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The cover image shows a photograph of a brick building with a wooden sign that reads 'ADMINISTRATION ILLINOIS DEPARTMENT OF JUVENILE JUSTICE'. The sign is set in a landscaped area with flowers and a large green plant. The text of the report is overlaid on the top half of the image.

Moving Beyond Transition: Ten Findings and Recommendations on the Illinois Department of Juvenile Justice

A Special Report by
The John Howard Association

Models for **Change**
Systems Reform in Juvenile Justice

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The John Howard Association of Illinois (JHA)
Promoting Community Safety Through Cost-Effective Prison Reform

Founded in 1901, JHA is Illinois' only non-partisan prison watchdog. Our mission is to achieve a fair, humane, and cost-effective criminal justice system by promoting adult and juvenile prison reform, leading to successful re-integration and enhanced community safety.

Through our longstanding Prison Monitoring Project and Juvenile Justice Project, JHA staff and trained volunteers regularly tour all facilities in the Illinois Department of Corrections and the Illinois Department of Juvenile Justice. During these tours, monitors are able to observe the challenges faced by both inmates and correctional staff and ensure that policies are implemented in a way that promotes public safety.

Following our visits, JHA issues a written report that focuses on critical matters such as education, medical and mental health care, disciplinary procedures for youth and adults, and the physical condition of the facilities. These widely disseminated reports are read by everyone from lawyers to legislators, wardens to reformers, members of the Governor's office to members of the public at large; they provide essential transparency and oversight to an otherwise overlooked institution and drive safe and cost-effective criminal justice reform.

To read JHA's prison reports and learn more about our work, please visit at our website at <http://www.thejha.org>.

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Moving Beyond Transition: Ten Findings and Recommendations on the Illinois Department of Juvenile Justice

In 2006, the Illinois Department of Juvenile Justice (IDJJ) was separated from the Illinois Department of Corrections (IDOC) and given a distinct mission: to become an independent agency which recognizes that youth have fundamentally different needs than adults and require different treatment than a traditional adult prison system is set up to provide. The idea behind this change was not just to create a new state agency. More importantly, it was to establish a juvenile justice system rooted in the latest developments in science, psychology, and law, and dedicated to providing troubled youth with individualized and comprehensive services designed to safely and successfully return them to their communities.

Since IDJJ's inception, the John Howard Association (JHA), Illinois' only non-partisan prison watchdog, has supported and tracked the agency's progress. Through our monitoring of facilities and operations, JHA has found that IDJJ has largely been an agency caught in transition. With deep cultural and institutional ties to IDOC, IDJJ has relied on the state's adult prison system to perform many of its essential functions, from training staff to executive decision-making. While IDJJ's staff and administration have worked steadfastly to fulfill the agency's mission, the fact that it had to depend on IDOC undercut the premise of its founding principles.

Based on recent progress and developments, however, JHA finds that IDJJ has taken important steps to move beyond its transition from IDOC. In the past year, for instance, IDJJ has gained increasing control of its own operations as it has begun to take over critical executive staff positions and the responsibilities for training staff and supervising youth after they are released. Moreover, as IDJJ's population continues to decline, having decreased from 1,500 in 2006 to less than 900 today, it also closed two facilities in the beginning of 2013, IYC-Murphysboro and IYC-Joliet. These closures will enable IDJJ to make wiser use of its limited resources to create and sustain programming inside and outside its facilities that will lead to positive outcomes for troubled youth and the general public.

Moving beyond transition is important because it means that IDJJ is at last in a position to fully direct its own course, exercise control of its mission, and, thus, to be held fully accountable for its continued progress. From our research, monitoring visits, and facility reports in 2012, JHA has produced the following 10 findings and recommendations that demand IDJJ's attention, from sustaining appropriate mental health staffing levels to increasing family involvement. As we note, IDJJ is already implementing aspects of many of these proposals. JHA intends that our recommendations and advocacy support IDJJ's important work in these instances. In cases where problems are unresolved, we will use our findings and recommendations to drive reform.

Too often, juvenile and criminal justice reform initiatives suffer from a lack of a clearly understood sense of purpose among stakeholders. This can cause many problems, from failure to implement policy decisions effectively to disagreements on how to prioritize limited resources. Most importantly, without a clear mission, it is difficult to know when efforts are successful or when improvements should be made. While IDJJ's progress has been at times uneven and imperfect—as all reform is sure to be—its mission has continued to direct the growing partnerships between the agency's staff and administration, state and local government officials, advocates, and concerned citizens who are dedicated to creating and sustaining a rehabilitative, youth-focused justice system. As IDJJ moves beyond its transition from IDOC, JHA looks forward to continuing to focus our work toward that end.

Findings and Recommendations

(1) Consistently monitor mental health staffing at all IDJJ facilities, and, without delay, increase mental health staffing as necessary to ensure that youth receive the requisite level of care and treatment mandated by law. Where a facility persistently demonstrates that it is unable to maintain adequate mental health staffing levels, reduce facility population and relocate youth to other facilities where a minimum standard of care can be met.

In visiting and reporting on IYC-Kewanee this past year, JHA documented how severe, chronic deficiencies in mental health staffing levels prevent youth with acute mental illness from receiving the minimal care and treatment demanded under the constitution.¹ At the time of JHA's September 2012 visit, we noted that more than half of Kewanee's mental health staff positions were vacant. Out of an authorized 17 mental health staff positions, only eight positions were filled, resulting in a 360-hour deficit in treatment hours per week. At these staffing levels, Kewanee youth were receiving, on average, only 30-minutes of mental health treatment per week. To prevent irreparable harm to these youth, and to enjoin the continuing violation of their constitutional right to treatment, we recommended that youth with mental health needs be removed from Kewanee and relocated to other facilities, and that youth with serious mental illness cease to be committed to Kewanee.

Since the time of JHA's last report, changes and modifications have been made to improve the situation at Kewanee. Specifically, IDJJ reports that three additional mental health professionals have been hired at IYC-Kewanee since the time of JHA's last visit. In addition, IDJJ lowered Kewanee's special treatment population by moving youth who

¹ See JHA Monitoring Report on IYC-Kewanee, available at:
<http://thejha.org/sites/default/files/IYC%20Kewanee%20Report.pdf>

present a lower security risk and have less intensive treatment needs to a newly-created mental health special treatment cottage at IYC-St. Charles.² JHA can confirm that, as of April 4, 2013, at least 24 special treatment youth have been moved from Kewanee to St. Charles. Per information provided by IDJJ, Kewanee now contains a total of 54 special treatment beds, consisting of 24 beds for youth in the Special Treatment program, 18 beds for youth in the Juvenile Sex Offender Program, and 18 beds for youth in the Mentally Ill Substance Abusers program (MISA), which treats youth who have a dual diagnosis of mental illness and substance abuse.

In sum, based on available information and data it appears that special treatment youth at Kewanee and throughout IDJJ are receiving increased treatment hours on a weekly basis.³ Since the permanence and impact of these recent improvements is uncertain and remain to be seen, JHA will continue to closely monitor the situation.

Despite this uncertainty, one thing remains clear. When the state holds juveniles in custody, it has a legal, ethical, constitutional, and moral duty to ensure that detention facilities have the staff and resources needed to provide youth with adequate mental health treatment.⁴ Consistent with this duty, JHA recommends that IDJJ: (1) continuously monitor mental health staffing levels at all IDJJ facilities, and increase mental health staffing without delay where necessary to ensure that youth receive the requisite care and treatment; and (2) reduce population and relocate youth to other facilities when a facility persistently demonstrates that it is unable to maintain adequate mental health staffing levels.

(2) Eliminate the use of confinement as a punishment in all IDJJ facilities. Allow confinement to be used only for security purposes when youth are physically out of control and/or present an immediate threat to physical safety—and only for the limited duration that youth pose an imminent threat of harm. In conjunction,

² This information was provided to JHA by both the Acting Superintendent of IYC-Kewanee and members of IDJJ's executive staff via email and conversations with JHA in January and February of 2013.

³ As of April 4, 2013, St. Charles administration identified 43 youth as being "moderate" mental health level, requiring individual mental health treatment as well as group therapy. It is JHA's understanding that of these 43 youth, 24 are special treatment youth transferred from Kewanee. St. Charles further indicated that a total of 63 youth (including the 43 youth identified as moderate mental health level) receive individual treatment weekly (defined as one hour of one-on-one therapy per week), as well as group therapy (1.5 hours per week). While it is clear that the youth transferred from Kewanee are receiving more treatment at St. Charles than they did at Kewanee, it is unclear what, if any, additional treatment these youth may also be provided with beyond the aforementioned 2.5 hours of treatment.

⁴ See *DeShaney v. Winnebago County Dept. of Social Services*, 489 U.S. 189 (1989), *Camp v. Gregory*, 67 F.3d at 1294 (7th Cir. 1995); *Nelson v. Heyne*, 491 F.2d 352 (7th Circuit 1974); 705 ILCS 405/1-2(3)(b) (2011). See also *United Nations Standard Minimum Rules for the Administration of Juvenile Justice* ("The Beijing Rules"), Rule 26.2, available at: <http://www.un.org/documents/ga/res/40/a40r033.htm>

develop and formalize a system-wide plan to reduce the use of confinement, ensure that all IDJJ facilities collect detailed data on their use of confinement and confinement reduction efforts, and make this data available to the public through regularly published reports.

JHA advocates that IDJJ: (1) ban the use of confinement as a punishment and discipline in all IDJJ facilities; and (2) allow confinement to be used only for security purposes, under limited circumstances, for minimal lengths of time when youth are physically out of control and/or a present a threat to physical safety, and only for the duration that youth actually pose an imminent threat of harm to themselves or others. Our position on confinement is informed by, and in agreement with, prevailing national and international human rights standards, best practices, and overriding research and evidence in the fields of criminal justice, law, child development, psychology, medicine, and sociology,⁵

While IDJJ is not categorically opposed to the use of confinement, it has expressed its continuing commitment to reducing confinement across the board. Today, the agency's stated approach is to treat confinement as a measure of last resort, to be invoked by staff only after less intrusive verbal and behavioral interventions have failed.

To that end, JHA was encouraged by reports of staff using communication and de-escalation techniques in lieu of confinement to respond to disruptive youth. For instance, at IYC-Chicago, staff are using alternative interventions such as the "Blue Jumpsuit" program and the "Ready to Learn" (RTL) program to reduce the facility's use of confinement.⁶ At the same time, JHA continues to receive conflicting reports from youth of confinement being misused and overused at some facilities. For instance, when JHA visited IYC-Joliet last year, we were told that that confinement was only used in response

⁵ See American Academy of Child and Adolescent Psychology, *Position Statement: Solitary Confinement of Juvenile Offenders* (April, 2012), available at: http://www.aacap.org/cs/root/policy_statements/solitary_confinement_of_juvenile_offenders; United Nations, *Rules for the Protection of Juveniles Deprived of their Liberty, Rule 67*, available at: <http://www.un.org/documents/ga/res/45/a45r113.htm>; Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative, *A Practice Guide To Juvenile Detention Reform*, 1-111, available at: <http://www.aecf.org/upload/PublicationFiles/jdai0507.pdf>; American Civil Liberties Union & Human Rights Watch, *Special Report: Growing Up Locked Down Youth in Solitary Confinement in Jails and Prisons Across the United States*, 1-147 (2012), available at: <http://www.aclu.org/files/assets/us1012webwcover.pdf>; U.S. Department of Education, *Restraint and Seclusion: Resource Document*, 1-45, p.14 (May, 2012), available at: <http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>; U.S. Senate Hearing before the Committee on the Judiciary, Subcommittee on the Constitution, Civil Rights and Human Rights, "Reassessing Solitary Confinement: The Human Rights, Fiscal and Public Safety Consequences," (June, 2012), available at: <http://www.senate.gov/fplayers/jw57/commMP4Player.cfm?fn=judiciary061912&st=970>

⁶ For a complete description of the Blue Jumpsuit and RTL programs, see JHA's 2012 Monitoring Report on IYC-Chicago, available at: http://thejha.org/sites/default/files/IYC_Chicago_Report_2012.pdf

to violent or aggressive behavior. On the date of our visit, however, we received conflicting accounts from three youth that they were being held in confinement because they were under investigation for allegedly violating facility rules by stealing.⁷

To be clear, in visiting facilities over the past few years, JHA has found, more and more, that administrators and staff have come to support confinement reduction. Up to this point, however, there has been little objective data to substantiate facilities' claims that the use of confinement has, in fact, diminished. With a few notable exceptions like IYC-Warrenville, most facilities that JHA has visited (including facilities we visited in 2012) were unable to readily provide us with data on confinement. In the absence of access to such data, JHA is unable confirm or dispel anecdotal accounts of confinement being either reduced or misused, or to reliably gauge the effectiveness of facilities' use of alternative behavioral interventions to reduce the use of confinement.

At the time of this report's writing, we note that IDJJ was able to provide JHA with facility confinement data. IDJJ further confirmed that such data is being regularly collected and reported by facilities and analyzed by IDJJ. Consistent with best practices and minimum standards of care, JHA has recommended that IDJJ: (1) develop and formalize a system-wide plan to reduce the use of confinement; (2) require all IDJJ facilities to keep accurate records and daily logs which document: every instance where confinement is used; the rationale and circumstances surrounding each use of confinement, including whether staff attempted alternative measures before resorting to confinement; and the length of each confinement's duration; and (3) comparatively analyze confinement data to determine which facilities are succeeding in confinement reduction efforts, and which facilities require greater attention to achieve this goal.⁸

Based on the data and information provided to JHA at the time of this report's writing, it appears that IDJJ is currently collecting and compiling confinement data. We commend and encourage this practice. Regular, systematic, detailed collection and analysis of such data is necessary to evaluate how confinement is actually being used in Illinois' and the efficacy of facilities' confinement reduction efforts. To increase transparency, accountability, and public scrutiny of and dialogue on the issue of youth confinement, JHA further recommends that that facilities' confinement data should be made available to the public in regularly published reports.

⁷ See JHA's 2012 Monitoring Report on IYC-Joliet, available at: <http://thejha.org/sites/default/files/IYC%20Joliet%20Report.pdf>. In addition, we note that it is permissible to confine a youth during the pendency of an investigation into rules violation under the Illinois Administrative Code. See Title 20 Ill. Admin. Code, Section 504.720, available at: <http://www.ilga.gov/commission/jcar/admincode/020/020005040E07200R.html>

⁸ *Ibid.*, note 24. See also Sue Burrell, Annie E. Casey Foundation, *Improving Conditions of Confinement in Secure Juvenile Detention Centers*, 1-54, available at: <http://www.aecf.org/upload/publicationfiles/improving%20conditions.pdf>

(3) Provide opt-out HIV testing to youth as a part of routine medical screening at the time of intake. Make HPV vaccination available to all male and female youth in IDJJ facilities.

HIV and HPV viral infections among youth, especially justice-involved youth and youth of color, present a growing epidemic.⁹ Undiagnosed HIV is thought to be highest among young people, and the U.S. Centers for Disease Control and Prevention (CDC) estimates more than half of all undiagnosed HIV infections are youth ages 13 to 24.¹⁰ Likewise, of the approximately 20 million people infected with HPV in the United States, it is also estimated that roughly half of those infected are young people between the ages of 15 and 24.¹¹

Responding to this crisis, Pediatric and Public Health Experts, including the American Academy of Pediatrics (AAP) and the CDC, issued guidelines recommending that “opt-out” HIV testing be provided to all adolescents and young adults as part of routine health screening.¹² With “opt-out” HIV testing, an HIV test is automatically performed unless

⁹See H. Irene Hall, Frances Walker, Daxa Shah, Eboni Belle, *Trends in HIV Diagnoses and Testing Among U.S. Adolescents and Young Adults*, AIDS Behavior, Volume 16, 36-43 (2012), available at: <http://link.springer.com/content/pdf/10.1007%2Fs10461-011-9944-8>; U.S. Department of Health and Human Services, Office of Adolescent Health, *June 2012: Teens and the HIV/AIDS Epidemic*, available at: <http://www.hhs.gov/ash/oah/news/e-updates/june-2012.html>; Marina Tolou-Shams, Angela Stewart, John Fasciano, and Larry K. Brown, *A Review of HIV Prevention Interventions for Juvenile Offenders*, Journal of Pediatric Psychology, Volume 35, Issue 3, 250–261, p.250 (2010), available at: <http://jpepsy.oxfordjournals.org/content/35/3/250.full.pdf>; CDC: *HPV Vaccine Information for Clinicians - Fact Sheet*, available at: <http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-hcp.htm>; Courtney E. Henderson, Josiah D. Rich, and Michelle A. Lally, *HPV Vaccination Practices Among Juvenile Justice Facilities in the United States*, Journal of Adolescent Health Volume 46, Issue 5, 495–498 (May, 2010), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2927822/>; Linda A. Teplin, Amy A. Mericle, Gary M. McClelland, and Karen M. Abram, *HIV and AIDS Risk Behaviors in Juvenile Detainees: Implications for Public Health Policy*, American Journal of Public Health Volume 93, Issue 6, 906-912 (June, 2003), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447866/>; Courtney E. Henderson, Josiah D. Rich, and Michelle A. Lally, *HPV Vaccination Practices Among Juvenile Justice Facilities in the United States*, Journal of Adolescent Health Volume 46, Issue 5, 495–498 (May, 2010), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2927822/>

¹⁰ U.S. Department of Health and Human Services, Office of Adolescent Health, *June 2012: Teens and the HIV/AIDS Epidemic*, available at: <http://www.hhs.gov/ash/oah/news/e-updates/june-2012.html>

¹¹ HPV (human papillomavirus) is a cause of genital warts, warts in the respiratory track, and some cancers, including cervical, anal, vaginal, and penile cancers. See CDC: *Genital HPV Infection - Fact Sheet*, available at: <http://www.cdc.gov/std/HPV/STDFact-HPV.htm>; CDC: *HPV Vaccine Information for Clinicians - Fact Sheet*, available at: <http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-hcp.htm>.

¹² See *Updated AAP Policy Statement Promotes Routine HIV Testing in Adolescents*, <http://pediatrics.jwatch.org/cgi/content/full/2011/1130/1>; *CDC Releases Revised HIV Testing Recommendations in Healthcare Settings* (September, 2006), available at: <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/pdf/healthcare.pdf>. See also Marina Tolou-Shams, Angela Stewart, John Fasciano, and Larry K. Brown, *A Review of HIV Prevention Interventions for*

the patient declines. With “opt-in” testing, the patient is offered an HIV test, but is required to actively give permission before it can occur. Studies confirm that opt-out testing increases diagnosis and early detection of HIV, and reduces the stigma associated with HIV testing.¹³ In addition to opt-out HIV testing, the APA and CDC recommend that all male and female preteens, adolescents, and young adults be vaccinated against HPV.

In 2012, JHA learned that opt-out HIV testing had not been implemented in IDJJ facilities—which, instead, were using an “opt-in” testing regimen. In 2011, however, the Illinois Legislature passed a law authorizing IDJJ to institute “opt-out” HIV testing.¹⁴ Consistent with best medical practices and standards of care, JHA recommended that IDJJ institute opt-out HIV testing as part of routine medical screening at the time of intake.

Preceding the publication of this report, IDJJ’s administrators advised JHA that as of March 2013, they made opt-out HIV testing the agency’s policy and practice.

Consistent with best medical practices, JHA further advocates that IDJJ change its policy on HPV to make HPV vaccination universally available to both male and female youth in IDJJ facilities. Currently, IDJJ offers HPV vaccination only to female youth. As previously stated, however, APA and CDC guidelines recommend that all preteens, adolescents, and young adults, both male and female, be vaccinated against HPV. As a matter of sound public health policy, JHA recommends that IDJJ change its policies and practices on HPV vaccination to reflect the APA and CDC guidelines.

The juvenile justice setting provides a critical public health opportunity to deliver treatment and intervention to high-risk youth, including poor youth and youth of color,

Juvenile Offenders, Journal of Pediatric Psychology, Volume 35, Issue 3, 250–261, p.250 (2010), available at: <http://jpepsy.oxfordjournals.org/content/35/3/250.full.pdf>; Linda A. Teplin, Amy A. Mericle, Gary M. McClelland, and Karen M. Abram, *HIV and AIDS Risk Behaviors in Juvenile Detainees: Implications for Public Health Policy*, American Journal of Public Health Volume 93, Issue 6, 906-912, p. 908, 910 (June, 2003), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447866>; H. Irene Hall, Frances Walker, Daxa Shah, Eboni Belle, *Trends in HIV Diagnoses and Testing Among U.S. Adolescents and Young Adults*, AIDS Behavior, Volume 16, 36-43 (2012), available at: <http://link.springer.com/content/pdf/10.1007%2Fs10461-011-9944-8>; U.S. Department of Health and Human Services, Office of Adolescent Health, *June 2012: Teens and the HIV/AIDS Epidemic*, available at: <http://www.hhs.gov/ash/oah/news/e-updates/june-2012.html>.

¹³ See U.S. Centers for Disease Control and Prevention: *HIV Testing: Implementation Guidance for Correctional Settings*, 1-35, p. 8, available at: <http://stacks.cdc.gov/view/cdc/5279/>.

¹⁴ See Public Act 97-0323, effective August 12, 2011, available at: <http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1748&GAID=11&DocTypeID=HB&LegId=58931&SessionID=84>

who are severely medically underserved in the community.¹⁵ As aptly stated by the National Commission on Correctional Health Care: “America’s future depends on the health of all of our children. Incarcerated youth represent an especially vulnerable population whose lives are at high risk for illness and disability. Early diagnosis and treatment is essential.”¹⁶

Absent timely diagnosis and treatment, it is not only youth, but also the public at large suffers. When youth are released into the community with untreated medical conditions, those conditions are transmitted to the community, threatening the public health and placing a serious financial burden on the public.¹⁷

To promote the safety, health, and welfare of both youth and the public, JHA therefore recommends that HPV vaccination be made available to both male and female youth in all IDJJ facilities.

(4) Review and revise IDJJ’s current practices, programs, and policies to identify barriers to family involvement and visitation, and develop a system-wide evidence-based strategy to increase family engagement with input from youth and families.

Despite the broad consensus among experts and juvenile justice professionals that family involvement is critical to youths’ rehabilitation, most states, including Illinois, do not have system-wide, evidence-based strategies in place to engage and support youths’ families.¹⁸ In Illinois, a major obstacle to family visitation is the geographic distance

¹⁵ See Karen Clark and Shelly Gehshan, Joint Center for Political and Economic Studies Health Policy Institute, *Meeting the Health Needs of Youth Involved in the Juvenile Justice System*, 1-25 (2007), available at: <http://www.jointcenter.org/hpi/sites/all/files/Meeting%20the%20Health%20Needs%20of%20YMOC%20in%20JJ%20System.pdf>

¹⁶ National Commission on Correctional Health Care, *Position Statement on Health Care Funding for Incarcerated Youth* (March 21, 1993), available at: <http://www.ncchc.org/health-care-funding-for-incarcerated-youth>

See Karen Clark and Shelly Gehshan, Joint Center for Political and Economic Studies Health Policy Institute, *Meeting the Health Needs of Youth Involved in the Juvenile Justice System*, 1-25 (2007), available at: <http://www.jointcenter.org/hpi/sites/all/files/Meeting%20the%20Health%20Needs%20of%20YMOC%20in%20JJ%20System.pdf>

¹⁷ See National Commission on Correctional Health Care, *The Health Status of Soon-To-Be-Released Inmates*, Volume 1, 1-121 (March, 2002), available at: http://www.ncchc.org/filebin/Health_Status_vol_1.pdf

¹⁸ See Wendy Luckenbill & Clay Yeager, Models for Change, *Family Involvement in Pennsylvania's Juvenile Justice System*, 1-23 (November, 2009), available at: <http://www.modelsforchange.net/publications/238>; Lili Garfinkel, *Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities*, Behavioral Disorders,

between IDJJ facilities and many youths' homes. The majority of youth sent to IDJJ hail from Cook County, which commits far more youth to IDJJ-facilities than any other county in the state.¹⁹ However, only one of IDJJ's six facilities is actually located in Chicago. The five remaining facilities are scattered across the state, with some facilities located hundreds of miles away from the Chicago area.²⁰

Compounding this problem, numerous youth come from single parent, low-income households that lack the financial resources, transportation, time and social assistance needed to travel long distances. In an attempt to address this issue, some IDJJ facilities have modified visiting schedules to allow greater flexibility. However, youth reported that limited visiting hours and restrictions on the number and duration of visits present continuing obstacles to visitation, particularly for family members who work or care for young children. Youth further indicated that the prohibitive cost of collect phone calls prevents many families from maintaining regular contact. In addition, phone calls and visits with family are treated as a privilege rather than a right by facilities. Thus, they can be restricted or withheld as a form of punishment if a youth is downgraded to a lower disciplinary grade due to rules' violations.

In a 2009 study on family involvement in the juvenile justice system, Models for Change recommended that: (1) family visitation and communication be treated, not as a reward or privilege, but as a right and an essential tool for effective intervention and treatment; (2) resources be devoted to providing and financially subsidizing phone calls, transportation, visitation, and regular communication between youth and low-income families; (3) flexible alternatives, such as video conferencing, be developed to promote communication between youths, families, and clinical staff; and (4) input be solicited from families and youths to identify barriers to family involvement in current policies and practices and opportunities to strengthen family engagement.²¹

Issue 36, Volume 1, 52–60 (November, 2010), available at: http://mega2011.tadnet.org/uploads/file_assets/attachments/78/original_130-Preventing_JJ_Referrals-Garfinkel3.pdf?1311170; Leslie Brock, Joyce Burrell, and Tricia Tulipano, *National Evaluation and Technical Assistance Center for the Education of Children and Youth Who are Neglected, Delinquent, or At Risk (NDTAC) Issue Brief: Family Involvement*, 1-5, (August, 2006), available at: <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200608b.asp>

¹⁹ See Mariame Kaba, Chicago Youth Justice Data Project (Project NIA), *The Conscious Chicagoan's Guide to Youth Detention and Incarceration*, 1-7, p.6 (august, 2012), available at: <http://chiyouthjustice.files.wordpress.com/2012/08/conscious-chicagoans-guide-to-youth-incarceration.pdf>

²⁰ See IDJJ website, map of youth facilities in Illinois, available at: <http://www.idjj.state.il.us/subsections/facilities/default.shtml>

²¹ See Models For Change, *Family Involvement in Pennsylvania's Juvenile Justice System*, 1-23 (2009), available at: https://docs.google.com/viewer?a=v&q=cache:hoPCsHhGaWkJ:www.modelsforchange.net/publications/238/Family_Involvement_in_Pennsylvanias_Juvenile_Justice_System.pdf

JHA agrees with and adopts these recommendations. The importance of family involvement to successful juvenile justice interventions cannot be overstated. Overriding evidence confirms that “[m]aintaining family ties while youth are incarcerated or in treatment, and establishing or preserving positive family relationships correlate with a successful transition back into the community, and ultimately, with reduced recidivism.”²² Because family members are most familiar with youth, they can provide critical information to clinical providers regarding youth’s circumstances, diagnoses, treatment and family history, and educational, social, mental, and developmental strengths and needs. Further, families constitute a large part of the environment to which youth return upon release. Absent therapeutic interventions to change the home environment and reduce family dysfunction, youth are likely to relapse into old patterns of thinking and negative behaviors.²³

One promising program that is being used to actively engage families in treatment is the Family Integrated Transition (FIT) program at IYC-Chicago. FIT, which is run by the Wells Center, is a grant-funded pilot program that integrates elements from several different evidence-based approaches, including Multisystemic Therapy, Dialectical Behavior Therapy, Motivational Enhancement Therapy, and Relapse Prevention/Community Reinforcement.²⁴ The program is designed to provide a continuum of individual and family-based services to youths with co-occurring mental health/substance abuse disorders, and to assist youths and families during youths’ transition from incarceration back into the home.

FIT commences two months prior to a youth’s release, and continues for four months following the youth’s return to the community. During that time, a youth and his family continue to receive relapse prevention services, counseling, and rehabilitative programming through community-based providers such as One Hope United and Youth Outreach Services.²⁵ For the duration of the FIT program, a specially trained “coach” is assigned to work with the individual youth and his family to identify their needs, coordinate services, and connect them with community resources.

²² Leslie Brock, Joyce Burrell, and Tricia Tulipano, *National Evaluation and Technical Assistance Center for the Education of Children and Youth Who are Neglected, Delinquent, or At Risk (NDTAC) Issue Brief: Family Involvement*, 1-5, p.4 (August, 2006), available at: <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200608b.asp>.

²³ *Ibid.*

²⁴ For additional information on the FIT program’s design, see Eric Trupin and Joshua Leblang, *University of Washington Training Presentation: Family Integrated Transitions*, available at: <http://depts.washington.edu/pbhjp/training/Fit%20presentation%20-Dec%202012%20CJCA%20.pdf>; and University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences, *Family Integrated Transitions Overview*, available at: <http://depts.washington.edu/pbhjp/projects/fit.php>

²⁵ For additional information about One Hope United’s and Youth Outreach Services’ community-based programs, see: <http://onehopeunited.org/> and <http://www.yos.org/>

Independent evaluations of the FIT model demonstrate that the program can reduce felony recidivism by over 30 percent at tremendous cost-savings to the state.²⁶ Unfortunately, inconsistent federal funding and staffing issues have hindered expansion of the FIT program in Illinois. For example, in January of 2013, only two youth were actively assigned FIT coaches. As of March 21, 2013, seven youth were participating in the FIT program. In total, 90 youth have participated in IYC-Chicago's FIT program. Given the demonstrated evidence of FIT's success in other jurisdictions, JHA urges that IDJJ, policymakers, the Illinois' Governor, and Legislature make every effort to ensure that FIT continues in Illinois.

(5) Improve reliability, oversight, and youth confidence in IDJJ's grievance process by enlisting an independent third-party ombudsman to oversee the grievance system.

For a grievance system to work and provide meaningful oversight, youth must have confidence in its fairness, effectiveness, and reliability, and feel empowered to bring complaints without fear of retribution. However, most youth that JHA has spoken with express a complete lack of confidence in IDJJ's grievance system. Youth report that grievance procedures are unpredictable and unreliable; that they fear retaliation for complaining of staff conduct; that decisions are biased and invariably slanted in favor of staff; and that even "positive" grievance outcomes are unsatisfying because they frequently amount to nothing more than a general assurance that the problem will not reoccur in the future. Believing the grievance procedure to be fruitless and ineffectual, it is unsurprising that youth feel discouraged from bringing and pursuing grievances through to completion.

Regrettably, lack of youth confidence in internal grievance mechanisms and fear of staff retaliation is not unique to Illinois, but is endemic to juvenile justice facilities across the country.²⁷ This is a serious problem. A well-functioning internal grievance system is essential to a well-functioning juvenile justice system. It enables administrators to timely identify and rectify institutional problems, minimizing litigation; encourages trust and

²⁶ See Eric J. Trupin, Suzanne E. U. Kerns, Sarah Cusworth Walker, Megan T. DeRobertis & David G. Stewart, *Family Integrated Transitions: A Promising Program for Juvenile Offenders with Co-Occurring Disorders*, *Journal of Child and Adolescent Substance Abuse*, Vol. 20, 421-436 (2011), available at: <http://www.tandfonline.com/doi/pdf/10.1080/1067828X.2011.614889>; University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences, *Family Integrated Transitions Overview*, available at: <http://depts.washington.edu/pbhjp/projects/fit.php>.

²⁷ For instance, a 2010 U.S. Department of Justice Study found that one-third of youths in residential placement are reluctant to use their facility's grievance process because they do not know how to file a grievance or fear retribution if they do so. See Andrea J. Sedlak and Karla S. McPherson, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Conditions of Confinement: Findings From the Survey of Youth in Residential Placement*, 1-16, p. 9, 11 (May, 2010), available at: <https://www.ncjrs.gov/pdffiles1/ojjdp/227729.pdf>

communication, giving youth an opportunity to be heard; and reduces tension between youth and staff by ensuring a swift, equitable means for resolving disputes.²⁸

As previously stated in JHA’s year-end assessment of IDJJ in 2011 and reiterated here, we find that the absence of a reliable grievance system creates a grave and unacceptable risk of abuse and unsafe conditions going undetected and unaddressed in IDJJ.²⁹ An essential element of an effective grievance system is the opportunity to present complaints to an unbiased, impartial arbitrator for resolution.³⁰ This element, however, is lacking under the existing grievance system. Beginning with facility staff, and moving up through the organizational ranks to superintendent and the director, the person acting as arbiter has an interest in the dispute.³¹ In effect, under IDJJ’s grievance system, the defendant serves as judge—a structure that fundamentally conflicts with basic notions of procedural fairness and due process.³²

To their credit, some facilities have attempted to increase youths’ confidence by endeavoring to lessen the appearance of partiality in the grievance system. With that aim, IYC-Harrisburg uses the facility’s chaplain as an overseer and intermediary with youth in the grievance process. JHA lauds Harrisburg for this commendable effort. However, we believe that ensuring the impartiality of a grievance system, in both practice and appearance, ultimately requires using an outside independent third-party to investigate, review, and monitor youths’ grievances. Consistent with the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty, JHA recommends that IDJJ, with the support of the Illinois’ Governor and Legislature, work to “[e]stablish an independent

²⁸ See Andrea J. Sedlak and Karla S. McPherson, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Conditions of Confinement: Findings From the Survey of Youth in Residential Placement*, 1-16, p. 9, 11 (May, 2010), available at: <https://www.ncjrs.gov/pdffiles1/ojjdp/227729.pdf>; Van Swearingen, *Imprisoning Rights: The Failure of Negotiated Governance in the Prison Inmate Grievance Process*, 96 Cal. L. Rev. 1353 (2008), available at: <http://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1165&context=californialawreview>

²⁹ See JHA’s 2011 Year-End Assessment of IDJJ: http://thejha.org/sites/default/files/2011_DJJ_Assessment_.pdf

³⁰ David W. Roush and Shay Bilchik, *Juvenile Detention Training Needs Assessment Research Report*, U.S. Office of Juvenile Justice and Delinquency Prevention, available at: <https://www.ncjrs.gov/textfiles/desktop.txt>

³¹ Van Swearingen, *Imprisoning Rights: The Failure of Negotiated Governance in the Prison Inmate Grievance Process*, 96 Cal. L. Rev. 1353 (2008), available at: <http://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1165&context=californialawreview>

³² *Ibid.*

office (ombudsman) to receive and investigate complaints made by juveniles deprived of their liberty and to assist in the achievement of equitable settlements.”³³

In making this recommendation, JHA recognizes that a fundamental restructuring of IDJJ’s grievance system will entail substantial effort and resources. However, we believe that recent passage of federal guidelines for states to implement the Prison Rape Elimination Act (PREA) provides an ideal opportunity for Illinois to finally address longstanding deficiencies in this system. Among other things, PREA requires states to designate an entity, operationally independent from the juvenile justice agency’s chain of command, to receive youths’ reports of sexual abuse to ensure that juveniles can bring complaints without fear of retaliation. Under the circumstances, establishing an independent ombudsman to oversee the entirety of IDJJ’s grievance system would be a natural outgrowth of PREA’s implementation.³⁴

(6) Continuously collect and analyze juvenile justice data relating to race/ethnicity and racial disparity in the delivery of services, particularly with regard to mental health services, and develop a strategic system-wide plan to address the issue. Increase staff and administrative training on issues of cultural competence, race, and ethnicity, and solicit direct feedback from youth and families about problems of racial inequality/cultural bias in facility practices and conditions, and possible solutions.

Despite a longstanding recognition that minority youth of color are dramatically overrepresented in the juvenile justice system across the nation, the reality is that little progress has been made to reduce disproportionate minority contact, to develop culturally respectful, responsive strategies to assist youth and families, or to increase the cultural competence of the system as a whole.³⁵ In the nexus between the mental health system

³³ See *U.N. Rules for the Protection of Juveniles Deprived of their Liberty, Rule 77*, available at: http://www2.ohchr.org/english/law/res45_113.htm

³⁴ See *National Standards To Prevent, Detect, and Respond to Prison Rape: Final Rule*, CFR Part 115, available at: <http://www.gpo.gov/fdsys/pkg/FR-2012-06-20/pdf/2012-12427.pdf>

³⁵ See Elizabeth N. Jones *Disproportionate Representation of Minority Youth in the Juvenile Justice System: A Lack of Clarity and Too Much Disparity among States “Addressing” the Issue*, 16 *U.C. Davis Journal of Juvenile Law & Policy* 155 (2012); The Technical Assistance Partnership for Child and Family Mental Health, *Frequently Asked Questions: Cultural Competence in Juvenile Justice*, available at: <http://www.tapartnership.org/content/juvenileJustice/faq/competence01.php>; Jeff Armour and Sarah Hammond, National Conference of State Legislatures, *Minority Youth in the Juvenile Justice System: Disproportionate Minority Contact*, 1-12 (2009), available at: <http://www.ncsl.org/print/cj/minoritiesinjj.pdf>; See Jeff Armour and Sarah Hammond, National Conference of State Legislatures, *Minority Youth in the Juvenile Justice System Disproportionate Minority Contact*, 1-12 (January, 2009), available at: <http://www.ncsl.org/print/cj/minoritiesinjj.pdf>; Kimberly Kempf-Leonard, *Minority Youths and Juvenile Justice Disproportionate Minority Contact After Nearly 20 Years of Reform Efforts*, *Youth Violence and Juvenile Justice*, Vol. 5, Issue No. 1, 71-87 (January, 2007), available at: <http://yvj.sagepub.com/content/5/1/71.short>; Models for Change & National Council of La Raza, *Counting*

and the juvenile justice system in particular, minority youth frequently receive the worst of both worlds. On the one hand, youth with mental health needs are all too often unnecessarily and inappropriately referred to the juvenile justice system because community-based mental health services are unavailable.³⁶ On the other hand, both within and outside the justice system, minority youth with mental health needs are less likely than white youth to be identified and provided with appropriate mental health services.³⁷

Data supplied by IDJJ strongly suggests this is a problem in Illinois. To illustrate, data from March 2011, indicates that African American youth and Hispanic youth were twice as likely as white youth to be designated as “mental health level zero” or “no mental health level” (meaning they were identified as requiring few mental health services). By contrast, white youth were three times more likely to be designated as “mental health level two” or “moderate mental health level,” triggering more intensive mental health services and interventions.³⁸ While white youth comprised a minority of IDJJ’s total population in 2011, they were far more likely to be identified as needing mental health

Latino Youth in the Illinois Juvenile Justice System, 1-7 (2011), available at: <http://www.modelsforchange.net/publications/322>; Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Juvenile Justice System and Risk Factor Data*, available at: <http://www.icjia.state.il.us/public/pdf/ResearchReports/Juvenile%20Justice%20System%20and%20Risk%20Factor%20Data%202007%20Annual%20Report.pdf>; Eleanor Hinton Hoytt, Vincent Schiraldi, Brenda V. Smith, and Jason Ziedenberg, The Annie E. Casey Foundation, *Reducing Racial Disparities in Juvenile Detention*, 1-79, available at: <http://www.aecf.org/upload/publicationfiles/reducing%20racial%20disparities.pdf>

³⁶ Joseph J. Coccozza, Kathleen R. Skowrya, and Jennie L. Shufelt, The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership), *Addressing the Mental Health Needs of Youth in Contact With the Juvenile Justice System in System of Care Communities: An Overview and Summary of Key Issues*, 1-17 (September, 2010), available at: http://www.ncmhjj.com/pdfs/publications/SOC_Overview.pdf

³⁷ See Purya Rawal, Jill Romansky, Michael Jenuwine, John S. Lyons, *Racial Differences in the Mental Health Needs and Service Utilization of Youth in the Juvenile Justice System*, *The Journal of Behavioral Health Services & Research*, Volume 31, Issue 3, 242-254 (July/September, 2004); Yeh, M., McCabe, K., Hough, R. L., Dupuis, D., & Hazen, A, *Racial/Ethnic Differences in Parental Endorsement of Barriers to Mental Health Services for Youth*, *Mental Health Research*, Volume 5, Issue 2, 65–77 (2003), available at: <http://www.ncbi.nlm.nih.gov/pubmed/12801070>; National Mental Health Association, *Mental Health Treatment for Youth in the Juvenile Justice System: A Compendium of Promising Practices*, 1-21, (2004), available at: https://www.nttac.org/views/docs/jabg/mhcurriculum/mh_mht.pdf. See also Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Mental Health Screening and Assessment in the Illinois Juvenile Justice System*, 1-78 (March, 2010), available at: <http://www.icjia.state.il.us/public/pdf/ResearchReports/Mental%20health%20screening%20and%20the%20juvenile%20justice%20system.pdf>

³⁸ With respect to the portion of IDJJ’s population designated as “mental health level zero,” the exact racial composition was: 33.7 percent African American; 31.3 percent Hispanic; and 15.1 percent white. With respect to the portion of the population designated as mental health “level two,” the exact racial composition was: 35.6 percent white; 11.5 percent Hispanic; and 9.7 percent African American.

services compared to youth of color (84.9 percent of all white youth in IDJJ were identified as needing mental health services in 2011, as compared to 68.8 percent of Hispanic youth, and 66.3 percent of African American youth).³⁹

Similar racial disparities are apparent in the number of youth committed in 2011 and 2012 to IYC-Kewanee—which, at least in name, has been the only IDJJ facility designated to provide intensive mental health treatment to youth with special treatment needs. Although black youths have consistently constituted the majority of IDJJ's population, white youths have consistently comprised the majority of the population at Kewanee. For example, in 2011, IDJJ's total population was about 64 percent African American, 25 percent white, and 11 percent Hispanic. By contrast, a snapshot of Kewanee's racial composition on July 31, 2011, was 57 percent white, 34 percent African American, eight percent Hispanic, one percent Asian/American Indian. Likewise, on September 6, 2012, the racial composition of Kewanee's population was 46 percent white, 44 percent African American, nine percent Hispanic, and one percent Asian/American Indian. By way of comparison, in 2012 the overall racial composition of IDJJ's six remaining youth facilities (Chicago, Joliet, Harrisburg, Pere Marquette, St. Charles, and Warrenville) was roughly 65 percent African American, 21 percent white, and 15 percent Hispanic.⁴⁰ In short, by any measure, the racial composition of Kewanee's population is statistically aberrant having, on average, about twice as many white youth, and 30 percent fewer African American youth, than other IDJJ facilities.

As JHA noted in 2011, IDJJ's implementation of new standardized mental health screening and assessment tools holds promise in improving the accurate identification of youth with mental health issues, and thus reducing racial disparities in the provision of mental health services.⁴¹ As it stands, however, it remains to be seen whether these new tools are working to reduce disparity, because comprehensive data measuring their performance and racial impact is not yet available. In addition, the problem of accurately identifying and rectifying racial disparities in the delivery of services to Hispanic youth

³⁹ In 2011, IDJJ's total population was 64 percent African American, 25 percent white, and 11 percent Hispanic.

⁴⁰ These figures are based on data supplied to JHA by IDJJ in 2012. Additional population data can be found in JHA's 2012 facility reports on IYC-Chicago, IYC-Joliet, IYC-St. Charles, and IYC-Warrenville at: www.thejjha.org.

⁴¹ See *JHA 2011 Year-End Assessment of Department of Juvenile Justice*, p.14-16, available at: http://thejjha.org/2011_DJJ_assessment. In addition, for a complete description of new juvenile mental health screening and assessment tools, see: Gina M. Vincent, National Youth Screening & Assessment Project, *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending*, (January 18, 2012): available at: <http://www.modelsforchange.net/publications/328> ; Elizabeth Cauffman, *Statewide Screening of Mental Health Symptoms Among Juvenile Offenders in Detention*, *Journal of the American Academy of Child and Adolescent Psychiatry*, Volume 43, Issue 4, 430-439 (April 2004), available at: http://www.oja.state.ok.us/SAG%20Website/MacFound/A_Statewide_Screening_of_Mental_Health_Symp_toms.pdf

remains complicated by virtue that data collection methods used to identify Hispanic youth have been unreliable.⁴²

To identify and correct racial inequities, JHA recommends that IDJJ continuously collect and analyze juvenile justice data relating to race/ethnicity and racial disparity in the delivery of services, particularly with regard to mental health services, and develop a strategic system-wide plan to address the issue.

In addition, JHA recommends that efforts be undertaken to increase cultural competence throughout IDJJ. While there is no single definition of cultural competence, it is commonly understood as: “[a] set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.”⁴³ Five essential elements are identified as contributing to a system’s or agency’s ability to become more culturally competent, which include: (1) valuing diversity; (2) having the capacity for cultural self-assessment; (3) being conscious of the dynamics inherent when cultures interact; (4) having institutionalized culture knowledge; and (5) having developed adaptations to service delivery reflecting an understanding of cultural diversity.⁴⁴ Ideally, these five elements should be manifested at every level of an organization, including policy making, administration, and practice, and should be reflected in staffs’ and administrators’ attitudes and the organization’s structures, policies, and services.⁴⁵

In our monitoring, however, JHA found that cultural competence, and the degree of acknowledgment and respect given to cultural diversity and youths’ racial/cultural heritage, varied greatly between facilities. To illustrate, at IYC-Chicago JHA observed murals thoughtfully-designed to speak to the relevant cultural experiences of the urban, African-American youth who make up the overwhelming majority of Chicago’s population (over 81 percent at the time of JHA’s visit). One mural depicted a youth playing basketball in a green park with the Chicago skyline in the distance, and a prison, with thunderclouds overhead, off to the side. Another mural included inspirational quotes from African-American leaders, such as Malcolm X and Maya Angelou.

⁴² See Models for Change & National Council of La Raza, *Counting Latino Youth in the Illinois Juvenile Justice System*, 1-7 (2011), available at: <http://www.modelsforchange.net/publications/322>

⁴³ See National Center for Cultural Competence, Georgetown University Center for Child and Human Development, *Definitions of Cultural Competence*, quoting, Cross, T., Bazron, B., Dennis, K., & Isaacs, M., *Towards A Culturally Competent System of Care*, Volume I, (1989), available at: <http://www.ncccurricula.info/culturalcompetence.html>

⁴⁴*Ibid.*

⁴⁵*Ibid.*

By way of contrast, at IYC-Harrisburg, where the population likewise is overwhelmingly comprised of urban, African-American youth (70 percent at the time of JHA's last visit in October of 2012), JHA observed murals dominated by portraits of white cultural heroes from the last century (for example, Babe Ruth, Elvis Presley, John Wayne). It's fair to conclude that most urban youth of color would not find such figures remotely inspiring, relevant or relatable.⁴⁶ Notably, compared to other facilities, JHA also received a higher number of complaints from youth at Harrisburg of white correctional staff making racially disparaging remarks to youth of color.

While the decor of a youth facility may seem trivial, it is vitally important that facilities visibly demonstrate respect for youths' cultural experiences and racial heritage. Minority youth of color bear substantial burdens and trauma intrinsically linked to their social, cultural, economic, and structural position in the United States.⁴⁷ Racism and racial/ethnic discrimination pervade the lives of these youth, who are grossly overrepresented in the criminal and juvenile justice systems and our nation's prisons and juvenile detention facilities.⁴⁸ Research confirms, moreover, that providing youths with

⁴⁶ Indeed, there is a real danger that African-American youth at Harrisburg could read the institution's public homage to Elvis/John Wayne as a hostile, overtly racist message, given that these figures have sometimes been associated with and viewed as symbols of white subjugation of black culture. See, e.g., Peggy Orenstein, *Spike's Riot*, Mother Jones Magazine, Vol. 14, Issue 7, p.32 (September, 1989), available at: <http://connection.ebscohost.com/c/articles/8909251294/spikes-riot>

⁴⁷ See Jeff Armour and Sarah Hammond, National Conference of State Legislatures, *Minority Youth in the Juvenile Justice System: Disproportionate Minority Contact*, 1-12 (January, 2009), available at: <http://www.ncsl.org/print/cj/minoritiesinjj.pdf>; Hilary O. Shelton, Neelum Arya, Ian Augarten, Campaign for Youth Justice Policy Brief, *Critical Condition: African-American Youth in the Justice System*, 1-27, available at: <http://www.campaignforyouthjustice.org/documents/AfricanAmericanBrief.pdf>; Nikeea Copeland-Linder, Sharon F. Lambert, Yi-Fu Chen, Nicholas S. Lalongo, *Contextual Stress and Health Risk Behaviors Among African American Adolescents*, Journal of Youth and Adolescence, Volume 40, Number 2, 158-173, p.158 (2011), available at: <http://www.springerlink.com/content/570v507462878qn7/>; Joy DeGruy, Jean M. Kjellstrand, Harold E. Briggs, and Eileen M. Brennan, *Racial Respect and Racial Socialization as Protective Factors for African American Male Youth*, Journal of Black Psychology, Volume XX (X) 1-26 (2011), available at: <http://www.d.umn.edu/sw/cw/documents/Racialrespectandsocializationasprotectivefactors.pdf>; Neelum Arya, Francisco Villarruel, Cassandra Villanueva, and Ian Augarten, Policy Brief, *America's Invisible Children: Latino Youth and the Failure of Justice*, 1-95 (2009), available at: http://thehill.com/images/stories/whitepapers/pdf/NCLR_AmericasInvisibleChildren.pdf; Edward Pabon, *Providing Culturally Competent Juvenile Justice Services to the Latino Community*, Professional Development: The International Journal of Continuing Social Work Education, Volume 1, Issue 1, 38-46, p. 40 (1998), available at: <http://profdevjournal.org/node/15>.

⁴⁸ *Ibid.*

individualized care that reflects and values their race, ethnicity, and cultural identity improves rehabilitative outcomes.⁴⁹

Consistent with best practices, JHA advocates for a culturally-competent juvenile justice system that openly identifies, acknowledges, and addresses racial and ethnic realities and inequities in the juvenile justice system, and incorporates understanding and respect, at all levels, for youths' unique racial, ethnic and cultural experiences and needs.⁵⁰ To help achieve these goals, JHA recommends that IDJJ: (1) increase staff and administrative training on issues of cultural competence, race, and ethnicity; and (2) solicit direct feedback from youth and families about problems of racial inequality/cultural bias in facility practices and conditions, and possible solutions.

(7) Work to improve procedural fairness and outcomes in juvenile reentry and parole by broadening parole placement options; expediting the discharge of youth from parole; and providing greater due process protections in parole revocation hearings, with the cooperation of Illinois' law and policymakers, law enforcement, and juvenile justice stakeholders.

Since its beginning, IDJJ has worked to shift the Illinois' juvenile justice system away from an adult-focused, punishment-surveillance model towards a child-focused, rehabilitative model that is founded in evidence-based best practices and individualized treatment. Despite its best efforts, however, IDJJ's ability to change the juvenile system—especially juvenile parole and reentry—has often been undercut by a lack of consistency in philosophy and practice among the multiple agencies, stakeholders, and law enforcement officials involved in youth reentry.⁵¹ In particular, while IDJJ has shifted to an evidence-based, child-focused community treatment model with the Aftercare pilot program, the Parole Division of IDOC, which, for the present time,

⁴⁹ Council of State Governments Justice Center, National Reentry Resource Center, *Frequently Asked Questions: Juvenile Justice: Why should interventions be individualized and culturally competent?*, available at: <http://www.nationalreentryresourcecenter.org/faqs/juvenile#Q13>. See also U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Cultural Competency Training and Program Development*, available at: http://www2.dsgonline.com/dmc/tta_cultural_competency.aspx.

⁵⁰ See Emily R. Cabanissa, James M. Frabutt, Mary H. Kendrick, Margaret B. Arbuckle, *Reducing Disproportionate Minority Contact in the Juvenile Justice System: Promising Practices, Aggression and Violent Behavior*, Volume 12, 393-401 (2007), available at: <http://www.nd.edu/~jfrabutt/Publications/Cabaniss,%20Frabutt,%20et%20al.%202007.pdf>

⁵¹ For a comprehensive analysis of practices and problems in the Illinois juvenile reentry process, see: Illinois Juvenile Justice Commission, *Youth Reentry Improvement Report*, 1-80 (November, 2011), available at: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/DCHP/RFP/IJJC_YouthReentryImprovement.pdf

continues to oversee reentry for the majority of youth released from IDJJ facilities, still adheres to an adult punishment-surveillance parole model.⁵²

Notwithstanding ongoing challenges, progress nevertheless is being made in the area of juvenile parole and reentry. For example, IDJJ now has the authority to approve alternative host site placements for youth awaiting release on parole, contingent upon finding an appropriate placement.⁵³ This means that, in the event the Parole Division denies a proposed host site and placement for a youth awaiting release, IDJJ can intercede to locate and obtain approval for an alternative host site. In addition, for youth assigned to the Aftercare program rather than the Parole Division, IDJJ has full authority and discretion to approve host site placements for youth awaiting release.

The expansion of IDJJ's power to identify and approve host sites for parole placement is important. Absent timely identification and approval of an appropriate host site, a youth's release must be delayed and his incarceration prolonged, even if the Illinois Prisoner Review Board (PRB) otherwise finds the youth eligible for release.

Delaying youths' release, however, creates a real danger of youths becoming frustrated and regressing.⁵⁴ Indeed, a recent study by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) found that long-term juvenile incarceration does not decrease reoffending and may, in fact, increase juvenile recidivism.⁵⁵ Prolonging these youths' incarceration also increases economic pressure on the juvenile justice system—by forcing facilities to expend their limited resources to house and treat youth in an expensive secure setting, when these youth would be far better served receiving cost-effective treatment in the community.

⁵² For a complete description of IDJJ's Aftercare program that was piloted in Cook County in 2011, see: JHA 2011 Year-End Assessment of DJJ: Re-Entry and Aftercare, available at: http://thejha.org/sites/default/files/2011_DJJ_Assessment_.pdf; Illinois Department of Human Services, *Illinois Juvenile Justice Commission Youth Reentry Improvement Report, Part IV (c)*: available at: <http://www.dhs.state.il.us/page.aspx?item=58025>

⁵³ A "host site" refers to the designated place and person with which a youth intends to live while on parole.

⁵⁴ See Brian Heller de Leon Center on Juvenile and Criminal Justice, *Study: Long-term Juvenile Incarceration Fails to Decrease Reoffending Rates* (May 3, 2012), available at: <http://www.cjcj.org/post/juvenile/justice/study/long/term/juvenile/incarceration/fails/decrease/reoffending/rates>. See also Models for Change, *Research on Pathways to Desistance*, available at: <http://www.reclaimingfutures.org/blog/juvenile-justice-system-pathways-to-desistance-introduction>

⁵⁵ U. S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Highlights From Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders*, 1-4 (March, 2011), available at: <https://ncjrs.gov/pdffiles1/ojjdp/230971.pdf>

For youth who have special mental health treatment needs but lack the option of family placement, the harsh reality is that residential transitional and treatment beds are in short supply. In particular, there is a critical shortage of community-based mental health treatment beds in Illinois—a fact that is not surprising given that Illinois cut its mental health budget by more than 31 percent between the years 2009 and 2012.⁵⁶

Absent available placements, youth who are in need of in-patient mental health care, but are close to “maxing out” of the juvenile system (*i.e.* turning 21, and therefore aging-out of juvenile court jurisdiction and state custody), can find themselves in a precarious situation. On the one hand, the youth’s release on parole may be delayed because mental health facilities are often reluctant to accept youth for placement when they have little time left to serve under state supervision. On the other hand, the youth, upon turning 21 and being released from state custody, may find himself unable to obtain mental health treatment in the community because his age now renders him ineligible to receive state and federal assistance reserved for mentally ill minors.

For youth who have been adjudicated delinquent for sexual offenses and formally labeled “Juvenile Sex Offenders” (JSOs), the problem of finding appropriate placement on parole is even more daunting. Onerous residency restrictions on juvenile sex offenders, and lack of available bed space at in-patient residential treatment facilities, severely limit placement options.⁵⁷ As the state’s only designated special treatment facility, IYC-Kewanee, in particular, struggles with the issue of finding timely, appropriate placements for JSOs.

Ideally, the expansion of IDJJ’s role and authority to approve alternative host sites should improve the placement options for JSOs and youth with mental illness. In addition, JHA believes that increased resources must also be devoted to establishing more residential treatment and parole placement options for youth with special needs. Fortunately, there are some promising developments on the horizon. Specifically, IDJJ informed JHA it is seeking additional budgetary funding to subsidize more youth placements in residential facilities. Even more significantly, however, recent passage of the national Affordable Care Act (ACA) provides great hope in this area, in that the broad expansion of Medicaid coverage that is slated to occur under the Act in 2014 should help to fund the development of more community-based mental health treatment services and diversion programs.⁵⁸

⁵⁶ See National Alliance for the Mentally Ill (NAMI), *Illinois Action Agenda 2012*, 1-9, available at: <http://il.nami.org/NAMI%20Illinois%20Legislative%20Agenda%202012.pdf>

⁵⁷ For a discussion of Illinois residency restrictions on Juvenile Sex Offenders, see: Michelle Olson, *Putting the Brakes on the Preventive State: Challenging Residency Restrictions on Child Sex Offenders in Illinois under the Ex Post Facto Clause*, *Northwestern Journal of Law & Social Policy* Volume 5, Issue 2, 403-436 (2010), available at: <http://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=1059&context=njlsp>

⁵⁸ David Cloud and Chelsea Davis, Vera Institute of Justice, *Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost-Savings Implications: Research Summary*, (February, 2013), available at: <http://www.vera.org/pubs/treatment-alternatives-to-incarceration>

Apart from these developments, continued expansion of IDJJ's Aftercare Program holds promise for improving youth reentry outcomes.⁵⁹ Although a full assessment of Aftercare's performance has not yet been completed, early results indicate that the program may significantly reduce rates of juvenile re-incarceration.⁶⁰ In agreement with the Illinois Juvenile Justice Commission, JHA believes that, in addition to gathering and analyzing objective data on performance outcomes, an accurate assessment of the Aftercare program should also entail: (1) direct solicitation of feedback from youth and families regarding their actual experience with the program; and (2) establishment of formal grievance system to allow youth and families to formally register and document complaints with Aftercare, and have these fairly resolved.⁶¹

IDJJ informed JHA that it has also instituted a new policy directive with the goal of reducing the number of youths re-committed to IDJJ for "technical" parole violations. Under a traditional adult parole model, a high percentage of youth end up being re-committed to IDJJ for violating parole.⁶² However, the majority of these youth are re-committed for "technical" parole violations—that is, for violating parole, not by breaking the law and committing a new criminal offense, but by failing to comply with a technical condition of parole, such as violating curfew, failing to attend school or their job, or neglecting to keep a scheduled appointment for counseling or drug testing.⁶³

⁵⁹ Under the Aftercare Program, "aftercare specialists" take the place of parole agents, and begin assessing youths' treatment and service needs and planning for their reentry at the time of their initial entry into IDJJ. Because aftercare specialists, unlike parole agents, foster an ongoing relationship with youth from the time of their entry into the system through reentry, they are in a superior position to advise the PRB about youths' continuing needs, family supports, and appropriate changes to reentry plans. From what JHA has ascertained thus far in speaking with staff and administration, the PRB and aftercare specialists have been able to successfully work in collaboration to timely alter reentry and placement plans as needed when youths' circumstances change – which was a problem under the adult parole model.

⁶⁰ See *Models for Change Newsroom* (December 3, 2012), available at: <http://www.modelsforchange.net/newsroom/452>

⁶¹ See Illinois Department of Human Services, *Illinois Juvenile Justice Commission Youth Reentry Improvement Report, Part IV (c)*: available at: <http://www.dhs.state.il.us/page.aspx?item=58025>

⁶² See Lindsay Bostwick, Jordan Boulger, and Mark Powers, Illinois Criminal Justice Information Authority (ICJIA), *Juvenile Recidivism in Illinois: Exploring Youth Re-Arrest and Re-Incarceration*, 1-37, p.13 (August, 2012) available at: http://www.icjia.state.il.us/public/pdf/ResearchReports/IDJJ_Recidivism_Delinquents_082012.pdf; Illinois Department of Human Services, *Illinois Juvenile Justice Commission Youth Reentry Improvement Report*, p.27: available at: <http://www.dhs.state.il.us/page.aspx?item=58025>

⁶³ *Ibid.*

Currently, there is no set statutory guideline limiting the time a minor must be on juvenile parole before being considered for parole discharge. Further, unless and until a minor's parole is formally deemed discharged, the only factor limiting the length of parole is age, in that a youth, upon reaching majority and turning 21, is no longer subject to the jurisdiction of the juvenile court.⁶⁴⁶⁵ The arduous length of juvenile parole necessarily increases the odds that a minor will violate a technical parole condition at some point during his supervision. And, in the absence of a youth-based system of graduated sanctions to address technical parole violations, there is a great likelihood that the minor will be re-committed to IDJJ for this technical parole violation.

In an effort to address these issues, IDJJ issued a policy bulletin and directive on September 1, 2012, recommending to the PRB that youths be considered for discharge from parole within one year of their release from a facility if they successfully engage in reentry activities and programming, and comply with parole conditions for the preceding year. IDJJ's policy bulletin further specifies that youth who are not approved for discharge from parole at the one-year mark should again be reconsidered for parole discharge within six months.

JHA supports these efforts. Overriding evidence confirms that re-incarcerating youths for technical parole violations is expensive and counterproductive because it disrupts youths' reconnection with positive community influences such as school, work, family, and the community, while failing to increase public safety.⁶⁶ A consensus of juvenile justice policymakers, researchers, advocates, practitioners, and experts support shortening the length of parole for low-risk youth, using intermediate sanctions to respond to technical parole violations, and incentivizing positive behavior by granting youth early

⁶⁴ See Illinois Juvenile Court Act of 1987, 705 ILCS 405/5-755 (2012), available at: <http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=070504050HArt.+V&ActID=1863&ChapterID=50&SeqStart=13300000&>

⁶⁵ See Lindsay Bostwick, Illinois Criminal Justice Information Authority, Policies and Procedures of the Illinois Juvenile Justice System 1-35, p.22 (August, 2010), available at: http://www.bwla.org/Uploads/1/docs/1-17%20Roundtable%20Policies%20and%20Procedures%20of%20the%20Juvenile%20Justice%20System_2010.pdf

⁶⁶ See James Austin, Kelly Dedel Johnson, and Ronald Weitzer, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Alternatives to the Secure Detention and Confinement of Juvenile Offenders*, 1-41 (September, 2005), available at: <https://www.ncjrs.gov/pdffiles1/ojjdp/208804.pdf>; The Annie E. Casey Foundation, *No Place for Kids: The Case for Reducing Juvenile Incarceration*, 1-51, p.13-25 (2011), available at: http://www.aecf.org/~media/Pubs/Topics/Juvenile%20Justice/Detention%20Reform/NoPlaceForKids/JJ_NoPlaceForKids_Full.pdf; Illinois Department of Human Services, *Illinois Juvenile Justice Commission Youth Reentry Improvement Report* : available at: <http://www.dhs.state.il.us/page.aspx?item=58025>

discharge from parole as a reward for parole compliance.⁶⁷ The wisdom of this position is buttressed by data indicating that the indiscriminate use of lengthy terms of parole is cost prohibitive and can compromise public safety by undermining reentry efforts. Further, there is a dearth of evidence showing that technical parole violations are actually predictive of future criminality.⁶⁸

In addition to shortening the length of juvenile parole, JHA believes that the procedures used in juvenile parole revocation hearings must be reformed to protect juveniles' basic due process rights. Over four decades ago in *Kent v. United States*, 383 U.S. 541, 555 (1966), the United States Supreme Court cautioned that while the State ostensibly acts as a parent rather than an adversary in juvenile justice proceedings, juvenile defendants commonly end up receiving “[t]he worst of both worlds” in that they get “[n]either the protections accorded to adults nor the solicitous care and regenerative treatment postulated for children.”⁶⁹ Nowhere is this more apparent than in juvenile parole revocation proceedings.

As thoroughly documented in the Illinois Juvenile Justice Commission's (IJJC) 2011 report, basic due process protections—including the right to a preliminary hearing on probable cause, notice of charges, assistance of counsel, the opportunity to be heard and to present evidence and witnesses, and the opportunity to cross-examine adverse witnesses—are rarely afforded to youth in parole revocation hearings before the PRB.⁷⁰ This situation remains relatively unchanged at the time of this report's writing, but is the subject of a pending class action suit.⁷¹ JHA believes that juvenile parole revocation proceedings must be comprehensively reformed to conform to basic due process rights and standards of fundamental fairness. Accordingly, we agree with and adopt the reform

⁶⁷ See, e.g., Pew Center on the States, *When Offenders Break the Rules: Smart Responses to Parole and Probation Violations* (2007), available at: http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/sentencing_and_corrections/Condition-Violators-Briefing.pdf

⁶⁸ David M. Altschuler, Troy L. Armstrong, and Doris Layton MacKenzie, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Reintegration, Supervised Release, and Intensive Aftercare*, 1-24, p. 5 (1999), available at: <https://www.ncjrs.gov/pdffiles1/175715.pdf>

⁶⁹ See *Kent v. United States*, 383 U.S. 541 (1966), available at: <http://supreme.justia.com/cases/federal/us/383/541/case.html>

⁷⁰ See *Illinois Juvenile Justice Commission Youth Reentry Improvement Report November 2011*, p.12 available at: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/DCHP/RFP/IJJC_YouthReentryImprovement.pdf

⁷¹ See October 23, 2012 complaint filed in *M.H. v. Monreal, et. al.*, Case No. 12CV8523, available at: <https://docs.google.com/viewer?a=v&q=cache:Zxf4WCBamRIJ:jjjustice.org/wp-content/uploads/Parole-Complaint-filed1.p>

recommendations previously set forth by the IJJC, including the recommendations that youth be provided with counsel at all revocation hearings, and that final decision-making authority in juvenile revocation proceedings be transferred to the Illinois courts.⁷²

(8) Improve oversight and accountability of independent service providers by monitoring contract deliverables and performance data, increasing the collection and evaluation of data on program outcomes, and making this data available to the public in annual published reports.

Careful oversight of independent service contractors is essential to ensure the delivery of quality services and that the programs in which the state invests are effective, cost-efficient, and produce results. While performance data and outcomes are tracked and monitored with respect to some service providers, historically government oversight, transparency, and public accountability of independent providers has been lacking in Illinois.

In the realm of juvenile justice, oversight of independent service providers is especially critical because the state has a non-delegable, legal duty to provide for the safety, wellbeing, treatment, and rehabilitation of youth in its custody.⁷³ Absent consistent data collection, performance and outcome evaluation, and careful monitoring of service providers, there can be no assurance that the state, in fact, is meeting its legal obligations to youth.

Consistent with best practices, JHA recommended that IDJJ: (1) implement a program to monitor contract deliverables and collect and evaluate performance data and outcomes of independent contractors who provide treatment and programming to youth in IDJJ facilities; and (2) make this data available for public scrutiny in published reports. Preceding the publication of this report, IDJJ verified to JHA that such measures have been instigated.

Specifically, IDJJ indicated that the vendors who contract to provide youth with programs or services are required to: (1) demonstrate that their programs are founded in evidence-based best practices; and (2) enumerate specific evidence-based performance indicators that will be used to assess the progress of participants in the program and the program's overall effectiveness. Further, vendors are required to provide regular performance data to IDJJ, and submit to regular quality improvement meetings to assess

⁷² See *Illinois Juvenile Justice Commission Youth Reentry Improvement Report November 2011*, p.38 available at: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/DCHP/RFP/IJJC_YouthReentryImprovement.pdf

⁷³ State and Federal law places an affirmative duty on the state to provide juveniles in custody with competent supervision, care, and rehabilitative treatment. See *DeShaney v. Winnebago County Dept. of Social Services*, 489 U.S. 189 (1989), *Camp v. Gregory*, 67 F.3d at 1294 (7th Cir. 1995); *Nelson v. Heyne*, 491 F.2d 352 (7th Circuit 1974); 705 ILCS 405/1-2(3)(b) (2011).

programs' effectiveness and development. Finally, to retain service contracts with IDJJ, vendors must meet the projected performance expectations set forth in their contracts, and demonstrate the effectiveness of their programs through documented data.

JHA endorses these accountability measures, and recommends that such measures be instituted with all independent contractors who provide direct care, services or programming to Illinois' youth. Limiting the state's investment to juvenile programs and approaches that are demonstrated to be effective not only avoids the considerable waste of human and financial resources that come from supporting ineffective programs, but also reduces the potential harm to youth from being subjected to inept programs.⁷⁴

Apart from expanding contractual oversight, IDJJ is also working with outside research organizations, like the University of Chicago Crime Lab and the Chapin Hall Center for Children, to collect and analyze performance data for certain pilot programs, including the on-line educational enhancement program and the Aftercare program. At the time of this report's writing, data collection and analysis of these programs was still ongoing.. IDJJ indicated this information would be made available to JHA in the future. For the reasons previously stated, JHA additionally recommends that performance and outcome data on juvenile justice programs, including programs provided by independent service contractors, be made available to the public through annual published reports so that the public can evaluate and make informed decisions about the best use of public expenditures.

(9) Increase collection, analysis, and use of data in juvenile justice policymaking and planning, and implement a technological framework to enable timely, efficient electronic information sharing among IDJJ and other child welfare stakeholders. In tandem, work to develop and institute confidentiality practices and procedures to protect juveniles' rights of privacy and to prevent the unauthorized dissemination and use of youths' private information.

Over the past year, IDJJ significantly increased its capacity for data collection. JHA commends the agency for this achievement. At the same time, JHA found data collection practices and access to data inconsistent at some facilities.. To illustrate, while IYC-Warrenville was able to provide JHA with data on the facility's use of confinement at the time of our visit, other facilities were unable to readily produce this information.⁷⁵ Absent uniform data-collection practices and ready access to this information, the effectiveness

⁷⁴ See Mark W. Lipsey, James C. Howell, Marion R. Kelly, Gabrielle Chapman, and Darin Carver, Georgetown University, Center for Juvenile Justice Reform, *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practices*, 1-68, p. 35 (December, 2010), available at: <http://cjjr.georgetown.edu/pdfs/ebp/ebppaper.pdf>

⁷⁵ See JHA's 2012 Monitoring Report on IYC-Warrenville, available at: http://thejha.org/sites/default/files/IYC_Warrenville_Report.pdf

of individual facilities' programs and initiatives, including confinement reduction efforts, cannot be objectively assessed.

At this juncture, IDJJ's next major challenge is to apply and use the data it collects to inform and drive policies at the individual facility and system level. It is by now well established that the most effective, efficient juvenile justice strategies are data-driven and performance-based.⁷⁶ Objective, quantifiable data is instrumental to accurately evaluating a facility's functioning, and to reconciling discrepancies between stated policies and actual practice. Absent rigorous data collection and the use of objective outcome measurements, juvenile justice decision makers lack the tools needed for sound policymaking—and instead, must rely on general, anecdotal, and often inaccurate information to identify problems and solutions.⁷⁷

To further increase transparency and accountability, JHA recommends that IDJJ not only continue its efforts at data collection in the coming year, but also publish key performance and outcome data for all facilities, including data on facilities' use of confinement. Increasing public access to such data would not only encourage public dialogue on juvenile justice reforms, but also enhance stakeholders' ability to independently assess facilities' programs, initiatives, and practices. Further, allowing the public ready access to performance data will increase public confidence in the justice system and enable the public to make informed judgments about the best way to address juvenile justice issues and use taxpayer dollars.

JHA notes that IDJJ has already undertaken some critical steps towards achieving these goals. As of September of 2012, IDJJ, with funding from the Illinois Juvenile Justice Commission, hired a new staff member to oversee data collection for the department.⁷⁸ This staff member's long-term objective includes developing and implementing integrated electronic data systems to facilitate information collection and sharing within – and between – IDJJ and other juvenile justice entities, such as the Department of

⁷⁶ See United Nations Office on Drugs and Crime, *Criteria for the Design and Evaluation of Juvenile Justice Reform Programmes*, 1-23 (August, 2010), available at: http://www.unodc.org/pdf/criminal_justice/Criteria_for_the_Design_and_Evaluation_of_Juvenile_Justice_Reform_Programmes.pdf; Models for Change, *Illinois Leaders' Perspectives on Juvenile Justice Progress, Needs, and Strategies*, 1-51 (Spring, 2012), available at: <http://jjustice.org/wp-content/uploads/Fast-Forward-Report-FINAL.pdf>; The Annie E. Casey Foundation, *A Road Map for Juvenile Justice Reform*, 1-52, available at: http://www.aecf.org/~media/PublicationFiles/AEC180essay_booklet_MECH.pdf

⁷⁷ *Ibid.*

⁷⁸ The Illinois Juvenile Justice Commission (IJJC) serves as the federally mandated State advisory group to the Governor, the General Assembly and the Illinois Department of Human Services on juvenile justice matters, and develops, reviews, and approves the State's juvenile justice plan for the expenditure of funds granted to Illinois by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP). For more information, see IJJC's website: <https://www.dhs.state.il.us/page.aspx/165.112.78.61/ClubAlert/Modules-DHS/Config-WebSite/Images/page.aspx?item=32000>

Children and Family Services, the Department of Health and Human Services, school districts, public aid agencies, and the juvenile and criminal courts.

The need for an integrated electronically based juvenile data-sharing system has long been recognized. To illustrate, in the absence of such a system, IDJJ has great difficulty obtaining youths' school records and preexisting Individual Education Programs (IEPs) from the public school system.⁷⁹ Lack of ready access to this information, in turn, seriously impedes the ability of facilities' teaching staff to timely evaluate and meet youths' educational needs during incarceration and their ability to plan for their reentry. Delay in accessing school records is particularly challenging when staff are tasked with developing education plans for youth committed IDJJ for only a short length of time. Without timely, unimpeded access to relevant youth data and records, IDJJ schools, reception and classification units, and medical and mental health units, are hampered in their ability to execute suitable placement and treatment decisions.

The United Nations Standard Minimum Rules for the Administration of Juvenile Justice specifically provide that “[e]fforts shall be made to establish a regular evaluative research mechanism built into the system of juvenile justice administration and to collect and analyze relevant data and information for appropriate assessment and future improvement and reform of the administration.”⁸⁰ As noted in a 2012 Models for Change study, Illinois law enforcement officials, courts, prosecution and defense attorneys, and public and private juvenile justice stakeholders uniformly agree that “systems fragmentation,” and lack of effective information-sharing and coordination among juvenile justice entities “[n]ot only wastes resources but can also actually endanger public safety, and, at the same time, slow the rehabilitation and re-entry processes as when, for example, information about a youth’s behavioral health status is not passed along from one entity to another.”⁸¹

IDJJ confirmed to JHA that work is actively underway to implement the new, integrated juvenile justice data-sharing and case management systems, “Youth 360” and “Youth Development Plan,” which will capture all relevant youth data, and will allow timely, efficient information-sharing among multiple child welfare entities. Ideally, the integrated data-sharing/case management systems will enable IDJJ staff to: (1)

⁷⁹ An “IEP” is a written plan/program developed by a school’s special education team, which specifies the youth’s academic goals, methods to obtain these goals, and plans for educational progress and transition. See U.S. Department of Education, *A Guide to the Individualized Education Program*, available at: <http://ed.gov/parents/needs/speced/iepguide/index.html>

⁸⁰ See United Nations Standard Minimum Rules for the Administration of Juvenile Justice (“The Beijing Rules”), Rule 30.3, available at: <http://www.un.org/documents/ga/res/40/a40r033.htm>.

⁸¹ See Models for Change, Illinois *Leaders’ Perspectives on Juvenile Justice Progress, Needs, and Strategies*, p. 10 (Spring, 2012), available at: <http://jjustice.org/wp-content/uploads/Fast-Forward-Report-FINAL.pdf>

historically track a youth's progress through multiple systems, identifying the services provided at every point at which a government entity (*e.g.*, child welfare agency, public school system, public aid agency, juvenile court, etc.) connected with a youth and his family; and (2) capture and track youths' progress through the juvenile justice system from the time of their initial entry into IDJJ and assessment in Reception and Classification, through the time of their reentry, including post release placements and programming.

JHA supports this initiative. Implementation of an electronic juvenile information sharing systems has the potential to maximize scarce state resources and greatly improve the delivery of services to at-risk youth and their families by: (1) enabling decision makers to electronically access and promptly exchange critical information at key decision points; (2) improving data quality and facilitating more efficient access to data from multiple locations; (3) and eliminating redundant data collection and entry.⁸²

At the same time, JHA believes that juvenile information sharing should be subject to continuous assessment, and that comprehensive confidentiality policies and procedures must developed to ensure that juveniles' privacy rights are protected. JHA further believes that juveniles and their families should directly be consulted and made part of the decision-making process in developing confidentiality policies. As a matter of best practices and to balance the competing interests of information-sharing and privacy protection, JHA therefore recommends that IDJJ, and all entities involved in implementation of these new juvenile data sharing systems adhere to the *Guidelines for Juvenile Information Sharing* set forth by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.⁸³

(10) Develop and institute an initiative to facilitate voter registration and absentee voting among eligible IDJJ youth. Educate youth about their voting rights and encourage civic engagement.

In 2012, JHA was contacted by a youth at Warrenville who sought our assistance in voting in the upcoming election. The exchange prompted JHA to examine IDJJ's policies regarding the voting rights of confined youth.⁸⁴ We learned from IDJJ that eligible youth

⁸² See Jennifer Mankey, Patricia Baca, Stephanie Rondenell, Marilyn Webb, and Denise McHugh, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Guidelines for Juvenile Information Sharing*, 1-26 (October, 2006), available at: <https://www.ncjrs.gov/pdffiles1/ojdp/215786.pdf>

⁸³ *Ibid.*

⁸⁴ The Illinois Constitution and the Illinois Election Code grant Illinois residents aged 18 years and older the right to vote. See Illinois Constitution of 1970, Article III, sections 1 and 2; 10 ILCS 5/3-5 (2012). Although Illinois law prohibits a person who is incarcerated for a criminal conviction from voting while imprisoned, Illinois courts have consistently held that juvenile adjudications do not constitute criminal convictions. *People v. Taylor*, 221 Ill. 2d 157 (2006); *In re W.W.*, 97 Ill. 2d 53(1983); *People v. Rankin*, 297 Ill. App. 3d 818 (1998).

in IDJJ facilities are allowed to register to vote and to cast a ballot. However, the job of facilitating registration and voting falls on the individual facilities. Although IDJJ does not currently have a system-wide voting program in place, administrators are receptive to the idea of piloting such an initiative.

Voting, like graduating from high school, obtaining a job or marrying, is an important rite of passage which signals that a person has obtained adulthood and is accepted as a full citizen. Indeed, voting itself is a meaningful participatory act by which a person affirms and recognizes his own membership in the community.⁸⁵

One of the tragic consequences of juvenile justice involvement, however, is that youth who are adjudicated delinquent and officially labeled “offenders” come to view themselves as deviant and separate from the larger community.⁸⁶ Self-identification with the official label of “criminal” increases the probability of youth becoming attached to socially deviant groups like street gangs. This, in turn, increases the probability that they will engage in delinquency, crime, and anti-social behavior.⁸⁷

Evidence indicates, by contrast, that civic reintegration into the community through the act of voting correlates with a lower rate of recidivism.⁸⁸ Evidence further indicates that a person who actively participates in the democratic process is more likely to adopt the shared values of the community, and see him or herself as a stakeholder in the

⁸⁵ See Christopher Uggen, Jeff Manza and Angela Behrens, ‘*Less than the Average Citizen*’: Stigma, Role Transition and the Civic Reintegration of Convicted Felons, 258-290, Shadd Maruna and Russ Immarigeon, eds, *After Crime and Punishment: Pathways to Offender Reintegration* (Willan Publishing, 2004), available at: http://www.socsci.umn.edu/~uggen/Uggen_Manza_Behrens_CH_04.pdf; Christopher Uggen and Jeff Manza, *Voting and Subsequent Crime and Arrest: Evidence From a Community Sample*, 36 *Columbia Human Rights Law Review*, 193-215 (2004), available at: http://www.soc.umn.edu/~uggen/Uggen_Manza_04_CHRLR2.pdf; Guy Padraic Hamilton-Smith and Matt Vogel, *The Ballot as a Bulwark: The Impact of Felony Disenfranchisement on Recidivism*, *Berkeley La Raza Law Journal*, Volume 23, Issue 2, 1-24 (2012), available at: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1919617; Jón Gunnar Bernburg, Marvin D. Krohn, Craig J. Rivera, *Official Labeling, Criminal Embeddedness, and Subsequent Delinquency: A Longitudinal Test of Labeling Theory*, *Journal of Research in Crime and Delinquency*, Volume 43, Number , 67- 88 (February, 2006), available at: <http://www.uk.sagepub.com/tibbetts/study/articles/SectionVIII/Bernburg.pdf>

⁸⁶ Jón Gunnar Bernburg, Marvin D. Krohn, Craig J. Rivera, *Official Labeling, Criminal Embeddedness, and Subsequent Delinquency: A Longitudinal Test of Labeling Theory*, *Journal of Research in Crime and Delinquency*, Volume 43, 67- 88 (February, 2006), available at: <http://www.uk.sagepub.com/tibbetts/study/articles/SectionVIII/Bernburg.pdf>.

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

community.⁸⁹ Allowing youth to rehearse, try out, and see themselves in new pro-social roles—good student, dependable worker, conscientious neighbor, responsible parent, breadwinner, taxpayer, engaged citizen—is also essential for youth to overcome the stigma of incarceration, and redefine and recognize themselves as valued members of the community.⁹⁰ JHA believes that developing an initiative to promote registration, voting and civic engagement among IDJJ youth could help accomplish this.

Accordingly, JHA recommends that IDJJ, in partnership with JHA, and in consultation with national and local youth, minority and women’s voting organizations, work towards implementing a program to facilitate voter registration and absentee voting and to encourage youths’ civic engagement.

Models for Change
Systems Reform in Juvenile Justice

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⁸⁹ *Ibid.*

⁹⁰ *Ibid.*