

Final Report of the Blue Ribbon Committee Chair

Gene Griffin, J.D., Ph.D.

May 16, 2022

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The Honorable Timothy C. Evans
Chief Judge of the Circuit Court of Cook County
50 W Washington St., Rm. 2600
Chicago, IL 60602

Dear Chief Judge Evans:

In April 2021 you reconvened the Circuit Court of Cook County Committee (Blue Ribbon Committee, BRC) on the Juvenile Temporary Detention Center (JTDC) to examine use of room confinement in the JTDC as well other issues.

While arguably there will always be more work to be done to help youth in detention, this Final Report of the Blue Ribbon Committee Chair is my summary of the BRC's work over the past year. The report accurately reflects the conditions at the JTDC, and the changes needed to benefit youth. You and I discussed these findings and recommendations, which are supported by a majority of the BRC. I personally believe the top priorities for improving the treatment of youth in detention are:

- Appointing a new JTDC Superintendent who has experience with rehabilitative programming and is committed to transforming the JTDC from simply housing youth within its charge to safely developing youth competency.
- Fully reporting the number of hours that JTDC youth spend locked in their cells every day and replacing many of those hours with supportive staff contact and programming.
- Reducing the use of the current JTDC physical structure by sending youth to smaller, community-based homes and facilities where youth can remain safely under the court's jurisdiction while participating in specialized, rehabilitative programs.

It has been a privilege to serve as Chair of the BRC. As I step down, I look forward to future public discussions as to how Cook County can best help youth in detention.

Sincerely,



Gene Griffin, J.D., Ph.D.
Chair of the Blue Ribbon Committee

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3. Summary of Findings and Recommendations

These Findings and Recommendations are pulled from the text of the report for ease of access. A more complete explanation of each is included in the body of this report.

This report of the Blue Ribbon Committee (BRC) reviews the current functioning of the Cook County Juvenile Temporary Detention Center (JTDC), making findings and recommendations for next steps. The BRC believes that the safety, rehabilitation, and positive development of youth are the most important objectives of the juvenile court system. They can be achieved while maintaining public safety. The BRC finds:

FINDING I: The JTDC meets its mandate to keep youth safe and in custody. However, the JTDC does not meet its affirmative duty to rehabilitate youth and help high-risk youth heal through trauma-informed, developmentally appropriate care. The JTDC should play an essential role in rehabilitating youth, which would reduce recidivism and improve community safety. (p. 7)

FINDING II: The JTDC does not use solitary confinement. However, its approach to working with the youth is isolating and deprivational, rather than rehabilitative and relational. The JTDC over relies on room confinement. (p. 9)

FINDING III: Within the JTDC, youth are locked in their cells for most of the day every day. JTDC reports on room confinement do not include the 12 hours that youth spend locked in their cells every night, because these are considered “sleeping hours.” The negative impact of confinement is not diminished because it is categorized as “sleeping.” Being locked in a cell alone is confinement, regardless of the semantics, and prolonged confinement harms rather than rehabilitates youth. (p. 12)

FINDING IV: Currently, the primary function of unit staff is to maintain custody of the youth rather than engage them. JTDC’s behavior modification program is insufficient for rehabilitation. Other programming significantly decreased over the last two years due to COVID and has not been reinstated. The JTDC does not provide sufficient culturally appropriate specialized programs for females, LGBTQ+, mentally ill, substance abusers, traumatized, developmentally disabled, or transition age youth. Mental health staff are underutilized. They need to become more diverse and complete their trauma-informed self-assessment of the Cook County Juvenile Justice System. (p. 16)

FINDING V: The JTDC’s Nancy B. Jefferson School (NBJ) approach to educating youth in detention must shift from the current norm of prioritizing order and conformity to prioritizing a quality education that leads to marketable skills, both interpersonal and professional. The NBJ

school curriculum and assessments are not appropriate for students in a juvenile detention center. NBJ should assign youth to classrooms based on subject matter and level of functioning. NBJ needs to offer significantly more opportunities for vocational training. JTDC COVID teaching restrictions further deteriorated an already deficient learning environment and they were never approved by Chicago Public Schools. Joint professional training of NBJ and JTDC staff is inadequate. (p. 21)

FINDING VI: The JTDC does not adequately engage families. (p. 24)

FINDING VII: At a system level, the JTDC operates as a silo. The JTDC needs to improve the coordination of its work within the juvenile court system as well as with relevant providers outside the juvenile court system. (p. 26)

FINDING VIII: The JTDC physical structure is inappropriate and should be replaced with smaller, community-based facilities that have specialized programs. This shift should be able to start by relying on the expertise of existing community-based providers. (p. 27)

Based on these Findings the BRC makes the following **Recommendations:** (p. 29)

1. The Chief Judge and JTDC Superintendent need to prioritize the rehabilitation of youth under their care. This includes incorporating concepts of restorative justice, positive youth development, and youth competency.
2. These needed improvements must come from the top and require support from the Chief Judge and from a JTDC Superintendent who has experience with rehabilitative programming and is committed to transforming the JTDC within the juvenile court system and community.
3. The Chief Judge and the Cook County Board need to reduce of the use of the current physical structure and send youth to smaller, community-based homes and facilities with specialized programs. Each should provide a safe and secure environment employing a model of care that is developmentally appropriate, trauma-informed, and part of the rehabilitative process.
4. The Chief Judge should use his authority over the JTDC, Juvenile Probation, the Court Clinic, and the Juvenile Courts to insure they work collaboratively to promote youth rehabilitation.
5. The Chief Judge and JTDC Superintendent must work together to strengthen the JTDC's linkage with community agencies and programs whose mission is to rehabilitate youth.
6. The Chief Judge must increase accountability and transparency by designating a person/position/entity to oversee the transformation of the JTDC and the juvenile court system, and issue public reports on its progress.

7. This oversight of the JTDC needs to be data-driven, using measures of recidivism and functional assessments of youth improvement such as educational achievement, stable housing, and employment. Data should be analyzed by an external organization and shared with a review board that includes families and advocates.
8. The JTDC Superintendent must fully report the number of hours that youth spend locked in their cells every day and work to reduce those hours.
9. The JTDC Superintendent, working with mental health staff and relevant experts, must design culturally appropriate and specialized programs for females, LGBTQ+, mentally ill, substance abusers, traumatized, developmentally disabled, and transition age youth.
10. The JTDC Superintendent must evolve staff interactions with youth from being merely custodial, based on a behavior modification level system, to providing a rehabilitative response to youth.
11. The JTDC Superintendent and staff must engage families, having them participate in treatment, transition planning, JTDC events and training.
12. NBJ leadership needs to revise its assessments and curriculum to better match the needs of the youth at JTDC.
13. The JTDC Superintendent and NBJ leadership need to develop appropriate vocational training including working with community vocational training providers.
14. The JTDC Superintendent and NBJ leadership need to develop appropriate educational plans for days when youth cannot attend school.
15. The Chief Judge and the person/position/entity designated to oversee the transformation of the JTDC and the juvenile court system, should talk with other trauma-informed, rehabilitation-focused Juvenile Detention Centers about how they implemented changes.

4. Background

The Cook County Juvenile Temporary Detention Center (JTDC) is a detention facility for minors between the ages of ten to twenty-one who are subject to Juvenile Court or Adult Criminal Court jurisdiction.¹ The JTDC has a capacity of 382 youth.² Built in 1973, the JTDC is a five-story facility of 650,000 square feet with a mile of interior corridors. It is the largest stand-alone juvenile detention facility in the country.³ The juvenile justice courtrooms are on the first floor of the building.⁴ The Nancy B. Jefferson School (NBJ) is in the locked part of the JTDC on the second floor along with the JTDC intake area and administrative offices. Floors three through five are the youth living areas. (For additional information regarding the youth and staff, see Appendix D – Data Analysis of the JTDC Population.)

A. The Objective of the Juvenile Justice System is Rehabilitation

In *Miller v Alabama*, (2012)⁵ the U.S. Supreme Court affirmed that rehabilitation is the objective of sentencing youth. The Miller Court relied upon brain development research showing that juveniles are more amenable to treatment and capable of change than adults, and that the purposes of adult sentencing, such as retribution, deterrence, and incapacitation, are not appropriate for juveniles.⁶

Ever since Illinois created the first Juvenile Court in the nation in 1899, its stated priority has always been rehabilitation of youth. The current Illinois Juvenile Court Act (ILJJ Act)⁷ is based on the rehabilitative concept of Balanced and Restorative Justice (BARJ), which places *an affirmative duty* on the system to develop the competencies of the youth in its care. “The absence of bad behavior or deficits is not competency,” according to the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). “Competency is the enhancement and building of strengths, resources, interests, potentials, and positive attributes.”⁸ The ILJJ Act defines competency as “the development of educational, vocational, social, emotional, and basic life skills.”⁹

Thus, the Cook County Juvenile Temporary Detention Center (JTDC), as part of the Illinois juvenile justice system, has an affirmative duty to rehabilitate youth through competency development. Said differently, it is not enough for the JTDC to simply keep youth safe and in custody. It is not enough to avoid overcrowding, violence / abuse, and solitary confinement. The JTDC must actively participate in the continuity of care of the juvenile justice system. JTDC programs must assertively engage in positive youth development.¹⁰

B. History of the Blue Ribbon Committee

Cook County Chief Judge Timothy Evans originally established The Circuit Court of Cook County Committee on the Juvenile Temporary Detention Center (Blue Ribbon Committee or BRC) by General Administrative Order in September 2014.¹¹ Pursuant to Chief Judge Evans’ request, the Committee (which included experts from the fields of juvenile justice, medical and mental health, law, education, labor and employment, as well as elected officials and the judiciary) conducted a national search and recommended several candidates for the position of Superintendent. In February 2015, Chief Judge Evans chose Leonard Dixon to become the new Superintendent of the JTDC.

After Superintendent Dixon’s appointment, the Chief Judge asked members of the BRC to remain on as a transition team, tasked with making recommendations regarding the JTDC to

both the new Superintendent and the Chief Judge. The BRC Transition Team issued its recommendations in 2016 and proposed that the BRC and Superintendent continue to work together to design, execute, and refine a plan with measurable goals and outcomes in education, health, and programming for the JTDC. The Superintendent included the BRC in his initial Strategic Plan for the JTDC but did not continue to collaborate with the BRC after that.

Between 2016 and 2021, several other groups reviewed programming at the JTDC and made recommendations for improvement.¹² Subsequently, the JTDC made some adjustments, and the court reorganized some juvenile court processes.¹³

In April 2021, after the Cook County Juvenile Detention Advisory Board raised concerns about the use of solitary confinement and attorneys challenged the quality of special education services at the JTDC, Chief Judge Evans re-convened the BRC asking it “to examine procedures at the JTDC and figure out what is being done right and what can be done better.”¹⁴

C. Current Scope of Review

In a May 2021 meeting, Chief Judge Evans and the BRC agreed that the scope of its review would be how the JTDC 1) implemented the BRC Transition Team recommendations made in 2016; 2) uses room confinement; 3) addresses education issues; and 4) functions within the juvenile justice system. The BRC and Chief Judge agreed to release a summary of the committee’s findings to the public. This report incorporates the scope of review into its findings and recommendations. It addresses:

1. The JTDC’s Affirmative Duty to Rehabilitate Youth
2. Conditions Inside the JTDC
3. The Nancy B. Jefferson School
4. System Integration

5. Overview and Findings

A. The JTDC’s Affirmative Duty to Rehabilitate Youth

FINDING I: The JTDC meets its mandate to keep youth safe and in custody. However, the JTDC does not meet its affirmative duty to rehabilitate youth and help high-risk youth heal through trauma-informed, developmentally appropriate care. The JTDC should play an essential role in rehabilitating youth, which would reduce recidivism and improve community safety.

The JTDC keeps youth safe and in custody.¹⁵ It avoids overcrowding and violence / abuse by staff. Though the Superintendent acknowledged that the JTDC is supposed to be part of the rehabilitation process,¹⁶ the BRC did not find sufficient evidence of a rehabilitation plan or programming. The JTDC does not actively develop the competencies of the youth it cares for, as required by BARJ and the Illinois Juvenile Court Act. Instead, it functions as a custodial detention center.

The late Dr. Carl Bell, a psychiatrist and co-chair of the original Blue Ribbon Committee, spent years consulting with the JTDC. In talking about the violent youth, he would often explain that “hurt people, hurt people.”¹⁷ This was said, not to excuse the harm caused by violent youth, but to emphasize the need for healing in order to stop the cycle of violence.

The JTDC plays a key role in working with violent and high-risk youth. It can meet its affirmative duty to rehabilitate youth by being a part of the healing process that can reduce violence and recidivism. The JTDC cannot do this by itself. However, by coordinating its work with the courts, the court clinic, and juvenile probation (within the juvenile court system) as well as with police, deferred prosecution,¹⁸ the Illinois Department of Juvenile Justice (IDJJ), schools and community providers (outside the juvenile court system), the JTDC can contribute to the healing process.

Most youth stay in the JTDC only a few weeks.¹⁹ For those youth, the JTDC can provide safety, stabilization, assessment, and linkage. Some of the most violent and high-risk youth are held at the JTDC while they are being tried as adults (referred to as Adult Transfers or AT’s). These youth can be at the JTDC for more than a year, which offers the opportunity to begin the healing work with these high-risk youth and their families.

A trauma-informed healing process includes concepts of Safety, Support, Self-regulation, and Strengths (4 S’s).²⁰ The JTDC already serves the first of these functions. It trains staff on trauma concepts and focuses on “Safety.” However, “Support” requires that adult staff provide some relational connections to youth, which most JTDC staff currently do not do. Once a high-risk youth connects with an adult, the adult can work with the youth on “Self-regulation” skills (including learning to tolerate negative feelings and learning nonviolent responses). JTDC mental health staff should also be involved in both the Support and Self-regulation work. Finally, with the additional assistance of school and vocational work, the JTDC could begin developing a youth’s “Strengths.” By coordinating with the rest of the juvenile justice system, this work could continue to progress post-release and result in positive youth development and rehabilitation, which would reduce recidivism and improve community safety.

That’s part of what Dr. Bell and the rest of the BRC were hoping to achieve back in 2016 when the Transition Team proposed that the BRC and Superintendent work together to design, execute, and refine a plan with measurable goals and outcomes in education, health, and

positive youth development for the JTDC. Many Transition Team recommendations relating to rehabilitation, competencies and positive youth development could have been implemented six years ago but were not.²¹ Those changes would have had the JTDC actively participating in the continuity of care of the JJ system and assertively engaging families and the community. Such results would have been consistent with the rehabilitation goal articulated by the U.S. Supreme Court and Illinois Juvenile Court Act and would have benefitted many JTDC youth over the past six years.

B. Conditions Inside the JTDC

When youth (“residents” in JTDC parlance) enter the JTDC, they go through an intake process. Based on this assessment, they are assigned to a unit (“pod”) that includes individual cells (“rooms”), a shower/toilet area, and a community space with chairs, tables, a television, and a desk for staff (“unit” or “line” staff). Most units are designated for male residents, with at least one unit designated for females and another for males with severe behavior management issues (“RESET” unit). According to the JTDC, “All residents participate in the [behavior modification] BMOD Program... an approach that replaces undesirable behaviors with more desirable ones by using the principles of conditioning. Behavior is modified with consequences, including both positive and negative reinforcements to increase desirable behavior.”²² A major part of BMOD is the use of a Level System, where youth are given (or lose) points based on their behaviors. A “level” is calculated weekly, which determines bedtime, the number/length of phone calls, and other privileges. A level can be lowered during the week if a youth misbehaves. Levels are not increased during the week so youth are not rewarded for good behavior until the next week.

i. Solitary Confinement, Room Confinement, & Locked Cells

FINDING II: The JTDC does not use solitary confinement. However, its approach to working with the youth is isolating and deprivational, rather than rehabilitative and relational. The JTDC over relies on room confinement.

At the July 2021 meeting with the BRC, the Superintendent stated that the JTDC does not use “solitary confinement.” He said that the JTDC does use “room confinement.” Neither of these terms accurately summarize all the time that JTDC youth are locked in their cells every day.

a. Solitary Confinement

The JTDC defines “solitary confinement” as “the housing of a juvenile with **minimal to rare meaningful contact with other individuals**. Those in solitary confinement often experience **sensory deprivation** and are offered **few or no educational, vocational, or rehabilitative programs**” (emphasis by the JTDC).²³ This definition comes from the National Commission on Correctional Health Care (NCCHC),²⁴ which, along with the JTDC, recognizes that different facilities refer to “solitary confinement” by a variety of terms but that “regardless of the term used, an individual who is deprived of meaningful contact with others is considered to be in solitary confinement.”

There is a large body of research documenting the physical and psychological harm caused by prolonged solitary confinement.²⁵ The NCCHC notes that “the inherent restriction in meaningful social interaction and environmental stimulation and the lack of control adversely impact the health and welfare of all who are held in solitary confinement” and lists many of the physical and mental health problems that arise from being kept in solitary confinement. “Some of these effects may persist after release from solitary confinement. Moreover, the very nature of prolonged social isolation *is antithetical to the goals of rehabilitation* and social integration.” (emphasis added)²⁶ Further, the NCCHC states that

these consequences are especially harmful to juveniles whose brains are still developing and those with mental health problems... Psychologically, children are different from adults, making their time spent in isolation even more difficult and the developmental, psychological, and physical damage more comprehensive and lasting. They experience time differently—a day for a child feels longer than a day to an adult—and have a greater need for social stimulation.²⁷

After noting that some experts find “the imposition of solitary confinement of any duration on juveniles is cruel, inhuman, and degrading treatment and violates both the International Covenant on Civil and Political Rights and the Convention against Torture,” the NCCHC takes the position that juveniles “should be excluded from solitary confinement of any duration.”

b. Solitary Confinement v Room Confinement

The JTDC defines “room confinement” as “any period of time a resident may spend in a single person room, where the door is locked *for any reason other than sleeping hours*.”²⁸

(emphasis added). This definition is similar to other organizations.²⁹ Some of these non-sleep time room confinements are categorized as “disciplinary” (e.g. major rules violations, extraordinary circumstances, and Superintendent holds) others are “behavior management” (e.g. cool-offs and lockdowns) and still others are “non-disciplinary” (e.g. self-confinement, requests by medical or mental health staff, or court returns). The JTDC uses over 20 terms to justify locking youth alone in a cell.³⁰

Given that both solitary and room confinement result in a youth locked in his cell alone, the difference appears to be those terms the JTDC put in bold print in its definition of solitary confinement (above). That is, room confinement is not solitary confinement because with room confinement the youth (1) does not experience sensory deprivation; (2) engages in educational, vocational, or rehabilitative programs; and (3) has meaningful contact with other individuals. If there were a continuum regarding a detention environment along those dimensions, solitary confinement would be at one end and a rehabilitative and relational environment would be on the other end. While the JTDC does not engage in solitary confinement, the current JTDC environment is much closer to the solitary confinement end of the continuum than to the healing, rehabilitative end. The current JTDC environment is isolating and deprivational, rather than rehabilitative and relational.

The isolation and deprivation JTDC youth experience result from (1) the conditions of the JTDC cells; (2) the lack of programming offered youth while locked in their cells; and (3) the lack of meaningful contact with other individuals youth have while locked in their cells.

c. Over Reliance on Room Confinement

In the 2019 update to its JDAI Facility Assessment of the Cook County Juvenile Temporary Detention Center,³¹ the Center for Children’s Law and Policy (CCLP) “noted the harmful effects of room confinement on adolescents, including trauma, psychosis, depression, anxiety, and increased risk of suicide and self-harm.”³² The group pointed out that it was concerned about the over-reliance of room confinement by the JTDC, and had found in 2016 that “the use of room confinement had *increased* very substantially.”³³ In the 2019 report, the group found improvement by the JTDC regarding the use of room confinement but still made formal recommendations that the JTDC needed to (1) develop alternative sanctions that do not involve room confinement for youth who refuse to get up in the morning or go to school; (2) Reduce the amount of room confinement for youth with Major Rule Violations and develop alternative sanctions. Ensure that policy and practice do not use 10 hours as a standard punishment for Major Rule Violations; and (3) ensure that policy and practice do not use one hour as a standard for “30 minute extended.”³⁴ That report was based on pre-COVID data.

The JTDC sent the BRC data regarding the use of room confinement from January 2019 through July 2021. That includes the COVID pandemic period which began in March 2020. Chapin Hall analyzed the data (see Appendix D below). It found that, on average, in the last six months reported (Jan – July 2021) youth were confined to their rooms over 100 times per month for Disciplinary Confinement (median time in room of 12 hours); over 200 times per month for Behavioral Management (median time in room of 1 hour); and over 300 times per month for Non-Punitive Events (median time in room of 16 hours). That is a huge number of hours that youth are confined to their rooms during the day. And this does not include the time that youth spend in their cells every day for “Sleeping Hours.”

FINDING III: Within the JTDC, youth are locked in their cells for most of the day every day. JTDC reports on room confinement do not include the 12 hours that youth spend locked in their cells every night, because these are considered “sleeping hours.” The negative impact of confinement is not diminished because it is categorized as “sleeping.” Being locked in a cell alone is confinement, regardless of the semantics, and prolonged confinement harms rather than rehabilitates youth.

JTDC reports “room confinement” hours but not all reports include all reasons youth are locked alone in their cells. Some reports list “disciplinary” and “behavior management” room confinement hours but not “non-disciplinary” time that youth spend alone in their cells.³⁵ More importantly, JTDC *never* includes the 12 hours that youth spend locked in their cells every night in its reports, because these are “sleeping hours” which JTDC excludes in its definition of “room confinement.” “Sleeping Hours” are set by the Level System, with youth on the lowest level locked in their cells beginning at 7pm and not getting out until 7 am.³⁶ Healthy adolescents do not sleep from 7pm to 7am every day, so the label itself is inherently inaccurate.

Thus, most JTDC youth spend a minimum of 13 hours (sleep time and shift changes) locked in their cells every day, even when everything is going well. All disciplinary, behavior management, and other non-disciplinary confinements that are reported, occur during the remaining 11 hours.

More importantly, the negative impact of confinement is not diminished because it is categorized as “sleeping” or for other “non-disciplinary” reasons. Being locked in a cell alone is confinement, regardless of the reason, and prolonged confinement harms rather than rehabilitates youth. Even the definition of “solitary confinement” says nothing about the reason a person is locked in his cell. The harm of solitary confinement is not mitigated because the official reason is “non-disciplinary” or for “sleeping.”

Chapin Hall highlights the amount of time that youth may spend alone in cells. In 2019:

- A youth who is confined for a disciplinary event (e.g. major rules violations) spent on average just under 8.5 hours in their cell. When considering time in cell at night and during a one-hour shift change, this youth would have spent about 21.5 out of 24 hours isolated.
 - *This type of confinement event occurred 3,110 times throughout 2019.*
- A youth who is confined for disciplinary or behavioral management reasons spent on average 3.5 hours in their cell. When considering time in cell at night and during shift changes, a youth would have spent 16.5 out of 24 hours isolated.
 - *This occurred for between 175 and 275 youth each month in 2019 and across 8,538 different disciplinary or behavioral management confinement events throughout the year.*

Being locked in your cell alone is confinement, regardless of the semantics, and prolonged confinement is harmful rather than rehabilitative. Semantics do not diminish the harsh reality that JTDC youth are locked in their cells for most of the day, every day. No parent would be allowed to do this to their child.³⁷

- Comments Made by Youth During BRC Interviews-

(During February and March of 2022, BRC members interviewed youth currently in the JTDC as well as youth previously held in the JTDC but now in the community on probation or in the Illinois Department of Juvenile Justice (DJJ) about their experiences at the JTDC. Interviewee statements are included here and in subsequent sections of this report as noted).³⁸

- Staff can put you in your room as much as they want without telling why or how long you will be there.
- If two kids fight, everyone goes to their rooms till staff finish their due process hearings and paperwork.
- Nobody wants to stay in their room. Staff uses room confinement to control us.

ii. JTDC Cells

As a primary example of deprivation, the cells at JTDC contain only a bed and a sink/toilet with no lid. There is a large window on the cell door and a window on the exterior wall of the cell (that lets in light, but it is usually above eye level). The room is not soundproof. The temperature varies, based on what part of floor the cell is located. A youth is allowed to have blankets but no pillow. There is no desk or chair, and no pens or pencils are allowed. A youth is allowed to keep some standard JTDC clothing and a small amount of reading material in the cell.



- Comments Made by Youth During BRC Interviews-

- It would be great if we could have a chair with a desk or a shelf.
- The blankets and soap are “icky.”
- My room is cold, and I am only allowed 6 blankets. We don’t get pillows, so I have been using 3 for a pillow, which only leaves me 3 for warmth and that is not enough.
- If I roll up my mattress and stand on it, I can look out my window.
- Every day was déjà vu. I couldn’t sleep. My bed was uncomfortable. I finally put my mattress on the floor at night to sleep on.

- The toilets are bad in the room and don't work well.
- I didn't like going to the toilet in my room because they could see you through the door. So, I would only pee there and use the toilet in the shower room for everything else.
- When I'm in my room I look out my window and watch cars go by. I talk to [the youth] in the cell next to me [his "roommate"] through the wall. But our cell doors are always locked.

iii. Daily Schedule

This is a description of how youth are supposed to be spending their time at the JTDC on weekdays. All youth begin on Level I after they clear intake and are assigned to a pod. Levels are calculated weekly but can be dropped at any time for disciplinary reasons. Given the average length of stay is 12 – 22 days for females and 26 – 34 days for males³⁹ there are always a significant number of youth on Level I at any point in time. Bedtime for Level I is 7 pm with the youth being locked in their cells from then until breakfast at 7 am the next morning (8 am on weekends).⁴⁰ Bedtimes are later for youth on higher levels, but morning release time remain the same.⁴¹

7 pm – 7 am: Bedtime as determined by the JTDC Level System.

7 am – 8 am: Breakfast, cleanup, and move from pods to the school on the second floor.

8 am – 2 pm: School. Youth eat lunch at school.

2 pm – 3 pm: Move back to pods and have "Secure Reflection" (for shift change) time in their rooms.

3 pm – 7 pm: Youth can be out of their room and on their pod or getting fresh air on the building rooftop. Youth eat dinner and shower before bed.

When on the pod in the afternoon (or weekends), youth can play cards or watch tv. Depending on the day and youth's level, phone calls and visiting may occur.

Since the juvenile courtrooms are on the ground floor of the facility, youth rarely leave the building and usually then only for medical appointments or other legal proceedings.⁴² Weather permitting, some youth may be taken out on the rooftop for fresh air. The rooftop is a hard, black surface with very little shade. It is surrounded by high walls. Youth report being allowed to walk around, jog, or play soccer and basketball. On the day the BRC toured the JTDC, one staff was watching a group of youth who were playing basketball. They had rolled and tied their shirts together to make the "ball."⁴³

- Comments Made by Youth During BRC Interviews -

- Staff will call off [in sick] on weekends and holidays. Summer is very short-staffed so we almost never came out of our rooms.
- We were not allowed out of our cells to watch the Superbowl [in 2021] because not enough staff showed up for work that night or the next morning. The lockdown continued the next day.
- We would come out of our rooms at 7 a.m. If you got in a fight, then you were in your room again until 7 a.m. the next day.
- If you have an enemy on the pod you can stay in your room all day.
- Most fights are during card games so I either watch tv or stay to myself.

FINDING IV: Currently, the primary function of unit staff is to maintain custody of the youth rather than engage them. JTDC's behavior modification program is insufficient for rehabilitation. Other programming significantly decreased over the last two years due to COVID. The JTDC does not provide sufficient culturally appropriate specialized programs for females, LGBTQ+, mentally ill, substance abusers, traumatized, developmentally disabled, or transition age youth. Mental health staff are underutilized. They need to become more diverse and complete their trauma-informed self-assessment of the Cook County Juvenile Justice System.

iv. Programming and COVID Challenges

The JTDC defines its lengthy room confinement as not solitary confinement because youth are “offered educational, vocational or rehabilitative programs.” A youth may have a limited amount of reading material in his cell, and, therefore, may be able to work on school or other programming while locked up. However, while the JTDC does offer some non-school programming, the BRC was presented with no evidence of any ongoing programming designed for youth locked in their cells.

The JTDC boasts that it has offered over 100 programs since 2016. These are typically sponsored by community groups that voluntarily come into the facility. Some of these have been excellent programs, with multiple youth referencing Storycatchers Theatre⁴⁴ and Becoming a Man.⁴⁵ Many other programs occurred only a few times. These programs have not been organized into a comprehensive system or overall rehabilitative plan by the JTDC.

The primary “program” at the JTDC is the BMOD Program, discussed earlier. This consequences-based model is not developmentally appropriate, as it ignores that most adolescent high-risk decision-making is based on emotional reactions and peer perceptions,

rather than behavioral conditioning. Behavior modification programs can help maintain structure but are inadequate for competency development and rehabilitation. More comprehensive programming is needed. Adolescent-focused and specialized programming is required for competency development.

Beginning in 2020, COVID disrupted the minimal programming that had been in place. While the JTDC did a good job of keeping infection rates down, this was the expense of isolating youth even more and keeping them locked in their rooms longer. Most programs were canceled.⁴⁶ Visitors were not allowed. Even when allowed out of their cells during COVID, youth were rarely allowed to leave their pods. The JTDC did not allow youth to go off unit to the school for over a year and a half.

According to youth, if someone in the facility tested positive for COVID, then the youth would be informed at 7am that they were not being released from their cells and would be kept in their rooms for the next 48-72 hours. They were not allowed on the pod together. Meals and schoolwork were delivered to their locked cells.

Recently, COVID conditions have improved with some programming and visits resuming. However, there are not sufficient structured activities for after-school hours, weekends, or vacations. JTDC programming is still not functioning at pre-COVID levels. Even then, overall programming was never sufficiently coordinated to develop youth competencies or support rehabilitation.

- Comments Made by Youth During BRC Interviews-

- During COVID you eat in your room, sitting on your bed, with your plate and spork.
- During COVID we went to school on the pod with 3 to a table. School in the morning, then lunch, then exercise on the pod; then tv, dinner, shower, and movie, then bedtime.
- Once any kid caught COVID, then everyone was kept in their rooms for 72 hours. Everything stopped during that time.
- I caught COVID but mostly felt drowsy. I felt odd. I was put on the COVID pod. On the COVID pod, only 2 youth were allowed out at a time. I would get out for an hour and a half a day to shower or use the phone or watch tv.
- There is no real programming here since the pandemic. I would like the old programs back.

v. Role of Staff

The major distinction between solitary confinement and room confinement should be that with room confinement, youth have “meaningful contact with others.” However, there

was little evidence of organized, meaningful contact by the JTDC staff with youth while locked in their cells. JTDC staff perform a traditional correctional role wherein they maintain safety and move the youth in detention to various places. They control the youth by giving or taking away points; putting youth in or allowing them out of their rooms; granting favors or privileges; and, in a crisis, maintaining safety through de-escalation or use of force. The rapid response team (“Rovers”) wear black shirts (rather than blue) and converge on a unit when an emergency call goes out.

By contrast, a developmentally sensitive or trauma informed JTDC would use staff differently. They would still maintain safety, move youth, and respond to crises. However, these staff would also learn to recognize the importance of their own interactions with a youth and the role they could play in changing that youth’s behavior.⁴⁷ Trauma-informed staff strive to have meaningful contact with youth. Some staff at the JTDC are doing this intuitively. Youth inherently understand the difference between staff who treat them in a behavior modification style versus those staff who work with them in a supportive style. Interacting with engaged supportive staff is healthier for youth and associated with significant reductions in restraints and critical incidents, as well as increased staff safety and job satisfaction.⁴⁸ It is also the strongest antidote to solitary confinement and its damaging effects.

- Comments Made by Youth During BRC Interviews-

- There are good and not so good relationships, depending on staff.
- Staff will restrain with handcuffs and become physical. If you do anything to not go with them, they will say you are refusing and punish you for that
- Staff has given me some advice which has changed my attitude here. Female staff are mothers, and Male staff are uncles here.
- There’s good staff and bad staff. Bad staff call you names, curse at you, and throw things at you and hit you and then say they were only playing around. When we’re in our rooms some staff talk bad about us, but we can still hear them.
- Some staff are really good. They have been in our shoes and can really talk to us. Some think you are just plain bad. They don’t understand what you have been through.
- Some staff would set limits or try to calm things down. Other staff would let us fight. I ain’t gonna lie. Some staff let us fight.
- Some staff won’t allow you seconds of the food, or take away phone calls, or short you on good food. They are little things, but in jail, little things matter a lot.
- I wrote up a grievance about a staff member who told me “I don’t give a F... about your grievance.”

- There are some good staff who relate well to kids. But other staff are just like robots. Work ethic is hard to change. The best staff keep getting pulled to other jobs and are given too much to do. Eventually they get tired of the extra work.
- The staff does things to you because they know they can. About 50% don't want to be here and take it out on residents.
- It can help you to change your mindset if you get with the right counselors and staff and teachers. They help you think about what you want to do when you leave.
- A few staff help us, but most are desensitized.
- Help us. Don't just entertain us.
- Change the mindset of the guards. They look at us like we're all bad. Some of us are bad. But some of us were just in the wrong place. We're supposed to be innocent until proven guilty. Treat us like we're a bad guy and that's what we'll be.

vi. Mental Health Services

Mental health staff offer the most meaningful contact with youth. However, this contact is limited and optional on the part of the youth. Mental health personnel include a psychiatrist, psychologists, social workers, and mental health workers. They are trained in both cognitive-behavioral and trauma-informed therapies. Most professionals were seen by youth as “mental health staff,” with little differentiation of their professional roles. Some youth reflected that the clinical staff were mostly white, which made it more difficult for the predominantly minority population of youth to open up.⁴⁹

Mental health staff check in with youth regularly. They visit each pod daily. Staff can also call for mental health staff after a crisis, to assess a youth in confinement, or when a youth requests to talk with a counselor. Some youth were seen for individual therapy or counseling, though lack of privacy is a concern on the units. Youth all differentiated mental health staff from line staff. Not all youth wanted to speak with mental health staff but those that did reported the experience to be helpful.

In addition to working on the pods, mental health personnel participate in intake assessments, custody care plans, multidisciplinary treatment team meetings, and clinical staffings. They have contact with some families regarding treatment planning and family counseling. If necessary, mental health staff transfer youth to a hospital for emergency psychiatric medications or inpatient psychiatric care.

Mental health staff have conducted psycho-educational groups on coping, anger management, and risk reduction, but these were disrupted by COVID. An outside provider

currently conducts substance abuse groups by Zoom. One female youth reported she had been in a group that met weekly to discuss women's issues.

Prior to COVID, mental health staff were working with the National Child Traumatic Stress Network (NCTSN) on conducting a trauma-informed self-assessment of the Cook County Juvenile Justice System and implementing needed changes.⁵⁰ This work needs to be completed.

In the meantime, there are multiple improvements that could be made in the provision of mental health services at the JTDC. For example, while there are some psycho-educational groups run by clinicians, there are no JTDC specialized programs for females, LGBTQ+, mentally ill, substance abusers, traumatized, developmentally disabled, or transition age youth. Once these programs are developed, the JTDC should identify youth who could benefit from them at intake and assign them accordingly. Youth who are Automatic Transfers can be held at the JTDC for over a year. Their long-term stays offer a genuine opportunity to implement a consistent treatment plan and engage in competency development.

Finally, even though most youth stay only a few weeks, the JTDC can use its position in the juvenile justice process to further develop the continuity of care for the youth. The JTDC, court clinic, school, and probation all conduct screening and assessments on these youth but typically do not share them with each other. This could be achieved through electronic records, sharing agreements, and joint participation in multidisciplinary team meetings with continuity of care planning. If these changes were integrated within the JTDC and incorporated along with the proper use of line staff, the JTDC could become an essential part of the provision of continuity of care within the juvenile justice system to the benefit of the youth served.

- Comments Made by Youth During BRC Interviews-

- My counselor helped me open up.
- All the counselors are white; some of us find it hard to open up to them.
- This place needs counselors, social workers. Teach us how do deal with anger and with getting upset. Everybody got different pain and different things to heal from. The question is how to bring everyone together. I don't trust anybody.
- MH staff come by twice a week and ask stupid questions. They don't run any groups. But it's ok.
- I am on mental health medication and see a psychiatrist once every other week. I see mental health staff once a week. My mental health has improved over time.
- I don't want medication. I'm afraid that DCFS wants me on meds.
- Whenever I feel all alone or like going off, I ask for mental health staff, and they respond pretty quickly.

- Mental health people can't help with the system. People's heads are messed up but the only person who helped me was my lawyer.
- Some mental health staff talk with us and try to teach us life lessons. They talked with me and helped me figure out that it was better to talk things out rather than getting into more fights.
- Mental health staff are helping me deal with my grief. Being alone kind of messes me up. I don't got nobody to talk to. I need interaction.
- It would be good if they had a program to help kids who have trouble sleeping.

C. The School

FINDING V: The JTDC's Nancy B. Jefferson School (NBJ) approach to educating youth in detention must shift from the current norm of prioritizing order and conformity to prioritizing a quality education that leads to marketable skills, both interpersonal and professional. The NBJ school curriculum and assessments are not appropriate for students in a juvenile detention center. NBJ should assign youth to classrooms based on subject matter and level of functioning. NBJ needs to offer significantly more opportunities for vocational training. JTDC COVID teaching restrictions further deteriorated an already deficient learning environment and they were never approved by Chicago Public Schools. Joint professional training of NBJ and JTDC staff is inadequate.

According to BARJ principles, "Treatment and remediation may be needed to support competency development, but youth do not become competent by completing treatment programs. Treatment and remediation typically are grounded in a deficit orientation, which assumes that young offenders have little to contribute to their communities. Competency development must focus on strengths.⁵¹" Thus, school plays an essential role in youth rehabilitation.

Based on research and meetings with educational experts,⁵² the BRC concludes that the NBJ approach to educating youth in detention must shift from the current norm of prioritizing order and conformity to prioritizing a quality education that leads to marketable skills (both interpersonal and professional) for a positive reentry into society.

The school day curriculum is based on Chicago Public School (CPS) requirements. Assessments are aligned to CPS standards, including use of the SAT test. However, the NBJ curriculum and assessments are not appropriate for students in a juvenile detention center, who have experienced significant adversity. The JTDC students should have a more personalized curriculum. 50% of the NBJ students have Individual Education Plans (IEPs) for students with special education needs. Given the high percentage of NBJ students identified as

special needs, modifications or accommodations of curriculum and instruction are required. Using assessments that are customary for college-bound students who are completing high school within the usual time, results in scores that discourage JTDC students who do not achieve these positive results.

Youth come down to school and sit in a classroom with the same youth from their pod. Classrooms are not assigned based on subject matter or level of functioning. The classroom teacher is a regular certified teacher who does not have the requisite training to prepare and deliver lessons that provide access to the curriculum for all students or to design assessments that would measure the learning of students with a range of abilities. Although the NBJ has a special education teacher assigned to each core subject (English, Math, Science, Social Science), these special education teachers do not have an assigned classroom. Instead, they move back and forth between classrooms throughout the school day.

The NBJ/JTDC programming for vocational education is deficient. Competency development principles from BARJ emphasize that youth must be able to demonstrate competencies that are valued by the community and that youth practice “through active, experiential learning that produces tangible results and includes a reflection component.”⁵³ Onsite, JTDC has only a barber training program. It recently expanded some virtual courses at Kennedy King College. Other programs, such as an expanded partnership with Fifth House Chamber Orchestra to provide instruction focused on music and social emotional learning to detainees were limited due to COVID.⁵⁴

There are better educational models available, such as the Maya Angelou Academy, an alternative school located inside the Washington, D.C. juvenile detention center.⁵⁵ Other detention centers use technology that include interactive activities designed specifically for students transitioning from confinement.⁵⁶ By using community services, still other youth have access to significantly more vocational programming.⁵⁷ Those are the educational steps that can lead to positive youth development.

Due to COVID concerns, the JTDC did not allow youth to go off unit to the second-floor school from March 2020 through October 2021, providing further obstacles to the already significant instructional limitations of the teachers and curriculum. The JTDC restricted students to the ‘pods’ and required teachers to teach in that restricted environment without adequate access to instructional tools or technology. Some days teachers were not allowed on the pods at all and only dropped off homework that the youth could do while locked in their cells. The JTDC prevented teachers from implementing IEPs or presenting effective lessons for over a year and a half. The JTDC’s interruption of youth classroom education was never supported nor authorized by CPS. In fact, JTDC youth were allowed to return to NBJ on the second floor only after the Chicago Board of Education (CBOE) wrote directly to the Chief Judge explaining their

failed attempts to work with the JTDC staff to get youth back in the classroom and requesting the Chief Judge's intervention. As the CBOE explained:

Children as young as 13, who used to leave their cells to go to classrooms, now spend almost the entire day confined to their cells and the adjacent small open area immediately outside their cells. Students and teachers are struggling to perform in the close quarters of residential units, with bolted metal tables, poor lighting, and, as witnessed by CPS staff and a Board member during a walkthrough, a classmate who had been confined to his cell, hitting his window, while looking onto the coveted learning space less than three feet away. This is an unacceptable learning environment for our most vulnerable children.⁵⁸

Finally, joint training of JTDC staff and school personnel is essential to maintaining safety while providing educational opportunities. Although the JTDC's strategic plan indicates there would be substantial ongoing joint professional development for NBJ teachers and JTDC staff on how to respond to students, only one workshop was conducted during 2021.

- Comments Made by Youth During BRC Interviews-

- Some teachers help you learn. Some just give you a crossword puzzle. Some give you motivation to learn.
- I couldn't go to school on the outside because of gang issues.
- It is awful. You only get your credits to transfer if you have been here for 2 months.
- I was not placed at grade level. I am taking AP courses at my other school; here they put me at lower level--- 8th grade level although I am a junior at my High School.
- School was fun. I liked my teacher and some games we played in school. It was easy.
- The teachers rotate but the pod stays together. That makes no sense since we are all working on different stuff. We should be grouped by grade or subject.
- I asked my judge to get my regular schoolwork from my school on the outside. I am not allowed to do the work while I am in school but have to do it later in my room.
- I never went off-unit for school. The teacher would come to my room and stand by the door to explain my schoolwork, which I did in my room.
- School was cool. Teachers taught me stuff every day. There were no tests or homework.

- The JTDC should have start up programs, training for the trades where you can make a good salary.
- After JTDC I went back to my old school but no one from JTDC helped.
- No information made it back from JTDC to my school. One teacher had us work on long term goals and jobs. I is a senior and want to get a state I.D. so I can interview for a sheet metal worker job.

D. System Integration

i. Family Engagement

FINDING VI: The JTDC does not adequately engage families.

The JTDC does not adequately engage families. Family engagement is essential to rehabilitating youth. Effective family engagement is "an active and ongoing process that facilitates opportunities for all family members to meaningfully participate and contribute in all decision-making for their children, and in meaningful involvement with specific programs and with each other."⁵⁹

Youth may call home during set times during the week, based on the youth's level. Family members are allowed to visit, though visiting was curtailed during Covid. The JTDC contacts families during the intake process, including gathering pertinent information related to a youth's mental and medical health history. A psychiatrist will contact parents and/or guardians of youth who require psychotropic medication to discuss recommended medication and consent. Mental health staff may contact some families regarding treatment planning and family counseling.

JTDC staff acknowledge that currently there is little family participation or involvement. Given that youth in the juvenile justice system eventually will be returning to their families and community, it is important that the JTDC expand its family engagement efforts. The JTDC does not have a comprehensive program to nurture family connections. There is some limited family therapy. While some families are contacted by mental health or at discharge, there is little ongoing effort to include parents and families.

Discharge planning and follow-up treatment are most likely to be successful and lead to best possible outcomes when family members are included in the planning. Case managers should include families in all treatment decisions and discharge planning. They should obtain consents, share appropriate information, and schedule meetings at times that are convenient for family members.

The JTDC should review and revise its visitation and discharge / pickup policies with input from families to make them more family friendly. A Spanish interpreter should be present during regular visitation hours to speak with families and answer questions about youth or the juvenile justice process.⁶⁰ The JTDC should offer restorative justice groups jointly with juvenile probation and family peer support groups, hiring family members of formerly detained youth to co-run them.

JTDC should sponsor training for families and youth that includes adolescent development, mental health, and child trauma. Families should be involved in choosing additional training topics. Family members should also become part of the training team for JTDC staff, including educating staff on appropriate family engagement techniques and cultural issues. The JTDC should include families in its planning and advisory groups, incorporating their input into its decisions.

- Comments Made by Youth During BRC Interviews-

- I didn't like being away from family. I had calls with my family and visits from my mom twice a week.
- During COVID there was no visiting or family night programs.
- I would have liked more phone calls with my family. Level I only gets to call twice a week.
- On Level IV, I was able to talk with family a lot.
- My dad was in here. He told me they could smoke back in the day. I wish we could have e-cigarettes now.
- During the first couple days on intake, staff told me I had to talk with a counselor to get a phone call home. I asked to talk with a counselor, but I never saw one and never got my phone call.
- I called my family but they usually didn't answer.

ii. Connecting to the Juvenile Court System and Community

FINDING VII: At a system level, the JTDC operates as a silo. The JTDC needs to improve the coordination of its work within the juvenile court system as well as with relevant providers outside the juvenile court system.

The JTDC operates as a silo. It does not adequately integrate with other parts of the Cook County juvenile court system or provide sufficient continuity of care. The JTDC plays a key role in working with violent and high-risk youth. In order to meet its affirmative duty to

rehabilitate youth, it needs to work with the courts, the court clinic, and juvenile probation (within the juvenile court system) as well as with police, deferred prosecution, the Illinois Department of Juvenile Justice (IDJJ), schools, and community providers (outside the juvenile court system).

The JTDC should be much more collaborative with Cook County Juvenile Probation. By expanding probation community reporting centers programs, more youth might be deflected from the JTDC or discharged earlier, into more appropriate community programming.⁶¹ Probation conducts restorative justice groups with youth and families that could begin with youth in the JTDC and continue as they return to the community. Current leadership at juvenile probation is more focused on competency development and appropriate community-based programming, while maintaining the priority of community safety, than is that of the JTDC. The JTDC could move toward this preferred approach by working more closely with probation as part of continuity of care.

Within the juvenile court system, the JTDC, courts, court clinic, and juvenile probation all report to the Chief Judge. All these groups must work together to achieve the rehabilitation of youth. The Chief Judge should lead these changes and increase continuity of care, accountability, and transparency by designating a person, position, or entity (e.g., creating an administrative office) that has the authority to guide the transformation of the JTDC and the other juvenile court groups into a rehabilitative system for youth.

Outside the juvenile court system, the JTDC needs to strengthen community connections. As noted in the programming discussion above, multiple community groups have offered to come to the JTDC on a voluntary basis. Some of these groups offer valuable services and community connections. However, the JTDC has never organized these potential resources into an overall plan that would result in competency development. Given the limited time youth are in the JTDC, engaging community connections is essential to continuity of care.

With the JTDC's emphasis on behavioral health screening, assessment, and stabilization for youth with short-term stays, linkage becomes the key to treatment and change. It is in the youth's best interest for JTDC staff to actively link with all relevant community providers and services.⁶² An essential aspect of this continuity of care is information sharing. In linking the youth with appropriate community services, the JTDC should update its policies and practice so that appropriate information is shared both within the juvenile court system as well as with appropriate community providers as necessary.

- Comments Made by Youth During BRC Interviews-

- I did not have any transition plan or continuation of services. When I was leaving, I spoke with a probation officer.
- No detention staff helped me with any transition. It would be more helpful if people treated us fairly in the JTDC and helped us with jobs.
- There was no transition from the JTDC, only probation. I wish JTDC would have helped me with a job and an I.D.

iii. The JTDC Facility

FINDING VIII: The JTDC physical structure is inappropriate and should be replaced with smaller, community-based facilities that have the specialized programs the JTDC is lacking. This shift should be able to begin immediately by relying on the expertise of existing community-based providers.

The physical structure of the JTDC is inappropriate for housing youth. As noted earlier, the JTDC is 650,000 square feet and has a mile of interior corridors. It is the largest stand-alone juvenile detention facility in the country.⁶³ That designation may stand because no other jurisdiction wants a youth facility of that enormity. It is outdated and very difficult to manage. As one staff member opined, “dissolution is the solution.”

The county should begin converting the JTDC into a series of smaller, community-based units using trauma-informed architecture. This could allow for increased contact with family and community services. It could allow for specialized units and programming with appropriate security. It could allow more appropriate community-based placements for youth who have already been approved by the court to be released but are waiting for an appropriate community placement to become available.⁶⁴

There are many ways the JTDC better integrate with the rest of the juvenile justice system and the community. Under the various options, most youth in the juvenile justice system would continue to reside in the community with parents, guardian, or other family. However, when a judge finds that the purposes of the juvenile justice system cannot be accomplished pre-trial if the youth is permitted to reside with his or her parents or guardians, there could be an array of alternative residential options – “community homes” – located in Cook County or within two hours travel of the family or guardian.

A community home might serve up to 8 youth at one time. Each youth would have his or her own room and adequate space for the necessary personal items. While these community

homes might be operated by different organizations, each community home would focus on providing a safe environment and a model of care that is developmentally appropriate, trauma-informed, treatment-intensive, nurturing of family engagement, and builds community connections.

Community homes protect the youth and the community by adhering to the appropriate model of care, developing strong youth-staff relationships, and providing around-the-clock supervision. Staff would incorporate a balanced and restorative justice model to ensure fidelity to the purposes of the juvenile justice system. Community homes can only succeed if they employ high-caliber staff who are dedicated, well-trained, culturally competent, and fairly compensated.

With most youth residing at home and some youth engaged in community homes, the need for a more secure detention center would be reduced significantly. The secure detention home (constructed anew or renovated) could still be the initial point for intake and still serve the most violent and high risk youth.⁶⁵

The new secure detention home would provide the necessary protective features that deter youth from hurting themselves or others (e.g., access to items that can be used for these purposes). At the same time, it would be designed to support a model of care that is developmentally appropriate, trauma-informed, treatment-intensive, nurturing of family engagement, and building community connections. These features include the architecture of the building, the colors and interior design, and the landscaping. The investment of the county in “getting this right” at the time of construction will bring positive returns as the youth and staff are able to engage in the program with success.⁶⁶

These needed system changes must come from the top and require support from the Chief Judge and from a JTDC Superintendent who has experience with rehabilitative programming and is committed to transforming the JTDC within the juvenile court system and community. The Chief Judge must increase accountability and transparency by designating a person/position/entity to oversee the transformation of the JTDC and the juvenile court system, and issue public reports on its progress. This oversight of the JTDC needs to be data-driven, using measures of recidivism and functional assessments of youth improvement such as educational achievement, stable housing, and employment. Data should be analyzed by an external organization and shared with a review board that includes families and advocates.

This CQI process should create a dashboard with the data analyzed by an external organization. This dashboard should be shared with a review board that includes families and advocates. This process should serve as the basis of the Chief Judge’s public reports on progress.⁶⁷

It would be helpful to talk with other juvenile detention centers about how they implemented trauma-informed, rehabilitation-focused changes. The BRC already spoke with leaders at juvenile detention centers in San Francisco and Portland, OR. Additional detention centers that have been recommended for various programs and training include those in Cincinnati, Lake County (IL), Memphis, Peoria, and Solano County (CA). Educational Centers recommended for juvenile justice youth include the Maya Angelou Academy (Washington, DC) and The School of Cooperative Technical Education (New York City). There is no bad place to start the transformation of the JTDC. It is the movement toward rehabilitation and trauma informed care that is essential to help the youth and community.

- Comments Made by Youth During BRC Interviews-

- Instead of locking kids up, have programs for mental health and grieving, drugs, making a difference. Change the street mindset point of view- but let us go home and to school to get these programs. Use the park district. Have the JTDC more like a dormitory.
- It's the system and it will never get better. It's based on your skin color. The system was made for blacks to be in there. It's set up to destroy us and demote us. My encounters with the police have changed me. As a juvenile you get sent home but that's the only thing that's different than the adult system. You can't do nothing about the system. They convince you that you're crazy.
- I committed a crime, but I am supposed to be out in the community, but I am here because I cannot get a placement. I just want to get to a group home.
- Y'all treat us like we're at 26th and California. Y'all should shut it down or only use it for the bad people who are murderers or robbers.

6. Recommendations

1. The Chief Judge and JTDC Superintendent need to prioritize the rehabilitation of youth under their care. This includes incorporating concepts of restorative justice, positive youth development, and youth competency. (For more information, see Appendix I)
2. These needed improvements must come from the top and require support from the Chief Judge and from a JTDC Superintendent who has experience with rehabilitative programming and is committed to transforming the JTDC within the juvenile court system and community. (For more information, see Appendix I)
3. The Chief Judge and the Cook County Board need to reduce of the use of the current physical structure and send youth to smaller, community-based homes and facilities

with specialized programs. Each should provide a safe and secure environment employing a model of care that is developmentally appropriate, trauma-informed, and part of the rehabilitative process. (For more information, see Appendix I)

4. The Chief Judge should use his authority over the JTDC, Juvenile Probation, the Court Clinic, and the Juvenile Courts to insure they work collaboratively to promote youth rehabilitation. (For more information, see Appendix I)
5. The Chief Judge and JTDC Superintendent must work together to strengthen the JTDC's linkage with community agencies and programs whose mission is to rehabilitate youth. (For more information, see Appendix I)
6. The Chief Judge must increase accountability and transparency by designating a person/position/entity to oversee the transformation of the JTDC and the juvenile court system, and issue public reports on its progress. (For more information, see Appendix I)
7. This oversight of the JTDC needs to be data-driven, using measures of recidivism and functional assessments of youth improvement such as educational achievement, stable housing, and employment. Data should be analyzed by an external organization and shared with a review board that includes families and advocates.
8. The JTDC Superintendent must fully report the number of hours that youth spend locked in their cells every day. (For more information, see Appendices E and G)
9. The JTDC Superintendent, working with mental health staff and relevant experts, must design culturally appropriate and specialized programs for females, LGBTQ+, mentally ill, substance abusers, traumatized, developmentally disabled, and transition age youth. (For more information, see Appendix I)
10. The JTDC Superintendent must evolve staff interactions with youth from being merely custodial, based on a behavior modification level system, to providing a rehabilitative response to youth. (For more information, see Appendix I)
11. The JTDC Superintendent and staff must engage families, having them participate in treatment, transition planning, JTDC events and training.
12. NBJ leadership needs to revise its assessments and curriculum to better match the needs of the youth at JTDC. (For more information, see Appendices F and H)
13. The JTDC Superintendent and NBJ leadership need to develop appropriate vocational training including working with community vocational training providers. (For more information, see Appendix H)
14. The JTDC Superintendent and NBJ leadership need to develop appropriate educational plans for days when youth cannot attend school. (For more information, see Appendix H)

15. The Chief Judge and the person/position/entity designated to oversee the transformation of the JTDC and the juvenile court system, should talk with other trauma-informed, rehabilitation-focused Juvenile Detention Centers about how they implemented changes. (For more information, see Appendix I)

These recommendations should allow the JTDC and the juvenile court system to succeed at their affirmative duty to rehabilitate youth.

7. Conclusion

While the JTDC focuses on one important aspect of its mandate (safety), the JTDC does not meet its equally significant mandate to provide a trauma-informed model of care that is developmentally appropriate and restorative. The JTDC has an affirmative duty to rehabilitate youth through competency development. It is not enough for the JTDC to simply keep the youth safe and in custody. It is not enough to avoid overcrowding, violence, abuse, and solitary confinement. The failure of the current JTDC makes the community less safe and harms youth. The JTDC must actively engage youth to make it more likely these youth will not be a threat to public safety and will not return to the JTDC. Success for youth means safer communities.

The Blue Ribbon Committee accepted the Chief Judge's charge to examine the Cook County JTDC to see what is being done well and what can be done better. It spent a year researching national standards, reviewing JTDC data, meeting with juvenile justice experts and JTDC youth, discussing and drafting this report. It believes that the healthy development of youth is the most important priority of the juvenile court system and is largely absent at the JTDC. Youth competency can be achieved while maintaining public safety. Many of the recommendations of this report repeat those made by the earlier BRC report. Had the JTDC enacted recommendations made by the BRC six years ago, both youth and the community would have benefitted. Now is the time to act. The BRC urges the Chief Judge to implement these recommendations at the JTDC before more years pass in which Cook County youth are merely housed at the JTDC and not rehabilitated.

8. Appendices

Appendix A – Blue Ribbon Committee Membership

Full Committee

Honorable Richard R. Boykin, J.D.

Former Commissioner, Cook County Board of Commissioners, 1st District
Bridge Builders Consulting & Legal Services, LLC
Former Equity Partner, Barnes & Thornburg, LLP
Former chief of staff to U.S. Rep. Danny Davis

Beverly J. Butler, Ed.D., Co-chair

Special Assistant for JTDC Transition, Office of the Chief Judge
Chicago Public Schools, Teacher and Administrator (ret.)

Frances G. Carroll, Ed.D.

Chicago Public Schools, Teacher and Administrator (ret.)
Member, Board of Trustees at the University of Illinois (ret.)
(resigned during the year)

Gene Griffin, J.D., Ph.D., Chair

Former assistant public defender in Cook County Juvenile Court
Former Chief of Juvenile Forensics, IL Dept. of Human Services, Div. of Mental Health
Assistant professor with the Northwestern University Feinberg School of Medicine (ret.)

Ed Harrison, M.B.A., Co-Chair of Room Confinement Subcommittee

President and CEO, National Commission on Correctional Health Care (ret.)
(resigned during the year)

Marisel A. Hernandez, J.D.

Chairwoman, Chicago Board of Election Commissioners
Attorney, Jacobs, Burns, Orlove and Hernandez

Samuel V. Jones, J.D.

Professor, UIC John Marshall Law School

Police Officer and Judge Advocate, U.S. Army Judge Advocate General Corps (ret.)

U.S. Marines (ret.)

(resigned during the year)

Renee Mehlinger, M.D., Co-Chair of Room Confinement Subcommittee

Former Rush University Medical Center Director of Child and Adolescent Psychiatry Fellowship Training Program

Former Deputy Clinical Director of Child and Adolescent Psychiatry Services, Illinois Department of Human Services/Division of Mental Health

Former Isaac Ray Center at the Cook County Juvenile Detention Center, Director of Child and Adolescent Psychiatry Services

James D. Montgomery, Sr., J.D., Co-chair

Managing Partner, James D. Montgomery & Associates, Ltd.

Assistant United States Attorney, Northern Dist. Of Ill. (ret.)

Corporation Counsel, City of Chicago (ret.)

Barbara Radner, Ph.D, M.S.T., Co-Chair of Education Subcommittee

Educational Consultant

Former Executive Director, Polk Bros. Foundation Center for Urban Education, DePaul University Chicago

Michael J. Rohan, M.A., M.S.

Director, Juvenile Probation and Court Services Department, Circuit Court of Cook County (ret.)

Interim Director, Juvenile Court Clinic for Forensic Clinical Services, Circuit Court of Cook County (ret.)

Instructor/lecturer, Loyola University, Chicago Police Academy, University of Illinois at Chicago and the Annie E. Casey Foundation

Sister Catherine Ryan, O.S.F., J.D., Co-Chair of Systems Subcommittee

Executive Director

Maryville Academy

Bryan Samuels, M.P.P., Co-Chair of Systems Subcommittee

Executive Director, Chapin Hall at the University of Chicago, a policy research center dedicated to improving the lives of children, families and communities

Dr. Robert T. Starks, Co-Chair of Education Subcommittee

Professor Emeritus

Founder, Harold Washington Institute for Research and Policy Studies

Northeastern Illinois University's Jacob Carruthers Center for

Inner City Studies, Politics and Economic Development

Chairman, Black United Fund of Illinois

Honorable Larry Suffredin, J.D.

Commissioner, Cook County Board of Commissioners, 13th District

Chair, Legislation and Intergovernmental Affairs Committee and Rules and Administration

Committee, Cook Co. Bd. Of Commissioners

Honorable Michael P. Toomin, Circuit Judge

Presiding Judge

Juvenile Justice Division

Circuit Court of Cook County

Paula Wolff , M.A., Ph.D., Co-chair

Policy Advisor, Illinois Justice Project

Former Senior Executive, Chicago Metropolis 2020 and Metropolis Strategies (leader of the Justice and Violence Group)

Former President, Governors State University

Administrative Support

Camela A. Gardner, J.D., LL.M

Office of the Chief Judge

Circuit Court of Cook County

Chapin Hall

Gretchen Cusik, Ph.D.

Research Fellow

Cheryl Blanchette, JD

Consultant

Alyssa Broxton, M.A.

Policy Analyst

Lashaun Brooks

Project Associate

Illinois Department of Juvenile Justice (IDJJ) Youth Group Facilitator

The BRC also benefited greatly from the coordination support of Jennifer Arnold of Chapin Hall and Jenny Green and Kelly McNulty of the Illinois Justice Project.

Appendix B- Blue Ribbon Committee Process

A. Overall Approach

From April 2021 through April 2022, the BRC met as a full committee on 10 occasions. The executive committee met on 13 occasions. Members of the three subcommittees (Education, Room Confinement, and Systems) each met at least eight times over the year.

Given the volunteer status of the BRC and the considerable administrative tasks, research, and data analysis required, the BRC requested the assistance of Chapin Hall in completing its work. The Office of the Chief Judge approved this request and Cook County awarded a contract to Chapin Hall in September of 2020.

The BRC met with the Superintendent and his staff on July 28, 2021. Through its various committees, it interviewed leaders from juvenile justice, education, adolescent development, and trauma-informed architecture, as well as superintendents of several nationally recognized juvenile detention centers. Local experts included representatives of the Illinois Department of Juvenile Justice (IDJJ), the Administrative Office of Illinois Courts (AOIC), Cook County Probation (Probation), Chicago Public Schools (CPS), the Cook County Juvenile Detention Advisory Board, and the University of Chicago Crime Lab. BRC members toured the JTDC and a Probation Reporting Center, spoke with staff (both on and off the record), and interviewed youth (male and female) currently in the JTDC as well as youth who were previously detained at JTDC but are currently on Probation. Chapin Hall interviewed youth currently in IDJJ who had been detained at the JTDC.

The BRC with the assistance of Chapin Hall reviewed over 200 documents, including third party reports on the JTDC, annual and other reports from the JTDC, and data submitted by the JTDC. Chapin Hall and the BRC researched national standards on juvenile justice; detention centers; confinement; adolescent development; education; health; mental health; child trauma; and community-based systems.

B. Application of a Racial Equity Lens

“...[R]acial caste systems do not require racial hostility or overt bigotry to thrive. They need only racial indifference, as Martin Luther King Jr. warned more than forty-five years ago.” Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*

From the beginning, the Blue-Ribbon Committee (BRC) recognized that issues of race and equity should play an important role in our analysis and the recommendations. Data indicates that 93% of youth that are housed in the JTDC, even for short periods of time, are male-

identifying youth (p. 34). Youth at the JTDC are also primarily of color, with 67% identifying as Black and secondarily 16% Latinx (p. 34). Keeping in mind the systemic issues of racial inequity, the BRC examined:

- The selection of key informants and asked probative questions and/or that their presentations integrated issues and considerations around racial equity.
- Intentionally incorporated a racial equity lens into the independent literature reviews included in the final report Appendices. The identified research supported interventions were shown to be effective with the unique population that comprises JTDC youth.
- The JTDC's current practices, policies, systems, and structures and how they relate to making positive, meaningful change for youth of color as those disparately represented in the JTDC.
- Equity in the collection of insight from youth and prioritized all youth participants being compensated for their time in providing input about their experiences at the JTDC.
- Youth and key informant feedback related to the interaction between youth and JTDC staff and whether and how that may perpetuate racial bias and inequity.
- Considerations of internalized racial oppression in the analysis of the insights shared by youth and youth's perceptions about what good treatment and mistreatment look like.

The BRC also discussed the ways in which systemic racism (both institutional and structural racism) might affect JTDC staff, as well as youth. For example, even though youth in the JTDC have similar racial identities to detention, clinical, leadership and school staff, the BRC recognizes there may still be instances of structural policies, practices, conditions, and biases that perpetuate racial inequities and disparate outcomes upon release for these same youth. Similarly, the BRC acknowledges that having racially diverse staff in detention, clinical, leadership, and school staff roles does not shield those individuals from the larger systemic racial barriers that undergird carceral systems, and possibly hinder their ability to achieve the change necessary to promote positive life trajectories for the youth in their care.

The BRC also recognizes the role that intersectionality plays in one's life experience, accounting for differences such as socioeconomic status, exposure to adverse childhood experiences, especially trauma, the privilege that comes with higher levels of educational and professional backgrounds and many more. Early on it was noted as a limitation in our research that we had a lack of access to mental health data for youth at the JTDC. However, in talking to the youth, it became apparent that almost all of them had suffered from traumatic and adverse childhood experiences. Knowing that trauma has a profound impact on one's brain and behavior also shaped the approach the BRC took to analyzing the myriad issues relevant to this

population. The BRC's work was not meant to pathologize the youth and their behaviors and instead gave attention to more meaningful ways to engage youth in detention that are supported in leading to positive outcomes.

C. Challenges

Determining how to improve the JTDC within the juvenile justice system is a never-ending charge. This report reflects what the BRC could accomplish in a year. But there is more that could and should be done.

All members brought expertise to the BRC but all were volunteers who already had full calendars, which resulted in scheduling challenges. The COVID-19 pandemic also caused delays (e.g. two visits to the JTDC were rescheduled due to breakouts in the facility). Most meetings were conducted virtually.

Working with the JTDC presented its own challenges. The Office of the Chief Judge requested that the BRC follow a formal process to request information. The BRC made its requests to an attorney in the Chief Judge's Office who passed them along to a JTDC representative who then identified the appropriate JTDC staff to address the issue. Information was returned through the same process in reverse. This process slowed down the information gathering and prevented direct communication. Some responses were not timely or complete. Some of the information provided was useful. Other responses were either so general as to be meaningless or else consisted of large sets of unanalyzed data that seemed designed to overwhelm and mask rather than inform. Some members of the BRC felt that these replies were a result of deliberate obfuscation. These sentiments were shared by other local organizations that the BRC spoke to that have attempted to get information from the JTDC.

D. Issues Beyond the BRC's scope

The BRC identified several issues as important to the treatment of youth at the JTDC, which were beyond the scope of review. These should be pursued going forward. They include:

- i. COVID protocols and vaccination requirements
- ii. JTDC Staff- difficulties and delays with hiring; training; morale and retention; presence of leadership at JTDC
- iii. A budget review specifically looking at spending on youth programs
- iv. A review of case files, including intake documents, programming, education (including individualized education plans), disciplinary actions, treatment, and discharge plans.

- v. The use of federal American Rescue Plan Act of 2021 funds to support the JTDC and the juvenile justice system
- vi. The designation a statewide ombudsperson for all Illinois detention centers. This person would provide youth with an impartial advocate to hear their concerns and address deficiencies in the operation of the detention centers.

E. Approval of the Report

This report is the result of the work of the full BRC after much research, data analysis and investigatory work. It incorporates subcommittee findings and recommendations relevant to their assigned topic areas. The Chair compiled the results into a draft report which he circulated to the Executive Committee and available subcommittee co-chairs (the 4 members of the executive committee and 4 of the subcommittee co-chairs: Dr. Radner, Dr. Starks, Dr. Mehlinger, and Mr. Samuels). The Chair incorporated their comments into a later draft of the report, which they approved (constituting approval by 8 of the 14 BRC committee members). The Chair then distributed this approved draft of the report to the full BRC with all members being invited to comment. The Chair incorporated the input from the full committee and distributed that next draft of the report to the full committee for all members to discuss at a meeting on April 21, 2022.

On April 20, 2022, the Court contacted the Chair directing him to indefinitely postpone the scheduled BRC meeting and requesting that, instead, the Chair and Dr. Butler meet with the Chief Judge on April 22nd. During the April 22 meeting, the Chief Judge instructed Drs. Griffin and Butler to identify other juvenile justice systems and detention centers that could serve as model programs for Cook County. He said he would meet with the executive committee after he had this list and that eventually he would meet with the full BRC.

Pursuant to the Chief Judge's instruction, the executive committee amended the report to identify multiple model juvenile programs (p. 29) and added an additional recommendation to the report (Recommendation 15 on p. 5). Thus, this current FINAL REPORT OF THE BRC CHAIR, dated May 16th, has some slight revisions (including the introductory letter) to earlier versions but the overall findings and recommendations remain true to those approved by the majority of the BRC.

Appendix C – List of Key Informants

In the spirit of engaging a cross-system and multidisciplinary approach, The Blue-Ribbon Committee engaged in a months long information gathering process that created space to dialogue with and learn from the insights of an array of experts. The Blue-Ribbon Committee recognizes that effective collaboration and cross-system communication are necessary cornerstones in the solution to bringing forth system change in juvenile detention center systems. Although not exhaustive, the below lists provide a snapshot of the different types of advocates that were engaged in this process, including mental health experts, juvenile justice system legal actors and administrators, scholars, and other field subject matter experts.

- Paul Alt, Architect, Alt Architecture + Research Associates
- James Anderson, Chief Financial Officer, Circuit Court of Cook County
- Nate Balis, Director, Juvenile Justice Strategy Group, Annie E. Casey Foundation
- Brian Conant, PsyD, CCHP, Juvenile Justice Behavioral Health Director, Juvenile Temporary Detention Center
- Deena Corso, Director - Juvenile Services Division, Multnomah County (OR) Department of Community Justice
- Superintendent Leonard B. Dixon, Juvenile Temporary Detention Center
- David Domenici, Executive Director, BreakFree Education
- Karima Douglas, Acting Independent Juvenile Ombudsperson Illinois Department of Juvenile Justice
- Garien Gatewood, J.D., M.P.A, Director of The Illinois Justice Project and Member of the Cook County Juvenile Detention Center Advisory Board
- Dr. Leonard Harris, Principal, Nancy B. Jefferson Alternative School
- Megan Hougard, Network Chief, Chicago Public Schools
- Dan Hunt, Assistant Director, Administrative Office of Illinois Courts, Probation Services Division
- Miquel Lewis, Chief, Cook County Juvenile Probation Department
- Christina McMahan, Director, Clackamas County (OR) Juvenile Department
- Mark Mertens, Administrator, Milwaukee County Delinquency and Court Services
- Katherine Miller, Chief Probation Officer, City and County of San Francisco
- Heidi Mueller, Director, Illinois Department of Juvenile Justice
- Philip Prale, Adjunct Faculty, Oakton Community College
- David Roush, PhD, Senior Counselor and Co-Founder, Juvenile Justice Associates
- Mark Soler, Executive Director, Center for Children’s Law and Policy

- Mark Werner, Section Chief, Cook County Juvenile Probation Department

Along with:

- Juvenile Temporary Detention Center Staff
- Cook County Juvenile Probation Department Staff
- Youth who have experienced the Juvenile Temporary Detention Center (currently in placement, on Probation, or in custody)

Appendix D – Data Analysis of the JTDC Population

Gretchen Cusik, Ph.D.

Chapin Hall Fellow

System-Level Demographic and Performance Metrics

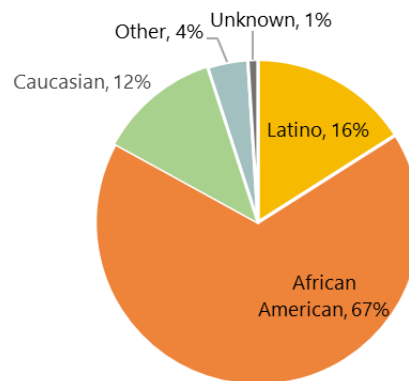
This section presents the most recently available data (2020 and 2019) on basic demographic and performance metrics, including characteristics of youth and staff at the JTDC.¹

Demographics

Admissions to the JTDC has dropped annually, from 3,371 in 2016 to 1,795 in 2020. Due to the COVID-19 pandemic, there was a 26% reduction in admissions from 2019. The JTDC houses youth awaiting a juvenile delinquency petition and automatic transfers. In 2019, the average daily population was 145 juveniles and 30 automatic transfers.

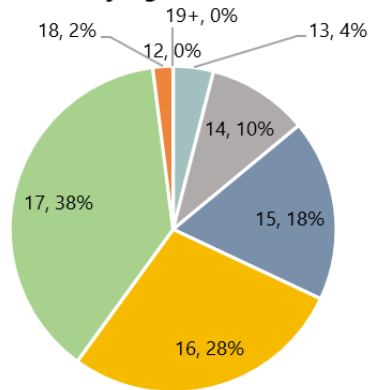
There is significant racial disproportionality at the JTDC, with African American youth comprising more than two-thirds of the population and Latino youth comprising 16% (see figure 1).

Figure 1. 2020 Admissions by Race/Ethnicity



¹ Data on admissions, youth age, sex at birth, and age come from the 2020 Annual Report of the Cook County Juvenile Temporary Detention Center, published in September 2021. All other data reported in Section 1, including length of stay, staff demographics, and staff retention, discipline, and training come from the 2019 Circuit Court of Cook County Performance Metrics Department 440 – Juvenile Temporary Detention Center, available at <https://www.cookcountycourt.org/Portals/0/Chief%20Judge/Court%20Statistics/JTDC/440%20JTDC%20Q4%202019.pdf>

Figure 2. 2020 Admissions by Age

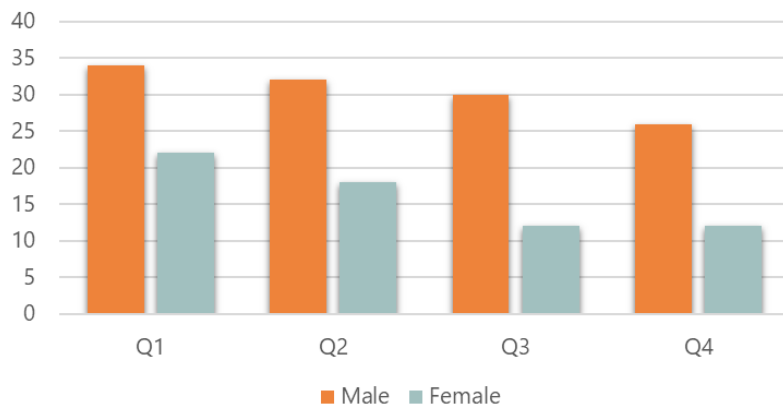


Most admissions are male youth, with 93% of admissions in 2020 being young men. In terms of age, youth are most commonly between 15-17 when they are admitted to the JTDC (see figure 2). The racial and ethnic distribution of youth admitted to the JTDC mirrors that of JTDC staff. In 2019, 87% of staff were Non-white and 13% were White. Nearly half of staff are between the ages of 31-

40 (46.5%), with 28% between 41-55.

The average length of stay at the JTDC was shorter for females than for males (see figure 3) with females staying between 12 and 22 days on average, depending on the quarter, while males spent between 26-34 days on average.

Figure 3. Average Length of Stay in Days, 2019



Staff Retention, Discipline, and Training

In the 2019 fiscal year, 53 staff positions were filled, which reflects only 15% of the open positions. On average, it took 153 days from the day a position was posted to the start date of the selected candidate. At year-end, the JTDC had a retention rate of 85% for that year's hires. There were 153 employee discipline referrals processed in 2019; the average case processing time for these discipline referrals was 15 days.

During 2019, 558 staff and 639 volunteers received training. Staff must be in compliance with AOIC's Detention Staff Standard of 40 hours of training per year; 82% of detention staff received the required 40 hours of training in 2019. PREA (Prison Rape Elimination Act) training

is required for all staff; staff must complete and pass an exit examination upon training completion. In 2019, 513 staff were trained according to PREA standards and 89% of staff trained according to PREA standards attained a passing score.

Section 2. Education

Youth detained at the JTDC attend the Nancy B. Jefferson School (NBJ). Based on the 2020 JTDC Annual Report, NBJ provided 300 minutes of virtual instruction to students daily. The JTDC also expanded NBJ's City Colleges of Chicago Kennedy-King Dual Credit program to include African American Studies (5 students earned dual credit) and Administration of Criminal Justice (8 students earned dual credit). Other notable accomplishments include coordinating 10 students' participation in NBJ's credit recovery program and an expanded partnership with Fifth House Chamber Orchestra to provide instruction focused on music and social emotional learning to detainees. NBJ saw 5 middle school and 9 high school graduates in 2020.

Section 3. Trends in Room Confinement

Youth can be confined for different reasons. Some confinement events are considered by the JTDC to be disciplinary confinements that result from due process hearings. These occur for major rules violations, extraordinary circumstances, and Superintendent holds. Other confinement events are for behavioral management, including "cool-offs" and lockdowns. Youth may also be confined for "non-punitive" reasons, including self-confinement, requests by medical or mental health staff, or court returns. Additionally, the JTDC places residents in their rooms during first and second shift changes. These are called "Secured Reflection" confinements. In this section, the use of room confinement for these various reasons is reported monthly from January 2019 through July 2021.²

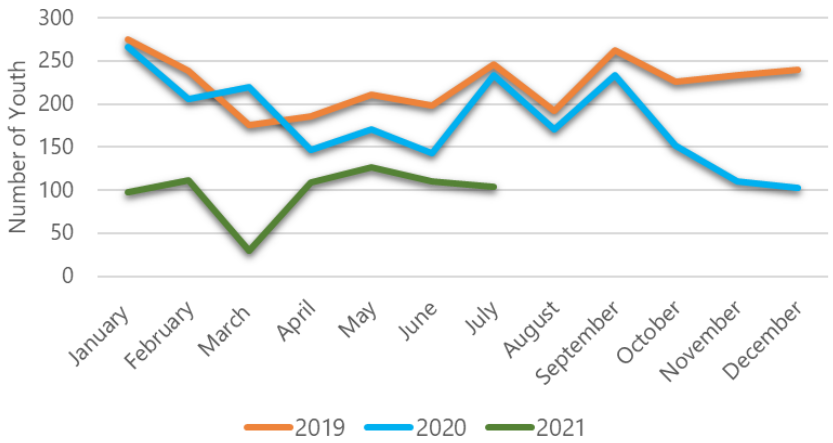
We also note that while not reflected in JTDC room confinement reports, most youth spend 12 hours (7pm-7am) confined to their cells each day. This confinement occurs every day, for every youth on Level I in addition to the disciplinary, behavioral management, and "non-punitive" self- confinement or medical/mental health confinement that may occur daily.

Youth Involved

The following figure illustrates the number of individual (non-duplicative) youth involved in at least one disciplinary or behavioral management confinement event per month from 2019 through July 2021.

² Data in Section 3 on room confinement come from reports provided by the JTDC in response to the Blue Ribbon Committee.

Figure 4. Number of Youth Confined to Room For Disciplinary or Behavioral Management Event



Volume of Room Confinement Events

The next set of figures illustrate the volume of confinement events, by month from January 2019 through July 2021. Volume is reported separately for disciplinary (figure 5), behavioral management (figure 6), and non-punitive (figure 7) confinement events.

When comparing the two “punitive” confinement types in figure 5 and figure 6, we see that confinement occurs much more frequently for behavioral management than for a more serious disciplinary event.

Figure 5. Number of Disiplinary Confinement Events

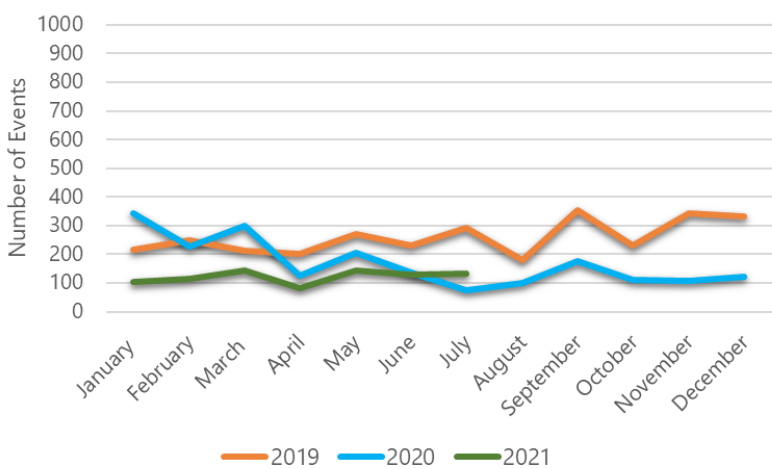
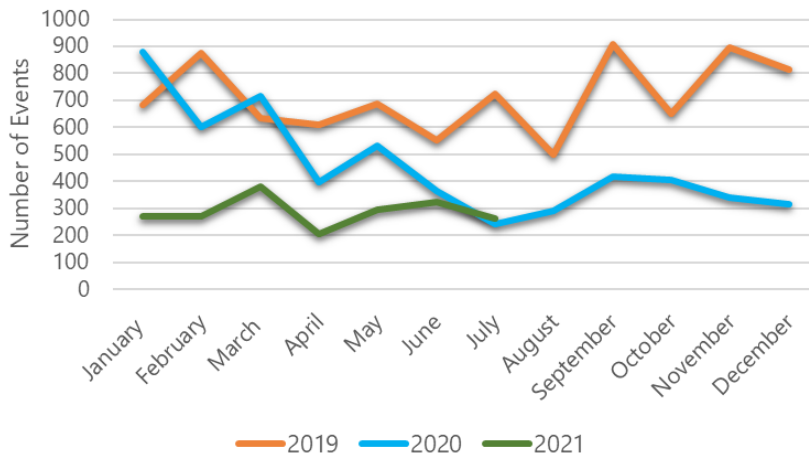
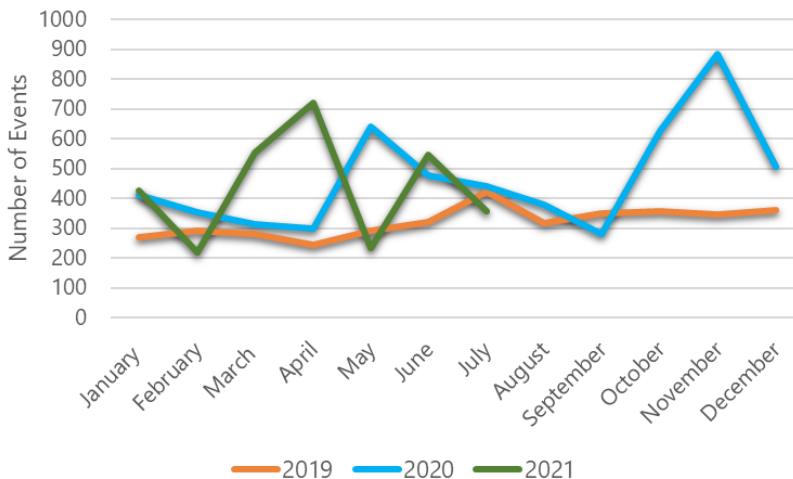


Figure 6. Number of Behavioral Management Confinement Events



Generally, the use of room confinement for disciplinary and behavioral management has decreased from 2019 to 2021, as illustrated by the lower blue and green lines, compared to the orange line in figures 5 and 6. However, we see a different pattern in the use of non-punitive confinement (e.g. self-confinement or medical/mental health) events. As shown in figure 7, there were generally more non-punitive confinement events in 2020 and 2021 than in 2019. This is driven largely by COVID-19, with room confinement by request of medical staff increasing over time and making up a larger proportion of non-punitive room confinement events rather than self-confinement, which was the main reason in 2019. COVID-related reasons were even added as a reason for room confinement in 2021.

Figure 7. Number of Non-Punitive Confinement Events



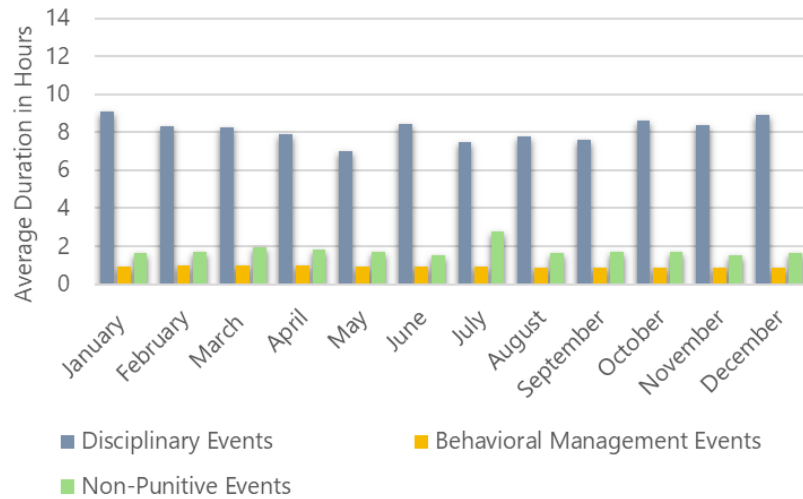
Duration of Room Confinement Events

When comparing volume of punitive confinement, more events tend to be for behavioral management versus discipline for serious incidents. However, the duration of confinement tends to be longer for disciplinary events than for behavioral management. In other words, there are fewer

disciplinary events of room confinement than behavioral management events, but disciplinary events account for far more of the time youth spend in confinement. For example, as shown in figures 8, the average duration for

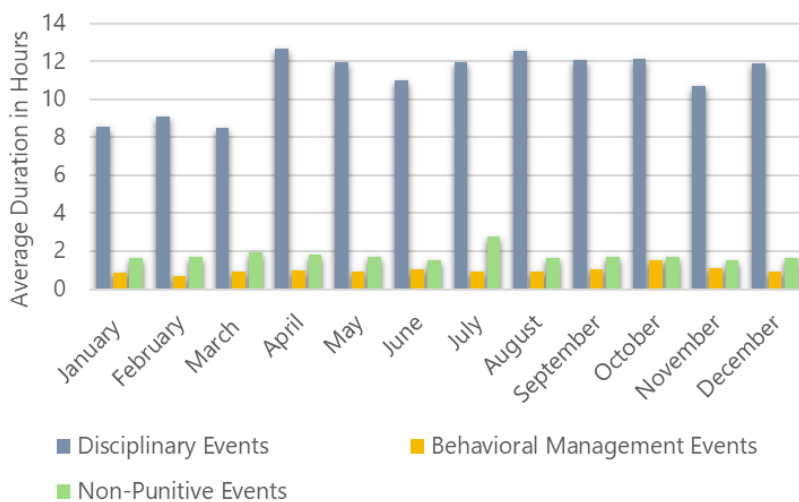
disciplinary events is around 8 hours, while behavioral management events tend to be under one hour and non-punitive events between 1-3 hours on average.

Figure 8. Duration of Confinement Events: 2019



The same pattern holds true in 2020, though duration for disciplinary events increased (see figure 9) with significantly higher average hours in disciplinary confinement beginning in April 2020.

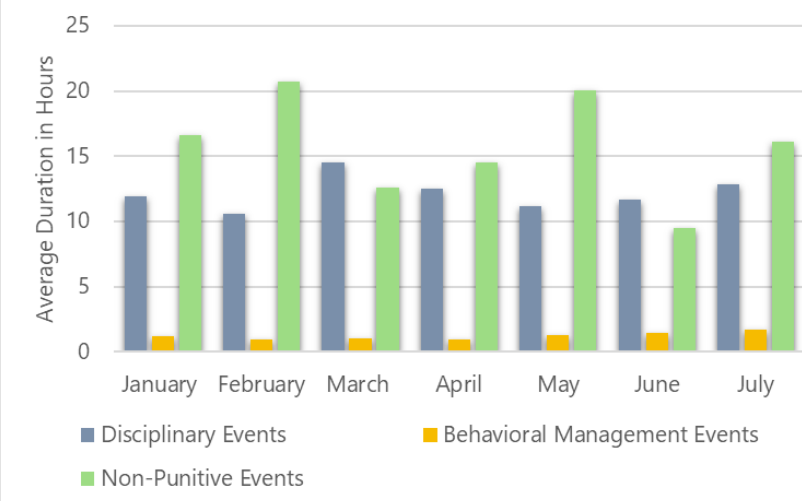
Figure 9. Duration of Confinement Events: 2020



However, there was a considerable shift in

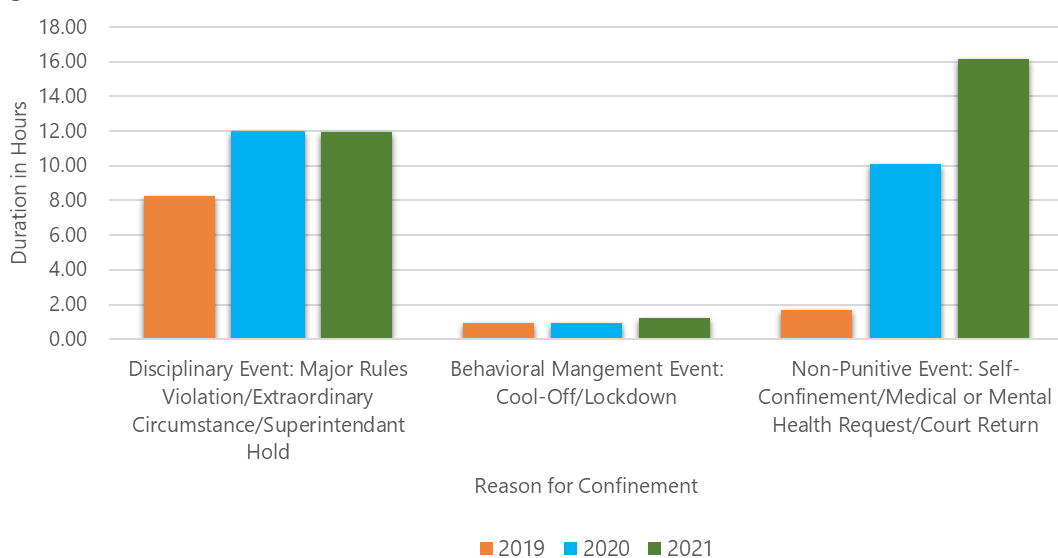
duration of non-punitive confinement events in 2021 due to the increased use of room confinement for reasons related to COVID-19. As shown in figure 10, the average hours in room confinement for self-confinement, medical or mental health requests, court return, or COVID-19 related reasons was as high as over 20 hours (in February 2021).

Figure 10. Duration of Confinement Events: 2021



To further illustrate the changes in duration in 2021, figure 11 shows the median time in room confinement each year (calculated from the average monthly hours). In the first set of bars, we see an increase in duration for disciplinary events from 2019 to 2020/2021 and, in the second set of bars, no difference in duration for behavioral management events across the three years. However, as shown in the third set of bars, the time youth were confined for non-punitive events increased significantly each year.

Figure 11. Duration of Confinement Events



Case Examples

Unfortunately, the JTDC reports do not provide adequate data through which to calculate the total time all youth spend on average confined to their cells daily. However, based on data provided, the following describe example scenarios to highlight the amount of time that youth may spend alone in cells.

In 2019:

- A youth who is confined for a disciplinary event (e.g. major rules violations) spent on average just under 8.5 hours in his/her/their cell. When considering time in cell at night and during a one-hour shift change, this youth would have spent about 21.5 out of 24 hours isolated.
 - *This type of confinement event occurred 3,110 times throughout 2019.*
- A youth who is confined for disciplinary or behavioral management reasons spent on average 3.5 hours in his/her/their cell. When considering time in cell at night and during shift changes, a youth would have spent 16.5 out of 24 hours isolated.
 - *This occurred for between 175 and 275 youth each month in 2019 and across 8,538 different disciplinary or behavioral management confinement events throughout the year.*
- If that youth self-confines or is confined for medical/mental health reasons or due to a court return, he/she/they would spend another 1.5 hours, on average, in their cell.

Not every youth experiences a disciplinary, behavioral management, or non-punitive (self-confinement, medical/mental health, or court return) confinement event. These examples based are based on the average time youth who *are* confined spend in their cells. However, a non-trivial number of youth each month experience at least one of these confinement events. Hence, when considering the amount of time in which youth are already confined to cells overnight and during shift changes, these examples illustrate how experiencing additional confinement for a disciplinary, behavioral management, or non-punitive reason results in a significant amount of time alone in cells.

Appendix E: Terms Used for Youth Spending Time in their Cells

The JTDC states that it does not use “Solitary Confinement” as defined by the National Commission on Correctional Health Care (April 2016)- “Solitary confinement is the housing of an adult or juvenile with minimal to rare meaningful contact with other individuals. Those in solitary confinement often experience sensory deprivation and are offered few or no educational, vocational, or rehabilitative programs. Different jurisdictions refer to solitary confinement by a variety of terms, such as isolation; administrative, protective, or disciplinary segregation; permanent lockdown; maximum security; supermax; security housing; special housing; intensive management; and restrictive housing units. Regardless of the term used, an individual who is deprived of meaningful contact with others is considered to be in solitary confinement.”

In addition to the 12 terms above, the JTDC, in its reports and conversations with staff, use other terms to refer to reasons why youth are locked in their cells.

1. Behavior management
2. Confinement
3. Cooling off
4. Court returns
5. COVID related
6. Disciplinary confinement
7. Extraordinary circumstances
8. Facility emergencies
9. Following a due process inquiry, may impose hours for residents who pose a serious and imminent threat to the safety and security of themselves, other residents, staff, the facility, as well as the general public.
10. Lockdowns
11. Major rule violation
12. Medical isolation
13. Non-Disciplinary confinement
14. Restricted to their rooms
15. Room confinement
16. Room restriction
17. Secure reflection
18. Self-confinement

19. Shift change
20. Sleeping hours
21. Superintendent holds
22. Therapeutic mental health concerns
23. Time outs
24. Unauthorized Movement

Appendix F: Perspectives from System-Involved Youth (Interview/Focus Group Themes)

Summary of Youth Perspective

In total, 31 youth provided insight through interviews and focus groups in February and March of 2022. There were three distinct populations of youth who were part of interviews/focus groups:

- Youth currently in the Cook County JTDC (9 males)
- Youth in the Cook County Probation system and previously in the Cook County JTDC (13 total - 8 males, 5 females)
- Youth in the state juvenile justice system who had been housed at Cook County JTDC previously (9 males)

For these interviews/focus groups, the focus of the inquiry included questions about:

- Room confinement
- Education
- Clinical services
- Interaction with JTDC Staff
- Transition out of JTDC

The youth's time in custody at the JTDC varied from a few days to being in the JTDC for multiple years. The youth were diverse racially/ethnically. The majority were African American, and also some White and Latino youth participated.

All youth were provided a \$25 gift card for their time, either promptly after the interview/focus group or to be provided once released from JTDC or other custody.

The interviews and focus groups were conducted through a mixed methods approach. Blue Ribbon Committee members worked in pairs to conduct individual interviews with youth participants at the JTDC and in the probation system. An informed consent process included engaging the youth and parents or staff of the JTDC, Probation Department to ensure that all requirements for informed consent were followed and appropriately managed.

The Chapin Hall team obtained approval to conduct youth focus groups at the Illinois Department of Juvenile Justice (IDJJ) from the University of Chicago Crown Family School of Social Work, Policy, and Practice and Chapin Hall Institutional Review Board (Crown-CH IRB) and followed all IRB protocol pertaining to consent and confidentiality. The Chapin Hall team conducted two IDJJ focus groups, independently analyzed the qualitative data, and shared findings from the analysis with the BRC. The two focus groups conducted were exploratory and findings are not meant to contribute to generalizable knowledge. Rather, information gathered

from reported youth experiences were meant to complement information gathered throughout other processes, such as the independent literature reviews.

Themes:

Room Confinement

- COVID-19 understandably impacted the ability of youth to move around the JTDC outside of their rooms and sometimes outside of their pods.
- Beyond the COVID-19 considerations, youth shared perspectives about how being in their rooms sometimes was a way to prevent getting into conflicts with other youth in the JTDC and that sometimes JTDC personnel used room confinement as discipline outside of the formal discipline structure.
- In addition to room confinement being connected to discipline, youth also identified at times that room confinement was a condition of the JTDC being short-staffed, and described in some instances being in their rooms all day in those instances.
- In addition to room confinement as a tool for discipline, there were other connected discipline measures identified in limiting access to the phone, early bedtime and mealtime limitations (access to seconds, impact what you eat during mealtime, etc.).
- There was varied feedback about the approach to addressing grievances raised by youth that related to the specific staff involved and the youth's perspective of being heard and being treated fairly. In addition, there was some concern expressed about retaliation by staff when grievances raised.
- There were also some environmental issues that were raised (i.e., cleanliness of the bathrooms/showers and other areas, lack of privacy in the rooms, not having TV, books, materials to write with in rooms consistently, laundry not smelling clean, being cold in rooms) and not having enough linens (blankets and pillows) to be warm and sleep comfortably, etc.).

Education

- The majority of youth interviewed who were in the JTDC long enough to attend school indicated that the school work was not consistently challenging.
- However, of all the youth in this sample, several highlighted what they want to do professionally, including a few describing how they have participated in some of the JTDC's skill-building programming (i.e., barber program).
- There was also some feedback that for youth who had not been regularly attending school before being in the JTDC (when they were in their community), being in the JTDC school environment was better than what had been occurring for them previously.

- The youth in the state juvenile justice system who had been in the JTDC previously consistently indicated that there was not life skills preparation in the JTDC school curriculum and that the learning was repetitive and not specialized or age-specific.

Clinical Services

- Youth consistently identified a clear understanding of the JTDC’s discipline system, but were less able to consistently describe the kinds of supports and services available to youth in the JTDC, such as the mental health supports.
- Accessing counseling/mental health services was varied among the youth. Some were aware of the support and didn’t seek it out; others described mental health services as not being the right type of support and not being trauma informed; others described it as being helpful; and some connected access to mental health services and its focus being tied to reinforcing the discipline system.

Interaction with Staff

- Of the professionals that work with youth while in the JTDC (detention staff, teachers, mental health staff), some were identified as helpful, caring and resourceful, and others were identified as “bad” and “arbitrary” in their interactions with youth.
- There was also feedback that the staff were young and not consistently trained, also contributing to interactions with staff being varied.

Transition from JTDC

- Transition from the JTDC was identified fairly consistently as not being done well or in furtherance of a positive transition for the youth.

For those youth who transitioned from the JTDC to the state juvenile justice system, there was consistent feedback that the state system setting is more focused on positive youth development elements than the JTDC, including engaging family and friends for support and less use of “negative reinforcement tactics.” Based upon all the feedback shared across the 31 youth currently in the JTDC and those youth on probation or in the state juvenile justice system, overall, despite an intention of the JTDC as an institution of being organized around positive youth development, the application of that intention within the JTDC is inconsistent and not how many youth experience the JTDC.

Direct feedback from these youth:

- *It’s daycare for teenagers.*
- *Staff can be arbitrary.*

- *The staff does things to you because they know they can. About 50% [of staff] don't want to be here and take it out on residents.*
- *Being alone kind of messes me up. I don't got nobody to talk to. I need interaction.*
- *[School at JTDC] is not the best school, but it has motivated me to want to go back to school when I get out.*
- *[The JTDC structure] helped me. I wrote music and started thinking.*
- *It would be good if the facility had enough space to keep kids that don't get along away from each other.*
- *Time in room - 9 hours last week and early bedtime. Staff can put you in your room as much as they want without telling why or how long you will be there.*
- *Y'all treat us like we're at 26th and California. Y'all should shut it down or only use it for the bad people who are murderers or robbers.*
- *Help us. Don't just entertain us.*
- *[Room confinement] is at the discretion of the staff. [Staff] tell me not to "bite the hand that feeds you."*

Appendix G- Detailed Literature Review – Room Confinement

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INTRODUCTION

The use of room confinement is unarguably one of the most harmful and counterproductive practices that youth in juvenile justice facilities are exposed to. Every year, thousands of children across the country are subjected to some form of room confinement while in detention. There is a growing consensus that room confinement is gravely harmful to detained youth and their overall well-being. The practice of room confinement has a detrimental effect on youths' brains and social-emotional development, limits youth's access to vital programming and treatment and stifles youths' relationships with detention center staff (Kysel et al., 2012). Furthermore, the practice of room confinement can cause emotional and psychological harm, depression, trauma, anxiety, and an increased risk of self-harm (Lutz, Soler, & Kittredge, 2019) all of which contribute to unsafe facility environments.

“Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement”

*- U.S. Attorney
General's National
Task Force on Children
Exposed to Violence
(2012)*

Additionally, there is no research to show that room confinement decreases behavioral incidents or increases facility safety nor is room confinement an effective tool in modifying problematic behavior in youth (Stop Solitary for Kids, 2018). This is in part because room confinement is a response to an immediate behavior or incident and fails to address the myriad underlying causes. Not only does room confinement fail to encourage more positive behaviors, but it also increases the likelihood of already existing problematic behaviors worsening (Lutz, Soler, & Kittredge, 2019). The American Academy of Child and Adolescent Psychiatry (AACAP) issued a statement in 2012 opposing the use of solitary confinement in juvenile facilities, noting that youth are especially vulnerable to the adverse effects of solitary confinement (Stop Solitary for Kids, 2018). Despite this existing body of literature demonstrating room confinement has negative impacts on youth well-being and is one of the least effective means to positively

modify youth behavior, the practice is still commonly used in many juvenile temporary detention centers to establish order and control. The continued use of room confinement disregards best practices and is reflective of years of misguided policy.

Challenges to moving away from the practice of room confinement may arise in part because many detention centers lack a standard operating definition of what room confinement is, which leads to misuse and overuse of room confinement (Kupers, 2017). This is particularly true for those with mental health needs and youth of color (Kysel et al., 2012). In addition, many juvenile detention centers are under-resourced resulting in limited staff capacity and skillsets, both of which are needed to employ alternative evidenced based approaches (Kupers, 2017). To achieve better outcomes at the system level and upon release for juvenile offenders, facilities must break away from the use of room confinement and implement more progressive approaches to addressing youth behavior while in facility care. Discourse and literature on the subject have put forth well supported solutions and best practices that offer alternatives to using room confinement for youth in detention.

EXISTING CHALLENGES AND BARRIERS

Room Confinement in Practice: Overuse and Misuse

According to the Juvenile Alternatives Detention Initiative, over 20% of youth are placed in room confinement at some point between referral and disposition and the practice has a history of being riddled with examples of abuse and mistreatment (JDAI Juvenile Facility Assessment, 2014). In May 2010, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) published findings from a survey distributed to youth in residential placement. Of the 35% of youth that reported being placed in isolation, 87% reported being held for longer than two hours and 55% reported being held for longer than 24 hours (Center for Children's Law and Policy (CCLP) Survey of Conditions of Confinement, 2010). Many of these same youth reported having no contact from or access to mental health professionals during their isolation (CCLP Survey of Condition of Confinement, 2010) which is inhumane and decreases youth safety while increasing suicidality of youth. The survey also noted troubling indicators in the areas of educational and treatment services and psychosocial development (2010).

One of many existing challenges perpetuating this ineffective use of room confinement is the lack of an agreed upon operating definition of practice. The JDAI defines room confinement as “the involuntary confinement of a youth alone in a cell, room, or other area for any reason” (JDAI Juvenile Facility Assessment, 2014). The JDAI also articulates in their 2014 facility assessment that room confinement is prohibited from ever being used for punishment, discipline, retaliation, staffing shortages and/or administrative convenience and that room confinement is only to be used in response to an “immediate threat of physical harm” to a youth or others and should be discontinued as soon as that threat is alleviated (JDAI, 2014).

Without a standardized operating definition, the use of room confinement goes unregulated and can reduce the understanding and validity of data collected on room confinement.

Newly implemented standards in the 2014 assessment also eliminated the use of soft restraints and required the regular review of data on the use of restraints, physical force, and room confinement, disaggregated by race, ethnicity, and gender. Yet many detention center facilities still rely on their own understanding of what the practice of room confinement constitutes and when and how it should be used and miss opportunities to employ a racial equity lens to practice. This approach opens the gateway for much subjectivity, with use differing based on factors such as facility leadership, unit staff, and makeup of the individual youths present at a given time.

For example, the Cook County Juvenile Temporary Detention (CCJTDC) considers over thirty different definitions to inform its room confinement practices and policies. With this variability comes less accountability and consumers of reports on room confinement are left to interpret themselves how, when, and why facilities use room confinement. In 2014, the City of New York’s Administration for Children’s Services implemented a standardized policy and set of procedures for the use of room confinement in juvenile detention to combat this and reduce subjectivity in its use and critical incidents altogether. Under similar types of policy and procedure implementations across detention centers, staff are trained in a comprehensive behavior management approach that prioritizes prevention and de-escalation tactics to be employed before resorting to room confinement (Hambrick et al., 2018). Staff must document

what tactics they used and the outcome. Only after staff have been able to demonstrate the ineffectiveness of the less intrusive alternative are they allowed to use room confinement (Hambrick et al., 2018). Comprehensive behavior management approaches like such have shown to effectively reduce critical incidents on unit and the need for room confinement (Hambrick et al., 2018). These types of prevention focused approaches address the diverse needs of the clinical population and provide staff with new ways of responding to youth behaviors that may present as explosive or aggressive behaviors and lead to more punitive approaches.

The use of room confinement also highlights racial and ethnic inequity in the practice which may further increase the negative effects of the system on youth of color. Research has highlighted significant ethnic disparities in the use of room confinement, with young men of color disproportionately represented in detention center population (Teplin et al., 2021). Research also shows that youth of color are less likely to be diagnosed with a mental health condition (Teplin et al., 2021). This is critical to understand because the lack of a diagnosis while in care increases the likelihood of a youth's behavior being perceived as defiant or aggressive and can therefore result in higher rates of being confined as a method of behavior modification. Without a proper diagnosis, staff lack the context needed to respond to and address the needs of youth in their care., further depriving youth of the opportunity to receive appropriate mental and behavioral health treatment. To further compound this issue, a persisting mental health condition upon release places a youth at a disadvantage during reentry into society and transition into adulthood (Teplin et al., 2021) with Black and Brown youth from predominantly low socioeconomic backgrounds returning to already under-resourced neighborhoods with limited mental health support. Lack of access to interventions and supports that can address mental health issues also greatly increases the likelihood of youth re-offending. Hence, addressing the misuse and overuse of room confinement, which is likely to exacerbate the already significant racial and ethnic inequities in the system, can be seen as not only good practice overall but also an anti-racist practice.

Limiting the incidences of room confinement use will improve detention center experiences for youth and position staff to use alternatives that promote more positive outcomes. Establishing a singular working definition, informed by best practices and training staff on evidenced based

clinical approaches are critical first steps in delineating clear guidance on its use, including when it should be allowable.

Capacity and Skillset of Detention Center Staff

Youth detention centers have a long-standing history of prioritizing order, safety, and security over addressing the diverse needs of detained youth. This approach, including the use of room confinement, prevents facility staff from engaging with youth in a supportive manner that facilitates positive youth development. Making a shift in priorities will require not only a change in the philosophy of the system, but also in how it is resourced, particularly around detention facility staff capacity. Staff capacity can be distilled into two components: quantity and quality. In this context, quantity can pertain to actual numbers, understanding that factors like staff to youth ratio have a direct impact on the type of interventions used on units to address problematic behavior. When staff are outnumbered by youth, staff are less equipped to give intentional and individualized care and more likely to use punitive methods like room confinement that quickly eliminate an identified threat to safety on the unit (Kysel et al., 2012). While the practice of room confinement may address immediate concerns, it fails to address the underlying issue that triggered the problematic youth behavior in the first place, often leading to repetitive incidences. Ensuring that staff to youth ratios follow best practices helps staff succeed better in their role to support the mental, developmental, and emotional needs of youth in their care (Kysel et al., 2012). Capacity can also encompass staff members' available time to deal with a presenting issue and the mental and emotional energy needed to do so. These resourced related capacity issues are commonly cited by facility administrators and staff as a main reason for resorting to room confinement in response to youth incidences (Stop Solitary for Kids, 2018).

Capacity can also pertain to the extent to which a particular staff member has the skills needed to engage in a specific incident and their cultural competency. Such factors directly impact the quality of care that youth receive in detention and influence how well facility staff respond to challenging youth behavior (Lutz, Soler, & Kittredge, 2019). Youth on detention center units often present with unaddressed mental health problems and developmental or behavioral needs which can manifest as behaviors that lead to staff intervention and/or disciplinary action. Due to high rates of being undiagnosed and/or staff incapability to properly respond to the unique needs that come with these set of mental, developmental, or behavioral conditions, youth are often punished for their behavior, rather than treated (Reassessing Solitary Confinement, 2012). This is a gross misuse of room confinement and contributes to the

detriment of the child while in care *and* after release. The use of confinement further limits youths' already reduced access to behavioral health services, treatment, and education programming, all of which they need to make sustained positive changes and grow into their full potential.

To redirect staff from resorting to room confinement, staff must be equipped with an adequate knowledge base, receive robust and frequent training, and given access to any other additional resources needed to respond to youth behaviors in a meaningful way (Reassessing Solitary Confinement, 2012). The cultural competency needed to serve this specific population requires a sophisticated understanding of the social problems that lead one to criminal justice system involvement in the first place. Furthermore, staff in the juvenile justice system must share a commitment to enabling youth in their care to not reoffend and become the best versions of themselves.

EVIDENCED BASED SOLUTIONS

Historically, detention centers have employed approaches that solely prioritize facility safety and security, failing to address youth well-being and the various underlying factors that impact well-being. These types of approaches present a narrowed scope of responsibility and hinders the system's ability to best serve the needs of youth in their care. Regardless, detention center staff have an obligation to address the mental health and developmental needs of the youth in their care. The range of youth behavioral challenges that present inside juvenile detention facility units require intentional and clinically informed approaches that are specific to the diverse needs of the juvenile population and grounded in best practices.

A Comprehensive Trauma Informed Approach

Trauma is a stress response to challenges and other types of stimuli that affect one's mental, emotional, or physical state (Harden et al., 2015). When these stimuli are not addressed, trauma lingers and often worsens as challenging events continue to occur over the course of a youth's development. Successful evidenced-based approaches in juvenile detention facilities apply a trauma informed lens that integrates mental health professionals and individualized cross-system case planning (Harden et al., 2015). Trauma informed approaches offer a holistic and person-centered way to conceptualize the experiences and personal backgrounds of youth and their well-being (Harden et al., 2015). Trauma changes the brain, but so does healing. Being able to successfully disarm this justifiable defense mechanism that many youths in detention may present with and manifest as explosive behaviors requires staff equipped with the cognitive understanding and skillset to do so.

When the focus of detention center staff's responsibility is order and control, the importance of relationship building falls by the wayside. Access to frameworks that maximize relational connection are a fundamental first step in creating an environment where both youth and staff can succeed. While some detention centers implement components of trauma informed care via their mental health professionals and clinical services, this does not hold all detention center staff and youth touch points accountable for adopting this evidenced based approach. When trauma is siloed to a specific detention center staff role or office, it prevents the lens and its core tents from being fully embedded into all roles, practices, and policies of the center. Youth facilities must take the necessary steps to implement a trauma informed approach that reaches beyond mental health staff and instead applies across the detention center. If not, youth facilities will continue to fall short of providing youth with the treatment and services they need and are entitled to while in facility care. Some of the activities to help facilities mobilize include making updates to staff training requirements and curriculum as fit, improving facility programming by requiring administrators to routinely review facility policies, procedures, and schedules with the application of a trauma informed and racial equity lens and incorporating a process for collecting and sharing data as it relates to trauma screenings and assessments.

Community Partnership

In acknowledging that juvenile justice systems are not properly resourced, one must also acknowledge that detention center facilities cannot take on this responsibility alone. An intersectional and collaborative approach that partners with community and the social sector is another alternative to room confinement that instead provides true opportunities for youth to achieve sustainable change in their behavior (Lutz, Soler, & Kittredge, 2019). For example, many juvenile detention facilities across the country have moved from using traditional probation officers to employing more diverse staffing models that include social workers. Social workers are uniquely equipped to serve vulnerable populations such as youth in juvenile detention centers. Their holistic approach in their service delivery goes beyond discipline and incorporates components that focus on relationship building between staff and youth, as well as healing. As outlined by the International Federation of Social Workers (IFSW), the key actions areas in their scope of work are promoting social change, problem solving in human relationships, and empowering people to enhance their own well-being (United Nations Children's Fund, 2013). The IFSW also emphasizes the professions commitment to utilizing theories of human development, social theory and systems to catalyze organizational, individual, and cultural change (United Nations Children's Fund, 2013). Beyond providing support during a youths' custodial sentence, social workers are equipped to assist with organizing pre and post diversion

activities, release preparation, and post release/after care support. Their presence helps to alleviate some of the existing stressors on an already overburdened justice system. Many successful models of juvenile detention reform put forth by other jurisdictions have also employed credible messenger models. The credible messenger model is a holistic justice approach that operates on the belief that people are the experts of their lived experiences, and communities already have the most important resources needed to engage with vulnerable populations in a meaningful and relatable way. In this model, justice involved youth are paired with or given access to specially trained adults with relevant life experiences. Many of these adults were also previously incarcerated and successfully went through the re-entry process at a point in their life. They are referred to as credible messengers because they share similar backgrounds with the clinical population, allowing them to communicate with youth thoughtfully and without reducing them to their mistakes. Youth are also more likely to respond to redirection from those that share similarities with them and hold an understanding of their unique situation and the possible life circumstances that might've led them to where they are; representation is also crucial component in evoking positive change among system involved youth (Kupers, 2017). The credible messenger model creates shared leadership between systems and communities, which in turn reinforces the value and worth of incarcerated youth. It is a constant reminder that regardless of their mistakes, youths' thoughts, feelings, and experiences still matter. Credible messengers have a heightened ability to break through to what are at times considered hard to reach youth by forming personal and transformative personal relationships. They offer a beacon of hope to youth, and the opportunity to see a future beyond detention and justice system involvement. Credible messengers are equipped with the toolkit necessary to appropriately manage detained youths' emotions and behaviors, ultimately changing the trajectory of their lives. Additionally, this model has demonstrated several positive outcomes related to recidivism, problematic behavior, increased compliance with court mandates, and engagement with programs and services. The Credible Messenger Justice Center (CMJ) reported a 50% decrease in felony arrests for youth involved in their programming, a 33% less likelihood to be rearrested than counterparts not in programming, and a 76% reduction in gun homicides (CMJ Center, 2021). Furthermore, Credible Messengers reported having a positive impact on the relationship between systems and community members all while helping community members to better support system involved youth (CMJ Center, 2021).

Other Jurisdictions as Model Counterparts

While making policy and structural changes to room confinement will vary by authority, there are still many worthwhile examples out there to look to for a path forward. Colorado drastically reduced the amount of time a youth is held in confinement to under an hour by increasing the staff to youth ratio in their facilities. Best practices suggest having an 8:1 staff to youth ratio so that staff can give directed attention when needed that will allow them to engage youth and prevent and respond to behavioral issues (Stop Solitary for Kids, 2018) more meaningfully. A higher staff ratio also better positions staff to employ less restrictive responses, like verbal and nonverbal de-escalation techniques, to behavioral disruptions before resorting to confinement or sanctions. Colorado also invested in creating strategies that are aimed at helping staff engage with youth and to build positive relationships and prioritized addressing underlying causes of youth behavioral issues by making sure every youth admitted to state facility is assigned to behavioral health staff member that can help to evaluate youth in crisis. The Department of Youth Services in Massachusetts banned room confinement as punishment and developed exit strategies that allow kids to be relieved from confinement in minutes, instead of hours. This is consistent with the best practice that youth in confinement are not required to stay for a specific amount of time (Stop Solitary for Kids, 2018). Youth in confinement should be able to leave as soon as they calm down and no longer present an immediate threat. In another instance, Shelby County, Tennessee cut the use confinement through methods that reinforce positive behavior and find alternative ways to hold youth accountable. The Stop Solitary for Kids (2018) statement of purpose outlined alternative behavior management options and responses for detention centers to employ that included alternative sanctions like written assignments, additional work requirements, participation in mediation programs, and limited access to unit privileges like events. Providing incentives also helps encourage positive behavior modification in youth. Rewards like more visitation, access to resource rooms, and a later bedtime were all well supported by literature. These alternatives prioritize human centered design and culture change. Similarly, the Oregon Youth Authority reduced room confinement by placing value in strategies that focus on positive human development and using data strategically. Leveraging data is another best practice to reduce room confinement. Collecting and analyzing data helps to increase transparency and accountability by offering insight into data that tracks information like staff involved, incident, the less restrictive alternatives that were used first, demographic data, special education, and mental health status of youth for each incident of solitary confinement. The best practices incorporated throughout this section were created in collaboration by detention center administrators, advocates, mental health experts, and other legal system actors to implement a comprehensive solution to effectively reduce and eventually end room confinement as a practice (Stop Solitary for Kids, 2018). Taking

the steps necessary to move away from the practice of room confinement will require resources like staff capacity and time but is well worth the improved outcomes for youth and communities.

CONCLUSION

The current landscape of room confinement and its relationship to youth in detention has a long way to go to match best practices but is not unchangeable. Room confinement should always be used as a last resort in responding to youth behavioral challenges. Unless there is an immediate threat of physical harm, room confinement should never be employed. Instead, methods that focus on relationship building between staff and youth, de-escalation techniques, and overall youth well-being should be used. Room confinement has negative implications on youth psychological and developmental health, and their projected outcomes later in life. Finally, room confinement does not increase detention center facility safety or security. The practice of confinement hinders the progress that systems can make and their ability to assist youth in their journey to live positive and meaningful lives. Shifting to a more progressive and idealized model of juvenile detention will require facilities to move away from outdated practices like confinement altogether.

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Appendix H – Detailed Literature Review – Education

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INTRODUCTION

Every year across the country, thousands of youths are uprooted from their communities and placed into temporary juvenile detention centers. Many of these youth are placed for non-violent offenses, including failure to comply with a court order or violation of probation. Commonly, the educational programming that a youth receives while detained in juvenile detention is found to be substandard (McCluskey, 2017) which may further exacerbate racial disparities among juveniles. Youth receiving their education in detention centers come out at a disadvantage, in part because youth in detention are diverse in their educational and behavioral needs, which often goes neglected in detention center settings. In addition, detention centers tend to follow a punitive and safety-focused philosophy that is not conducive to education and learning. Finally, staffed with educational personnel that are not sufficiently trained, resourced, or empowered to adequately educate the population they serve (McCluskey, 2017). Addressing these three issues is recommended to improve the outcomes and life chances of system involved youth.

SYSTEMIC BARRIERS AND CHALLENGES

Diverse Student Population

While it is true that many public-school systems outside of detention centers face challenges that can negatively impact education quality, such as a lack of resources or acting out behaviors that take away from the learning experience, the unique environment of detention centers further compounds these issues, especially given that the student population of detention centers are primarily made up of youth from vulnerable backgrounds and present with specialized needs due to the many barriers that are faced in detention (McCluskey, 2017). These barriers and unique needs include, insufficient communication between agencies such as the community school a youth belongs to and the detention center school they attend, reduced family involvement while in facility care, higher rates of post-traumatic stress disorders and other mental health conditions that contribute to behavior that can be seen as acting out, excessive exposure to practices such as room confinement that restrict their ability to a regular

cadence for receiving education programming, and often the lack of a full education continuum that gives youth access to opportunities needed to meet their individualized needs and goals (McCluskey, 2017). These factors are in many ways unique to the justice involved learners and therefore contribute to their diverse learning needs. Youth in detention come with varying assets and levels of education which means education programming rendered in juvenile detention centers must respond to a wide range of individual youth characteristics that span behavioral and educational needs or learning difficulties. While this discourse is not about pathologizing youth in detention, this vulnerable population undoubtedly has special needs and must be noted so they are properly attended to while in facility care.

For example, justice-involved youth often have higher rates of special education classifications than their peers in their neighborhood, non-detention related schools (Hackman, 1997), however the detention centers responsible for their care and well-being often neglect their special needs and are not held accountable for addressing to do so preventively (ACLU of Ohio, 2022). Still, youth in detention centers are legally entitled to a quality education as well as any specified special accommodations (ACLU of Ohio, 2022). Failing to provide either one to students deprives them access to a quality public education while in the care of the state. Yet, many teachers in this setting report facing barriers to obtaining student's educational records including items such as IEPs (individualized education plans) (Hackman, 1997). Without access to this information, teachers are put at a disadvantage to best serve their students. From a legal standpoint, this poses a great cause for concern as juvenile detention center schools are mandated to provide special education and related services to students who need it. Failure to do so puts juvenile detention centers at risk of costly lawsuits which can add to an already overburdened system.

The inability to adequately identify and address diverse student needs while in detention is, in part, due to the lack of communication between the schools which youth attended prior to detainment and their detention educational setting. This breakdown in communication increases the likelihood of a youth not receiving an appropriate work plan that fits their already existing academic background (Hackman, 1997). It may also lead to further damaged student and school-staff relationships upon their eventual return. In addition, there is often no assurance that education programming inside temporary detention centers have a nexus to school programming on the outside (McCluskey, 2017). A lack of reporting, transparency, and cross-system collaboration further complicates educators' ability to fully grasp an

understanding of how various systems work both in parts and collectively (Hackman, 1997). Despite this incongruity, the standardized achievement expectations laid out for students by their school systems do not cease to exist or even appropriately adjust for the special circumstances youth in the juvenile justice system face. Upon release, youths are expected to reach the same defined benchmarks of educational success their peers adhere to, even though those peers have not had the same disruptions to their education that one in detention faces.

When adopting a racial equity lens, statistics and outcomes clearly illuminate the reality that youth of color are more likely to be arrested, detained, and confined than white youth (McClusky, 2017); and because race, socioeconomic status, and access to quality education are intimately connected, it is known that many juveniles in detention centers faced barriers to quality education access and achievement *prior* to their detainment (McCluskey, 2017). Inconsistencies as such only further showcase the active role education continues to play in maintaining and even exacerbating inequalities and racial disparities, especially for youth in detention centers.

A Punitive Philosophy in a Learning Environment

While the philosophy of many youth detention centers prioritizes obedience and conformity, the concept of education has long been associated with values of liberation and enlightenment. The contradiction of education under detention must be confronted with intention and a radical imagination if sustainable change is to be achieved. The classroom, regardless of setting, needs the freedom to allow its students room for making mistakes while increasing opportunities for growth, with educators assisting students in the process of meaning making and critical thinking. However, the ability to approach education with youth development in mind becomes far more difficult to effectively achieve when carried out under an apparatus of control and confinement – such as juvenile temporary detention centers. Due to the competing demands in juvenile temporary detention centers and the prioritization of security, education in the setting may lack the intentionality needed to be the transformative tool it has the potential to be. This is not to fault the actors within the juvenile justice educational system,

If education is to be successfully freed from the grips of a system full of rules and discipline, then juvenile detention centers must move towards a more progressive approach that is powered by the fundamental idea that all humans are of immeasurable value, regardless of their criminal background and deserve the opportunity to better themselves.

but rather to hold accountable the institutions that are responsible for delivering a quality education to those in its care, as well as providing a conducive environment for educators to do so.

The environment in which one learns plays a significant role in the relationship between a student and the academic success they can achieve. Students who learn in positive environments have been shown to be more motivated, engaged, and have a higher overall learning ability (Wilson & Reuss, 2000). A positive learning environment acts as a safe platform for its students that allows them to feel safe both mentally and physically. Furthermore, positive education experiences in juvenile justice systems have shown to contribute to personal development in several ways, including positive behavior modification (Wilson & Reuss, 2000). Findings also show that students who learn in positive environments while in detention are more likely to return to school upon release and matriculate through graduation (Wilson & Reuss, 2000).

Educators and the Learning Environment

If these issues continue to go unaddressed, education staff in juvenile facilities will continue to bear an unnecessary burden and youth in detention centers will directly suffer from their educator's limited capacity to support them.

Due to the rigid philosophy that undergirds many juvenile detention centers, there is often a failure to clearly define detention center staff's role beyond protecting and securing public safety (Deitch, 2010). The lack of explicitness in relation to the myriad responsibilities that fall under the purview of detention center staff, such as facilitating the rehabilitation journey of youth, has caused many teachers to struggle to step fully into their role as educators, with many expressing an initial culture shock due to the high concentration and variability in special needs in juvenile justice system classrooms (Hackman,

1997). The diverse needs of students fall by the wayside when educators embrace a narrowed view of responsibility that often does not include special education provisions or other accommodations for behavioral or developmental needs (Hackman, 1997). This ongoing tension between providing a meaningful and adaptive education versus the prioritization of order and control robs youth of the educational experience that is promised to them while in the care of such systems.

Educators in juvenile detention centers undoubtedly face elevated levels of stress (Lalita & Appling-Plummer, 2019). This increased stress level negatively impacts teacher well-being and morale which impairs educators' capacity to build rapport with their students (Lalita & Appling-Plummer, 2019). Educators face unique pressures that include but are not limited to the ongoing tension between prioritizing education or security as well as capacity related issues such as lack of resources, limited knowledge and skills to address student behavioral challenges, and insufficient training (Lalita & Appling-Plumer, 2019).

Students are more than mere subjects or objects of education; rather they are the nucleus of the education apparatus and as a result should be centered and used to encode the education experience that is built for them.

Perhaps not surprisingly then, education staff turnover in detention centers is high (Deitch,2019). Making educators feel more seen and supported improves job satisfaction and increases staff retention rates (Lalita & Appling-Plummer, 2019). Furthermore, reducing teacher turnover better positions facilities to reach what best practices define as an appropriate student to teacher ratio. Students perform better in smaller settings where more 1:1 attention is available, and teachers report feeling more successful when their caseload is kept small (Hackman

1997). The current trend of low educator retention forces remaining staff to double as safety support, further decreasing their capacity to engage students in learning meaningfully. This mismatched duality in roles creates confusion for students and further threatens rapport with their teachers (Deitch, 2010). In a study conducted by Lalita and Appling-Plummer (2019) on the linkage between correctional staff job satisfaction and retention, training was identified as one of the greatest factors in maintaining employees. Adequate training offers the opportunity to become more skilled and successful in a position. This qualification was shown to increase staff confidence which positively correlated with their motivation and commitment to continuing working with this population (Lalita & Appling-Plummer, 2019).

OVERCOMING BARRIERS AND CHALLENGES

Following the above laid out issues pertaining to the educational experience in juvenile detention centers, affecting both teachers and students, below are some key areas for consideration to overcome the identified barriers and help detention centers adopt an approach that empowers teachers and staff to empower their students to live better lives both during facility care and upon release.

Empowering Teachers to Empower Students

Educators in detention centers have the agency to attach new meaning to concepts of success, failure, and achievement that better fit the population they work with. One way to do this is by making space for, observing, and learning from their stories, perspectives, and experiences. This type of engagement allows teachers to gain insight into how their students interact with and perceive things in their environment and this increase in understanding is key to strengthening the teacher-student relationship. Foucault, a philosopher who examined the relationship between power and knowledge, purported the perspective that learning of and placing value in the personal stories and theories of students is critical for achieving transformation in teaching and its curricula norms. Referencing his work in an Attica prison, he said the prisoners “possessed an individual theory of prisons, the penal system, and justice. It is this form of discourse that matters, a discourse against power, the counter-discourse of prisoners we call prisoners and those we call delinquents – and not a theory of delinquency” (Foucault, 1972). So much of the concept of power lies in the ability to define – what matters, what does not, who gets to be heard or silenced etc. Juvenile detention centers are rooted in power dynamics, typically taking a top-down approach and leaving little agency for those detained within it. However, education creates an opportunity to shift that paradigm and demonstrate that juveniles are the experts of their own lives and exploring their truths is an intervention for inciting students to take ownership of their education. Engaging in this type of practice helps to destabilize some of the harmful and oppressive practices within education that have become status quo.

What is the role of a teacher? In *“Girls Behind Bars: Reclaiming Education in Transformative Spaces,”* Sharma argues that rather than guide students to internalize their exclusion from traditional education and advance institutional ideologies, teachers should be committed to helping detained youth use their unique circumstances to achieve transformative change (2012). This teaching approach is far better aligned with the true essence of rehabilitation – a process that helps juvenile offenders change by addressing the underlying reasons that led them to system involvement. The current habit of strictly defining and controlling curricula restricts teachers (and students) from reaching the visionary possibilities that exist outside the dominant discourse of curriculum.

Adaptive Education Curriculum

Youth in detention centers – no different than youth outside of detention – are multidimensional beings that come from their own values, histories, and lived experiences. Lived experiences directly shape oneself and worldview. Allowing these experiences to inform the curricula provided to students helps to create a space that allows “for all forms of knowledge production, histories, embodiment, gender, and desire” (Sharma, 2012, p. 164). This type of inclusion in the education space empowers students and encourages a deeper engagement. Providing an educational curriculum that is adaptive to the diverse needs of youth in detention will support youth not only while in detention, but in their re-entry transition upon release. Implementing a needs responsive curriculum in detention centers also increases a young person’s likelihood of returning to school after release and students enrolled in school are at a significantly reduced risk of recidivating. If youth cannot identify with their curriculum, they are likely to reject it. However, teachers have the power to take that resistance and instead channel it towards transformation. “Resistance can be the point of transformation where the intersectionality of identity formation, lived experience, and curriculum lead to agency” (p. 167).

Shifting from Achievement Scoring-Based Grading to Competency-Based

Achievement scoring-based grading breeds exclusion by prioritizing academic success while completely disregarding all other forms of knowing. Achievement grading utilizes pass/fail and ordinal letter grade measurements and the simplicity of these approaches reinforces harmful and oppressive concepts of dualism and fix themselves in the education experience. The approach to education in detention centers must shift from centering grades to putting forth educational objectives that center students, their experiences and individual goals. Not doing so upholds a system of privilege within the classroom that praises students who are performing at the upper level of testing, while categorizing students who do not as inferior, challenged, and delinquent (Sharma, 2012).

A successful curriculum should also consider the length of stay for each individual youth. The needs of a student staying short-term vary drastically from those of a youth being educated in detention long-term. For example, student’s experiencing education in detention primarily short term might benefit more from activities focused on exposure, interest and aspiration raising. The thinking here is that when students re-enter society and transfer to a school with a

long-term trajectory, they will have a larger capacity to perceive school as fulfilling and stick with it. On the other hand, students with a long-term stay may benefit from access to curriculum that has a strong nexus to the demands of life beyond detention. Either way, education programming that offers students a chance to earn something that holds value on the outside, such as a type of degree or license for a particular trade or apprenticeship, etc., will better position these students to engage in meaningful work and activities once they exit.

While the changes needed to make such models will be robust, it is feasible. Alternative models to improving education in detention centers like Co-Op Prep and BreakFree Education in D.C., are both proven models many across the country look to. The types of programming offered in these alternatives focus on creating the opportunity for students to make their own choices and practice autonomy, something individuals in detention are not often afforded. Affording youth an opportunity to practice autonomy helps to cultivate a spirit of responsibility and ownership in youth while also learning a skill that can be transferrable to their experience once exiting the system. The skills offered range from foundational to sophisticated and are meant to be adapted based on a student's interests, length of stay, and other individual factors.

Additional components that purport more positive academic outcomes for youth in detention are the incorporation of practical and applied career preparation and social emotional development content. In addition to centering students, these models also work to ensure educators in the classroom are supported with resources and the frequent and recurring training they need to succeed in not only teaching, but empowering students.

CONCLUSION

In sum, the current landscape of education in youth detention centers needs dire change. There are clear barriers and challenges that both educators and students within the system face and if not addressed, these issues will continue to hinder facilities from providing the quality education it is obligated to. To successfully address the problems, there needs to be a consensus on what the educational experience in detention should encompass. Recognizing incarcerated youth as dynamic beings, it is imperative that programming and curriculum not only reflect the realities of these student lives but also be adaptative to their unique and individual needs. Furthermore, the approach to educating youth in detention must shift from the current norm of prioritizing order and conformity to instead utilizing it as one of the many necessary reintegration tools in a youth's journey to become their best selves. Providing access to quality education that leads to marketable credentials (both interpersonal and professional)

on the outside will better position youth for a positive reentry into society upon their eventual release. Beyond that, education can empower these youth to recognize their whole selves and claim a life of meaning. There are many successful alternatives and models to educate juvenile offenders and aid other interested jurisdictions in responding to this long overdue call for change. Anything short of recognizing the humanity of youth behind bars, challenging them to be their best, and pushing them to excel is short of the mandate that was entrusted to the systems who care for juveniles while navigating the juvenile temporary detention centers.

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Appendix I – Detailed Literature Review - System

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INTRODUCTION

To effectively address the needs of justice-involved youth, build on their assets, and improve their life outcomes, the juvenile justice system must implement a progressive and comprehensive approach that is research-based and community-focused. Such an approach would include prevention and intervention services and solutions that target reform at the policy, practice, and system level. Currently, the juvenile justice system operates as separate parts, instead of a cohesive system, with an over-reliance on secure detention facilities. Juvenile temporary detention centers are a short-term intervention to juvenile delinquency that are not fully equipped with the breadth of knowledge and resources needed to serve all youths in their care. For example, female identifying detainees and those belonging to the LGBTQ community have unique needs pertaining to their gender that are often dismissed in detention center facilities (Lubow, 1999). It is also worth noting that the typical length of stay in a temporary detention center is not supposed to span more than a couple of months. Yet, many youths find themselves in facility care for several months awaiting their court proceedings. Youth detained long term suffer greatly because programming is not created to serve long term needs (Lubow, 1999).

Shifting attention to pre-adjudication processes, the quality of the detainment experience itself (when warranted), and post-adjudication processes like probation and aftercare is essential to inform a new and innovative approach to the juvenile justice system that does not rely on detaining youth. The trend of disjointedness and silos in the present juvenile justice system model puts the youth navigating the system at a disadvantage for a successful re-entry to society and hinders their ability to achieve high quality of life outcomes. Furthermore, the misaligned prioritization of order and security over rehabilitation and healing causes more harm, not only for juvenile offenders, but for the communities they belong to as well. By improving the effectiveness of various operations undertaken in the administration of juvenile justice, legal system actors and advocates can positively change the life trajectory of juvenile offenders and reduce recidivism rates overall.

CURRENT BARRIERS AND ALTERNATIVE SOLUTIONS

While there is a growing consensus among legal system actors, advocates, youth, their families, and communities on the need for a more comprehensive approach to juvenile justice, there are still several commonly identified barriers that stand in the way of effective implementation. These barriers can be distilled into a two-part problem. First, there are the various decision points within pre-adjudication, post-adjudication, probation and court services, and aftercare processes that determine whether a youth will be diverted from detainment altogether, their access to post release options that can reduce stays once in a secure facility, and their level of access to helpful aftercare support. Second, are the specific set of challenges that youth face *during* detainment at secure facilities, such as juvenile temporary detention centers, that impact their mental and emotional well-being, educational experience, and overall ability to achieve positive life outcomes upon release. Putting forth effective solutions to these identified barriers is reliant on a full understanding of the current landscape.

Pre-adjudication, Probation, and Aftercare: Decision Points and Processes that Impact Detainment

The processes and procedures pre-adjudication, while court-involved, and upon release are critical components in promoting or hindering positive youth outcomes. On the front end, legal system actors have influence over decisions to divert youth from the system and the administration of supportive and progressive services like reporting centers. Post-adjudication, while under court supervision, and upon release, back-end programming like probation and aftercare plays equally important roles in youth outcomes.

Diversion Programs - No matter how progressive the approaches implemented by detention centers are, facilities still can impart trauma onto the youth in their care (Lubow,1999). For this reason, legal system actors should work at all costs to prioritize diversion where possible, reserving secure facility care for violent or high-risk offenders. However, current practices around diversion decisions lack standardization and objective measures through which to classify youth as high-risk vs. low risk, which is needed to determine eligibility for diversion opportunities. This contributes to racial disparity and other inequities in diversion decisions and greater reliance on pre-adjudication detention for youth of color. Historically, the purpose of juvenile temporary detention centers has been to 1) ensure offenders appear in court, and 2)

protect public safety by reducing the likelihood of violent offenses and reoffending during the proceeding of a case (Lubow, 1999). However, there are effective mechanisms to accomplish these goals that do not require locking children up. JDAI (Juvenile Detention Alternatives Initiative) developed and expanded three pre-adjudication alternatives: house arrest, reporting centers, and temporary, nonsecure community-based shelters (Lubow, 1999). While these alternatives can be run by local probation departments, others are contracted out to non-profit community-based organizations in neighborhoods familiar to youth (Lubow, 1999). Program restrictiveness can be adaptable and operated in relation to a youth's behavior. For youth that follow program requirements, they can receive positive reinforcements like a later curfew or fewer required contacts with their probation officer. Conversely, tighter controls can be implemented when a youth does not comply with requirements.

Reporting Centers - Reporting centers are an under-utilized but effective alternative to secure facility detention. Reporting centers are non-residential, multiservice community centers that offer less restriction and support reintegration through a combination of services and supervision while still holding offenders accountable for their actions. In addition to supervision, reporting centers provide rehabilitative and transitional supports and programs such as job training or substance abuse treatment (Craddock 2004) and include components designed around the common barriers that juvenile offenders often face during re-integration including education, housing, employment, and mental health (Wodahl et al., 2015). The utilization of reporting centers also helps to reduce detention center overcrowding (Craddock 2004). Additionally, reporting centers can be used for front-end diversion, using programs to divert youth from a detention facility stay, and back-end diversion as a form of early release (Boyle et al, 2019). Reporting centers are designed to reduce recidivism by helping participants navigate these challenges and increase offender success in transitioning from incarceration back into community. Results are promising; looking at recidivism trends, Boyle and colleagues (2013) found that participants of reporting centers experienced a statistically significant reduction in reoffending.

Probation Services & Aftercare - As part of a comprehensive strategy, the juvenile justice system has a responsibility to put forth a robust approach that provides wrap-around services and promotes positive youth behavior modification while youth are under court supervision and upon release. Strengthening probation services through redesign, like making educational achievement a focal point and requiring re-enrollment in school for all released youth is one

example. Adopting shorter supervision sentences and shifting focus to prioritizing goals and positive incentives, as well as developing individualized plan for things like payment of legal financial obligations are additional ways that probation programming can be used to reduce pathways that lead back to incarceration. Transition and after-care services must also be prioritized and redesigned to fit the diverse needs of juveniles and the challenging realities of reintegration. Partnering with community-based organizations in youths' home neighborhoods is another best practice (Boyle et al., 2013). Community-based organizations have the necessary knowledge and relationships needed to support youth belonging to intersectional and vulnerable identity groups. Community organizations and people with system involvement themselves often have more credibility with young people and increase trust aspects in relationships, which is necessary for sustained youth engagement. Community partners should be engaged as mentors and welcomed into facilities as additional resources to encourage youth participation. These partnerships can promote healing, help youth build social and emotional skills, and may open doors for employment or other positive youth development opportunities.

Factors Impacting Youths' Juvenile Detention Center Experiences

The host of factors that impact youth and their experiences during their stay at juvenile detention centers span issues including resources and the underlying philosophies that undergird detention centers and its staff's approach to system involved youth in relation to the structure and access to clinical services and restorative programming, and even thoughts around the physical space of the detention center itself. Each of these components affect a youth's experience during detention and their trajectory upon release.

Resources and Trauma-Informed Care

Detention facilities are often under-staffed and under-resourced which hinders staff's capacity to provide holistic care to youth. When resources are scarce and staff limited in numbers (and subject matter knowledge), detention centers tend to focus more on keeping order rather than rehabilitation. However, there are negative implications in continuing to utilize an approach that neglects the full needs of system involved youth. The detention experience can be anxiety provoking and traumatizing for youth which contributes directly to acting out and violent behaviors while in facilities. Hence, detention needs an approach to minimize the consequences of such an environment.

A counterapproach supported by best practices is the application of trauma informed techniques. As detailed by Roush (2019), helpful detention approaches operate with the fundamental understanding that incarcerated youth experience a multitude of physical and emotional challenges and it is the responsibility of facility staff to respond effectively to youths' physical, emotional, and social needs under an approach that positively impacts day to day milieu life. While some detention centers have dedicated resources towards clinical and mental health staff, there is still a lack of a whole of center trauma-informed approach that reaches beyond clinical staff throughout all aspects of the facility. Placing the responsibility of utilizing trauma informed techniques solely on mental health staff reduces the opportunity to fully address youth needs during their stay. Educating *all* staff that have touch points with youth on the role trauma plays in the lives of most young offenders can increase the cultural competency of facility staff. When staff operate with a higher level of awareness and understanding of the unique issues that impact juveniles in their care, they are better able to serve them and their needs. Understanding trauma and its influence on behavioral health and relational aspects with juvenile offenders' better positions staff to adopt more progressive approaches that can positively change the detention center philosophies unringing their approach. Effective juvenile detention must also include a system of clinical observation and assessments that measure change over time and are aligned with values embedded in more progressive approaches like mentioned here (Roush 2019). Transforming the current social context and philosophy of juvenile detention centers and normalizing it for all youth involved staff is a prerequisite to move towards a more helpful model where youth and staff feel safe.

Clinical Care

Historically, race and socioeconomic status have played a significant role in one's healthcare access. People of color and those from low socioeconomic status are often unable to access quality healthcare. Among healthcare, mental health resources are the scarcest for vulnerable populations living in communities where trauma exposure is high. Mental health resources are lacking in communities in which system-involved youth live and even when they do exist, there is a stigma attached to those who utilize such resources, often hindering from use of services. Because of this, the mental health needs of youth from vulnerable backgrounds are often underdiagnosed, further exacerbating the underlying condition and its manifesting symptoms. Trauma is a significant event that impacts an individual's brain, and the way individuals process external stimuli. Unresolved trauma can result in behavior viewed as defiant in detention

center facilities and, as a result, youth who have experienced trauma are more likely to be punished and/or placed in room confinement. The lack of visibility regarding their mental health struggles dismisses their need for care and intervention that targets the root problem. Acknowledging inequities in care is an important first step in understanding what an effective approach to working with facility youth must encompass.

Physical Space

Progressive approaches to juvenile detention as it relates to physical space suggest redirecting public finances from building facility capacity to resourcing alternative approaches. Harm and trauma can come from many sources, including from the negative effects of dehumanizing living conditions, which are common in juvenile detention facilities. (Roush, 2019). Because the function of detention facilities tends to narrowly focus on safety and security, the physical space of centers is often not conducive to a trauma-informed care approach nor are they constructed with those values in mind. Supported alternative approaches touch on architecture designed with trauma-informed care in mind. Chicago architect Paul Alt designs trauma-informed spaces for populations known to have experienced trauma and who have diverse needs. Rather than a space of punishment, Alt offers vision for detention facilities to be about redemption and healing. He calls these spaces “sanctuaries” and aims to create a holistic space that focuses on building design and programming that complements this vision (Alt, 2013). The goal of his spaces is to dignify and heal the people that spend time in them, offering them a space that is understanding of their backgrounds. Architecture can and should be used as a tool for creating a narrative that is responsive to the needs and realities of the people in the space and promote growth and restoration (Alt, 2013). All programming offered at his sites are relevant to occupants of space and are embedded in the healing process. The same can be done for juveniles that are system involved, marrying the concept of accountability and healing under one framework.

In addition to considering the physical space of facilities, consideration should be given to moving away from secure facility use altogether (when possible) to instead partnering with community-based agencies to provide services while still prioritizing public safety. Community-based shelters (both for pre and post adjudication) for short-term stays and group homes for longer-term stays are two common alternative methods to secure detention that are evidence supported (Lipsey et al., 2010). Both provide youth with supervision and structured daily schedules that include an educational regimen and recreational activities. Less restrictive

options like shelter care and group homes remove many of the traumatizing aspects of detention and provide youth with the autonomy needed for their mental, emotional, and social development (Lipsey et al., 2010).

One example of this alternative approach being used successfully is in North Carolina through the Methodist Home for Children's Value-Based Therapeutic Environment (VBTE) Model. The VBTE model is a treatment model that promotes the use of positive reinforcement rather than punitive approaches. The model relies on a restorative justice framework that uplifts the importance of healing and accountability, leading to less antisocial behaviors in juvenile offenders (Lipsey et al., 2010). The VBTE model has five treatment components: service planning, a skills curriculum, learning theory, motivation systems, and therapeutic focused interactions (Lipsey et al., 2010). Values of respect, responsibility, spirituality, compassion, empowerment, and honesty are reinforced and threaded throughout all aspects of the approach (Lipsey et al., 2010).

In addition to potentially increasing public safety and improving outcomes for youth, community-based alternatives are generally more cost-effective than traditional secure detention facilities. Research also supports the claim that community-based approaches to juvenile delinquency and detention are the most effective at driving successful reintegration for youth and reducing recidivism (Wilson & Hoge, 2012). Community-based approaches contribute to a more effective and progressive juvenile justice system, resourced with a multitude of alternatives that allow for the most appropriate, and when possible, least restrictive approaches to be applied to juvenile delinquency.

INCREASING ACCOUNTABILITY AND TRANSPARENCY

The success of these solutions depends on system transparency and increasing the accountability of the various legal system actors that have touchpoints with juvenile offenders. Without true accountability and transparency, the system involved youth, their families, and their communities will continue to have a lack of confidence and trust in the juvenile justice system. Putting forth a comprehensive juvenile justice system is an all-hands-on deck approach that requires buy-in from all stakeholders and improving the relational aspect among the various actors helps to garner that buy-in.

One way to increase accountability and transparency is to increase cross-system collaboration. Cross-system collaboration between individual justice system involved agencies that have touch

points with youth pre adjudication, during facility stay, and post release and during aftercare supports is key to improving overall youth outcomes. These range of system actors have the power to make decisions that directly influence a youth trajectory and experience navigating the juvenile justice system. Increasing cross-system collaboration also improves coordination across programming opportunities and individualized cased planning and gives space to come to a consensus on what the true purpose of juvenile justice system programs and facilities should be – to help youth lead quality lives and exit the system. A whole-of-system approach must engage diverse partners across the juvenile justice system and include community partners like schools, community groups, and mental health providers too. The more partners at the table, the better positioned they are to engage in comprehensive planning that is individualized to the circumstances and needs of system-involved youth.

Another way to increase system accountability and transparency is through quality assurance. Quality assurance is the process of engaging in measurement and evaluation over a sustained period. Data systems and performance dashboards are helpful tools in supporting quality assurance. Both tools build system capacity and offer real time, accurate data information to understand various system operations and the impact of any newly implemented reforms. Best practices recommend a neutral third-party entity to oversee quality and assurance functions (Craddock, 2004). This offers opportunities for unbiased analysis and reporting, and reduces an additional responsibility being placed on already overburdened juvenile detention facilities. All selected metrics and indicators of progress should be in the interest of a better serving system involved youth.

CONCLUSION

Despite the fragmentation in the current approach to juvenile justice, best practices demonstrate that positive and sustained system reform is feasible with the application of a comprehensive strategy. Making overhauling changes to such a large system might prove challenging at times, but the positive sustained outcomes for the system itself, and its users, like juveniles and their families, and their communities, are far worth it in the end. Justice system involved actors must come together to unite each of its elements and many touch points with youth navigating its system. Moving away from historically punitive philosophies and pushing facilities to operate beyond an apparatus of control and punishment is a necessary next step in this space. Newer and innovative approaches must call upon community partnership, improve the process for and quality of diversion opportunities, and embrace

philosophies that promote healing, transformation, and increased collaboration across system actors. This is a call to action for those in positions of power in the juvenile justice system, with the ability to influence change and make decisions that promote positive life outcomes for justice system involved youth, to reimagine the current state of juvenile detention and take an all hands-on-deck approach to move towards a more idealized juvenile justice system, where all youth leave better than when they first entered and able to successfully re-integrate into society and lead meaningful and full lives.

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Endnotes

¹ <https://www.cookcountycourt.org/ABOUT-THE-COURT/Office-of-the-Chief-Judge/Juvenile-Temporary-Detention-Center>

² <https://www.cookcountycourt.org/ABOUT-THE-COURT/Office-of-the-Chief-Judge/Juvenile-Temporary-Detention-Center/History-of-JTDC> Youth are brought to the detention center by law enforcement or ordered into detention by a juvenile court judge. Youth are only released by order of a juvenile court judge. Thus, the detention center does not control its census.

³ See The Superintendent's PowerPoint presentation on July 28, 2021, slide 4.

⁴ The current Cook County Juvenile Court building consists of the original five story building built in 1973 and a much larger addition that was added in the 1990s. The addition contains Child Protection courtrooms and offices for court personnel. The JTDC is not part of the addition. For purposes of this report, we focus on the original building.

⁵ Miller v. Alabama, 132 S. Ct. 2455 (2012).

⁶ For a more complete discussion, see Griffin, G. & Sallen, S. (2013) Considering Child Trauma Issues in Juvenile Court Sentencing. *Children's Legal Rights Journal*, 34, 1 - 22.

https://www.researchgate.net/publication/260138227_Considering_Child_Trauma_Issues_in_Juvenile_Court_Sentencing Specifically, the Court found that retribution, which is based on an offender's blameworthiness, is not an appropriate sentencing theory for minors, since they are inherently less culpable than adults. Similarly, the theory of deterrence does not work in the juvenile court context because "the same characteristics that render juveniles less culpable than adults—their immaturity, recklessness, and impetuosity—make them less likely to consider potential punishment. (p.2465)" Lastly, long-term incapacitation, which is based on the notion that a juvenile offender will always be a danger to society, assumes that a juvenile will not mature, a concept that is contradicted by what we now know about brain development. Rather, the sentencing rationale that works best in working with juveniles is rehabilitation.

⁷ 705 ILCS 405/Art. V

⁸ <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/implementing/competency.html>

⁹ 5-101 (1)(c) requires the JJ System "to provide an individualized assessment of each alleged and adjudicated delinquent juvenile, in order to rehabilitate and to prevent further delinquent behavior through the development of competency in the juvenile offender. As used in this Section, "competency" means the development of educational, vocational, social, emotional and basic life skills which enable a minor to mature into a productive member of society.

¹⁰ "Positive youth development is an approach that focuses on young people's strengths instead of their deficits, and factors that contribute to and improve their resilience, well-being, health, education and employment. For several decades, it has been successfully implemented with school-age youth. It has great potential for supporting

young adults involved in the child welfare and juvenile justice systems.” From Annie E. Casey Foundation (2022). Eight Youth-Centered Principles for Child Welfare and Juvenile Justice. Posted February 6, 2022 at <https://www.aecf.org/blog/eight-youth-centered-principles-for-child-welfare-and-juvenile-justice>. See also Lantos, H., Allen, T., Abdi, F.M., Franco, F., Moore, K.A., Snell, J., Bruce, B, Redd, Z., Robuck, R., & Miller, J. Integrating Positive Youth Development and Racial Equity, Inclusion, and Belonging Approaches Across the Child Welfare and Justice Systems posted on January 25, 2022 at <https://www.childtrends.org/publications/integrating-positive-youth-development-and-racial-equity-inclusion-and-belonging-approaches-across-the-child-welfare-and-justice-systems>

¹¹ See <https://www.cookcountycourt.org/Manage/Division-Orders/View-Division-Order/ArticleId/2335/GENERAL-ADMINISTRATIVE-ORDER-NO-2014-10-CIRCUIT-COURT-OF-COOK-COUNTY-COMMITTEE-ON-THE-JUVENILE-TEMPORARY-DETENTION-CENTER-APPOINTMENT-OF-MEMBERS>

¹² For example, in 2017, a Chapin Hall at the University of Chicago (Chapin Hall) report concluded that “integration, re-alignment, enhancement, and streamlining of existing processes and practices is required in order to provide mental health screening, assessment, and referral for services that is seamless, efficient, and responsive to the needs of youth coming into contact with the Juvenile Justice Division of the Cook County Circuit Court.” See p.60, Brennen, J., Steiner, L., Weiner, D., & Epstein, R.A. (2017). *Mental Health Services Review of the Cook County Circuit Court’s Juvenile Justice Division*. Chicago, Illinois: Chapin Hall at the University of Chicago. <https://crownschool.uchicago.edu/richard-epstein>

¹³ Some changes were based on recommendations from external reviews such as Annie E. Casey’s Juvenile Detention Alternatives Initiative [JDAI] assessments. See, e.g., JDAI Facility Assessment of the Cook County Juvenile Temporary Detention Center: 2019 Update. Prepared by the Center for Children’s Law and Policy, July 2019.

¹⁴ See Press Release from the Office of the Chief Judge, dated 04/14/21. <https://www.cookcountycourt.org/MEDIA/View-Press-Release/ArticleId/2835/Chief-Judge-Evans-establishes-blue-ribbon-committee-of-experts-to-advise-on-best-practices-for-juvenile-detention>

¹⁵ The Superintendent’s PowerPoint presentation on July 28, 2021 described the JTDC as a “Safe, secure and structured detention facility.” (slide 4)

¹⁶ In the July presentation, the Superintendent described the JTDC as being like an Emergency Room that is designed for community protection, hold for court, and the “Beginning of the Rehabilitation Process.” (slide 5).

¹⁷ Listen at Listen at <https://www.wbez.org/stories/inside-and-out-the-mind-of-mario/8b0ed472-1df5-42ae-95cb-226774c1d477>

¹⁸ Gatewood, G. (2022) The Real Justice Lesson of the Pandemic. *The Crime Report*, March 21, 2022. <https://thecrimereport.org/2022/03/21/the-justice-lesson-of-the-pandemic/>

¹⁹ See Appendix D, Data Analysis of the JTDC Population by Chapin Hall, in this report for data on length of stay.

²⁰ See Griffin, G., Germain, E.J., & Wilkerson, R.G. (2012) Using a Trauma-Informed Approach in Juvenile Justice Institutions. *Journal of Child and Adolescent Trauma*, 5, 271-283.

https://www.researchgate.net/publication/254358719_Using_a_Trauma-Informed_Approach_in_Juvenile_Justice_Institutions

²¹ The BRC Transition Team issued multiple reports with recommendations for the Superintendent as he assumed control of the CCJTDC. For example, the Health/Mental Health committee made 35 recommendations while the Education committee made recommendations in 9 different areas. The CCJTDC Transition Team Executive Committee issued its summary report in 2016, in which it proposed that the Transition Team and the Superintendent work together to design, execute, and refine a plan with measurable goals and outcomes in education, health and programming for the JTDC. The Superintendent released a JTDC Strategic Plan on 9/1/16 citing the Transition Team. However, there was no follow-up or ongoing development.

Prior to the BRC meeting with the Superintendent and his staff at the JTDC in July 2021, the committee reached out to the Superintendent and asked for information regarding which of the Transition Team recommendations were implemented, which could not be implemented, which were not attempted, and why. In response, the Superintendent briefly noted during the July 28, 2021 meeting that the JTDC had implemented the team's recommendations, but he gave no details and made no further reference to the Transition Team's work. Therefore, while it appears that some changes have occurred that are consistent with its recommendations, the BRC is unable to determine which recommendations could not be implemented, which were not attempted, or why.

²² See the Superintendent's PowerPoint presentation on July 28, 2021, slide 39

²³ See the Superintendent's PowerPoint presentation on July 28, 2021, slide 34, and Appendix E on Terms Used for Youth Spending Time in their Cells.

²⁴ <https://www.ncchc.org/solitary-confinement>

²⁵ See Appendix G for a literature review of room confinement.

²⁶ See <https://www.ncchc.org/solitary-confinement>. "The World Health Organization (WHO), United Nations, and other international bodies have recognized that solitary confinement is harmful to health. The WHO notes that effects can include gastrointestinal and genitourinary problems, diaphoresis, insomnia, deterioration of eyesight, profound fatigue, heart palpitations, migraines, back and joint pains, weight loss, diarrhea, and aggravation of preexisting medical problems.¹¹ Even those without a prior history of mental illness may experience a deterioration in mental health, experiencing anxiety, depression, anger, diminished impulse control, paranoia, visual and auditory hallucinations, cognitive disturbances, obsessive thoughts, paranoia, hypersensitivity to stimuli, posttraumatic stress disorder, self-harm, suicide, and/or psychosis. Some of these effects may persist after release from solitary confinement. Moreover, the very nature of prolonged social isolation is antithetical to the goals of rehabilitation and social integration."

²⁷ Id., These consequences are especially harmful to juveniles whose brains are still developing and those with mental health problems. In 2012, a task force appointed by the U.S. attorney general concluded: Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement.... Juveniles experience symptoms of paranoia, anxiety, and depression even after very short periods

of isolation. Confined youth who spend extended periods isolated are among the most likely to attempt or actually commit suicide. One national study found that among the suicides in juvenile facilities, half of the victims were in isolation at the time they took their own lives, and 62 percent of victims had a history of solitary confinement. Psychologically, children are different from adults, making their time spent in isolation even more difficult and the developmental, psychological, and physical damage more comprehensive and lasting. They experience time differently—a day for a child feels longer than a day to an adult—and have a greater need for social stimulation. The American Academy of Child and Adolescent Psychiatry has concluded that, due to their “developmental vulnerability,” adolescents are in particular danger of adverse reactions to prolonged isolation and solitary confinement.

²⁸ See The Superintendent’s PowerPoint presentation on July 28, 2021, slide 36.

²⁹ JTDC’s definition is somewhere between JDAI and the DC Code. The JDAI 2014 report (p.6) “Eliminates the use of the term “isolation” and uses a single term, “room confinement,” to describe the involuntary restriction of a youth alone in a cell, room, or other area for any reason,” while the Washington DC Code of the District of Columbia Subchapter I-A. Conditions of Confinement of Juveniles, § 24–911. Definitions, (3) states that "Room confinement" means the involuntary restriction of a juvenile alone, other than during normal sleeping hours or facility-wide lockdowns, in a cell, room, or other area.

<https://code.dccouncil.us/us/dc/council/code/titles/24/chapters/9/subchapters/I-A/>

³⁰ See Appendix E on Terms Used for Youth Spending Time in their Cells

³¹ JDAI FACILITY ASSESSMENT OF THE COOK COUNTY JUVENILE TEMPORARY DETENTION CENTER: 2019 UPDATE Prepared by the Center for Children’s Law and Policy July 2019

³² Id, at p.32

³³ Id.

³⁴ Id. And p. 39.

³⁵None of this is easy to ascertain from reviewing JTDC room confinement reports which are a patchwork of sometimes overlapping data, contain information gaps and do not offer a comprehensive view room of confinement use at the JTDC.

³⁶ These are the times reported by the youth the BRC interviewed. The official JTDC schedules report slightly later bedtimes, earlier breakfast, and shorter change of shift times.

³⁷ There is no other child-serving system that keeps a youth locked up in a small room for most of the day. Even residential treatment centers and inpatient psychiatric facilities do not lock the individual rooms all the time. Only correctional institutions do this.

³⁸ For more information, see Appendix B, on the Blue Ribbon Committee Process, and Appendix F, on Perspectives from System-Involved Youth.

³⁹ See Appendix D, Data Analysis of the JTDC Population by Chapin Hall.

⁴⁰ These are the times reported by the youth the BRC interviewed. The official JTDC schedules report slightly later bedtimes and earlier breakfast times.

⁴¹ For example, Level IVs can stay up until 9:45.

⁴² Those youth who are Automatic Transfers (ATs) have their cases heard in adult criminal court.

⁴³ When the BRC group asked the staff who was giving the tour why the JTDC did not have basketballs for the youth to use, the staff explained that the JTDC had plenty of basketballs and he did not know why the staff did not go to get some.

⁴⁴ <https://www.storycatchertheatre.org>

⁴⁵ <https://www.youth-guidance.org/gallery/bam-becoming-a-man/>

⁴⁶ In response to the education sub-committee's inquiry, the superintendent sent a listing of many activities that were occurring, but upon checking with staff, it was determined that they are not taking place.

⁴⁷ Staff "learn to recognize the importance of their own interactions with a youth and the role they can play in changing that youth's behavior ... [Staff] need to recognize the value of relationships to youth. Staff must be aware that they are always being observed by the youth and they are, in effect, role models... Staff should attempt to understand what triggers a youth's acting-out as well as what seems to calm a youth. After a youth acts out, staff should give appropriate consequences, but they should also follow-up with that youth later... Staff need to understand that the most important time to interact with youth is when they are quiet and doing well. That is when they are most apt to learn and change... Youth can still receive consequences for acting out. The key is that, under a trauma-informed approach, the process does not end when the consequence is served. That is when it is time for staff to follow-up with the youth to review the incident and discuss what he might have done better." See Griffin, G., Germain, E.J., & Wilkerson, R.G. (2012) Using a Trauma-Informed Approach in Juvenile Justice Institutions. *Journal of Child and Adolescent Trauma*, 5, 271-283, at pp. 278 - 80.

⁴⁸ Hambrick, E.P., Brawner, T., Perry, B.D., Wang, E., Griffin, G., DeMarco, T., Capparelli, C., Grove, T., Maikoetter, M., O'Malley, D., Paxton, D., Freedle, L., Friedman, J., Mackenzie, J., Perry, K.M., Cudney, P., Hartman, J., Kuh, E., Morris, J., & Polales, C. (2018) Restraint and critical incident reduction following introduction of the neurosequential model of therapeutics (NMT) *Residential Treatment for Children & Youth*, posted online January 11, 2018. DOI 10.1080/0886571X.2018.1425651. See also, Meservey, F., & Sowyra, K.R. (2015) Caring for Youth with Mental Health Needs in the Juvenile Justice System: Improving Knowledge and Skills. *National Center for Mental Health and Juvenile Justice, Research and Program Brief*. Vol. 2, (2). Downloaded at <https://www.modelsforchange.net/publications/767/>

⁴⁹ Dr. Conant, head of the clinical program, in his meeting with the BRC on February 3, 2022 noted that there is a current disproportion of white clinicians, which he is attempting to address. He has multiple open positions and interested minority candidates. However, he mentioned multiple bureaucratic hurdles to getting anyone hired. For racial breakdown of staff and youth, see Appendix D, Data Analysis of the JTDC Population by Chapin Hall.

⁵⁰ See the Superintendent's PowerPoint presentation on July 28, 2021, slide 52

⁵¹ <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/implementing/competency.html>

⁵² The BRC met with the Superintendent, the principal of the Nancy B Jefferson School (NBJ) at the JTDC, the Chicago Public Schools (CPS) Network Chief, and other educational experts outside the JTDC. See Appendix C, List of Key Informants.

⁵³ <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/implementing/competency.html>

⁵⁴ For more information See Appendix D

⁵⁵ See <https://dyrs.dc.gov/service/maya-angelou-academy-new-beginnings>

⁵⁶ See <https://www.breakfree-ed.org/technicalsupport>

⁵⁷ See The School of Cooperative Technical Education (Co-Op Prep) program in New York City at <http://www.co-optech.org/About/about.html> where they offer training in Advertising & Design; Auto Mechanics; Barbering; Building Maintenance; Carpentry; Catering; Certified Nurse Assistant; Computer Repair/Cisco; Cosmetology; Culinary Arts; Drafting-CAD; Electrical; Medical Billing & Coding; Medical Health Careers; OSHA; Plumbing; Solar Electric; Vision Technology; Web Design; and Welding.

⁵⁸ JTDC youth were allowed to return to NBJ on the second floor only after the Chicago Board of Education (CBOE) wrote directly to the Chief Judge explaining their failed attempts to work with the JTDC staff to get youth back in the classroom and requesting the Chief Judge's intervention. As the CBOE explained: "Children as young as 13, who used to leave their cells to go to classrooms, now spend almost the entire day confined to their cells and the adjacent small open area immediately outside their cells. Students and teachers are struggling to perform in the close quarters of residential units, with bolted metal tables, poor lighting, and, as witnessed by CPS staff and a Board member during a walkthrough, a classmate who had been confined to his cell, hitting his window, while looking onto the coveted learning space less than three feet away. This is an unacceptable learning environment for our most vulnerable children." October 13, 2021 letter from CPS CEO Pedro Martinez and CBOE President Miguel del Valle to Chief Judge Timothy Evans.

⁵⁹ Fette, C. V., Glimpse, C. R., Rodarmel, S. L., Carter, A., Derr, P., Fallon, H., & Miller, K. (2009). Spatiotemporal model of family engagement: A qualitative study of familydriven perspectives on family engagement. *Advances in School Mental Health Promotion*, 2(4), 4–18.

⁶⁰ Translation of other languages can be done virtually, and these translator services can be accessed on an as needed basis.

⁶¹ The Cook County Juvenile System could utilize reporting centers to support diversion by expanding reporting centers; defining and following guidelines that help to determine how, and which youth are considered for diversion; and identifying and establishing additional community-based supports to better resource reporting centers. For a more complete discussion of reporting centers, see Appendix I.

⁶² Community resources include the Illinois Department of Health and Family Services; Illinois Department of Children and Family Services; Illinois State Board of Education; Chicago Public Schools; the Illinois Department of Human Services' Divisions of Mental Health (including the Mental Health Juvenile Justice Initiative), Developmental Disabilities, Substance Abuse, and Community Prevention; local mental health agencies, foundations, religious groups, and consumer organizations. See also, the Chapin Hall report referenced in footnote 12 above. Chapin

Hall's 2017 independent review of the Cook County JJ systems of mental health services - screening, assessment, referral and service delivery that raise the issue of coordination. Chapin Hall recommended:

*-Consolidating contracted services under one vendor; -Installing a coordination administrator of clinical functions
-Streamlining intake processes and forms; -Implementing a universal standardized mental health and trauma
screening process and tool; -Adjust mental health service array to correspond to population need and best
practices; -Develop further capacity for data collection, reporting and analysis for the Probation Department;
-Install inter-unit cross-departmental trainings and meetings; -Improve information sharing between system actors.*

The importance of operationalizing the service array, analyzing administrative data to identify the types of services and volume needed and establishing criteria for oversight to assess proposals was also emphasized as well as the significance of implementation prioritization and support.

⁶³ See The Superintendent's PowerPoint presentation on July 28, 2021, slide 4.

⁶⁴ At the time of interviewing youth at the JTDC in March, 2022, staff indicated that there were 17 youth who were "Release Upon Request (RUR)" -still in detention even though they had been ordered to be released by a juvenile court judge but were waiting to be picked up by their parents, guardian, or agency. An agency will not pick up the youth until it has an appropriate placement available.

⁶⁵ This is consistent with the Missouri model where each of its secure care facilities serves 36 youth or fewer.

⁶⁶ As with community home staff, the detention home can only succeed if they employ high-caliber staff who are dedicated, well-trained, culturally competent, and fairly compensated.

⁶⁷ The Chief Judge's Office could also designate an ombudsperson for the JTDC, to provide youth with an impartial advocate to hear their concerns and address deficiencies in the operation of the detention center. There have been discussions regarding an ombudsperson who could function statewide, but that is beyond the scope of this report. See Appendix B- Blue Ribbon Committee Process.

⁶⁸ The BRC Chair dedicates this final report to Carl Bell, M.D., Beverly Butler, Ed.D. and all those who continue to advocate for the youth in the Cook County Juvenile Temporary Detention Center.