:1 for sleeping hours by October 2016, and (3) 8:1 for waking hours and 16:1 for sleeping hours by October 2017.
5. Youth and Family Specialist Staffing Levels. Within 90 days of the entry of this plan, and in consultation with the court-appointed general juvenile justice expert and plaintiffs'

counsel, DJJ shall establish an appropriate staff-to-youth ratio for Youth and Family Specialists. This ratio shall be adopted in a supplemental order, including a deadline for implementation, subject to the Court's review and approval, and also subject to the PLRA findings as set forth above in paragraph I(2).

6. Training of Staff with Youth Contact. DJJ shall provide training to ensure that all staff who have direct contact with juveniles are adequately trained in the following areas: (a) adolescent social and intellectual development; (b) gender responsive and cultural competent interaction with youth; (c) the mental health and trauma needs of justice-involved youth; (d) conflict resolution techniques (including conflict de-escalation); (e) the participation of mental health staff in resolving conflicts; (f) effective behavioral management including alternatives to use of confinement; (g) report writing on use of force incidents, including the time, location, and reasons for force; (h) alternatives to the use of force when appropriate; (i) the basic principles of the Americans with Disabilities Act ("ADA") and the Prison Rape Elimination Act ("PREA"); and (j) zero tolerance for verbal and sexual abuse and harassment.
7. Youth Grievance Reporting. DJJ shall ensure that all youths have adequate means to report allegations of abuse and/or submit grievances. DJJ has instituted and shall maintain a hotline which youth can use at any time to report sexual abuse or harassment. In addition, within 180 days of entry of this remedial plan, DJJ shall ensure a grievance box and grievance forms are available on each unit, provide enhanced education to youths and staff about the grievance process, and require each facility to submit a monthly report to the Director of the DJJ describing all grievances and their resolutions. DJJ shall provide these monthly reports to the court-appointed experts and plaintiffs' counsel.
8. Independent Juvenile Ombudsman. DJJ has proposed legislation (SB 2352) that would create within the DJJ an Independent Juvenile Ombudsman for the purpose of securing the rights of youth committed to the DJJ. The Independent Juvenile Ombudsman will be appointed by the Governor for a term of four years, and shall be responsible for reviewing and monitoring the implementation of rules and standards established by the DJJ and the delivery of services to youth to ensure that the rights of youth are fully observed; providing assistance to a youth or family who the Ombudsman determines is in need of assistance; investigating and attempting to resolve complaints made by or on behalf of youth; reviewing or inspecting periodically DJJ facilities and procedures to ensure that the rights of youth are fully observed; being accessible to and meeting with youth, and serving as a resource by informing them of their rights. DJJ will continue to advocate with the General Assembly for passage of this legislation.
9. Limits on mechanical restraints. Within 180 days of the adoption of this remedial plan, the DJJ shall adopt and implement a policy that limits the use of mechanical restraints.
10. General Programming. DJJ shall, within 180 days of entry of this remedial plan, create and implement a policy to provide opportunities, subject to reasonable security concerns, for all DJJ youths to spend at least eight hours per day outside of their rooms engaged in

supervised activities (not including meals or showers), so that during hours when they are not participating in school or treatment, they have opportunities to participate in an appropriate mix of physical exercise, recreational activities, and work details.

11. Legal assistance to youths. Within 90 days of the adoption of this remedial plan: (a) plaintiffs' counsel shall prepare a list of non-profit legal organizations that might assist youths who believe their rights have been violated by DJJ conditions or services, and DJJ shall review that list, and then post that list in a prominent location in the day and visitation rooms in all IDJJ youth centers; and (b) DJJ shall reasonably facilitate confidential communications between youths and such attorneys by means of face-to-face meetings, telephone calls from attorneys to youths, and telephone calls from youths to attorneys with whom they have an existing attorney-client relationship.

PART VI: COMMUNITY PLACEMENT

1. Placement Coordinator. DJJ shall, within 90 days of entry of this remedial plan, assign a Placement Coordinator to oversee and monitor implementation of this Part VI. The Placement Coordinator shall be a full-time DJJ staff member whose primary job responsibility is to coordinate and monitor activities of facility and Aftercare staff responsible for overseeing planning for community placement and identifying and resolving placement barriers. DJJ shall provide the Placement Coordinator with monthly reports that identify all youths with placement barriers and provide details as to the barriers, placement plans, and status of each youth's placement. Such reports shall be made available to the court-appointed experts and plaintiffs' counsel upon request.
2. Discharge Planning Upon Intake. In conjunction with the statewide implementation of Aftercare Specialists for all youth in DJJ, DJJ shall engage in initial placement planning within fourteen days of a youth's commitment to DJJ and arrival at a DJJ facility, incorporating concurrent planning to minimize the number of youths who, but for a lack of placement, could be released on aftercare status.
3. Preparation of Youths for Placement. DJJ shall collaborate with providers to prepare youths for placement in residential facilities and enhances their prospects for success at those facilities.
4. Placement. DJJ shall take all steps reasonably necessary, including but not limited to requesting appropriations and seeking vendors, to establish a sufficient number of available beds in appropriate community facilities for juvenile sex offenders and other youths who require residential placement upon release in Illinois.

PART VII: IMPLEMENTATION AND MONITORING

1. Deputy Director of Quality Assurance. DJJ shall, within 180 days of entry of this remedial plan, appoint a Deputy Director of Quality Assurance whose responsibilities will include monitoring the delivery of services and programs to youth; ensuring that the implementation of agency programs and operations are consistent with the agency's

objectives and mandates; and assisting with development and implementation of statewide policies, procedures, guidelines, and performance standards.

2. Monitoring and Access to Data. DJJ shall facilitate monitoring by the court-appointed experts and plaintiffs' counsel in accordance with paragraphs 27 through 35 of the consent decree. In addition, DJJ shall confer with the court-appointed experts and plaintiffs' counsel within 60 days of entry of this remedial plan regarding the data they will require to monitor the DJJ's compliance with this remedial plan and when and how that data shall be provided.
3. Monitoring of chemical agents. The court-appointed experts and the plaintiffs' counsel may monitor DJJ's use of chemical agents.

IT IS SO STIPULATED AND AGREED:

For the plaintiffs:

By: /s/ Adam Schwartz

Date: April 7, 2014

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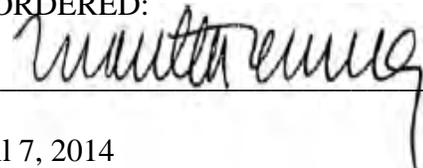
For the defendant:

By: /s/ Michael T. Dierkes

Date: April 7, 2014

Michael T. Dierkes
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IT IS SO ORDERED:

By: 

Date: April 7, 2014
United States District Court Judge



Civitas ChildLaw Center

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March 25, 2016

The Honorable Donne Trotter, Co-Chair
The Honorable Donald Moffitt, Co-Chair
Commission on Government Forecasting and Accountability

Re: Department of Juvenile Justice Proposal to Close IYC Kewanee

Dear Sen. Trotter and Rep. Moffitt,

The Loyola University Chicago Civitas ChildLaw Center supports closure of IYC Kewanee and investment in community-based responses to youth in conflict with the law. This position is based on the strong and growing body of research on adolescent development, the negative impact of incarceration on youth and the efficacy of community-based responses to delinquent offending. IYC Kewanee's location also prevents IDJJ from providing adequate clinical services and evidence-based family-focused interventions for youth in the state's custody.

Effective responses to youthful offending: IYC Kewanee should be closed as Illinois continues its commendable progress toward more humane and effective responses to juvenile delinquency. Over the past decade, the United States Supreme Court has issued a series of opinions founded upon the research on adolescent brain development and social maturation which clearly indicates that youth are fundamentally different from adults.¹ Youth make decisions differently, are more vulnerable to negative peer influence and more prone to impulsive and risky behaviors than adults. These developmental characteristics can bring youth into contact with the juvenile justice system, particularly when they have experienced maltreatment, abuse, neglect or trauma – as have a disproportionate number of youth in IDJJ care. But, as the Supreme Court also recognizes, those same developmental characteristics render young people capable of tremendous positive change and growth – if they receive developmentally appropriate support, guidance and positive opportunities. The trauma and stigma of incarceration as a teenager can undermine that potential for positive growth and have a life-long negative impact on development and behavior.

Alongside the developmental research is an equally strong body of evidence and data that indicates that community-based responses to youth offending produce better outcomes for young people and protect public safety more effectively than incarceration-based responses. Community-based services and

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¹ See *The Supreme Court and the Transformation of Juvenile Sentencing* (September 2015) at www.modelsforchange.net/publications/778

supervision can hold youth accountable for harmful behaviors in developmentally appropriate settings, while assisting them in developing new decision-making skills and new behaviors which forge paths toward positive life outcomes. Incarceration-based strategies have consistently proved ineffective in changing youth behaviors for the better and reducing future criminal conduct.² Closure of Kewanee will allow Illinois to continue to align its responses to delinquency with this knowledge and to invest scarce fiscal resources in community-based strategies which reduce future offending.

Obstacles to adequate care: IYC Kewanee should be closed because it faces significant geographic obstacles in providing the specialized care that youth in the state’s custody need and are entitled to. In 2009 - 2010, the Illinois Models for Change Initiative – for which Loyola served as “lead entity” – conducted analysis of the mental health care available to youth in IDJJ custody at the request of the Department. This evaluation brought together some of the nation’s most experienced and renowned experts in adolescent development, juvenile corrections administration, adolescent mental health care and adolescent substance abuse treatment. The team visited each IYC facility, consulted IDJJ leadership and staff and assessed the treatment of youth in IDJJ custody. While no IDJJ facility was found to provide strong behavioral health care, the Models for Change team found significant deficits in the care available at IYC Kewanee, including critical shortages in staff qualified to provide behavioral health care to youth in custody.³ The John Howard Association, which serves as an independent monitor of Illinois’ juvenile prison system, has confirmed that these critical staffing shortages persist, despite targeted, ongoing efforts to increase the number of qualified behavioral health staff at the facility.⁴

From 2012 – 2014, the ChildLaw Center also partnered with the Illinois Juvenile Justice Commission in conducting a study of effective responses to youth who have committed sexual abuse.⁵ In this capacity, the study team analyzed the case files of youth placed at IYC Kewanee following delinquency adjudications for sexual offenses, interviewed juvenile justice stakeholders and interviewed IYC Kewanee leadership and staff. The study team also collected and reviewed current research on the interventions which have proven effective in addressing sexually problematic behavior.

Based on the research, data and practitioner perspectives collected, the study concluded that – despite efforts of IYC Kewanee leadership and staff – IDJJ was unable to recruit and retain the kind of qualified clinical staff needed to care adequately for youth at the facility. Kewanee’s location and security features also create obstacles to family-focused intervention and services, which are often needed to

² See *Pathways to Desistance: Smarter Use of Placement Can Improve Outcomes for Youth and Communities* (2014) at www.pathwaysstudy.pitt.edu/documents/MacArthur%20Brief%20Smarter%20Use%20of%20Placement.pdf

³ *Report on the Behavioral Health Program for Youth Committed to the Illinois Department of Juvenile Justice* (June 2010), <http://www.modelsforchange.net/publications/271>

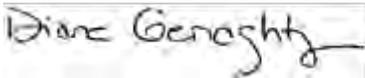
⁴ 2014 *Monitoring Report on IYC Kewanee* (April 2014), <http://www.thejha.org/kewanee>

⁵ *Improving Illinois’ Responses to Youth Who Commit Sexual Offenses*. <http://ijc.illinois.gov/youthsexualoffenses>

address the behaviors and needs of youth in IDJJ custody. Failure to provide adequate care and services harms youth committed to the state's care and undermines their short- and long-term well-being. In doing so, these failures also may increase risks for criminal offending and jeopardize community safety.

With a steadily declining IDJJ population, due in large part to the General Assembly's investment in community-based resources like Redeploy Illinois and amendment of the Illinois Juvenile Court Act to ensure that incarceration of youth is used only as a last resort, the state has an opportunity to continue its progression toward a more developmentally-appropriate and effective juvenile justice system. The closure of IYC Kewanee would allow Illinois to continue to right-size its secure-care capacity, focus systemic improvement efforts on the remaining IDJJ youth centers and invest more resources in community-based strategies which prevent delinquency and respond appropriately to youth in conflict with the law. I appreciate the Committee's consideration of these factors and urge a recommendation to close IYC Kewanee.

Very truly yours,

A rectangular box containing a handwritten signature in black ink that reads "Diane Geraghty".

Diane Geraghty
A. Kathleen Beazley Chair in Children's Law and Policy
Professor of Law and
Director, Civitas ChildLaw Center



John Howard Association of Illinois

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March 30, 2016: Hearing before the Illinois Commission on Government
Forecasting and Accountability

Testimony of the John Howard Association of Illinois In Favor Of Closing the Illinois Youth Center at Kewanee

Contact: Jennifer Vollen-Katz
Executive Director, John Howard Association of Illinois
PH: (312) 291-9555
Email: jvollen@thejha.org

This testimony is submitted by the John Howard Association of Illinois. We thank the Commission on Government Forecasting and Accountability for allowing us to submit testimony on the proposed closing of the Illinois Youth Center at Kewanee. The John Howard Association is Illinois' oldest and only independent non-partisan prison watchdog group that goes into the state's juvenile facilities to monitor conditions. Our perspective is grounded in our direct, frequent contact with youth incarcerated in IDJJ facilities, including Kewanee, as well as ongoing interaction with youths' families, facility administrators, staff and service providers, and county and state agencies, including IDJJ.

The insight, knowledge and experience we've gained from our years monitoring Kewanee and other IDJJ facilities compel us to conclude that the safety, welfare and interests of youth and the public will be best served by closing Kewanee.

Between 1999 and 2015, IDJJ's population has dropped by more than 66 percent, leaving more 500 beds vacant in IDJJ facilities. This reduction in population is due to the admirable work of IDJJ and Illinois' lawmakers to move away from an adult prison model which incarcerates delinquent youth in large correctional institutions far from their families. Through successful diversion programs like Redeploy Illinois, more youth are remaining near their families and successfully receiving services and treatment in their home communities. The shift in focusing Illinois' limited resources on community-based treatment is sound fiscal policy because the price of community-based alternatives is a fraction of the cost of incarceration — averaging between 5 and 15 thousand dollars per year per child, versus the 100 thousand dollars or more

it costs on average to incarcerate a youth. It is also sound public policy in that youth who are treated in their communities are proven to recidivate at a lower rate than youth who are incarcerated.

JHA recognizes that Kewanee has many dedicated and talented staff and administrators who are committed to the welfare of youth. We urge IDJJ, labor negotiators from the Governor's Office, and the American Federation of State County and Municipal Employees, to work together to help place these correctional leaders and staff in new positions because they are a valuable asset to our State and communities.

JHA also recognizes that secure confinement facilities have a role to play in our juvenile justice system when serious youth offenders present a measurable risk to public safety. However, JHA is confident that such youth can be safely and effectively housed and treated in IDJJ's five remaining facilities, which have more than enough bed space to accommodate the less than 100 youth currently housed at Kewanee. Further, closing Kewanee and relocating youth there to other IDJJ facilities will make it easier for IDJJ to meet minimum standards of constitutional care as required under current litigation and a court-ordered consent decree. Compared to other IDJJ facilities, Kewanee historically has experienced much great difficulty in attracting and retaining the mental health staff needed to meet the needs of acutely mental ill youth.

For all these reasons, JHA believes it is in the best interests of Illinois' youth and the public to close the IDJJ Youth Center at Kewanee.

Thank you for the opportunity to present this testimony.

FISCAL POLICY CENTER

AT VOICES FOR ILLINOIS CHILDREN

March 30, 2016

Commission on Government Forecasting and Accountability

ATTN: Facility Closure

703 Stratton Building

Springfield, IL 62706

Submitted via: facilityclosure@ilga.gov

RE: Proponent – closure of Illinois Youth Center in Kewanee, Illinois

Dear CGFA Co-Chairs and Members:

The Fiscal Policy Center at Voices for Illinois Children (FPC) appreciates this opportunity to provide written testimony in support of closing the Illinois Youth Center in Kewanee, Illinois (IYC-Kewanee).

We fully support the closure of the IYC-Kewanee facility and urge lawmakers to reinvest savings into community-based alternatives to incarceration. We applaud the Illinois Department of Juvenile Justice (IDJJ) for considering the high cost of incarceration, national best practices for youth rehabilitation, youth outcomes, and the ongoing safety concerns at the Kewanee facility in its decision to close IYC-Kewanee. The FPC opposes the use of incarceration of youth offenders and favors investment in community-based alternatives. Furthermore, the overall decline in youth incarceration in the state makes facilities like IYC-Kewanee obsolete and unnecessary.

The state spends roughly \$20 million annually to operate IYC-Kewanee with a capacity to house 350 youth.¹ In fiscal year 2015, the facility housed 150 youth (22 percent of the state's juvenile population) and as of February 2016, the number of youth housed in secure confinement was 95, well below capacity.² As the number of youth committed to IDJJ declines, costs to operate these large-scale facilities continue to go up. Between 2012 and 2014, annual costs per youth offender increased by \$15,000 to an estimated \$95,000 per youth at the IYC-Kewanee facility.³ Closing the facility would save the state an estimated \$14.2 million in fiscal year 2017.⁴ These cost savings could support youth treatment programs that yield better outcomes for youth offenders.

Wasteful state spending for low returns for public safety

The use of incarceration in the juvenile justice system is costly, counterproductive to public safety, and ineffective in rehabilitating youth. Youth subject to secure confinement away from

their families and communities, often far from their homes, suffer undue hardship living in harsh and dangerous conditions.

Kewanee-IYC and the five other IDJJ facilities fail to provide youth with quality rehabilitative supports, leaving these youth at greater risk of reoffending upon release. Illinois taxpayers spend \$130 million per year to operate the state's six youth prisons.⁵ Yet 86 percent of youth are re-arrested within three years of release, and more than 40 percent of youth released from IDJJ are re-incarcerated for a new offense, indicating the state wastes millions of taxpayer dollars for low returns and ineffective measures that do not improve public safety.⁶

Harmful to Kids

Illinois' youth suffer in numerous ways when they are locked up. Separating children from their parents, families, and communities can take an enormous toll on a child during a sensitive time in their development. Current consent decrees outlining the harmful conditions at IDJJ facilities illustrate the urgency for the state to close large-scale facilities like Kewanee. While IDJJ is working to improve conditions addressed in the consent decrees, these challenges demonstrate that incarceration is an ineffective approach to rehabilitating and treating youth offenders.

Statewide, nearly all youth committed to IDJJ have at least one or more diagnosed mental disorder. These include disorders such as depression, bipolar disorder, conduct disorder, and substance abuse disorders.⁷ At IYC-Kewanee, the mental health needs of youth are especially of concern as a majority of youth at the facility are high risk and have chronic mental health needs. Through its troubled history, IYC-Kewanee has struggled to maintain staffing levels, especially trained mental health professionals, leaving youth in the facility without adequate services and often in unsafe conditions due to limited staff resources.⁸

Bring Kids Home

Community-based alternatives to incarceration save taxpayer dollars, improve public safety, and yield better outcomes for youth. With the high cost of incarceration, in terms of both state costs and the price youth and their families pay for an ineffective system, Illinois must overhaul its approach to rehabilitating youth offenders. Since 2006, Illinois has been moving in the right direction away from a punitive system to one focused on treatment and rehabilitation. Indeed, Illinois law directs the courts to pursue the least restrictive measures for youth offenders, favoring community-based programming over incarceration.

Illinois' primary community-based diversion program—Redeploy Illinois—has effectively reduced the number of youth sent to secure confinement. Offered as an incentive to counties to reduce the number of youth they send to IDJJ, Redeploy Illinois provides counties with funding to offer evidence-based therapies and interventions within their communities. Over the life of the program, the 42 participating counties have reduced the number of IDJJ commitments by 58 percent or nearly 1,800 youth.⁹ The Redeploy Oversight Board estimates that in 2014, Redeploy programs diverted nearly 300 youth from IDJJ facilities, saving the state

nearly \$15 million in what it otherwise would have spent to incarcerate youth offenders.¹⁰ Overall, the estimated cost of serving a youth closer to home is less than \$6,000 annually per youth. And the re-incarceration rate for Redeploy participants is much lower at 14.2 percent, compared to over 57 percent for non-participants.¹¹

Reinvest savings into community-based alternatives

The FPC supports the closure of IYC-Kewanee and urges state lawmakers to reinvest savings into community-based programming for youth involved in the juvenile justice system. Moving forward, the state should continue to assess the effectiveness and necessity of the remaining five facilities. Shifting investments toward community-based programming such as Redeploy Illinois sends the right message to communities and the state about Illinois' commitment to fiscal responsibility and overall youth development.

Thank you for your consideration of our comments. Please do not hesitate to contact us with any questions.

Sincerely,

Leslie Helmcamp
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Voices for Illinois Children
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Chicago, Illinois
(312) 516-5579

¹ State of Illinois Comptroller, Judy Baar Topinka, *Appropriations Report, Fiscal Year 2015*, Department of Juvenile Justice. Web. <http://ledger.illinoiscomptroller.com/ledger/assets/File/Appropriations/2015%20APPROPRIATIONS%20REPORT.pdf>.

² Illinois Department of Juvenile Justice (IDJJ), *2015 Annual Report, Illinois Department of Juvenile Justice*. Note: Annual number of youth housed at IYC-Kewanee; and, IDJJ Monthly Report, *January, 2016 Monthly Youth Profile*.

³ State of Illinois Office of the Auditor General, *Supplemental Digest Illinois Department of Juvenile Justice, April 2015*, Web. <http://www.auditor.illinois.gov/Audit-Reports/Compliance-Agency-List/Corrections/DOJJ/FY14-DOJJ-Supplemental-Digest.pdf>.

⁴ Illinois Department of Juvenile Justice, *Recommendations for Closure of Illinois Youth Center Kewanee*, <http://cgfa.ilga.gov/upload/KewaneeIYCrecommendation.pdf>

⁵ State of Illinois Comptroller, Judy Baar Topinka, *Appropriations Report, Fiscal Year 2015*, Department of Juvenile Justice. Web. <http://ledger.illinoiscomptroller.com/ledger/assets/File/Appropriations/2015%20APPROPRIATIONS%20REPORT.pdf>.

⁶ Illinois Criminal Justice Information Authority, *Juvenile Recidivism in Illinois: Examining re-arrest and re-incarceration of youth released from the Illinois Department of Juvenile Justice*, June 2013.

⁷ Illinois Department of Juvenile Justice, *Monthly Reports*, September 2015.

⁸ John Howard Association of Illinois (JHA), *2014 Monitoring Report for IYC-Kewanee*, Web.

<http://thejha.org/sites/default/files/IYC%20Kewanee%20Report%202014.pdf>; and JHA, *Moving Beyond Transitions: Ten Findings and Recommendations on the Illinois Department of Juvenile Justice*, Models for Change, 2012, Web. <http://www.thejha.org/transition>.

⁹ State of Illinois, Department of Human Services, *Redeploy Illinois, Annual Report to the Governor and the General Assembly, Fiscal and Calendar Year 2014*, Released March 1, 2016, Web. <http://www.dhs.state.il.us/page.aspx?item=83186>.

¹⁰ *Redeploy Illinois, Annual Report, 2014*.

¹¹ *Redeploy Illinois, Annual Report, 2011*.

IYC Kewanee Education Department Facility Re-purposing Proposal

The education department at IYC Kewanee is, and has been, committed to the educational success of our students. We understand very well that achievements in education have a direct relationship on the future success of incarcerated individuals, and on the rate of future recidivism.

We have consistently demonstrated that the staff (including education and all other departments) and educational programming at IYC Kewanee contribute greatly to the success of students that have included many of the most challenged and challenging youth in Illinois.

Our proposal is that we be able to continue this successful program with Illinois Department of Corrections (IDOC) students in a similar age group, such as 17 -24 years of age. We would also like to expand our program to include pre-vocational testing and training, substantive and relevant life skills/transitional training, and relevant service learning/community service experience.

Rationale

The data/information included here has been gathered either from readily available public sources, including, but not limited to: IDOC statistical report for FY2014, Illinois School Code, Illinois Combined Statutes, U.S. Elementary and Secondary Education Act of 1965 (Title I), U.S. Individuals with Disabilities Education Act (IDEA), or from individuals experienced in the programs and operations of IDOC.

Need

- According to Illinois School Code 105 ILCS 5/13-40, Department of Juvenile Justice School District #428 “shall be responsible for the education of youth within the Department of Juvenile Justice and inmates age 21 or under within the Department of Corrections who have not yet earned a high school diploma or a high school equivalency certificate”.
- There are presently no K-12 programs available in IDOC for individuals referred to above. The only programs available are GED high school equivalence and Adult Basic Education. There is also a lack of support for IDEA students.
- GED testing is not appropriate for many students who fall under IDEA, and Adult Basic Education programs do not lead to a high school diploma or equivalency certificate.
- According to IDOC FY2014 statistics, 45.6% of a prison population of 48921, or 22307 individuals, had not earned a diploma or GED. Potentially, 1740 or more of this group were between the ages of 17-21. If Special Education levels for these students paralleled those at IYC Kewanee, a conservative estimate would be over 1000 individuals, including (possibly) 60 females. Extrapolating available data indicates that 320 or more of these individuals would have ranged in classification from “High Medium” to “Transitional”; all populations that IYC Kewanee, as currently configured, is suited for.

Facility

- IYC Kewanee is one of the newest correctional facilities in Illinois, and is structurally in very good condition. It possesses many updates, such as new radio, sprinkler, and security camera systems.
- Two totally separate populations, totaling 306 individuals (single-bunked) can be housed and programmed, due to a design that includes two sets of housing units, two each of: recreational fields, gymnasiums, dietary facilities, and sets of classrooms.
- The school area includes: two sets of classrooms, each wired for 12 student computers and 1 teacher computer, 2-4 larger rooms that could be designated as vocational or lecture classrooms, 1 library, 2 administrative offices, 1 work area.

Staffing

- School: There are presently 17 educators with certification in a variety of academic areas, as well as in Special Education, 1 office coordinator, 1 library associate, and 1 principal.
- Other departments: Individuals with IDOC experience have indicated that IYC Kewanee has sufficient staffing levels in nearly all areas to function immediately as a General Population IDOC facility.

Educational Programming

- We have been very successful using a combination of Pearson GradPoint on-line programming and traditional paper/pencil content based on this programming, individualized for every student. It is our strong recommendation that this programming continue.
- We would like to begin using ACT KeyTrain training to prepare students for ACT WorkKeys pre-vocational testing. Successful completion of this testing leads to certification that is recognized and accepted by a wide variety of industries both nationwide and worldwide. It also includes effective vocational interest tools to assist students in career planning.
- We would like to develop a life skills/transitional training program, to be based on the needs of the population we receive.
- We would also like to continue the development of connections we have begun to make with a variety of civic and other organizations to develop service learning and community service activities for our students.

Support

- 17-21 year old students would continue to receive support from IDJJ, although that may be as basic as IDJJ continuing to authorize and sign diplomas, and providing access to appropriate grant-based funding.
- The Illinois Legislature and State Board of Education (ISBE) have a long history of supporting a wide variety of alternative educational programs, often granting specific exemptions from parts of the School Code. Some examples are:
 - 105 ILCS 5/13-40; Department of Juvenile Justice School District
 - 105 ILCS 5/13A-0.5; Safe Schools Law
 - 105 ILCS 5/13B-1; Alternative Learning Opportunities Law
 - 105 ILCS 5/27A-1; Charter School Law
 - 105 ILCS 405; Adult Education Act

We are confident that we would receive similar support from these entities.

- Support has also been expressed by individuals in such organizations as:
 - The John Howard Association
 - Illinois State Board of Education
 - Literacy Volunteers of Illinois
 - Pearson North America
 - Local Special Education Co-op
 - Local Regional Office of Education
 - Local governmental and civic organizations

Funding

- Supplemental educational funding for 17-21 year old non-graduates would be available through Title I, Title II, and IDEA grants.
- Funding would also be available from Adult Education and Adult Literacy grant programs, as well as through private and corporate philanthropic programs.

IYC Kewanee School Data, January, 2014-December, 2015

Program data:

- Average enrollment was approximately 125 students
- Average enrollment included 60-70% Special Education students- a large majority of whom were Emotionally Disturbed
- A majority of Special Ed. students entered out of compliance, due to lapses in previous educational placements
- Incoming students averaged 4-5 previous high school placements
- Incoming students averaged about 5 credits previously earned
- Each student's program was individualized using a combination of on-line and traditional curricula

Student data:

- Average age at entrance: 17.5 years (65% age 17 to 20)
- Average age at exit: 18.1 years
- Average # of months enrolled: 6.8

Exit Data:

Between January 1, 2014 and December 30, 2015, 510 students exited school at IYC Kewanee, with 63 duplicates (students who exited, then re-entered and exited one or two more times. Of those 447 unduplicated students:

- 5 passed the GED exam
- 149 earned high school diplomas

In other words, of 447 unduplicated exiting students, 34.5% either earned a high school diploma or passed the GED. To put this into perspective, the 2014 4-year graduation rate for Youth Connections Charter High School in Chicago (one of the highest profile charter schools in Chicago), according to the ISBE School Report Card, was 28.5%, and the 5-year graduation rate was 41.7%.

21% (14) of the 80 exiting students who paroled/discharged/vacated (prior to graduation) between 1/1/14 and 6/30/14 re-enrolled in a public school in Illinois within 6 months and were still enrolled after 6 additional months. Only 3 of these students re-enrolled into regular public schools; 11 were placed into some type of alternative setting. These data are consistent with previous research. The re-enrollment percentage is also consistent with national data regarding previously incarcerated youth. Recidivism rates for these individuals are nearly impossible to calculate, as most would re-offend as adults, and this data is not presently captured.

Conclusion:

IYC Kewanee has been extremely effective at providing an educational program in which a high percentage of students were able to earn high school diplomas, even with the multiple impediments of: advanced student age at entry, lack of previously earned credits, high percentage of Special Education students, short length of stay, and staff shortages in multiple departments.

John Downey
Principal
IYC Kewanee



AFSCME Council 31 opposes the closure of Illinois Youth Center Kewanee. While Governor Rauner's administration portrays the closure as an opportunity to improve services to youth, it is really aimed at saving money. The Department of Juvenile Justice has not provided specific information to support their contention that youth will have better programs and services, or even that committed youth would be safe, if IYC Kewanee were to close.

Saving money, not saving youth

The closure plan is projected to save \$14 million. This is achieved by laying off the vast majority of the 200 employees at Kewanee. Only some 31 of these staff positions will be made available at the remaining youth centers. There is no plan to reinvest the \$14 million in programs for youth. Thus the undeniable impact of this closure is to reduce the programs and services available to DJJ youth. Even organizations that support the closure of all youth centers have questioned this lack of investment.

DJJ's plan to close IYC Kewanee denies real success

DJJ Director Candace Jones, in her recommendation to close IYC Kewanee, painted the facility as failing. However she admitted during the COGFA hearing that staff shortages are a problem at all IYCs, and that IYC Kewanee has made progress on improving program staffing levels. She also admitted that a new Superintendent has greatly improved the culture at IYC Kewanee.

For example, DJJ's latest monthly report (January, 2016) shows that IYC Kewanee's school -- even though it has the highest percentage of special education students -- has awarded the highest number of diplomas (total awarded and as a percentage of population). It has the second highest ratio of teachers to youth of any of the IYCs.

DJJ alleges that Kewanee's remote location makes it hard to hire staff. Yet Kewanee is located between the Quad Cities and Peoria, less than an hour away from each. Staff vacancies at IYC Kewanee are due to DJJ's poor recruiting and the state's slow hiring process.

Closing IYC Kewanee puts all IYC youth at risk

Safety is a real concern for the IYC Kewanee population and the lower security youth at the remaining facilities. Kewanee was built in 2001 as a treatment facility for acutely mentally ill youth and those with problem sexual behaviors. In 2013 Kewanee became the only maximum security facility in DJJ. IYC Kewanee keeps different populations separate so no youth are victimized. Kewanee has two sides: one completely separate from the other. Both sides have their own school, cafeteria, gym, baseball field, and football field. Each of the three living quarters on each housing unit has its own fenced yard and basketball court. IYC Kewanee's residential buildings were designed so staff can easily monitor these highly vulnerable youth. A youth supervisor on the living quarters has clear sight lines to both ends of the hallway to the right and left and can see into the day room in front of her.

Youth are referred to Kewanee's juvenile sexual offender treatment program when they are adjudicated for a sex offense like aggravated criminal sexual assault, or if they engage in hypersexual behaviors. DJJ plans to send these youth to IYC Harrisburg, which for many will be farther from their home county than IYC Kewanee. This is in direct contradiction of the Department's stated intention in the planned closure of IYC Kewanee.

Kewanee serves DJJ's most acutely mentally ill youth, including those on psychotropic medications and those who have diagnoses like schizophrenia and symptoms like hallucinations. Even under questioning from COGFA members, DJJ did not disclose where these youth would go if IYC Kewanee closed, only saying that youth who are no longer acutely mentally ill would go to IYC St. Charles.

Maximum security youth are assigned to Kewanee when their behavior – either before arriving at DJJ or at another DJJ facility – shows they need strict security. These youth are strongly gang affiliated and their behavior is volatile and aggressive. When the former maximum security – IYC Joliet – closed in 2013, DJJ had intended to make IYC St Charles the maximum security facility. DJJ made IYC Kewanee the maximum security facility instead when it became clear how much capital investment was necessary to ensure the safety of maximum security youth at IYC St. Charles. Yet now DJJ plans to send the vast majority of maximum security youth to St. Charles without any capital improvements.

Closure not in the best interest of DJJ youth

Governor Rauner's plan to close IYC Kewanee is about saving money and reducing state services. It would reduce services to youth or many youth would likely end up farther from their home communities. The lack of specific plans from the Department of Juvenile Justice raises serious concerns about whether committed youth would be safe if IYC Kewanee were to close.

Please the Youth Prison in Kewanee open. The town and county need the income from this facility. The area has been hit severely with several lost factories and store closures the last few years. Please do not put 200 more people out of work and in the unemployment lines. This area of Illinois desperately needs this facility to stay open.

Linda Betz
12393 State Hwy 78
Kewanee, IL. 61443

I feel this closing is not very good thing we need facility to provide excellent care for are join offender please keep it open we do not have enough facility for young offender.

Thank you
Mr GonZalez

Please oppose the closure of the IYC Kewanee. It is such a negative step for our community to even think of it closing and devastating for those who count on it for employment as well. Those that I know that would be affected are young family oriented people who work hard and care about the job they do. I know many families in which this would personally and directly impact them. I can't begin to imagine the impact it will have on a larger scale. Please take a moment to let this help you reconsider.

Thank you,
Nicole Wear
Kewanee, IL

Greetings;

The facility at Kewanee is, in corrections terms, practically new. It has been designed for the modern correctional environment and is state of the art in many ways. Its alleged faults in the eyes of Director Candice Jones are due to our having created a terrible work environment for the staff she alleges we can't hire; staff have been assaulted without consequence to the attacker, schedules have been the worst in the department, and 'teaching moments' have been eschewed for punitive and disproportionate discipline.

The economic impact the city and the county will be devastating; Kewanee has lost much industry over the last twenty years and the good jobs went with them. Closing IYC-Kewanee will be an economic disaster for the city and county, and will idle a perfectly good modern facility. It will be a colossal waste of money at a time when that is a very rare commodity.

Cordially
Paul S. Speed

Please DO NOT CLOSE the prison in Kewanee this prison provides for over 250 families in the city and county and surrounding cities outside of Kewanee also the rev anew would decline astronomically this would cripple this town causing citizens to move to other states or go to the unemployment line so in turn the state would loss drastic amounts of tax dollars this would not be a positive move for our state government officials please keep KEWANEE Prison OPEN ! Thank you

Sincerely
Andrew Verstraete

I'm sending this email in hopes that you will reconsider closing your facility in Kewanee Illinois. We have many families here in Kewanee that depend on there jobs there as well as our community depending on these people's income spending there money at our Restaurants, clothing stores, Gas Station, medical facility and so on. You have at least 3 facilities in Chicago if your wanting to cut the budget, close one of those. This facility is one of your newer nicer ones and not run down. God has truly placed this facility in our community to help so many families and business please do not close it. Thank you for reading my email. May God Bless you all in making the right decision and keeping our facility open.

Lisa Rashid

To whom it may concern,

I am writing this email with a heavy heart. My husband and I are both employed at IYC Kewanee and while we are trying to stay optimistic, it is difficult to anticipate the devastation the closure of the facility will be for our family, our community and surrounding communities. Please take in consideration the instability this creates for our innocent children!! and reconsider the closure of IYC Kewanee.

Thank you for your time. Please help keep IYC Kewanee open for my family, my community, for the safety of other communities and for the youth.

Sincerely,
H. Frykman, RN

Dear Commission on Government Forecasting and Accountability:

I would like to address the planned closure of the Illinois Youth Center Kewanee. I was employed during the construction of the facility starting in 2000. I worked with the contractors who built the facility, Corrections Capital Programs Unit, and the Capital Development Board during the final nine months of construction. Of all the personnel currently employed I have been here the longest and consider IYC Kewanee my baby. My official title is stationary engineer assistant chief.

When I started here I had the pleasure to meet many "old" chiefs around the state and they all told me the same thing- you will see many superintendents come and go during your employment, but you will be the one constant at the facility. They were correct; I've lost count of how many bosses I've had the past 16 years. What I do know is mothballing a state of the art facility does not make sense. We have a 16-year-old facility that is loaded with the very components that the juvenile and adult corrections divisions require. We have a facility that can house two different populations because of its design. Every building is air-conditioned; we have over 366 closed circuit cameras throughout the camp. Over 325 of those cameras are recording inmate movement 24 hours a day. Touch screen computers operate the cell doors and record all door movements. Our sprinkler system is only 5 years old and our emergency generator is only 6 years old. When online, the generator operates every electrical component in the campus. Why would we shut this facility and keep facilities open that are over 100 years old?

The impact study that was completed is flawed in many ways. We currently have 238 employees on staff. I have no idea where they got the 178 headcount. My only guess is the educational and medical staff was not listed as "employees". Well, if we close, those people will no longer be employed and should be counted. The State of Illinois Comptroller listed the regular positions total wages paid in FY2015 as \$16,031,298.78 not the \$2.7 million listed on the report. That \$16 million does not include our medical department, as they are contractual; so the number is actually higher. A majority of the employees live within 30 miles of the facility. You will crush the local economy when you remove this \$16 million. I could go on and on concerning the study but I need to get to the point.

What to do with IYC-Kewanee

The population within the juvenile division was over 1500 when we opened 16 years ago. We currently have less than 420 youth statewide. I have been told that the population will be down to 350 by the end of summer. I don't think it is wise to close your most efficient facility, but that is what our Director has chosen and I don't think this will be the last to close. Even if we "save" the facility this year I feel she will cut us next year. My recommendation is to repurpose this facility within the Department of Corrections (DOC) or Department of Human Services (DHS). DOC has visited here and from what we have heard they like what they see. We fit into many of the need areas of that department. A geriatric, female, mental health, or 17-24 year old educational facility has been mentioned. We would welcome DOC and can accommodate many of their needs.

The other department I feel could use us is DHS as an overflow for the Rushville facility. There is a \$19 million CDB project planned to construct an additional 196 beds at the Rushville Treatment and

Detention Center. The Rushville facility houses the sexually violent persons that have served their time in DOC but cannot be released into the public domain. Many of these inmates are transported to Chicago courts at a great expense to the state. Rushville security guards drive 80 miles one way before getting to an interstate south of Springfield to head north to Chicago. Using MapQuest we are 160 miles closer to Chicago than Rushville. Not only could money be saved on gas and vehicle wear, but also the expense of close to three hours of overtime per staff for each trip. I don't think anyone has even contacted DHS concerning our facility and I do not have the authority to do so. I feel all the energy from the Department has been on the closure and not on the 238 families' livelihoods that are tied to this facility. This appears evident by the answer you received on question #14 of the report submitted to you, "IDJJ has only evaluated the effect of closure on its agency. If there is a use for this facility, IDJJ supports efforts to repurpose or sell the facility as outlined in state statute."

I kindly ask each of you to persuade Governor Rauner and Director Baldwin to repurpose IYC-Kewanee to DOC or DHS. Feel free to contact me at the numbers below.

Respectfully Submitted,

Jeff Olson
Stationary Engineer Assistant Chief
IYC-Kewanee
Work 309-852-4601 (7:30 AM – 4:00 PM Monday-Friday)
Cell 309-525-5665 (after 4:00 PM Weekdays and Weekends)

My Question to the commission is how much more do public workers have to endure at the hands of what must be the work of this one term Governor. There IS a vital service being provided here by these brave men and women who are asked to risk their lives everyday they set foot inside the wire so to speak. We all know this is just the start of his attack on these courageous Officers and support staff.

This commission must surely recognize that nothing good will come from this closing of IYC KEWANEE. With that said consider what it does to the surrounding community with the loss of these much needed jobs and the revenue it provides for the area business's. Stand with IYC staff and tell the governor that he must NOT close this vital facility.

Chuck Proulx

DJJ Director Candice Jones recently sent out a newsletter to all DJJ staff defending the closing of Kewanee. In it she stated that the goals of DJJ are clear and consistent- to reduce the use of secure custody for low-risk youth while improving programs in our facilities to meet the needs of high-risk youth. If this is truly the intention, wouldn't the state need to keep the three facilities open which can serve the high-risk populations? While I wish for no facility to close, I am trying to understand how keeping IYC's Warrenville, Pere Marquette and Chicago open, can possible fit into this "vision" of DJJ. Research has been clear that working with high-risk youth is what Corrections needs to focus on. IYC-Kewanee is the newest DJJ facility, it has the layout and capacity to service multiple populations and is currently the only maximum security facility.

I would also like to mention that staff at Kewanee are a family. We support one another and often manage dangerous situations and youth as a team. We are put in hazardous situations and deal with aggressive, volatile, combative young men. DJJ has increasingly minimized negative behaviors and consequences for these young adults who will ultimately return to our communities. There is no accountability when it comes to the youth behavior in DJJ. I have heard our maximum security youth (inmates) referred to as "children" and I beg this Commission and the public to not be influenced to believe that these high-risk dangerous repeat offenders are merely "children". They have robbed, raped, murdered and will forever impact the lives of the victims they have created. The youth currently housed at IYC Kewanee are not low-risk offenders. They are in need of high security and they have specific needs in regards to mental health issues, sex offender treatment and criminogenic factors. IYC Kewanee is needed to sustain a sense of justice and safety for the communities in which these youth will return to and for the communities where other IYC's are housed, which are ill equipped to house these youth.

Heather Nolan
Henry County Resident
IYC Employee

Closing IYC Kewanee needs to be reconsidered! Closing this facility will have a devastating impact on the community, the people that work there, the people that live in Kewanee and even the youth that are in that facility.

How can you consider closing one of the newest facility's in the state, that is one of the most energy efficient but keep open facilities that are over 50 yrs old or facilities that the state pays rent on the land for. Let alone close the one facility that has a maximum security side!

How is the rehab process that you are suggesting better for everyone involved? I know that I do not want anyone on the maximum security side running around my neighborhood. My husband works at IYC and the stories I hear prove that these youth are right where they need to be.

I hope you will push to have this closing reconsidered and really do what is right for our state! Set a budget, look into areas that there is waste and cut on those things.

Heidi Lancaster

To whom it may concern,

As you are aware, IYC Kewanee confines and rehabilitates severely disturbed young offenders. Our Illinois prison system is broken as it stands. There is severe overcrowding in existing facilities, which is a danger to staff and a disservice to the justice system's penalties. It seems there is no more appropriate place for the individuals to be. Group homes or release is definitely not the answer.

Additionally, the closing of IYC Kewanee would result in the loss of 200 jobs and be a \$43 million cut to Henry County's economy.

The closure of this facility would be a huge negative impact on local and state well being. I do not support the closure of IYC Kewanee, nor a legislator that would.

Nichol Werkheiser
Galva, IL

Please oppose the decision to close Kewanee's Youth Correctional Center. This economy and the people of Kewanee cannot handle more loss of jobs!

Nicole Nelson
Special Education Teacher

Please reconsider closing IYC Kewanee. I wish someone would explain to the public why we are closing Kewanee and keeping 3 facilities close to Chicago open. If the theory is it's far for family to travel to come see their children in Kewanee, where will the youth that are from this area go if they are to be put in jail? Why is it ok for the public in this area to have to travel and not the "great" people of Chicago? Why are we closing the one facility that actually costs less to run than any other facility in the state? Why not close the facility that is not paid for that we are paying rent to us the land? They say that they can't get anyone to work at the Kewanee facility but I have never heard of any job fair, college or anything of the nature advertising that they are looking for help. The people that I know that work there all found out about positions from other employees, also when you do apply it takes over a year to hear anything back and then you still have the interview process and all of that. I heard that Candice said that Kewanee was chosen due to it's numbers in the center, well they have stopped sending youth to this center and are releasing anyone they can! All that you are doing is releasing them and letting them commit another crime. If you have done the crime you need to do the time, what are we teaching other children by not punishing the offenders? I hope someone can get to the bottom of how Candice decided to pick Kewanee. It's very exciting to hear that we have so many representatives and politicians who have the backs of the employees and families that work and live in the Kewanee area. Please reconsider and keep Kewanee open, not only for the families that work there, the people in the community and surrounding communities but the youth also. This facility has been proven to be one of the best facility's in the state.

Heidi Copeland

I am writing to express my concern over the closure of the Kewanee JDD facility. My biggest concern and question is where are the youth that are currently being housed at Kewanee will be placed. Many of these youth need special treatment including, but not limited to sex offender treatment. I work within the court system and know that there have been several incidents of these inmates being charged with battery of staff members while housed at the Kewanee facility. Many of these young men have violent tendencies that continue even though they are incarcerated and under close watch. I would like to know what plan the State of Illinois has in regard to where the inmates will be housed and if they will be at facilities that will provide them with the much needed treatment. It seems many times the end result and ripple effects are not fully explored before decisions are made government officials who have limited knowledge of what really goes on within an agency.

THANK YOU for your time.

Dorene Lay
Adult Probation Officer

I am writing in regards to the planned closure of IYC Kewanee. The state is placing everyone at risk when these youth are being paroled out into the communities of Illinois. They will violate again regardless. IYC Kewanee is a maximum youth prison and right now...the only IYC that has program for juvenile sexual offenders! Most of these offenders are being paroled...and very quickly... Different standards have been set forth for parole violations, which means what used to be a parole violations is no longer. What this means is that now the State is viewing misleading numbers of recidivism of youth to support their so called evidence based practice of setting these offenders, some whom are very violent, even murders, back to the community where I live, when you live! IYC Kewanee is the newest construction youth center in the state...go drive past St. Charles, which is crumbling. The Juvenile Justice Initiative wrote: "Closing outdated large-scale institutional prisons, such as Kewanee, and shifting the savings to investment in community-based programming is consistent with research on best practice, as well as the most effective approach to ensure public safety." I ask...how is IYC Kewanee outdated???

The state just spent thousands of monies on security cameras, it is the newest facility in the state. The Juvenile Justice Initiative may be in need of a more realistic approach to their thinking! Here is what they say about so-called children : Economic impact. The Department has estimated the fiscal impact of closure of IYC Kewanee on the employees and the surrounding community, but we believe there is a critical additional fiscal impact that must be weighed against the economic impact on the Kewanee community. We are talking about an industry based on locking up children – and there is an enormous fiscal impact on the children who are incarcerated, on their families and on their communities that must be balanced against the economic interests of the community where the children are incarcerated. The first negative impact upon children and their families is the detrimental impact on family stability and the maintenance of family relationships.

Thank you for your consideration.
Erin Miller