



John Howard Association of Illinois

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John Howard Association of Illinois: Kane County Juvenile Justice Center Monitoring Report

Key Observations

- Kane County Juvenile Justice Center (Kane JJC), in partnership with Elgin Community College, has an innovative dual-credit college preparation program that allows youth to earn college or high school credit while learning about college and career opportunities.
- Like many juvenile detention facilities in Illinois, a substantial portion of Kane JJC's population are on psychotropic medications or have mental health issues, and the facility struggles with lack of psychiatric coverage and limited resources for in-patient psychiatric placements for youth.
- To prevent unnecessary trauma and invasion of youth's privacy, Kane JJC has a policy of limiting the use of strip searches of youth in reception and classification, and has rejected using a blanket policy of strip searching all youth at intake. JHA recommends that other juvenile detention facilities follow Kane's JJC's example by strictly limiting the use of strip searches of youth.
- Kane JJC conditions contact visits between youth and families on youth attaining the highest behavioral level. JHA recommends that contact visits be expanded to include all youth, regardless of their behavioral level.

Issues Covered in this Report: Physical Plant and Living Conditions; Reception, Classification and Intake; Mental Health Care; Programming and Education; Visitation; and Court Access and Legal Information.

Overview

The John Howard Association of Illinois (JHA) had the opportunity to visit the Kane County Juvenile Justice Center (Kane JJC) in June of 2017. Kane JJC, located in St. Charles, Illinois, was built in 1997. This 80-bed juvenile detention facility, which includes one juvenile courtroom and offices for the State's Attorney and Public Defender, was constructed so that it could be expanded in the future to include 80 additional beds and an additional juvenile courtroom if needed. Currently, Kane JJC houses youth not only from Kane County, but, also through intergovernmental agreements, houses youth from six other counties as well, including DeKalb, DuPage, Kendall, McHenry, Ogle, and Stephenson County.



As it stands, however, Kane JJC has ample capacity and bed space. There is no immediate or foreseeable need for expansion given that its average daily population is roughly 40 youth, and the average length of stay for youth is two weeks. A substantial number of youth are incarcerated for only a few days. Because a small number of youth are detained on serious charges that involve lengthy stays in pre-trial detention, this tends to skew and artificially inflate the actual overall length of stay for youth at the facility to two weeks. However, the vast majority of youth are present at the facility for just a few days and less than a week. On average, Kane JJC's youth population is 80 percent male, and 20 percent female. The racial/ethnic demographics for the facility's population as of September 2017 were roughly 33 percent white, 30 percent black, 34 percent Latino and about 3 percent other ethnic groups.

Kane JJC's administrators reported that due to probation's increased diversion of low-risk juveniles and a decrease in crime, the detained population has decreased. By far, the majority of youth that administration see detained are aged 16 to 17 years old and charged with aggravated battery and/or domestic battery cases. The youth seen at the facility on serious charges tend to be those with serious behavioral and mental health issues as well. A substantial number of youth at the facility, approximately 40 percent on average, take psychotropic medications and have mental health issues.

As an administrator observed, "At the point that a kid shows up here and is being held in detention, it means that our mental health and social services in our communities have already failed that kid." As discussed below, one of the most pressing issues for Kane JJC is lack of adequate psychiatric coverage and appropriate in-patient psychiatric placements to meet the needs of its population.

JHA was impressed with the dedication of the Kane JJC administrators and staff we met to helping youth and providing innovative programming, despite limitations on staffing and resources. As stated by a Kane JJC administration, the guiding principle and litmus test that informs their work, and that they impart to staff, is simple: "If it was your kid in here, how would you want them to be treated?" JHA found this philosophy actively reflected in the demeanor of staff and administrators in their interactions with youth when we were at the facility.

While youth that we spoke with had concerns and suggestions on how to improve conditions at Kane JJC, they were open in expressing their thoughts and apprehensions to JHA. In contrast to many facilities, Kane JJC staff and administrators were accommodating in allowing JHA staff to speak with youth privately and confidentially. Of paramount importance, the youth that JHA spoke with expressed that they felt safe at the facility.

Significantly, Kane JJC's administration sees public transparency and accountability as an integral part of the facility's mission. Not all Illinois juvenile detention or state facilities embrace providing public information and access and oversight to outside independent parties, despite the fact that it is well-settled best practice standards that recommend regular oversight by independent monitoring bodies. The Cook County Juvenile Temporary Detention Center (CCJTDC), Illinois' largest juvenile pre-trial detention center, which was under the supervision of federal court monitors for many years pursuant to litigation and only recently found to be in substantial compliance with the consent decree reached in the case, is not currently being monitored, raising



concerns that the changes made may not be maintained. External oversight entities, JHA among them, have offered, and continue to request to visit the facility, monitor conditions, and speak with youth and staff.¹ By way of contrast, Kane JJC administration specifically reached out and invited JHA to visit the facility, encouraging us to speak with detained youth. Further, subsequent to JHA's visit, Kane JJC invited lawmakers, judges, and educators to tour the facility to learn more about its dual-credit education program in cooperation with Elgin Community College (as described below). Kane JJC's practice of actively soliciting and pursuing independent oversight and feedback from outside groups is exemplary, and sets a standard that all juvenile detention facilities in Illinois should follow.

1. Physical Plant and Living Conditions

On the date of the visit, JHA found Kane JJC to be very clean, well-maintained, and in overall good physical condition. There was a well-stocked library of academic, fiction, non-fiction, and activity books. Through staff and administrative efforts, the facility was able to obtain a grant to vastly upgrade the quality of the library's holdings. Whereas the old library included holdings like outdated chemistry text books from the 1980's that no youth was interested in reading, the new library now contains works that are very popular with contemporary youth, such as the Harry Potter book series.

The classrooms that JHA observed were clean, inviting, decorated with educational posters and artwork, and appeared to be well-stocked with books and working computers. The kitchen and dietary area appeared clean and sanitary, as did the youth housing units, infirmary, and reception and classification area for screening youth upon initial arrival at the facility.

The facility has an indoor gym and weight area, as well as an outside basketball court/recreation area. On the date of our visit, materials had arrived to begin installation of foam and artificial turf on the outside recreation area to make it safer and useable for a greater variety of sports. Administrators noted that the Kane County Juvenile Court is extremely active and supportive of the facility's mission in providing quality programming to youth, and that the Court was instrumental in helping Kane JJC to renovate the basketball court.

On the date of JHA's visit, soil and horticulture supplies were also being delivered to the facility to begin a gardening program. The administration plans to incorporate produce grown by youth in the program into the facility's kitchen menu.

¹ See generally, United Nations (UN) Convention on the Rights of the Child, General Comment 10, Children's Rights in Juvenile Justice (2007) http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f10&Lang=en; UN Convention on the Rights of the Child, Committee on the Rights of the Child, Working methods for the participation of children in the reporting process of the Committee on the Rights of the Child (October 2014), http://www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/HRBodies/CRC/CRC-C-66-2.doc&action=default&DefaultItemOpen=1; JHA Special Report: Promoting Transparency and Accountability in Juvenile Detention Facilities: A Report on the John Howard Association's Visit to the Robert W. Depke Juvenile Complex, Lake County, Illinois, p. 1, footnote 2 (2017), <http://www.thejha.org/sites/default/files/JHA%20Report%20Depke%20Juvenile%20Complex.pdf>.



Throughout Kane JJC, and in the classroom areas especially, JHA noted youths' artwork, maps, and posters, which made the facility feel warmer and less institutional. To further improve aesthetics and reduce an atmosphere of intimidation, administrators received approval to remove the razor wire that lined the fences of the outside recreational areas and replace this with regular barbed wire. Staff at the facility do not carry weapons or pepper spray on their person. To make the facility more comforting, youth also receive snacks, such as milk and cookies, at 2:30 p.m. and 8:00 p.m. each day.

Youth shower individually at the facility. To comply with Prison Rape Elimination Act (PREA) standards and protect against invasion of privacy, Kane JJC has modified bathroom areas by installing magnetic strips to cover the lower half of glass walls next to toilets. In addition, camera surveillance of toilet areas has been obscured by application of nail polish to block out specific views of anatomy that previously may have been visible via camera.² There are 90 cameras located throughout the facility.

The facility is co-ed, and it is divided into four living units and separate "pods" that are subsets of the living units. Living Units 1 and 2 each have two pods, and Units 3 and 4 each have three pods. Younger, immature, and more physically or mentally vulnerable male youth are housed on the same living unit as female youth, but they are housed in a separate pod. Male and female residents from the same living unit are allowed to attend classes and programming together within the unit, but they are not allowed into each other's pod living areas.

In regards to housing, one aspect that did resemble adult prisons was that youth do not have control over the lights being on or off in their rooms. Some youth reported this was upsetting or anxiety-producing. Other youth stated that they would like to have individual desks in their rooms so that they could draw and write.

Some youth also expressed that their blankets, pillows, and mattresses were thin. However, in October of 2017, subsequent to JHA's visit and prior to this report, Kane JJC purchased 100 new, higher quality foam mattresses. JHA strongly commends Kane JJC for independently, of its own initiative undertaking this improvement in response to youths' needs, recognizing the importance of youth sleeping conditions. Several youth also mentioned that they would like heavier blankets, and one youth mentioned that he had preferred sleeping in the Special Observations Unit because the blanket that he was given was warm and heavy. Kane JJC administration indicated that in colder months, youth are generally provided with additional blankets, and that to further improve youth sleeping conditions, they are currently working to purchase heavier blankets for youth at the facility.

As in other Illinois' juvenile detention facilities, youth detained at Kane JJC are not allowed to wear their own clothes, and instead wear clothes issued by the facility. On the date of our visit, youth were wearing sweatshirts and khakis. However, a number of youth that we spoke with raised

² See U.S. PREA, Juvenile Facility Standards, §115.6 (8) Definitions related to sexual abuse, Voyeurism, <https://www.prearesourcecenter.org/sites/default/files/content/preafinalstandardstype-juveniles.pdf>.



issues regarding clothing, shoes, and underclothes being poorly sized, worn out, stained or in poor condition to the detriment of their self-esteem. In fact, JHA spoke with a youth in a classroom who wore a sweatshirt that was far too small for him.

Clothing is important, particularly to youth, because it acts as a visual signifier of social standing and self-worth, and stained, worn clothing and undergarments shame, stigmatize, and send a powerful signal to youth that are not valued as human beings, and deserving of respect and dignity.³ JHA routinely hears concerns from youth in juvenile justice facilities regarding the poor state of clothing, which is often deemed a lower priority given other pressing needs in juvenile facilities and budget concerns. The Illinois County Detention Standards expressly recognize that, “[g]ood personal grooming habits can be considered part of the treatment program, whereby a youth enhances his morale, self-respect, and health,” and dictates that youth be supplied with clean clothing at least three times a week and a clean change of underclothing and socks daily.⁴

Taking into account the concerns, self-respect, and dignity of detained youth, and as a matter of best practices, JHA believes that clothing standards for juvenile detention facilities should additionally specify that, in addition to regularly providing youth with clean clothing: (1) youth have the right to be outfitted with size and climate-appropriate, quality clothing and shoes, (2) that youth clothing at detention facilities will be subject to regular inventory, and stained, worn out, or torn clothing be taken out of rotation, and (3) that all youth upon entering detention be allowed to wear their own underclothing from home or issued new underclothes and socks for their sole personal use.⁵

2. Reception, Classification and Intake

Youth screening and assessment in the reception and classification unit usually takes about one hour. During that time, youth are subject to either a pat down search or a strip search (also commonly referred to as a “visual scan”). Kane JJC does not have a blanket policy of strip searching all youth upon intake. Rather, administrators report that an individualized screening

³ See Working Paper no.7: “Children’s Voices on Poverty,” (August 2012), <http://www.occ.org.nz/assets/Uploads/EAG/Working-papers/No-7-Childrens-voices.pdf>; See also UN Rules for the Protection of Juveniles Deprived of their Liberty, D. Physical environment and accommodation, 36: “[t]o the extent possible juveniles should have the right to use their own clothing. Detention facilities should ensure that each juvenile has personal clothing suitable for the climate and adequate to ensure good health, and which should in no manner be degrading or humiliating. Juveniles removed from or leaving a facility for any purpose should be allowed to wear their own clothing.” (December 1990), <http://www.un.org/documents/ga/res/45/a45r113.htm>; see also, UN Standard Minimum Rules for the Treatment of Prisoners, Clothing and Bedding (17), <http://www.ohchr.org/EN/ProfessionalInterest/Pages/TreatmentOfPrisoners.aspx>.

⁴ Illinois Administrative Code, Title 20, Section 2602.100 Clothing, Personal Hygiene, Grooming, <ftp://www.ilga.gov/jcar/admincode/020/020026020001000R.html>.

⁵ See Annie E. Casey Foundation, Detention Facility Self-Assessment Revised Guidelines, p. 70-71, 76 (2006) (recommending that detention facilities routinely evaluate whether laundry staff are taking damaged or stained clothing out of circulation, whether youth are provided with unstained, properly-fitted clothing appropriate for their size and the season, and whether youth are provided with new underwear or allowed to wear their own underclothes from home), <http://www.jdaihelpdesk.org/JDAI%20Publications/JDAI%20Practice%20Guides/JDAI%20Detention%20Facility%20Assessment%20Practice%20Guide.pdf>.



process is used to determine whether security and safety require a youth to submit to either a pat down search or else the more invasive strip search taking into account the youth's individual history, whether the youth is currently threatening self harm or has a past history of self harm, whether the youth has a history of smuggling contraband, and whether the nature of the charges against the youth involve drugs or serious weapons offenses.

JHA commends Kane JJC for its policy of limiting the use of juvenile strip searches. Research shows that youth in detention, many of whom have prior histories of physical, emotional or sexual abuse, suffer serious psychological harm and lasting trauma from such searches.⁶ Children subjected to strip searches commonly suffer feelings of trauma, anxiety, fear, shame, guilt, stigmatization, powerlessness, self-doubt, depression, and isolation, and may experience the searches as sexual violence.⁷ Kane JJC reports that typically 20 percent of youth are strip searched, while the rest are subject to pat-downs. For the month of September 2017, administrators indicated that 78 percent of youth newly admitted to Kane JJC received pat-down searches, while 22 percent were subject to strip searches.

The Illinois Administrative Code, County Juvenile Detention Standards offer little in the way of formal guidance or concrete standards limiting strip searches of youth upon admission to juvenile detention, and the Illinois Supreme Court and the United States Supreme Court have yet to rule on the constitutionality of strip searches in the juvenile detention context.⁸

To prevent trauma and harm to youth, JHA strongly urges other juvenile detention facilities to follow Kane JJC's example by limiting the use of juvenile strip searches. In addition, JHA recommends that lawmakers amend the Illinois Administrative Code to: (1) articulate clear, narrow standards strictly limiting the use of strip searches in all juvenile detention facilities across the

⁶ See Jessica R. Feierman and Riya S. Shah, "Protecting Personhood: Legal Strategies to Combat the Use of Strip Searches on Youth in Detention," *Rutgers Law Review* 60(1): 67-103 (September 2007), http://www.rutgerslawreview.com/wp-content/uploads/archive/vol60/Issue1/Feierman-Shah_v60n1.pdf; Juvenile Law Center, "Addressing Trauma: Eliminating Strip Searches," <http://www.juvjustice.org/sites/default/files/ckfinder/files/AddressingTrauma-EliminatingStripSearch.pdf>; Daphne Ha, "Blanket Policies for Strip Searching Pretrial Detainees: An Interdisciplinary Argument for Reasonableness," 79 *Fordham L. Rev.* 2721 (2011), <http://ir.lawnet.fordham.edu/flr/vol79/iss6/9>; *J.B., a Minor, v. James B. Fassnacht, et al.*, No. 15-903, On Petition for Writ of Certiorari to the United States Court of Appeals for the Third Circuit, Brief for Amici Curiae the Children and Family Justice Center and Sixteen other Organizations In Support of Petitioner for the Third Circuit, <https://static1.squarespace.com/static/571f750f4c2f858e510aa661/t/57ec1eea44024382564a1faa/1475092203197/J.B.+v.+James+B.+Fassnacht+et+al.%2C+Case+No.+15-903.pdf>.

⁷ *Ibid.*

⁸ See Title 20, Illinois Administrative Code, County Juvenile Detention Standards, Section 2602.50(6), Admission Procedures: "Strip Search: A strip search consistent with law shall be performed by a staff member to assure against the introduction of weapons, contraband or body pests. (A) The strip search shall be performed in an area that ensures privacy and dignity of the individual. The individual shall not be exposed to the view of others not specifically involved in the process. (B) Searches shall be conducted by a person of the same sex; (C) All personal clothing shall be carefully searched for contraband. (D) The probing of body cavities may not be done except where there is reasonable suspicion to believe that the detainee is carrying contraband there, and such searches may only be conducted by medically trained persons, e.g., physician, physician assistant, registered nurse, licensed practical nurse, paramedic, in a private location and under sanitary conditions," <ftp://www.ilga.gov/jcar/admincode/020/020026020000500R.html>.



state; and (2) formally adopt the “Model Alternative Strip Search Policies” set forth by the Juvenile Law Center, which require, inter alia, an individualized finding of probable cause that a youth possesses contraband that could not be discovered by less intrusive means before a strip search may be performed.⁹

After youth are searched in reception, they shower and are issued a facility uniform. At the time of reception, youth are also administered the evidence-based, research-validated Suicide Behaviors Questionnaire–Revised (SBQ-R) screening tool to identify youths’ level of suicide risk.¹⁰ In addition, youth are screened to determine their level of vulnerability, risk, and threat level for purposes of assigning them to an appropriate housing unit. Kane JJC uses a research-validated Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (“VSAB”) assessment tool to screen youth for vulnerability to victimization by others and sexually aggressive behavior towards others. Unit 2 houses female youth and smaller, more vulnerable male youth, but the two populations are kept separate in different pods. Unit 4 houses larger or more aggressive male youth. Staff noted that, in general, youth charged with sex offenses tend to be smaller and more susceptible to bullying, so they are generally housed with the vulnerable male population.

While in reception, all youth must watch an orientation video on how the court process works and a video instructing them on the PREA zero tolerance policies for sexual abuse and harassment, as well as the various ways that youth can report sexual misconduct at the facility. The healthcare unit contains a telephone that all youth can use that connects youth directly to an outside reporter at the Elgin Community Crisis Center so that youth may make PREA complaints. Youth in reception are required to pass a short comprehension test to ensure that they understand these orientation materials. Staff will spend extra time with youth who have lower cognitive functioning skills to ensure their understanding of facility policies and PREA requirements, and enable them to pass the test as required to complete the reception and classification process. Youth are given a copy of the facility’s rule book. They also are shown a short video that explains juvenile court processes and some of the legal terminology they may hear in court.

Youth who ultimately are admitted as residents to Kane JJC following their initial detention hearing are also screened using the scientifically-validated Massachusetts Youth Screening Instrument- Version 2 (MAYSI-2) assessment tool, which helps staff to identify youth with mental health and substance and alcohol abuse issues.¹¹ Upon admission to Kane JJC, a registered nurse performs a physical exam on each youth resident, which includes taking their vital signs and drawing blood for a complete blood count to be sent to an outside lab. Kane JJC employs two registered nurses, one of whom is fluent in both Spanish and English. Youth are not universally screened through opt-out testing procedures for sexually transmitted diseases, and female youth are not universally opt-out tested for pregnancy, but they are offered the option to be tested for

⁹ Juvenile Law Center, “Addressing Trauma: Eliminating Strip Searches: Model Alternative Strip Search Policies,” p. 2-3, http://jlc.org/sites/default/files/publication_pdfs/AddressingTrauma-EliminatingStripSearch.pdf.

¹⁰ See National Action Alliance for Suicide Prevention: “Youth in Contact with the Juvenile Justice System Task Force. Screening and Assessment for Suicide Prevention: Tools and Procedures for Risk Identification Among Juvenile Justice Youth,” (September 2013), http://www.nysap.us/JJ-6_Screening_Assess_508.pdf.

¹¹ See National Youth Screening and Assessment Partners, “Mental Health Screening (MAYSI-2) & Assessment” (describing MAYSI-2 assessment process and uses), <http://www.nysap.us/MHScreening.html>.



sexually transmitted diseases and pregnancy.¹² Youth who are pregnant are provided with care and counseling by staff from the Open Door Clinic in Elgin, Illinois. According to medical staff, the most common illnesses that they see among youth populations entering the facility are asthma, diabetes, and youth with psychiatric conditions.

JHA recognizes that providing comprehensive medical assessment, treatment and care for youth in detention is challenging for a number of reasons, including the short lengths of stay of many youth. However, detention provides an ideal public health opportunity to medically screen, treat, and refer high risk youth who often have had limited or no access to medical care in the community. Justice-involved youth are at especially high risk for sexually transmitted diseases, including chlamydia, gonorrhea, and Human Papillomavirus (HPV), as well as pregnancy.¹³ Illinois is in the minority and one of only a handful of states that do not provide HPV vaccinations to youth in juvenile detention facilities,¹⁴ even though a single dose has been found to dramatically reduce the likelihood of HPV infections, which are linked to the development of various forms of cancer, particularly cervical cancer.¹⁵ Further, minors aged 12 and older have the power to consent to their treatment and vaccinations for sexually transmitted diseases in Illinois.¹⁶

¹² “Opt-out” testing refers to a procedure whereby a patient is informed that as part of a routine medical treatment he or she will be tested for particular medical conditions, but that he or she may decline the testing. In the absence of refusing the testing, consent is inferred. By contrast, in “opt-in” testing, patients are informed that testing for medical conditions is offered, but the patient must specifically ask that the testing be performed. See Centers for Disease Control, Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (2006) (describing opt-out and opt-in testing procedures), <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

¹³ See Kyle T. Bernstein, PhD, ScM, Joan M. Chow, DrPH, MPH, Preeti Pathela, DrPH, MPH, and Thomas L. Gift, PhD, “Bacterial Sexually Transmitted Disease Screening Outside the Clinic—Implications for the Modern Sexually Transmitted Disease Program,” *Sex Transm Dis.* 43 (2 Suppl 1): S42–S52 (February 2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5583631/>; National Commission on Correctional Healthcare, “STD Testing for Adolescents and Adults Upon Admission to Correctional Facilities,” <http://www.nchc.org/std-testing-upon-admission>; American Academy of Pediatrics, Committee on Adolescence, “Health Care for Children and Adolescents in the Juvenile Correctional Care System,” (2001), <http://pediatrics.aappublications.org/content/pediatrics/107/4/799.full.pdf>; Steven Belenko, PhD, et al., “Recently Arrested Adolescents are at High Risk for Sexually Transmitted Diseases,” *Sex Transm Dis.* 35(8): 758–763 (August 2008), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2712643/>; Courtney E. Henderson, M.P.H., Josiah D. Rich, M.D., M.P.H and Michelle A. Lally, M.D., M.Sc., “HPV Vaccination Practices Among Juvenile Justice Facilities in the United States” *J Adolesc Health.* 46(5): 495–498 (May 2010), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2927822/>; U.S. Centers for Disease Control and Prevention, 2015 Sexually Transmitted Disease Treatment Guidelines, Special Populations, <https://www.cdc.gov/std/tg2015/specialpops.htm>.

¹⁴ *Ibid.*

¹⁵ See National Institutes of Health, National Cancer Institute, “Benefit of Fewer than Three Doses of HPV Vaccine Reported,” (June 2015), <https://www.cancer.gov/news-events/press-releases/2015/fewer-doses-hpv-vaccine>; Mark Jit, Mark Jit, Jean-François Laprise, Yoon Hong Choi, Marc Brisson, “Fewer Than Three Doses of HPV Vaccine,” *The Lancet Oncology*, Volume 16, No. 9, e423–e424 (September 2015), [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00229-6/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00229-6/fulltext).

¹⁶ See Illinois Administrative Code, Title 77, Section 693.130, Treatment of Minors, <ftp://www.ilga.gov/jcar/admincode/077/07700693sections.html>.



Consistent with best medical practices, recommendations of the United States Center for Disease Control, and pediatric and public health experts, JHA advocates that administrative detention standards be adopted statewide to provide for: (1) routine, opt-out pregnancy testing for female youth in juvenile detention and routine, opt-out STD screening of all youth in juvenile detention for chlamydia, gonorrhea, and HIV; and (2) the option of HPV vaccination for all youth in county juvenile detention facilities.¹⁷

3. Mental Health Care

A major challenge for Kane JJC is that the facility is severely understaffed with respect to psychiatric coverage. However, Kane JJC has the benefit of a dedicated full-time psychologist on staff and all youth residents entering detention are administered a formal mental health assessment using the MAYSI-2 assessment tool.

Nonetheless, the facility has to make do with a part-time psychiatrist available for three hours per week, which can make addressing youth medication and mental health issues very challenging. While a job vacancy announcement was posted for an additional part-time psychiatrist for the facility, it had failed to attract any applicants as of June 2017. A proposal by the facility to partner with DuPage County to share a correctional psychiatrist between the counties also fell through. The for-profit, private healthcare corporation, Advanced Correctional Healthcare, Inc. is under contract to provide psychiatric coverage for the facility and seems not to be meeting the needs of the youth held there.¹⁸ At the time of JHA's initial visit in June 2017, Kane JJC has psychiatric coverage for only one hour per week. However, subsequent to JHA's visit, Kane JJC administrators reported that the psychiatric coverage at the facility was increased from one to three hours weekly.

Understaffing of mental health staff positions is an endemic, longstanding problem not just at Kane JJC, but at most of Illinois' juvenile and adult jails and prisons. Attracting qualified applicants to fill essential mental health staff vacancies also can be especially difficult where correctional health care is provided through private, for-profit contractor because these positions are not as well compensated as state employee positions. Privatized correctional healthcare is often appealing to local and state governments under the belief that it is cost saving. However, private contracts that propose to provide prison healthcare at a fraction of what it costs the government can be grossly

¹⁷ Juvenile Federal Performance-Based Detention Standards Handbook (2011), <https://www.justice.gov/archive/ofdt/juvenile.pdf>; U.S. Centers for Disease Control and Prevention (CDC), 2015 Sexually Transmitted Disease Treatment Guidelines, Special Populations, <https://www.cdc.gov/std/tg2015/specialpops.htm>; American Academy of Pediatrics, Committee on Adolescence, "Health Care for Children and Adolescents in the Juvenile Correctional Care System," (2001), <http://pediatrics.aappublications.org/content/pediatrics/107/4/799.full.pdf>; D. Rich, M.D., M.P.H and Michelle A. Lally, M.D., M.Sc., "HPV Vaccination Practices Among Juvenile Justice Facilities in the United States" J Adolesc Health. 46(5): 495-498 (May 2010), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2927822/>; CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (2006), <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

¹⁸ See Kane County Board Resolution No. 16-14, Authorizing Contract for Professional Medical Services (Juvenile Justice Center), [file:///C:/Documents%20and%20Settings/User/My%20Documents/Downloads/Snapshot-19817%20\(2\).pdf](file:///C:/Documents%20and%20Settings/User/My%20Documents/Downloads/Snapshot-19817%20(2).pdf).



unrealistic—resulting in understaffing, under-qualified medical staff, poor quality control, and lack of constitutionally adequate medical and mental healthcare that ultimately can cost taxpayers much more through protracted, expensive litigation.¹⁹

Facility administrators and staff uniformly expressed that the lack of psychiatric coverage at Kane JJC was a serious problem in managing and treating youth. As explained by administrators and staff, a large percentage of youth entering the facility have significant behavioral and mental health issues, as well as histories of childhood trauma.²⁰ Some youth also are already on multiple psychotropic medications, some taking up to five or six medications at a time, requiring close psychiatric monitoring, continuity of care, and assessment of deleterious side effects from multiple drug interactions and issues of overmedication.²¹ Further complicating the problem, the isolating, disjunctive experience of being placed in detention itself can exacerbate and increase anxiety and

¹⁹ See, e.g., *Rasho v. Baldwin*, No. 1:07-CV-1298 (C.D. Ill.) (class action lawsuit and settlement predicated on failure of the Illinois Department of Corrections and private, for-profit contractor, Wexford Health Sources, Inc. to diagnose, treat, and provide constitutionally-mandated level of care to mentally ill and disabled prisoners), <https://www.clearinghouse.net/detail.php?id=12369>. See also Penn Wharton Public Policy Initiative, *The Current State of Public and Private Prison Healthcare* (February 24, 2017), <https://publicpolicy.wharton.upenn.edu/live/news/1736-the-current-state-of-public-and-private-prison-for-students/blog/news.php>.

²⁰ The high level of trauma and mental health issues at Kane JJC as reported by staff is consistent with state and national studies documenting that youth in juvenile detention show dramatically higher rates of one or more psychiatric disorders, concomitant with higher rates of co-occurring substance abuse, behavioral disorders, trauma, and post traumatic stress disorder. See Lee A. Underwood and Aryssa Washington, *Mental Illness and Juvenile Offenders*, *Int J Environ Res Public Health*. 13(2), p. 228 (February 2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772248/>; Thomas Grisso, *Adolescent Offenders with Mental Disorders*, *Future of Children*, Vol. 18, p. 143–164 (2008), <http://files.eric.ed.gov/fulltext/EJ815078.pdf>; U.S. Department of Justice (DOJ), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Linda A. Teplin, et al., *Psychiatric Disorders of Youth in Detention* (2006), <https://www.ncjrs.gov/pdffiles1/ojjdp/210331.pdf>; U.S. DOJ, OJJDP, Karen M. Abram, et al., *PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth* (June 2013), <https://www.ojjdp.gov/pubs/239603.pdf>; U.S. DOJ, OJJDP, Carol A. Schubert and Edward P. Mulvey, *Behavioral Health Problems, Treatment, and Outcomes in Serious Youthful Offenders* (June 2014), <https://www.ojjdp.gov/pubs/242440.pdf>; JHA Policy Report, *Incarcerated Youth & Childhood Trauma*, <http://www.thejha.org/sites/default/files/JHA%20Incarcerated%20Youth%20and%20Childhood%20Trauma.pdf>; Karen M. Abram, Ph.D, Linda A. Teplin, Ph.D, et al., “Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention,” *Arch Gen Psychiatry*. 61(4): 403–410 (April 2004), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2861915/>.

²¹ See the American Academy of Child and Adolescent Psychiatry, “Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems” (2015), https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf; American Bar Association Commission on Youth at Risk, Commission on Homelessness and Poverty, Health Law Section, “Report to the House of Delegates: Overuse of Psychotropic Medication Among Children and Youth in State Custody,” (2015), <https://pdfs.semanticscholar.org/1495/d2bacaed2d6cae205d8ae7dda45090a31c32.pdf>. See also Colorado Medication Management for Committed Youth at Division of Youth Corrections Facilities Performance Evaluation (August 2014), [http://www.leg.state.co.us/OSA/coauditor1.nsf/All/951982170D321CE287257D33005A9683/\\$FILE/1351P%20-%20Medication%20Management%20for%20Committed%20Youth%20at%20Division%20of%20Youth%20Corrections%20Facilities.pdf](http://www.leg.state.co.us/OSA/coauditor1.nsf/All/951982170D321CE287257D33005A9683/$FILE/1351P%20-%20Medication%20Management%20for%20Committed%20Youth%20at%20Division%20of%20Youth%20Corrections%20Facilities.pdf).



depression.²² Staff confirmed that some youth display suicidal behaviors or enter into a state of crisis on admission to detention. Administrators indicated, however, that despite challenges with staffing resources, all youth who require medication are provided with appropriate treatment.

As one staff member summed up, “These are complex situations and we are getting lots of kids with serious mental health problems that the mental health system already has failed. These kids need more than 30 minutes with a psychiatrist.” To meet minimum standards of care and ensure the safety and security of the facility, JHA urges the Kane County Board and the Kane County Juvenile Justice Council to work together to address and resolve the dearth in psychiatric coverage at Kane JJC without delay. At a minimum, psychiatric coverage at Kane JJC and in the juvenile courts must be sufficient to assure that all youth who are in crisis, on medication, or who require medication due to symptom escalation in detention are identified, assessed, treated and receive continuity of care through disposition and leaving detention, either through referrals to appropriate community health providers or for treatment while in the custody of the Illinois Department of Juvenile Justice (IDJJ).²³

Another serious challenge for Kane JJC is lack of available placement options for seriously mentally ill youth with histories of aggression who are beyond the capacity of the facility to treat, and who require in-patient hospitalization and longer-term secure psychiatric care. Staff noted this particular issue often arises with youth diagnosed with bi-polar disorder. Illustrating the problem, a staff member recounted a situation where a youth with a history of aggression in mental health crisis and requiring hospitalization for psychosis was transported to the emergency room for treatment, and remained there for three days before being returned to Kane JJC because “no one would take her” for hospitalization and placement. In another instance, Kane JJC had to send an acutely mentally ill youth out of state to Indiana for hospitalization and treatment because they could not find an appropriate mental hospital placement that would admit the youth in Illinois.

For youth who are dually involved with an appointed DCFS guardian, youth who have been declared unfit to stand trial, or youth found not guilty by reason of insanity and remanded to the Department of Human Services, the Screening, Assessment and Support Services (SASS) Program may be used to assist in assessing and finding an appropriate psychiatric placement.²⁴ However, lack of available placement options for acutely mentally ill aggressive youth remains an issue even under these circumstances. As a matter of course, psychiatric hospitals and residential treatment programs routinely reject youth with histories of aggression or violence. As described by a staff member, a “perfect storm” can occur where a DCFS-involved youth is assessed by SASS,

²² See Barry Holman and Jason Ziedenberg, Justice Policy Institute, “The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities,” http://www.justicepolicy.org/images/upload/06-11_rep_dangersofdetention_jj.pdf.

²³ See American Academy of Pediatrics, Policy Statement: Health Care for Youth in the Juvenile Justice System, (2011), <http://yvpolicyportal.safestates.org/wp-content/uploads/2015/09/Health-Care-for-Youth.pdf>; Lee A. Underwood and Aryssa Washington, “Mental Illness and Juvenile Offenders,” *Int J Environ Res Public Health*. 13(2): 228 (February 2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772248/>.

²⁴ See State of Illinois, Handbook for Providers of Screening, Assessment and Support Services, Chapter CMH-200 Policy and Procedures For Screening, Assessment and Support Services, <https://www.illinois.gov/hfs/SiteCollectionDocuments/SASS%20Hdbk%20Policy%20Links%20Update1215.pdf>.



transferred from Kane JJC for hospitalization, but subsequently is returned to Kane JJC for violence at the hospital, at which point the detention center simply becomes a dumping ground that cannot provide the necessary treatment for severely mentally ill youth because there is “nowhere left for them to go.”

The problem of lack of available secure psychiatric placements for severely mentally ill youth is not limited to Kane County, it is a longstanding problem nationwide.²⁵ There are huge gaps in secure psychiatric treatment options for this youth population, and the juvenile justice system has become the de facto placement of last resort for youth with serious mental illness and aggressive behavior disorders, despite pervasive evidence that detention or imprisonment of mentally ill youth exhibiting aggression exacerbates mental illness and increases the likelihood of suicide and recidivism.²⁶

In 2013, the Mental Health Services Strategic Planning Task Force, which was established by the Illinois’ Legislature in 2011, released a five-year comprehensive Strategic Plan to address deficiencies in the delivery of mental health care services to justice-involved youth, among other populations.²⁷ Specifically, the Mental Health 2013-2018 Strategic Plan proposes, among its other goals, to: “[m]aintain a sufficient number of hospital and institutional beds to serve uninsured individuals whose needs aren’t met by community-based emergency psychiatric care to prevent

²⁵ See U.S. House of Representatives, Committee on Government Reform, “Report: Incarceration of Youth Who Are Waiting For Community Mental Health Services in the United States,” (July 2004), http://www.councilofcollaboratives.org/files/youth_incarceration2004-07.pdf; Steve Twedt, U.S. News and World Reports, “Lack of Options Keeps Mentally Disturbed Youth Locked Up,” (July 15, 2001), <http://old.post-gazette.com/nation/20010715juvenilejp1.asp>; California Corrections Standards Authority, Resource Paper: Mentally Ill Juveniles in Local Custody, (June 2011), http://www.cdcr.ca.gov/COMIO/docs/Mentally_Ill_Juveniles_In_Local_Custody.pdf; Jenuwine, Michael and Griffin, Gene, “Using Therapeutic Jurisprudence to Bridge the Juvenile Justice and Mental Health Systems” (2002), http://scholarship.law.nd.edu/law_faculty_scholarship/452.

²⁶ Ibid. See also, Jeffrey L. Geller, M.D. and Kathleen Biebel, Ph.D., “The Premature Demise of Public Child and Adolescent Inpatient Psychiatric Beds” *Psychiatric Quarterly* 77:251–271, (August 2006), <file:///C:/Documents%20and%20Settings/User/My%20Documents/Downloads/The%20Premature%20Demise%20of%20Public%20Child%20and%20Adolescent.Part%201.pdf>; American Psychiatric Association: Position Statement on Psychiatric Hospitalization of Children and Adolescents (July 2016), [file:///C:/Documents%20and%20Settings/User/My%20Documents/Downloads/Position-2016-Psychiatric-Hospitalization-of-Children-and-Adolescents%20\(1\).pdf](file:///C:/Documents%20and%20Settings/User/My%20Documents/Downloads/Position-2016-Psychiatric-Hospitalization-of-Children-and-Adolescents%20(1).pdf); Barry Holman and Jason Ziedenberg, Justice Policy Institute, “The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities,” http://www.justicepolicy.org/images/upload/06-11_rep_dangersofdetention_ji.pdf; Karen M. Abram, et al., U.S. DOJ, OJJDP “Suicidal Thoughts and Behaviors Among Detained Youth,” (July 2014), <https://www.ojjdp.gov/pubs/243891.pdf>.

²⁷ See Public Act 097-0438, effective 8/18/2011 (creating the Mental Health Services Strategic Planning Task Force, whose goals were, inter alia, to: “[P]rovide sufficient home and community-based services to give consumers real options in care settings; Improve access to care; Reduce regulatory redundancy; Maintain financial viability for providers in a cost-effective manner to the State; Ensure care is effective, efficient, and appropriate regardless of the setting in which it is provided; Ensure quality of care in all care settings via the use of appropriate clinical outcomes; Ensure hospitalizations and institutional care, when necessary, is available to meet demand now and in the future.,” <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=097-0438>; “State of Illinois Task Force: Mental Health 2013-2018 Strategic Plan,” <https://pdfs.semanticscholar.org/48b5/eb635a8437bc51a922d8d21b963793933631.pdf>.



unnecessary and inappropriate contact with the justice system.***” and “[e]nsure availability of residential treatment services for all children and adolescents who require that level of care regardless of guardianship.”²⁸ As demonstrated by the crisis in mental health care at Kane JJC and juvenile justice facilities across Illinois, these goals have yet to be realized. JHA can only hope that the newly created, more narrowly focused Mental Health Opportunities for Youth Diversion Task Force Act will succeed where other task forces have failed in expanding access to mental health care to youth with mental health issues to divert them from detention and justice-system involvement altogether to therapeutic treatment settings.²⁹

4. Programming and Education

Like other juvenile justice facilities, Kane JJC is challenged for programming and educational resources. One of the things that sets Kane JJC apart, however, is the exemplary drive and dedication of administration and education staff in actively seeking untapped sources to provide innovative programming and educational opportunities to youth.

For example, Kane JJC, in partnership with Elgin Community College, obtained grant funding to develop a unique dual-credit two-course college preparation program that allows youth to earn college and/or high school credit while learning about college and career opportunities, alongside time management, prioritization, and self-reflection skills. Youth are selected for participation in the program based on their reading comprehension level and work habits. A total of 37 students thus far have had the opportunity to participate in the program. Staff and administrators report that the program has been extremely successful in fostering youths’ self-esteem and hope for the future, inspiring them to consider pursuing college and professional careers. Upon leaving Kane JJC, youth who were in the program continue to have access to Elgin Community College’s distance learning courses via the internet. Teachers at Kane JJC are also in the process of seeking to establish the facility as an accredited GED testing site.

Other innovative programs that Kane JJC has pioneered include twice-weekly yoga and art programs, and a dog therapy program, where youth can sign up to spend time with one of two therapy dogs that come to the facility each week. Youth birthdays are also celebrated on living units with cupcakes, and the facility holds holiday parties for youth on Halloween and Christmas. Recently, educators at the facility organized a “Day of Caring” where youth were taught about the severe damage, distress and loss of life, housing, and personal belongings and experienced by communities affected by Hurricane Harvey. Every youth was provided with an opportunity to write a special note of support and encouragement to attach to a blanket to be delivered to hurricane victims. Career days where firemen, paramedics, etc., teach youth about various professions and guest speakers are frequently invited to engage youth at the facility. One of the most popular speakers brought in to speak with the youth was a person formerly incarcerated in juvenile detention and adult prison, who inspired youth with his personal story of how he was able to

²⁸ See “State of Illinois Task Force: Mental Health 2013-2018 Strategic Plan,” p. 16, <https://pdfs.semanticscholar.org/48b5/eb635a8437bc51a922d8d21b963793933631.pdf>

²⁹ See Public Act 99-0894, effective 1/1/17, creating the Mental Health Opportunities for Youth Diversion Task Force, <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3743&ChapterID=50>.



overcome adversity and become a successful business man in the community. Again, one of the things that JHA saw that sets Kane JJC apart from other facilities is the extraordinary degree to which staff and administrators actively seek out and engage partners in the community to provide youth with diverse and meaningful programming, despite the challenges of being under-resourced.

Youth are allotted one hour each evening for making free phone calls, which are limited to 15 minutes at a time. The phones are located on the youth housing units in the common areas. Administrators reported that youth privacy is respected, and phone calls are not monitored or recorded. As a prerequisite to making a phone call, however, youth must attend school that day. Some youth expressed a desire that the length of phone calls be increased. At the time of the visit, youth in one of the living units, Unit 4, noted that one of the phones on the unit had been broken for about a month, causing friction and cutting down on the ability of youth to make calls to family.

Youth are allotted 60 minutes of outside physical recreation/gym time each day. A number of youth that JHA spoke with expressed a desire that recreation and gym time be increased to allow them more time for physical activity, and some expressed that it was not uncommon for their hour of recreation/gym time to be cut short by up to 30 minutes, and to not occur daily, but intermittently during the week. Youths' outside recreation area is a flex court multiple game court and surrounded by a barbed wire fence. The new court, which was installed after JHA's visit, has the benefits of radiating less heat and boosting shock absorption to reduce youth injuries. With the promising new addition of a horticulture program at Kane JJC youth should soon have access to more natural outside spaces.

The U.S. Centers for Disease Control and Prevention recommend that children and adolescents have a minimum of 60 minutes or more of physical activity daily, and ideally such physical activity should be age appropriate, varied, enjoyable, and include aerobic, muscle-strengthening and bone-strengthening activity.³⁰ Studies suggest that regular physical activity exceeding 60 minutes per day, to include additional intermittent periods of moderate physical activity may improve cognitive ability, and physical and mental health of youth to an even greater degree.³¹

Youth attend school Monday through Friday between 8:20 a.m. and 2:40 p.m. Educational staff reported that efforts are made to obtain lessons from youths' home schools, but this can be difficult the numerous different school districts and counties that youth come from who are detained at Kane JJC. As mentioned above, educational staff were working on making the facility an approved GED testing site. About half the youth at Kane JJC are not reading and academically performing

³⁰ U.S. Centers for Disease Control and Prevention, Youth Activity Guidelines, <https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>.

³¹ Ian Janssen and Allana G. LeBlanc, "Systematic review of the health benefits of physical activity and fitness in school-aged children and youth," *International Journal of Behavioral Nutrition and Physical Activity* 2010;7:40 (2010), <https://ijbnpa.biomedcentral.com/articles/10.1186/1479-5868-7-40>; Australian Department of Health, Fact Sheet: Physical Activity and Sedentary Behavior Guidelines, Young People (13-17) Years, [http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines/\\$File/FS-YPeople-13-17-Years.PDF](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines/$File/FS-YPeople-13-17-Years.PDF); Karen Dineen Wagner, MD, PhD, "Mental Health Benefits of Exercise in Children" *Child Adolescent Psychiatry, Psychiatric Times* (January 28, 2015), <http://www.psychiatristimes.com/child-adolescent-psychiatry/mental-health-benefits-exercise-children>.



at their appropriate grade level. Class work is assigned according youths' grade and aptitude level so that they do not fall behind in their school year, and credits earned at the facility are transferrable to youths' home schools. Some youth that we spoke with felt that their schoolwork was not challenging enough, and that their lesson plans should be more academically rigorous and geared for a higher grade level. Other students who had completed high school work expressed a desire for greater vocational programming.

JHA encouraged the students that we spoke with to express these concerns to their teachers so that their individual educational needs could be met. As a matter of best practices, it is important that educational records and credits be readily transferable between the juvenile detention facility and to youths' home schools, and that caution is taken to ensure that students in detention do not fall behind academically—either by being assigned class work that is too challenging or being assigned class work that is too easy or redundant of classes they may have already taken.³²

Alongside youths' daily academic curriculum of language arts, math, science and social studies at Kane JJC, youth also attend a class focused on cognitive behavior training, health, wellness, and emotional learning on a daily basis as part of their school curriculum. Consistent with evidence-based practices, JHA strongly supports incorporating emotional learning and a mental health curriculum as part of the routine academic curriculum in detention and justice system school settings, and we applaud Kane JJC educational staff for making this a priority.³³

Kane JJC uses cognitive behavioral therapy (CBT) and a token economy and level system to manage youth behavior, encourage youth to follow facility rules and foster pro-social skills. Administrators reported that getting staff buy-in on CBT programming was a challenge at first because older staff, who were used to more punitive measures in juvenile corrections, were skeptical about using behavioral systems based on rewarding pro-social behavior. However, administration reported that most staff are now proponents of CBT, and that the facility's use of force and restraints has declined drastically since the CBT management practices were first instituted in July 2014.

Similar to other level-systems used in schools and juvenile justice facilities, Kane JJC's level system is designed so that youth are placed in orientation for 24 hours. They are then placed on level 1 (lowest level), but have the opportunity to "fast pass" to level 2 after three days, if they demonstrate positive behavior, and earn their way up the level system and gain additional

³² See U.S. Department of Education, "You Got This: Educational Pathways for Youth Transitioning from Juvenile Justice Facilities," <https://www2.ed.gov/students/prep/juvenile-justice-transition/pathways-transitioning-justice-facilities.pdf>; Council of State Governments, Locked Out: Improving Educational and Vocational Outcomes for Incarcerated Youth (2015), https://csgjusticecenter.org/wp-content/uploads/2015/11/LOCKED_OUT_Improving_Educational_and_Vocational_Outcomes_for_Incarcerated_Youth.pdf; Zachary Malter, American Youth Policy Forum "Five Things I Wish I Had Known About Juvenile Justice," (May 2016), <http://www.aypf.org/at-risk-youth-foster-youthjuvenile-justice/5-things-i-wish-i-had-known-about-juvenile-justice/>.

³³ See Tachelle Banks and Paul Zions, "Teaching a Cognitive Behavioral Strategy to Manage Emotions Rational Emotive Behavior Therapy in an Educational Setting," *Journal of Learning Disabilities*, Volume: 44 issue: 5, page(s): 307-313 (May 1, 2009), <http://journals.sagepub.com/doi/pdf/10.1177/1053451208330893>.



privileges by demonstrating appropriate behaviors for a certain period of time.³⁴ Kane JJC’s level system has three levels with level one being the lowest behavioral level, corresponding to youth being given the fewest number of privileges, and level three being the highest behavioral level, with youth being given additional privileges such as the opportunity to play video games. Depending on their behavior and scholastic work, youth may move either up or down in the level system and either lose or gain privileges. All youth are given the opportunity to make phone calls to family on a daily basis, regardless of level. Along with the level system, Kane JJC uses a token economy where youth are issued coupons for good behavior that they exchange for items at the commissary, such as mini-pizzas and chips. Youth can earn up to 26 coupons per week.

Youth on Levels 1 and 2 are not allowed contact visits with their parents, but must speak to them over the phone from the other side of a glass partition when parents visit. Youth on Level 3 are allowed contact visits with their parents, and are also allowed to visit with extended family members, such as aunts and uncles, while youth on Levels 1 and 2 are not allowed to do this. As discussed in greater detail below in the section of this report entitled, “Visitation,” JHA believes that Kane JJC should adopt more liberal family visitation policies to foster greater family engagement and connectedness and should treat contact family visits as a right, rather than a privilege.

Youth who are violent or engage in fights may be placed in confinement for up to 24 hours. Administrators indicated that this occurs in only the most severe circumstances and these situations are infrequent. Typically, no youth will be confined to their room for more than two hours. When youth act out disruptively, they may receive a short “time-out” period. However, they are allowed to return to regular programming as soon as they settle down and can compose themselves emotionally and behaviorally.

One of the most recurrent complaints JHA heard from youth while visiting the facility is that the level system and token economy is not applied by staff fairly and consistently. Specifically, several youth felt that it was “too hard” to move up the level system, even though they were trying hard to behave appropriately, participate and work well with others. A number of youth similarly felt that staff were not consistent in recognizing and rewarding good behavior with coupons. Youth

³⁴ See generally Christopher Doll, T. F. McLaughlin, Anjali Barretto, “The Token Economy: A Recent Review and Evaluation,” *International Journal of Basic and Applied Science*, Vol. 02, No. 01, July 2013, p. 131-149 (2013), [https://www.insikapub.com/Vol-02/No-01/12IJBAS\(2\)\(1\).pdf](https://www.insikapub.com/Vol-02/No-01/12IJBAS(2)(1).pdf); N. G. Griffis, “Behavior Management in Juvenile Detention and Corrections: Programmatic Strategy” *Journal for Juvenile Justice and Detention Services* Volume: 10 Issue:1, p. 1-15 (1995), <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=15650> (describing use of token economies and level systems in various settings, including juvenile justice settings, and challenges to implementation). Wanda K. Mohr, PhD, APRN, Andres Martin, MD, et al., “Beyond Point and Level Systems: Moving Toward Child-Centered Programming” *American Journal of Orthopsychiatry*, American Psychological Association, Vol. 79, No. 1, p. 8–18 (2009), http://traumaticstressinstitute.org/wp-content/files_mf/1276634262BeyondPointsandLevels.pdf; Ashley Tomaka, “Evaluation of a Level System with a Built In Token Economy to Decrease Inappropriate Behaviors of Individuals with Mental Retardation,” *University of Florida, Graduate Theses and Dissertations.*, (2009), <http://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1052&context=etd> (criticizing uniform application of and lack of individualized treatment and goal-setting when using of level and token economy systems with developmentally delayed, mentally ill or traumatized youth).



reported that while some staff were “very good” at being fair, consistent, observant and recognizing constructive youth behavior, some staff “played favorites” and would award coupons to only a select number of youth, while other staff were disengaged and simply did not recognize when youth were doing well and working hard to participate and improve their behavior.

The concerns raised by youth at Kane JJC regarding consistency, fairness, and predictability in the token economy and level system are not unique. Rather, these same concerns have been raised by experts as an inherent problem that must be addressed to successfully implement an effective, fair token economy/point-level system to manage youth behavior.³⁵ It is important to remember that token economies and level systems are not, in and of themselves, therapeutic interventions or a substitute for individualized treatment or the establishment of strong, trusting, communicative, trauma-informed relationships between front line staff and youth. Rather, token economies/point and level systems, properly implemented and monitored, can be effective behavior management strategies that, combined with individualized treatment, may help support a therapeutic milieu.

To address youth concerns and evaluate the effective functioning of token economies/level systems, JHA recommends that Kane JJC and all juvenile facilities: (1) regularly and systematically solicit youth and staff feedback about how the system is being implemented, its consistency and fairness, and collect data to track how staff award coupons and detract or increase points and levels under the system; (2) examine the design of the system to ensure that activities and behaviors for which points/coupons will be awarded and levels increased or decreased are clearly defined and concrete, and limit staff discretion to award or take away points or increase or decrease youth levels to ensure uniformity and limit personal friction between youth and staff; (3) eliminate the possibility that a single event can serve as the basis to either increase or decrease a youth’s level; (4) recognize that youths’ individual backgrounds, capacities, mental health issues, histories of trauma and ability to handle and process emotions and frustration differ widely, and incorporate individualized treatment goals, communication and positive reinforcements for youth into an individual behavioral management plans in recognition of these differences; and (5) do not limit or make therapeutic activities, such as family visitation and engagement, contingent in any way upon a youth’s performance under the level system.³⁶

³⁵ See Christopher Doll, T. F. McLaughlin, Anjali Barretto, “The Token Economy: A Recent Review and Evaluation,” *International Journal of Basic and Applied Science*, Vol. 02, No. 01, July 2013, p. 131-149 (2013), [https://www.insikapub.com/Vol-02/No-01/12IJBAS\(2\)\(1\).pdf](https://www.insikapub.com/Vol-02/No-01/12IJBAS(2)(1).pdf); Wanda K. Mohr, PhD, APRN, Andres Martin, MD, et al., “Beyond Point and Level Systems: Moving Toward Child-Centered Programming” *American Journal of Orthopsychiatry*, American Psychological Association, Vol. 79, No. 1, p. 8–18 (2009), http://traumaticstressinstitute.org/wp-content/files_mf/1276634262BeyondPointsandLevels.pdf; Julie Heuberger, LICSW Leah Newton, LICSW, et al. “Moving Away from Points and Levels,” <http://www.txsystemofcare.org/wp-content/uploads/2016/06/8-Moving-Away-from-Points-and-Levels-2012.pdf>.

³⁶ See Austin O’Neal, “Staff Consistency of the Implementation of a Token Economy in a Juvenile Detention Center,” University of Kansas, Thesis (April 20, 2016), https://kuscholarworks.ku.edu/bitstream/handle/1808/21883/ONeal_ku_0099M_14518_DATA_1.pdf?sequence=1 Nancy R. Macciomei, Douglas H. Rube, editors, *Behavioral Management in the Public Schools: An Urban Approach*, “Teaching Students with Serious Emotional and Behavioral Problems” p. 139 (Paraeger Publishers, 1999); Julie Heuberger, LICSW Leah Newton, LICSW, et al., “Moving Away from Points and Levels,” <http://www.txsystemofcare.org/wp-content/uploads/2016/06/8-Moving-Away-from-Points-and-Levels-2012.pdf>; Wanda K. Mohr, PhD, Andres J. Pumariega, MDm “Level Systems: Inpatient Programming Whose Time Has



5. Visitation

Visitation occurs twice weekly for youth at Kane JJC, on Sunday between the hours of 1:00 p.m. and 3:15 p.m., and on Wednesday between the hours of 6:00 p.m. and 8:15 p.m. Visits are limited to 30 minutes at a time. To the Kane JJC's credit, and in contrast to many correctional facilities, Kane JJC's facility's visitation schedule and rules are posted on its website so that they can be easily accessed by parents and loved ones.³⁷ Further, administrators indicated that they will allow for greater flexibility in parental visitation hours and days where circumstances warrant it, such as when a youth is experiencing a crisis.

Youth on behavioral Levels 1 and 2, who make up the majority of youth at the facility, are not permitted contact visits with their parents and guardians. Rather, during these visits, youth are assigned to a separate, institutional-looking cinderblock room that is lined with stools for youth to sit on that are adjacent to individual phones attached to the walls that youth can use to speak to their parents through plexiglass. Youth and loved ones are not able to touch, hug, kiss, or hold hands. Further, there is no reasonable privacy to allow for confidential conversation and unguarded expressions of emotion and affection between youth and parents, as youth are located in the same room, next to each other and within earshot during no-contact visits. By contrast, youth on behavioral Level 3, the highest behavioral level having the most privileges, are allowed to have contact visits with parents and guardians. In addition, youth on Level 3 may have visits from extended family members such as grandparents, siblings and aunts and uncles, if these visitors are screened and pre-approved for visitation. However, as several youth recounted to JHA in frustration, that it is extremely hard to get to Level 3 to allow them to have contact visits. Youth expressed a strong desire that they be able to touch and hug their parents and loved ones during visits.

In accord with best practices, JHA strongly recommends that Kane JJC reexamine its visitation policies. Youth on all behavioral levels should be allowed contact visits with their parents and guardians, except in exceptional, individual circumstances, such as where drugs or contraband are actually found to have been passed during a contact visit.³⁸ Further, JHA advocates that contact visitation for all youth should be expanded to include the broadest spectrum possible of extended family, including siblings, grandparents, cousins, aunts, uncles, and youths' own children, as well as any other supportive, positive community members that have been invested and involved in the

Passed" Journal of Child and Adolescent Psychiatric Nursing; 17, 3 (July 2004), <https://residentialtreatmentcenters.files.wordpress.com/2011/09/level-system-waste1.pdf>

³⁷ See Sixteenth Judicial Court Services, Kane County website, Resources, Kane JJC Visitation Rules: <http://courtservices.countyofkane.org/Documents/JJC%20Visitation%20Rules.pdf>

³⁸ See Justice for Families, "Unlocking Futures: Solutions to the Crisis in Juvenile Justice: Executive Summary" (September 2012), <http://www.aecf.org/m/privy/Deep-End-Resource-Guide-5c-Unlocking-Futures.pdf>.



youth's life, history and wellbeing.³⁹ In addition, efforts should be made to increase the number of visiting times per week, and the length of visiting times to at least one hour per visit.⁴⁰

Although Kane JJC's visitation policies allowing non-contact visits two days a week meet the minimum requirements of the Illinois Administrative Code Juvenile Detention Standards, the facility's overbroad policy disallowing contact visits for youth on Levels 1 and 2, and granting this opportunity to only a select group of youth, represents an anomaly in JHA's experience, and diverges from correctional norms, juvenile justice policies, and best practices.⁴¹ In the case of juveniles, best practices and evidence overwhelmingly favor allowing contact visits between youth and their parents, given that: (1) youth in pre-trial detention are presumed innocent and have not been convicted of any wrongdoing; (2) there is no compelling evidence that contact visits between youth and parents pose an insurmountable, serious threat to the safety in juvenile detention facilities (maximum security adult prisons in Illinois are able to effectively and safely facilitate contact visits for adults convicted of serious offenses without compromising security; surely, presumptively innocent juveniles in detention are entitled to no less consideration); and (3) face-to-face contact and nurturing, safe, supportive, affectionate touch from youths' parents and loved ones are essential in helping youth adjust to the stressful experience of detention, reduce depression, anxiety, and aggression, and aid in their rehabilitation. In short, we believe the overriding benefits to youth that stem from contact visitation with family outweigh any additional security or financial burden the Kane JJC might incur in changing its policies, regulations and screening procedures to allow for universal contact visits, in accord with best juvenile practices and standards of care.⁴² We note that this is not the first time that Kane JJC's restrictive no-

³⁹ See Annie E. Casey Foundation, "Cross Cutting Value; Family Engagement," <http://www.aecf.org/m/privy/Deep-End-Resource-Guide-5a-Cross-Cutting-Value-Family-Engagement.pdf>.

⁴⁰ See Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative, "Juvenile Detention Facility Assessment," p. 49-52 (2014), [http://www.jdaihelpdesk.org/condtech/1Practice%20Guide%202.1-%20Juvenile%20Detention%20Facility%20Assessment%20-%20Standards%20Instrument%20\(2014%20Update\).pdf](http://www.jdaihelpdesk.org/condtech/1Practice%20Guide%202.1-%20Juvenile%20Detention%20Facility%20Assessment%20-%20Standards%20Instrument%20(2014%20Update).pdf).

⁴¹ See Illinois Administrative Code, Title 20, Section 2602.200, County Juvenile Detention Standards: Visiting, <ftp://www.ilga.gov/jcar/admincode/020/02002602sections.html>.

⁴² See Ryan Shanahan, Margaret diZerega, Center for Juvenile Justice Reform and Vera Institute of Justice, "Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies," (February 2016), <http://cjjr.georgetown.edu/wp-content/uploads/2016/02/Family-Engagement-Paper-2016.pdf>; Annie E. Casey Foundation Kathryn C. Monahan, Asha Goldweber, Elizabeth Cauffman, "The Effects of Visitation on Incarcerated Juvenile Offenders: How Contact with the Outside Impacts Adjustment on the Inside," *Law Hum Behav* 35:143-151 (2011), <http://www.pitt.edu/~adlab/People%20pics%20and%20links/Publications%20page/Effects%20of%20Visitation%202011.pdf>; Joyce Arditti, "Locked Doors and Glass Walls: Family Visiting at a Local Jail," 8 *J. Loss & Trauma* 115 (2003), <http://www.tandfonline.com/doi/abs/10.1080/15325020305864>; Human Rights Watch: "Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States," (October 10, 2012), <https://www.hrw.org/report/2012/10/10/growing-locked-down/youth-solitary-confinement-jails-and-prisons-across-united>; T. Field, "Violence and Touch Deprivation in Adolescents," *Adolescence*. Winter; 37 (148) p.735-49 (2002), <https://www.ncbi.nlm.nih.gov/pubmed/12564826>; Carina Muir "Protecting America's Children: Why an Executive Order Banning Juvenile Solitary Confinement Is Not Enough," 44 *Pepp. L. Rev. Iss.* 1 (2017), <http://digitalcommons.pepperdine.edu/cgi/viewcontent.cgi?article=2422&context=plr>; Sandra Villalobos Agudelo, Vera Institute of Justice, "Issues Brief: The Impact of Family Visitation on Incarcerated Youth's Behavior and School Performance Findings from the Families as Partners Project," (April 2013), <https://storage.googleapis.com/vera-web-assets/downloads/Publications/the-impact-of-family-visitation-on->



contact visitation policies have come under fire. In 2015, some DuPage County Board members objected to sending juvenile detainees from DuPage to Kane JJC because of the facility's unduly restrictive family visitation policies.⁴³

Unfortunately, problems and barriers to family engagement and visitation are not unique to Kane JJC. These are recurrent issues at juvenile facilities across Illinois and nationwide.⁴⁴ Illinois' Administrative Code's Juvenile Detention Standards purport to recognize the importance of family visitation, stating: "Visits provide a direct and valuable link of communication between the youth and his [*sic*] family. The assurance of family ties is reinforced and relieves the feeling of loss and insecurity."⁴⁵ However, the visitation standards as codified are nominal, and do not reflect a commitment to best practices and prioritizing family engagement.

Looking to other states as a model for family visitation regulations, JHA advocates that the Juvenile Detention Standards be modified to: (1) require juvenile detention facilities to provide a comfortable visiting atmosphere with no physical barriers that allows for acceptable physical contact between all youth and family, as well as confidential communication; (2) specify that visitation may only be limited to no-contact visits under exceptional, individualized circumstances where it is determined that contact visitation poses a substantial risk to the safety and security of the youth, visitors or the facility; (3) prohibit imposing limits on visitation as a form of punishment or using increased visitation as an inducement or reward for compliant behavior; (4) expand days and times for visiting hours to accommodate the schedules of youths' family members, and increase the length of time of individual visits to at least one hour; and (5) expand the definition of "family" for visitation purposes to include grandparents, uncles, aunts, siblings, cousins, stepfamily, and the children of detained youth, as well as any relatives, significant others, and friends listed on the youth's visiting list who are likely to exert a good influence and do not pose a threat to the safety or security of the youth or the visiting program.⁴⁶

To the credit of Kane JJC, administrators indicated in response to JHA's report and recommendations that they plan to review and reassess their visitation policies.

6. Courts and Access to Legal Information

Pursuant to recent changes Illinois' court rules, youth at Kane JJC are not shackled in court, absent a specific finding by the judge that shackles are necessary to prevent physical harm to the youth

[incarcerated-youths-behavior-and-school-performance-findings-from-the-families-as-partners-project/legacy_downloads/impact-of-family-visitation-on-incarcerated-youth-brief.pdf](#).

⁴³ See Marwa Eltagouri, Chicago Tribune, Naperville Sun, "DuPage to Continue Outsourcing Juvenile Detainees to Kane County," (November 20, 2015), <http://www.chicagotribune.com/suburbs/naperville-sun/news/ct-wht-dupage-kane-youth-centers-tl-1126-20151120-story.html>.

⁴⁴ See, e.g., U.S. DOJ, OJJDP, "Family Listening Sessions, Executive Summary," (July 2013), <https://www.ojjdp.gov/pubs/241379.pdf>.

⁴⁵ Illinois Administrative Code, Title 20, Section 2602.200, County Juvenile Detention Standards: Visiting, <ftp://www.ilga.gov/jcar/admincode/020/02002602sections.html>.

⁴⁶ See Lowenstein Center for Public Interest, "51-Jurisdiction Survey of Family Access Rules in Juvenile Justice Systems," (October 2013), <http://www.lowensteinprobono.com/files/Uploads/Documents/Family%20Access%20Memo%20and%20Survey%20-%20FINAL.pdf>.



or others or where the youth presents substantial flight risk.⁴⁷ Administrators report that shackling of youth in the Kane County Juvenile Court is a rare occurrence. In addition, youth detained at Kane JJC are now receiving probable cause within 48 hours of arrest, including weekends and holidays, in recognition of a federal lawsuit that was brought against the CCJTDC based on the failure to present youth for timely probable cause hearings.⁴⁸

Consistent with JHA's findings at other Illinois' juvenile detention facilities, as well as IDJJ facilities, one of the major concerns that we heard from youth at Kane JJC was that they did not understand their court proceedings and did not have adequate contact and communication with their trial attorneys explaining their cases. To illustrate, a youth we spoke with expressed serious distress over the repeated use of "continuances" because he did not understand the term or basic concepts of discovery in court cases. Another youth that we spoke with, who was being tried as an adult, was withdrawn and expressed depression, anxiety and hopelessness because he did not understand his court proceedings. Staff and administrators confirmed that youth often return from court proceedings frustrated and confused because they do not understand what happened or what was said. Several youth expressed frustration that their public defenders did not return their phone calls. A number of youth also did not understand the role of their public defenders, and did not see them as their legal advocates, believing instead that they were working against them in collusion with the prosecutors. Staff indicated that they try their best to answer youths' legal questions, and will personally reach out to youths' attorneys to ask them to call to help relieve youths' anxiety. In particular, Kane JJC's resident psychologist is a critical asset and resource for youth at Kane JJC because, as both a former law enforcement officer and child psychology expert, she has both direct knowledge of the court system and legal terminology, and is able to help address youths' questions using simple, developmentally-appropriate language that youth can understand.

JHA has long expressed serious concerns that there are not enough juvenile justice due process protections, the effectiveness and quality of juvenile representation, and the actual ability of juvenile defendants to assist their attorneys in their defense and make informed, rational decisions about the waiver of essential constitutional rights in most judicial proceedings.⁴⁹ Our direct, ongoing experiences interacting and teaching youth about court processes and legal terminology through JHA's Legal Literacy Clinics at the CCJTDC have confirmed our concern over these issues.⁵⁰ Convenient legal fictions regarding juveniles' competency, culpability, developmental maturity, understanding of legal proceedings, access to counsel, capacity to assist in their defense,

⁴⁷ Illinois supreme Court Rule 943. Use of Restraints on a Minor in Delinquency Proceedings Arising Under the Juvenile Court Act, effective November 1, 2016,

http://www.illinoiscourts.gov/SupremeCourt/Public_Hearings/Rules/2016/070816_Proposal_15-05.pdf.

⁴⁸ See *L.G. v. Evans*, Case No. 16 C 8676 (N. D. Ill. 2016),

<https://www.scribd.com/document/323369159/Lawsuit-on-juvenile-detention>; *County of Riverside v. McLaughlin*, 500 U.S. 44 (1991), <https://supreme.justia.com/cases/federal/us/500/44/>; Press Release: Circuit Court of Cook County webpage, "Circuit Court to Begin Weekend Juvenile Hearings," (October 7, 2016), <http://www.cookcountycourt.org/MEDIA/ViewPressRelease/tabid/338/ArticleId/2482/Circuit-Court-to-begin-weekend-juvenile-hearings.aspx>.

⁴⁹ See JHA Report, "In Their Own Words: Young People's Experiences in the Criminal Justice System and Their Perceptions of Its Legitimacy," <http://thejha.org/sites/default/files/JHAInTheirOwnWords.pdf>.

⁵⁰ See JHA website, Legal Literacy Clinics, <http://www.thejha.org/legalclinics>.



and to knowingly and voluntarily waive constitutional rights (upon which the efficient functioning of the juvenile justice system are based) crumble upon closer scrutiny.⁵¹

It is beyond the power or the scope of juvenile justice detention facilities to address and remedy fundamental deficiencies and unfairness in court proceedings involving juveniles. Juvenile detention facilities nevertheless do have the power to increase youths' basic understanding of legal processes and court terminology, thereby increasing their self-confidence, ability to self-advocate and institutional adjustment, and reducing their sense of anxiety, isolation, and confusion surrounding court terminology and processes. JHA commends Kane JJC for its efforts in addressing this issue and presenting youth with an instructional video at the time of orientation to introduce youth to basic legal terms and concepts.

Based on JHA's experience and positive feedback from correctional and mental health staff at CCJTDC, youth and families of youth, about the enormously beneficial impact that Legal Literacy Clinics have on youths' and parents' understanding of court processes and youths' adjustment to detention, JHA further recommends that Kane JJC work to expand their current programming in this area by exploring a partnership with justice system stakeholders in the County, including but not limited to the Kane County Juvenile Justice Council, the Kane County Public Defender, and the Kane County Bar Association to develop a legal literacy education program for youth in detention at Kane JJC, that will also serve their parents and families. Empowering youth and their families with information and understanding of the justice system can lead to improved outcomes; legal, emotional and behavioral.

⁵¹ See Cathryn Crawford, et al., "Illinois: An Assessment of Access to Counsel & Quality of Representation in Delinquency Proceedings, Northwestern University School of Law, Children and Family Justice Center (Fall 2007), https://www.macfound.org/media/article_pdfs/ILJJFINALREPORT.PDF; National Conference on State Legislatures, "Adolescent Development and Competency," <http://www.ncsl.org/documents/cj/jjguidebook-adolescent.pdf>; Elizabeth S. Scott and Thomas Grisso, "The Evolution of Adolescence: A Developmental Perspective on Juvenile Justice Reform," *Journal of Law and Criminology*, Vol. 88, No. I (1998), <http://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=6944&context=jclc>; National Juvenile Defender Center, "Issue Brief: Using Developmentally Appropriate Language to Communicate with Court-Involved Youth," <http://njdc.info/wp-content/uploads/2014/10/Language-HR-10.8.14.pdf>; Michele Lavigne, Gregory J. Van Rybroek, "Breakdown in the Language Zone: The Prevalence of Language Impairments Among Juvenile and Adult Offenders and Why It Matters," *UC Davis Journal of Juvenile Law & Policy* Vol. 15:1 (2011), <https://jilp.law.ucdavis.edu/archives/vol-15-no-1/LaVigne-and-Rybroek.pdf>; Deborah K. Cooper, Ph.D., "Juveniles' Understanding of Trial-Related Information: Are They Competent Defendants?" *Behavioral Sciences and the Law*, Vol. 15, 167-180 (1997), <http://faculty.gordonstate.edu/lsanders-senu/juveniles%20understanding%20of%20trial%20related%20information.pdf>; Allison D. Redlich, Ph.D., "The Susceptibility of Juveniles to False Confessions and Guilty Pleas," *Rutgers Law Review* Vol. 62:4 (2010), https://www.researchgate.net/profile/Allison_Redlich/publication/265537611_The_susceptibility_of_juveniles_to_false_confessions_and_false_guilty_pleas/links/558172d408ae47061e60cbfe.pdf.



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Since 1901, JHA has provided public oversight of Illinois’ juvenile and adult correctional facilities.

Every year, JHA staff and trained volunteers inspect prisons, jails and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.

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