

**STATE OF ILLINOIS  
CIRCUIT COURT OF COOK COUNTY  
JUVENILE TEMPORARY DETENTION CENTER**

**TIMOTHY C. EVANS  
CHIEF JUDGE**

**LEONARD B. DIXON, MSPA  
SUPERINTENDENT**



**1100 S. HAMILTON AVENUE  
2<sup>ND</sup> FLOOR  
CHICAGO, ILLINOIS 60612  
312-433-7102  
312-433-6644 FAX**

May 27, 2022

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

Dear Chief Judge Evans,

I am in receipt of the letter from Dr. Gene Griffin dated May 16, 2022, announcing the completion of the Blue Ribbon Committee's (BRC) review of the JTDC along with his resignation as Chair of the committee. I am also in receipt of Dr. Griffin's BRC report dated May 16, 2022, including the findings and recommendations. Thank you for the opportunity to review and respond to the report. I would also like to thank the BRC for their hard work and dedication to juvenile justice.

When you reconvened the BRC in April 2021, you selected a group of fifteen (15) individuals representing various disciplines to collaborate and promulgate a cohesive group of observations and recommendations to support JTDC's efforts in making a positive impact in the lives of Chicago's youth. However, I am stymied by the letter from the Chair of the BRC. The letter from the Chair states that the report was not the final report of the BRC, nor was it approved by the full BRC. The letter is addressed to you and appears to have been shared with only three (3) members the BRC. Essentially, I am unclear on who received the letter, who received the report and the status of the final report of the full BRC. Nevertheless, below is an outline of my general response and I will subsequently address each finding and recommendation included in Dr. Griffin's report:

- I. The JTDC executive team has a wealth of experience and knowledge in all aspects of the juvenile justice system.**
- II. The BRC appears to be conflating the role of the JTDC with that of treatment and long-term correctional facilities and understanding the difference between the two is fundamental.**

- III. **The JTDC acknowledges that the Illinois juvenile justice system would benefit from operating in a more collaborative approach and also utilizing community-based facilities for appropriate youth.**
- IV. **JTDC has devoted a significant amount of resources to develop creative approaches and programs to help the youth succeed upon their return to the community.**
- V. **JTDC limits the use of behavioral room confinement and continues to evaluate ways to reduce its use while maintaining a safe environment for residents and staff.**

The following considerations provided perspective for my response.

First, the BRC's assessment over the past year was conducted without consultation with JTDC Administration. There is a reference<sup>1</sup> in the report that the BRC consulted with me, but that never occurred. Second, since March 2020, JTDC (as the rest of the world) has been in the midst of a global pandemic. As such, we were restricted by local, state and federal mandates that were put in place in an effort to reduce the spread of COVID-19. Business was not "as usual." It was irresponsible to conduct an evaluation in such an artificial environment, and any reliance on those findings is misguided.

Third, JTDC has had more than **30 visits, audits and letters of commendation** (IDJJ, NCCHC, CCLP, NSLP, AOIC) since 2015. All audits and reviews indicate that JTDC is in excellent standing with no constitutional rights violations. Most recently, JTDC successfully passed the National Commission on Correctional Health Care (NCCHC) Survey and met the requirements for re-accreditation. Currently, JTDC is awaiting the results of the 2022 Illinois Department of Juvenile Justice (IDJJ) annual audit.

**I. The JTDC executive team has a wealth of experience and knowledge in all aspects of the juvenile justice system.**

In February 2015, you selected me as Superintendent of the JTDC recognizing that I had over forty (40) years of juvenile justice experience ranging from detention, treatment, rehabilitation and administration of state and local systems. I had also been successful in closing four (4) Department of Justice juvenile facility investigations. After my appointment, I assembled a team of reputable, highly-qualified juvenile justice administrators to assist me in fulfilling the mission of JTDC. My team has over 300 years of combined experience working in detention centers, designing treatment programs, shepherding facilities in their progress towards ending federal court oversight, training personnel, funding both treatment and detention centers, reviewing programs for quality improvement and auditing all aspects in the juvenile justice continuum of care. (See attached Sample Continuum of Care).<sup>2</sup> Additionally, the team's mastery of local, state and federal regulations coupled with national standards from the Center for Children's Law and Policy

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<sup>1</sup> Final Report of the Blue Ribbon Committee Chair, page 21, endnote 52

<sup>2</sup> OJJDP Desktop Guide to Good Juvenile Detention, pg.38

(CCLP), the American Correctional Association (ACA), the Prison Rape Elimination Act (PREA), the NCCHC and IDJJ is unparalleled.

I assumed this formidable, leadership position over seven (7) years ago and have loyally dedicated my “all” throughout these years. Rest assured, I remain committed to the continued progress of the JTDC and creating positive experiences for JTDC residents.

## **II. The BRC appears to be conflating the role of the JTDC with that of treatment and long-term correctional facilities and understanding the difference between the two is fundamental.**

As you and I have previously discussed, there is an important distinction between *temporary detention* and *treatment and long-term correctional facilities*. Long-term juvenile correctional facilities serve a different purpose than juvenile detention facilities. Secure detention facilities are meant to provide short-term confinement for pre-adjudicated youth, and secure correctional facilities are meant to serve youth that have been adjudicated delinquent for an offense that would be considered a crime if the youth were an adult—typically one or more felonies or multiple misdemeanor offenses. Due to the long-term nature of juvenile correctional facilities, a much broader array of programs and services is typically available than those in juvenile detention facilities.<sup>3</sup>

There are 1,510 juvenile facilities in this country and of that number 625 are juvenile detention facilities. (See attached Juvenile Residential Facility Census 2018: Selected Findings). The JTDC is a detention center that provides safe, **temporary** detention for pre-adjudicated youth during the pendency of legal proceedings. Juvenile detention facilities are the beginning of the rehabilitation process (i.e., assessments, evaluations, care and custody). As such, detention facilities are called the emergency rooms of the juvenile justice system.

The population of residents in the care of the JTDC is in constant flux with almost half of the residents being released within 3 days of admission. In 2021, 30% of our residents were released within 24 hours; 37% were released within 48 hours and 40% were released within 72 hours.<sup>4</sup> This pattern is one reason why many researchers have found the purpose of the detention center to be different than that of the long-term correctional facility.

Although the JTDC prides itself on implementing programming that contributes to the physical and mental well-being of its residents and instructs on life and recreational skills, we can only address the immediate needs of our residents given the brief time that they are in our custody. It is not feasible or therapeutically responsible to provide “treatment” for residents in such a short period of time. I would encourage the BRC to review the attached Bureau of Justice Statistics Criminal Justice System Flowchart which illustrates the stages in the juvenile justice system. In this way, the BRC will have a better understanding of the precise role that the JTDC plays in this intricate system.

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<sup>3</sup> Clark, Pam. 2014. "Ch.2 Types of Facilities." in *Desktop Guide to Quality Practice for Working with Youth in Confinement*. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention. <https://info.nicic.gov/dtg/node/4>.

<sup>4</sup> JTDC Resident Management Information System

**III. The JTDC acknowledges that the Illinois juvenile justice system would benefit from operating in a more collaborative approach and also utilizing community-based facilities for appropriate youth.**

The JTDC agrees that the Illinois juvenile justice system has made some progress toward operating in a more collaborative approach. JTDC has a robust connection with local relevant providers and the local court system. JTDC has conferences, meetings, planning sessions, shared training and cooperative projects with the courts, U.S. Attorney, Public Guardian, Public Defender, Chicago Police Department, Sheriff, Juvenile Probation, Cook County State's Attorney, private attorneys, Department of Child and Family Services (DCFS), IDJJ and the University of Illinois Extension.

The JTDC has entered into two data sharing agreements with juvenile justice stakeholders under the tutelage of the **Honorable Judge Michael Toomin**. The first agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and the Council of State Governments Justice Center serves to assist the council in research and data analysis for court involved youth in effort to reduce recidivism and improve outcomes for youth on community supervision. The second agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and The University of Chicago Urban Labs under the Juvenile Justice Agency Collaboration serves to reduce juvenile recidivism and prevent violence through diversion and alternatives to incarceration.

For over 25 years, the JTDC has participated in the Juvenile Detention Alternatives Initiative to reduce reliance on local detention.

JTDC administrative team members are active participants in the Redeploy Illinois initiative that seeks to decrease youth incarceration in the Department of Juvenile Justice. The project uses evidence-based community programs to maintain public safety and promote positive outcomes for youth. Since 2005, participating counties achieved a 56% average reduction in commitments. A total of 1309 youth Redeployed (avoided incarceration). Preliminary results of a cost-effectiveness study among four Redeploy sites point to a 14.2% reincarceration rate for Redeploy participants, compared to 57.4% among non-participants.<sup>5</sup>

In 2021, JTDC was also awarded a grant by the Department of Justice to work with the Cook County Sheriff's Department, Chicago Police Department, and Cook County Juvenile Probation Department to address the rampant gang issues both inside and outside the facility. This "Gang Initiative" will help train JTDC staff and gather gang intel to help address the ninety-three (93) gang factions currently present in JTDC.

JTDC is taking the lead on implementing a pilot program using the restorative justice principles to address behavioral confinement using Rational Emotive Behavior Therapy. JTDC is also collaborating with Precious Blood Ministries of Reconciliation to expand its restorative justice program.

**Furthermore**, Cook County Health (CCH) has information sharing as one of its strategic focus areas for the Juvenile Justice Behavioral Health Clinical Steering Committee. Currently, CCH is

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<sup>5</sup> <http://www.redeployillinois.org/>

preparing to sign an Aligned Partners Linkage Agreement with Juvenile Probation so that it can share information via probation's new cFive electronic system.

The JTDC would also agree that smaller community-based facilities would be beneficial and in the best interest of the youth. In 2004, I was a member of the American Correctional Association's Standards Committee and the recommendation was that there should be no newly constructed or operated facilities with over 50 beds. The cost for developing and operating such a system was estimated to be several hundred million dollars accounting for costs such as ADA compliance, programming, staff and transportation.

**IV. JTDC has devoted a significant amount of resources to develop creative approaches and programs to help the youth succeed upon their return to the community.**

The JTDC collaboratively works with various community stakeholders to implement developmentally appropriate and valuable programs for its youth. JTDC also offers a diverse and expansive list of skill-building programs and learning opportunities. For example, JTDC's S.T.A.R. Barber College offers youth an opportunity to study the barber profession and obtain a state barber license upon completion of the program. Similar opportunities are available in painting and electrical work through pre-apprenticeship programs offered by the trade unions.

Competency development is offered in the **Resident Ambassador Program**. The "Ambassadors" act as peer mentors, mediators and role models. They organize educational events and host forums with some very impressive speakers. The Resident Ambassador Program was awarded program of the year by the National Commission on Correctional Health Care (NCCHC).

Additionally, JTDC offers programs in creative arts such as Storycatchers Theatre – a program focused on helping youth express themselves through theater, song, and spoken word; Mural Project – a program where youth plan and create murals on JTDC walls; JTDC DJ Program – a program which instructs youth on how to organize music; and the Karma Garden – collaborative project between Nancy B. Jefferson School & Urban Horticulture Educators from U of I Extension Program which teaches youth gardening skills. A complete list of JTDC's programs is attached.

**V. JTDC limits the use of behavioral room confinement and continues to evaluate ways to reduce its use while maintaining a safe environment for residents and staff.**

The JTDC's use of behavioral room confinement represents only a small fraction of the work we do. We agree with industry experts that this type of confinement is counter-productive and harmful to our residents. We are committed to implementing best practices consistent with statutory requirements and nationally recognized standards. As a result, the JTDC team continuously reviews confinements and evaluates ways to reduce its use while maintaining safety and security for residents and staff.

The report inflates the confinement numbers by including sleeping hours and isolation periods used to curb the spread of COVID-19. First, the doors to resident rooms are closed to protect our residents from potential Prison Rape Elimination Act (PREA) violations and to maintain staff safety. National and local standard staffing levels are 1 staff member for every 16 residents during

sleeping hours. This presents a safety concern for JTDC as a staff member could easily be outnumbered by residents in an attack. Most recently, a staff member was severely beaten by a resident when he opened the door at night to hand the resident a magazine. The staff member suffered a broken jaw, broken nose and multiple lacerations. Keeping the doors open during sleeping hours is a non-negotiable without increased staffing levels.

Second, isolation periods during the height of the COVID-19 pandemic was crucial. COVID-19 is responsible for killing over six (6) million people worldwide and over one (1) million people in the United States. JTDC is pleased to report that it did not experience not one fatality. Preserving life was our most pressing concern.

In 2019, the Center for Children’s Law and Policy’s (CCLP) assessment of the JTDC acknowledged that the JTDC has taken steps to significantly reduce the use of room confinement.<sup>6</sup> From 2020 to 2021, the JTDC reduced confinement events by twenty-six percent (26%). In 2022, it is our goal to reduce the events by another ten percent (10%) and increase supervisory early release from disciplinary confinement by twenty percent (20%).<sup>7</sup>

JTDC’s response to both the findings and the recommendations from the BRC individually:

**FINDINGS:**

**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)*

**JTDC Response:** **The BRC is correct in its finding that the JTDC meets its mandate to keep youth safe and in custody.** The JTDC is mandated by the Office of the Chief Judge to provide a safe and secure pre-adjudication detention facility for youth under the jurisdiction of the Cook County Juvenile Court and the Cook County Criminal Courts. JTDC has an affirmative duty to provide a secure detention facility for the youth of Cook County awaiting adjudication. The required responsibilities in a detention facility are: 1. temporary custody, 2. safe custody, 3. restricted environment, 4. community protection, 5. while pending legal action, 6. helpful services and 6. clinical observation and assessment.<sup>8</sup> JTDC is in full compliance with that affirmative duty.

JTDC is in the process of obtaining an initial assessment from Starr Commonwealth to become the first and only detention facility certified as a Trauma Informed Facility. The JTDC has included the costs of this certification process in the fiscal year 2023 budget. Additionally, all JTDC staff have been trained in Trauma Informed Care. See attached training schedule.

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<sup>6</sup> CCLP Assessment Report

<sup>7</sup> Annual Report

<sup>8</sup> Clark, Pam. 2014. "Ch.2 Types of Facilities." in Desktop Guide to Quality Practice for Working with Youth in Confinement. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention. <https://info.nicic.gov/dtg/node/4>.

In 2019, JTDC entered into two data sharing agreements with juvenile justice stakeholders under the tutelage of the **Honorable Judge Michael Toomin**. The first agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and the Council of State Governments Justice Center serves to assist the council in research and data analysis for court involved youth in effort to reduce recidivism and improve outcomes for youth on community supervision. The second agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and The University of Chicago Urban Labs under the Juvenile Justice Agency Collaboration serves to reduce juvenile recidivism and prevent violence through diversion and alternatives to incarceration.

In 2021, JTDC was also awarded a grant by the Department of Justice to work with the Cook County Sheriff's Department, Chicago Police Department, and Cook County Juvenile Probation Department to address the rampant gang issues both inside and outside the facility. This "Gang Initiative" will help train JTDC staff and gather gang intel to help address the ninety-three (93) gang factions currently present in JTDC.

JTDC is taking the lead on implementing a pilot program using the restorative justice principles to address behavioral confinement using Rational Emotive Behavior Therapy. JTDC is also collaborating with Precious Blood Ministries of Reconciliation to expand its restorative justice program.

**Furthermore**, Cook County Health (CCH) has information sharing as one of its strategic focus areas for the Juvenile Justice Behavioral Health Clinical Steering Committee. Currently, CCH is preparing to sign an Aligned Partners Linkage Agreement with Juvenile Probation so that it can share information via probation's new cFive electronic system.

**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).*

**JTDC Response:** The JTDC comports with the Illinois Department of Juvenile Justice (IDJJ), the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA) standards for room confinement of youth.

**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)*

**JTDC Response:** The report inflates the confinement numbers by including sleeping hours and isolation periods used to curb the spread of COVID-19. First, the doors to resident rooms are closed to protect our residents from potential Prison Rape Elimination Act (PREA) violations and to maintain staff safety. National and local standard staffing levels are 1 staff member for every 16 residents during sleeping hours. This presents a safety concern for JTDC as a staff member



could easily be outnumbered by residents in an attack. Most recently, a staff member was severely beaten by a resident when he opened the door at night to hand the resident a magazine. The staff member suffered a broken jaw, broken nose and multiple lacerations. Keeping the doors open during sleeping hours is a non-negotiable without increased staffing levels.

Second, isolation periods during the height of the COVID-19 pandemic was crucial. COVID-19 is responsible for killing over six (6) million people worldwide and over one (1) million people in the United States. JTDC is pleased to report that it did not experience not one fatality. Preserving life was our most pressing concern.

In 2019, the Center for Children’s Law and Policy’s (CCLP) assessment of the JTDC acknowledged that the JTDC has taken steps to significantly reduce the use of room confinement.<sup>9</sup> From 2020 to 2021, the JTDC reduced confinement events by twenty-six percent (26%). In 2022, it is our goal to reduce the events by another ten percent (10%) and increase supervisory early release from disciplinary confinement by twenty percent (20%).<sup>10</sup>

Youth are not locked or confined in their rooms “most of the day every day.” Attached is a schedule of the program that youth participate in daily (including weekends and holidays).

**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)*

**JTDC Response:** This finding fails to make the distinction between **temporary** detention center and treatment and long-term correctional facilities.

1. JTDC’s Behavior Modification Program is evidence-based and effective here and in others institutions. See “Journal of Applied Juvenile Justice Services” attached.
2. Although the COVID-19 pandemic affected in person programming, JTDC continued programming virtually through community agencies, community organizations, and faith-based groups. The JTDC staff also continued their Center based programs for the residents. A complete list of JTDC’s programs is attached.
3. Trauma-informed self-assessment for the Mental Health (MH) staff is scheduled for completion in 2022.
4. MH contact with youth is far from limited. This is supported by productivity data. For youth with treatment plans, frequency of contact is determined by the treatment plan. When a youth has a treatment plan, visits with MH are not optional, although youth do have the ability to refuse. Notwithstanding, MH staff are persistent in attempting to engage

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<sup>9</sup> CCLP Assessment Report

<sup>10</sup> Annual Report



- youth who are unwilling to participate. There are consultation rooms on every pod to ensure MH staff can meet with residents privately.
5. MH has been working with National Child Traumatic Stress Network (NCTSN) via its collaboration with the Center for Child Trauma Assessment, Services, and Systems Integration (CCTASSI) at Northwestern University. That partnership continued through COVID resulting in the onboarding of the Trauma Grief Component Therapy for Adolescents (TGCTA), continuation of Think Trauma, and the Trauma Informed Juvenile Court Self-Assessment (TIJCSA). The TIJCSA work was slowed due to MH providers making the decision to revise the assessment tool. Specifically, they convened a subcommittee and developed a new “Antiracist & Equity” benchmarking element (Element 9). Work on Element 9 was completed and introduced to the juvenile justice system in April 2022. Antiracist & Equity benchmarking is now underway and the next meeting is June 29<sup>th</sup>.
  6. MH staff utilize Power Source, Power Source Parenting, and Trauma Grief Component Therapy for Adolescents. Specialized substance abuse groups are being provided by Maryville Academy. The MH program addresses many of these areas via individualized treatment plans.
  7. Information sharing is one of the strategic focus areas of the Juvenile Justice Behavioral Health Clinical Steering Committee. Currently, Cook County Health (CCH) is preparing to sign an Aligned Partners Linkage Agreement with Juvenile Probation so that they can share information via Probation’s new cFive electronic system.
  8. MH clinicians are required to conduct collateral interviews with guardians for all youth on the MH roster; therefore, parent/guardian participation is occurring.
  9. All JTDC staff is trained in Trauma Informed Care. See attached training schedule.
  10. JTDC is in the process of obtaining an initial assessment from Starr Commonwealth to become the first and only detention facility certified as a Trauma Informed Facility. The JTDC has included the costs of this certification process in the fiscal year 2023 budget.
  11. JTDC’s Volunteer Services and LGBTQI Coordinator will continue our efforts to enhance our current comprehensive programming.

**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)*

**JTDC Response:** This finding attempts to address multiple issues and cites no references for any statements.

The Nancy B. Jefferson School (NBJ) is a Chicago Public School located within JTDC. As such, NBJ is governed by CPS, local, state and federal guidelines. In addition, NBJ’s curriculum is aligned to the CPS high school course and graduation requirements which include CTE vocational

offerings, the Common Core State Standards, CPS's Five Year Vision, the CPS School Year (SY) 21-22 Instructional Priorities, and the CPS Equity Framework. Additionally, regardless of students' starting points and in accordance with CPS's Instructional Priorities, learning is accelerated rather than remediated.

The instructional parameters that were implemented during the pandemic (March 2020 to November 2021) were mutually approved by CPS and JTDC. In March of 2020, due to the pandemic, CPS announced remote instruction districtwide. NBJ, like all high schools, remained remote until September of 2021. The problem arose in September of 2021 when CPS required all CPS high schools to resume full-time, in-person instruction. At that time, CPS's position was that they had not approved the SY 21 re-entry plan for NBJ. As a result of JTDC COVID protocols and NBJ's teachers' union concerns, NBJ teachers and students did not return to the classroom until November 2021 for in-person instruction.

With regards to the BRC's reference to The Maya Angelou Academy in Washington, D.C., the JTDC and NBJ met with the Superintendent of the detention facility and the Superintendent of the treatment facility where the Maya Angelou Academy provides academic instruction. In that conversation, we learned that: both facilities are housed in one complex; and that the program currently has 66 residents, which includes automatic transfers, pre-adjudicated youth and adjudicated youth. The pre-adjudicated youth are housed in the detention section of the complex, while the adjudicated youth are housed in the treatment section of the complex. The school for the detention residents operate in the same way as JTDC with classroom structured by living center as opposed to age or grade level. We also learned that the Maya Angelou Academy is a Charter School and is, therefore, not operated by the Washington, D.C. public school system.

Unlike the Maya Angelou Academy, the JTDC currently has 197 pre-adjudicated residents. NBJ's educational and operational processes along with JTDC's multi-grade classroom structure are designed to specifically address the complexity of a large alternative public school in an urban environment whose students are pre-adjudicated.

Despite our structural differences, the conversation with the Superintendent of the detention facility and the Superintendent of the treatment facility ended with an agreement to collaborate and exchange information for the benefit of both facilities. They requested and are looking forward to visiting us in the near future.

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

**JTDC Response:** The JTDC actively engages families from the time of admission until the time of release through multi-disciplinary team meetings, collaborative meetings with probation, court operations, family mediation through the Center for Conflict Resolution, family visitation, frequent phone communication, and invitations to special activities.

The NBJ school employs a transition coordinator that assists the resident's family in monitoring their progress and transferring records back to the neighborhood school.

The Cook County Health (CCH) staff connects youth and community based behavioral health services to help them and their families navigate the health care delivery system upon release. CCH clinicians are also required to conduct collateral interviews with guardians for all youth on the MH roster.

**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)*

**JTDC Response:** JTDC has a robust connection with local relevant providers and the local court system. JTDC has conferences, meetings, planning sessions, shared training and cooperative projects with the courts, U.S. Attorney, Public Guardian, Public Defender, Chicago Police Department, Sheriff, Juvenile Probation, Cook County State’s Attorney, private attorneys, Department of Child and Family Services (DCFS), IDJJ and the University of Illinois Extension.

In 2019, the JTDC entered into two data sharing agreements with juvenile justice stakeholders under the tutelage of the **Honorable Judge Michael Toomin**. The first agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and the Council of State Governments Justice Center serves to assist the council in research and data analysis for court involved youth in effort to reduce recidivism and improve outcomes for youth on community supervision. The second agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and The University of Chicago Urban Labs under the Juvenile Justice Agency Collaboration serves to reduce juvenile recidivism and prevent violence through diversion and alternatives to incarceration.

In 2021, JTDC was also awarded a grant by the Department of Justice to work with the Cook County Sheriff’s Department, Chicago Police Department, and Cook County Juvenile Probation Department to address the rampant gang issues both inside and outside the facility. This “Gang Initiative” will help train JTDC staff and gather gang intel to help address the ninety-three (93) gang factions currently present in JTDC.

JTDC is taking the lead on implementing a pilot program using the restorative justice principles to address behavioral confinement using Rational Emotive Behavior Therapy. JTDC is also collaborating with Precious Blood Ministries of Reconciliation to expand its restorative justice program.

**Furthermore**, Cook County Health (CCH) has information sharing as one of its strategic focus areas for the Juvenile Justice Behavioral Health Clinical Steering Committee. Currently, CCH is preparing to sign an Aligned Partners Linkage Agreement with Juvenile Probation so that it can share information via probation’s new cFive electronic system.

**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).*

**JTDC Response:** The JTDC concurs with this finding and would welcome alternative placements for youth. This finding is outside the scope of the JTDC.

**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.*

**JTDC Response:** This is the current practice of the JTDC. JTDC is taking the lead on implementing a pilot program using the restorative justice principles to address behavioral confinement using Rational Emotive Behavior Therapy. JTDC is also collaborating with Precious Blood Ministries of Reconciliation to expand its restorative justice program.

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.*

**JTDC Response:** JTDC administration has over 300 years of combined experience working in detention centers, designing treatment programs, shepherding facilities in their progress towards ending federal court oversight, training personnel, funding both treatment and detention centers, reviewing programs for quality improvement and auditing all aspects in the juvenile justice continuum of care.

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.*

**JTDC Response:** JTDC concurs with this finding and would welcome alternative placements for youth. This recommendation is outside the scope of the JTDC.

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.*

**JTDC Response:** JTDC has a robust connection with local relevant providers and the local court system. JTDC has conferences, meetings, planning sessions, shared training and cooperative projects with the courts, U.S. Attorney, Public Guardian, Public Defender, Chicago Police Department, Sheriff, Juvenile Probation, Cook County State's Attorney, private attorneys, Department of Child and Family Services (DCFS), IDJJ and the University of Illinois Extension.

In 2019, the JTDC entered into two data sharing agreements with juvenile justice stakeholders under the tutelage of the **Honorable Judge Michael Toomin**. The first agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and the Council of State Governments Justice Center serves to assist the council in research and data analysis for court involved youth in effort to reduce recidivism and improve outcomes for youth on community supervision. The second agreement between the Juvenile Justice Division of the Circuit Court of

Cook County, JTDC and The University of Chicago Urban Labs under the Juvenile Justice Agency Collaboration serves to reduce juvenile recidivism and prevent violence through diversion and alternatives to incarceration.

In 2021, JTDC was also awarded a grant by the Department of Justice to work with the Cook County Sheriff's Department, Chicago Police Department, and Cook County Juvenile Probation Department to address the rampant gang issues both inside and outside the facility. This "Gang Initiative" will help train JTDC staff and gather gang intel to help address the ninety-three (93) gang factions currently present in JTDC.

JTDC is taking the lead on implementing a pilot program using the restorative justice principles to address behavioral confinement using Rational Emotive Behavior Therapy. JTDC is also collaborating with Precious Blood Ministries of Reconciliation to expand its restorative justice program.

**Furthermore**, Cook County Health (CCH) has information sharing as one of its strategic focus areas for the Juvenile Justice Behavioral Health Clinical Steering Committee. Currently, CCH is preparing to sign an Aligned Partners Linkage Agreement with Juvenile Probation so that it can share information via probation's new cFive electronic system.

*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.*

**JTDC Response:** JTDC has a robust connection with local relevant providers and the local court system. JTDC has conferences, meetings, planning sessions, shared training and cooperative projects with the courts, U.S. Attorney, Public Guardian, Public Defender, Chicago Police Department, Sheriff, Juvenile Probation, Cook County State's Attorney, private attorneys, Department of Child and Family Services (DCFS), IDJJ and the University of Illinois Extension.

In 2019, JTDC entered into two data sharing agreements with juvenile justice stakeholders under the tutelage of the **Honorable Judge Michael Toomin**. The first agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and the Council of State Governments Justice Center serves to assist the council in research and data analysis for court involved youth in effort to reduce recidivism and improve outcomes for youth on community supervision. The second agreement between the Juvenile Justice Division of the Circuit Court of Cook County, JTDC and The University of Chicago Urban Labs under the Juvenile Justice Agency Collaboration serves to reduce juvenile recidivism and prevent violence through diversion and alternatives to incarceration.

In 2021, JTDC was also awarded a grant by the Department of Justice to work with the Cook County Sheriff's Department, Chicago Police Department, and Cook County Juvenile Probation Department to address the rampant gang issues both inside and outside the facility. This "Gang Initiative" will help train JTDC staff and gather gang intel to help address the ninety-three (93) gang factions currently present in JTDC.

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**Furthermore**, Cook County Health (CCH) has information sharing as one of its strategic focus areas for the Juvenile Justice Behavioral Health Clinical Steering Committee. Currently, CCH is preparing to sign an Aligned Partners Linkage Agreement with Juvenile Probation so that it can share information via probation's new cFive electronic system.

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.*

**JTDC Response:** The JTDC publishes Annual Reports and JTDC performance measures. Both are made available to the public on the Office of the Chief Judge website. The JTDC is audited annually by the IDJJ and the National School Lunch Program (NSLP) and tri-annually by the NCCHC. The JTDC also submits a bi-annual review to the Administrative Office of the Illinois Courts (AOIC).

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.*

**JTDC Response:** The JTDC publishes Annual Reports and JTDC performance measures. Both are made available to the public on the Office of the Chief Judge website. The JTDC is audited annually by the IDJJ and the National School Lunch Program (NSLP) and tri-annually by the NCCHC. The JTDC also submits a bi-annual review to the Administrative Office of the Illinois Courts (AOIC). Additionally, CCH and NBJ publish annual reports.

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.*

**JTDC Response:** This is the current practice of the JTDC.

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.*

**JTDC Response:** This is the current practice of the JTDC.

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.*

**JTDC Response:** This is the current practice of the JTDC.

11. *The JTDC Superintendent and staff must engage families, having them participate in treatment, transition planning, JTDC events and training.*

**JTDC Response:** This is the current practice of the JTDC.

12. *NBJ leadership needs to revise its assessments and curriculum to better match the needs of the youth at JTDC.*

**JTDC Response:** The Nancy B. Jefferson School (NBJ) is a Chicago Public School located within JTDC. As such, NBJ is governed by CPS, local, state and federal guidelines. In addition, NBJ's curriculum is aligned to the CPS high school course and graduation requirements which include CTE vocational offerings, the Common Core State Standards, CPS's Five Year Vision, the CPS SY 21-22 Instructional Priorities, and the CPS Equity Framework. Additionally, regardless of students' starting points and in accordance with CPS's Instructional Priorities, learning is accelerated rather than remediated.

13. *The JTDC Superintendent and NBJ leadership need to develop appropriate vocational training including working with community vocational training providers.*

**JTDC Response:** The Nancy B. Jefferson School (NBJ) is a Chicago Public School located within JTDC. As such, NBJ is governed by CPS, local, state and federal guidelines. In addition, NBJ's curriculum is aligned to the CPS high school course and graduation requirements which include CTE vocational offerings, the Common Core State Standards, CPS's Five Year Vision, the CPS SY 21-22 Instructional Priorities, and the CPS Equity Framework. Additionally, regardless of students' starting points and in accordance with CPS's Instructional Priorities, learning is accelerated rather than remediated.

14. *The JTDC Superintendent and NBJ leadership need to develop appropriate educational plans for days when youth cannot attend school.*

**JTDC Response:** This is the current practice of NBJ.

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.*

**JTDC Response:** JTDC is in the process of obtaining an initial assessment from **Starr Commonwealth** to become the first and only detention facility certified as a Trauma Informed Facility. The JTDC has included the costs of this certification process in the fiscal year 2023 budget. Additionally, all of JTDC staff has been trained in Trauma Informed Care.

Long-term juvenile correctional facilities serve a different purpose than juvenile detention facilities. Secure detention facilities are meant to provide short-term confinement for pre-adjudicated youth, and secure correctional facilities are meant to serve youth that have been



adjudicated delinquent for an offense that would be considered a crime if the youth were an adult—typically one or more felonies or multiple misdemeanor offenses. Due to the long-term nature of juvenile correctional facilities, a much broader array of programs and services is typically available than those in juvenile detention facilities.<sup>11</sup>

## **CONCLUSION:**

Again, thank you, Chief Judge Evans, for the opportunity to respond to the BRC report. While the report was beyond the scope of national juvenile detention standards and based on post-adjudication facilities, we can appreciate the BRC's interest in providing youth with the best chance of success in the community. The entire JTDC team shares that same sentiment which is why our work over the last seven years has been nothing short of transformational. The future of JTDC will continue to be dynamic as we enhance our restorative justice program, collaborate with juvenile justice stakeholders nationally, explore alternatives to confinement and become the first and only temporary detention center certified as a Trauma Informed Facility. The JTDC is a champion for youth and we will continue to do our very best to steer JTDC toward becoming the premier juvenile detention center.

I welcome the opportunity to meet with you and further discuss our response.

Sincerely,

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Leonard B. Dixon  
Superintendent

Enclosures: 1-Sample Continuum of Care  
2-Juvenile Residential Facility Census 2018: Selected Findings  
3-Bureau of Justice Statistics Criminal Justice System Flowchart  
4-JTDC Active Programs  
5-JTDC Training Schedule  
6-JTDC Resident's Weekday Schedule and Non-School Day Schedule  
7-Journal of Applied Juvenile Justice Services

cc: Camela Gardner, OCJ  
Eileen Heisler, OCJ

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<sup>11</sup> Clark, Pam. 2014. "Ch.2 Types of Facilities." in Desktop Guide to Quality Practice for Working with Youth in Confinement. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention. <https://info.nicic.gov/dtg/node/4>.

## Sample Continuum of Care

Level of Intervention	Programs and Services
	Big Brothers/Big Sisters
	Afterschool Programs
	Afterschool Employment
<b>Low</b>	Drop-In Centers
	Street Outreach Workers
	Mentor Programs
	Informal Probation (No Probation Officer Assigned)
	Informal Probation (Supervision by Adult Friend or Relative)
	Informal Probation (Supervision by Allied Agency—e.g., Scouts)
	Alternative Education Programs
	Community Services (Health, Pregnancy, Crisis Intervention, etc.)
	Foster Home Placement
	Volunteer Probation
	Probation
	Restitution
	Attendant Care or Holdover
	Group Homes (Parent Model)
	Group Homes (Staff-Secure Diagnostic)
	Group Homes (Staff-Secure Treatment)
<b>Medium</b>	Family Preservation Programs
	Alcohol and Other Drug Treatment (Outpatient)
	Intensive Probation
	Tracking Probation
	Tracking Probation <i>Plus</i> (Staff-Secure Detention Bed Available)
	Home Detention
	Electronic Monitoring
	Intensive Day Treatment
	Alcohol and Other Drug Treatment (Inpatient)
	Nonsecure Detention
	Periodic Detention
	Weekend Detention (Detained Friday Through Sunday Evenings)
	Postdispositional Electronic Monitoring
	Specialized Residential Treatment
	Training School
<b>High</b>	Secure Detention
	Training School (Maximum Security Unit)
	Adult Detention (Jail)
	Adult Corrections (Prison)




# JUVENILE JUSTICE STATISTICS

## NATIONAL REPORT SERIES BULLETIN

Caren Harp, OJJDP Administrator • David B. Muhlhause, NIJ Director

December 2020

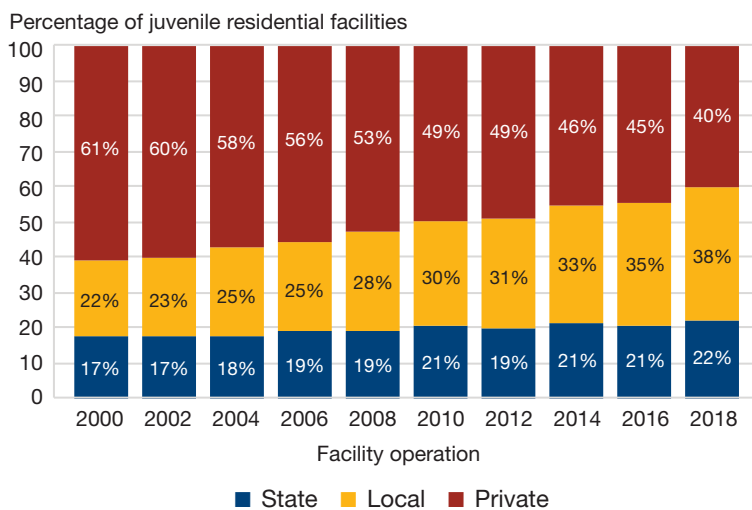
# Juvenile Residential Facility Census 2018: Selected Findings

Sarah Hockenberry and Anthony Sladky

## Highlights

Nationally, 37,529 juvenile offenders were held in 1,510 residential placement facilities on October 24, 2018. Facilities that hold juvenile offenders vary in their operation, type, size, security features, screening practices, and services provided. To better understand the characteristics of these facilities,

**The proportion of locally operated facilities has increased steadily since 2000, while the proportion of privately operated facilities has decreased**



the Office of Juvenile Justice and Delinquency Prevention (OJJDP) sponsors the Juvenile Residential Facility Census (JRFC), a biennial survey of public and private juvenile residential facilities in every state. Findings in this bulletin are based on JRFC data collected for 2018.

- More than half of all facilities were publicly operated in 2018; they held 73% of offenders.
- Nearly 6 in 10 facilities (57%) were small (20 or fewer residents), but more than half (57%) of all offenders were held in medium-size facilities (holding 21–100 youth).
- A small proportion (1%) of facilities operated over capacity in 2018; these facilities held 1% of all offenders.
- Most facilities screened all youth for suicide risk (95%) and educational needs (88%).
- Eight youth died in placement in 2018; six of these were ruled suicides.

## A Message From OJJDP and NIJ

Facilities that house juvenile offenders differ by type, size, security features, screening practices, and the services they provide. To understand how these facilities operate, OJJDP sponsors a biennial survey of public and private juvenile residential facilities in every state. Findings reported in this bulletin are based on data collected from the latest Juvenile Residential Facility Census (JRFC).

JRFC collected data on October 24, 2018, to acquire a snapshot of the facilities that house youth charged with or adjudicated for law violations. These data indicate that 1,510 facilities housed 37,529 offenders younger than age 21, continuing a two-decade decline in the number of youth in residential placement. More youth were held in county, city, or municipally operated facilities than in state-operated facilities, and facility crowding affected a relatively small proportion of these youth. Most responding facilities routinely evaluated all youth for suicide risk, substance abuse, and their educational and mental health needs.

We hope this bulletin will become an important resource for informing and supporting efforts to ensure that the nation's juvenile residential facilities are safe and that youth in custody receive the treatment and services they need.

Caren Harp  
OJJDP Administrator

David B. Muhlhausen, Ph.D.  
NIJ Director

# The Juvenile Residential Facility Census provides data on facility operations

## Facility census describes 2,208 juvenile facilities

In October 2018, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) administered the 10th Juvenile Residential Facility Census (JRFC). JRFC began in 2000 with data collections occurring every other year. JRFC routinely collects data on how facilities operate and the services they provide. It includes questions on facility ownership and operation, security, capacity and crowding, and injuries and deaths in custody. The census also collects supplementary information each year on specific services, such as mental and physical health, substance abuse, and education.

JRFC does not capture data on adult prisons or jails, nor does it include facilities used exclusively for mental health or substance abuse treatment or for dependent children. Thus, JRFC includes most, but not all, facilities that hold juvenile offenders (i.e., youth who were charged with or adjudicated for law violations). The reporting facilities may also hold adults or youth held for nonoffense reasons (e.g., abuse/neglect, mental health/substance abuse problems), but data were included only if the facility held at least one juvenile offender on the census date.

In this bulletin, the term resident is used when discussing facility size or crowding, as these are characteristics related to all persons in the facility. The terms offender and youth are used when discussing all other information directly related to offenders who were younger than 21 on the census date.

The 2018 JRFC collected data from 2,208 juvenile facilities. Analyses in this bulletin were based only on data from facilities housing juvenile offenders on the census date (October 24, 2018); 1,510 facilities were included in the analyses. Excluded from the analyses were data from 1 facility in the Virgin Islands, 16 tribal facilities, and 681 facilities that held no juvenile offenders on that date.

The 1,510 facilities housed a total of 37,529 offenders who were younger than 21 on the census date. This represents the fewest such youth in residential placement since the 1975 Children in Custody Census (the predecessor data collection to JRFC) and JRFC's companion collection, the Census of Juveniles in Residential Placement, which reported 43,580 offenders in juvenile facilities on the 2017 census date. From 1975 to 2000, the data collections recorded increasingly larger 1-day counts of juvenile offenders in public and private residential placement facilities. From 2000 to 2018, those increases were erased, resulting in the lowest census population recorded since 1975.

## Local facilities were more numerous, but state facilities held nearly as many youth

Historically, local facilities (those staffed by county, city, or municipal employees) held fewer juvenile offenders than state facilities, even though they comprised more than half of all public facilities. In recent years, the gap narrowed and, in 2018, local facilities held more youth than state facilities.

	Facilities		Juvenile offenders	
	Number	Percent	Number	Percent
Total	1,510	100%	37,529	100%
Public	903	60	27,469	73
State	331	22	13,221	35
Local	572	38	14,248	38
Private	607	40	10,060	27

**Note:** Detail may not total 100% because of rounding.

In 2018, JRFC asked facilities if a for-profit agency owned and/or operated them. Of the reporting facilities, only a small percentage said that these types of agencies owned (5%) or operated (8%) them. In both cases, these facilities tended to hold 100 or fewer residents and were most likely to classify themselves as residential treatment centers.

## On October 24, 2018, 60% of juvenile facilities were publicly operated; they held 73% of juvenile offenders

State	Juvenile facilities			Juvenile offenders			State	Juvenile facilities			Juvenile offenders		
	Total	Public	Private	Total	Public	Private		Total	Public	Private	Total	Public	Private
U.S. total	1,510	903	607	37,529	27,469	10,060	Missouri	50	45	5	798	744	54
Alabama	38	13	25	915	477	438	Montana	13	4	9	117	81	36
Alaska	18	8	10	243	207	33	Nebraska	11	5	6	435	246	186
Arizona	17	11	6	786	525	261	Nevada	11	–	–	540	–	–
Arkansas	24	15	9	459	360	99	New Hampshire	3	–	–	42	–	–
California	104	76	28	4,239	3,726	510	New Jersey	24	–	–	507	–	–
Colorado	21	13	8	837	744	90	New Mexico	16	–	–	288	–	–
Connecticut	3	–	–	81	–	–	New York	75	20	55	891	390	501
Delaware	8	–	–	105	–	–	North Carolina	27	20	7	474	387	87
District of Columbia	5	–	–	87	–	–	North Dakota	7	–	–	90	–	–
Florida	62	23	39	2,301	1,011	1,293	Ohio	67	60	7	1,815	1,725	90
Georgia	30	27	3	1,317	1,236	78	Oklahoma	25	14	11	441	336	102
Hawaii	3	–	–	39	–	–	Oregon	33	21	12	696	540	159
Idaho	17	14	3	438	360	78	Pennsylvania	94	22	72	2,307	696	1,611
Illinois	28	23	5	912	828	84	Rhode Island	9	1	8	138	66	72
Indiana	62	31	31	1,329	756	573	South Carolina	17	7	10	501	363	138
Iowa	33	10	23	627	231	396	South Dakota	14	7	7	150	102	48
Kansas	20	12	8	402	315	87	Tennessee	20	11	9	423	231	192
Kentucky	29	22	7	453	423	30	Texas	86	71	15	4,194	3,654	540
Louisiana	30	15	15	711	486	225	Utah	25	14	11	351	228	123
Maine	1	–	–	48	–	–	Vermont	2	–	–	15	–	–
Maryland	24	12	12	510	414	99	Virginia	38	–	–	951	–	–
Massachusetts	36	22	14	288	177	111	Washington	31	–	–	690	–	–
Michigan	46	28	18	1,473	762	711	West Virginia	46	10	36	576	213	363
Minnesota	39	18	21	531	357	174	Wisconsin	40	21	19	588	429	159
Mississippi	16	–	–	204	–	–	Wyoming	12	6	6	183	144	36

**Notes:** "State" is the state where the facility is located. Youth sent to out-of-state facilities are counted in the state where the facility is located, not the state where they committed their offense. Cell counts for the number of offenders have been rounded to the nearest multiple of three to preserve the privacy of residents. Detail is not displayed in states with one or two private facilities to preserve the privacy of individual facilities.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

## Training schools tend to be state facilities, detention centers tend to be local facilities, and group homes tend to be private facilities

Facility operation	Facility type							
	Total	Detention center	Shelter	Reception/ diagnostic center	Group home	Ranch/ wilderness camp	Training school	Residential treatment center
Number of facilities	1,510	625	116	37	240	27	164	553
<b>Operations profile</b>								
All facilities	100%	100%	100%	100%	100%	100%	100%	100%
Public	60	93	34	81	28	59	77	35
State	22	21	3	68	14	26	59	19
Local	38	72	30	14	14	33	19	16
Private	40	7	66	19	72	41	23	65
<b>Facility profile</b>								
All facilities	100%	41%	8%	2%	16%	2%	11%	37%
Public	100	64	4	3	7	2	14	21
State	100	40	1	8	10	2	29	32
Local	100	78	6	1	6	2	5	16
Private	100	7	13	1	29	2	6	59

■ Detention centers, reception/diagnostic centers, ranch/wilderness camps, and training schools were more likely to be public facilities than private facilities.

■ Most shelters, group homes, and residential treatment centers were private facilities.

■ Detention centers made up the largest proportion of all local facilities and nearly two-thirds of all public facilities.

■ Detention centers and residential treatment centers accounted for the largest proportions of all state facilities (40% and 32%, respectively); training schools accounted for 29%.

■ Residential treatment centers accounted for 59% of all private facilities, and group homes accounted for 29%.

**Notes:** Counts (and row percentages) may sum to more than the total number of facilities because facilities could select more than one facility type. Detail may not sum to total because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

# Confinement features and size varied across types of facilities

## Facilities varied in their use of confinement features

Overall, 49% of facilities said that, at least some of the time, they locked youth in their sleeping rooms. Among public facilities, 81% of local facilities and 69% of state facilities reported locking youth in sleeping rooms. Few private facilities locked youth in sleeping rooms (8%).

### Percentage of facilities locking youth in sleeping rooms

Facility operation	Percentage
Total	49%
Public	77
State	69
Local	81
Private	8

**Note:** Percentages are based on facilities that reported security information (12 of 1,510 facilities [1%] did not report).

Among facilities that locked youth in sleeping rooms, most did this at night (87%) or when a youth was out of control (80%). Locking doors whenever youth were in their sleeping rooms (61%) and locking youth in their rooms during shift changes (55%) were also fairly common. Fewer facilities reported locking youth in sleeping rooms for a part of each day (21%) or when they were suicidal (22%). Very few facilities reported that they locked youth in sleeping rooms most of each day (1%) or all of each day (less than 1%). Seven percent (7%) had no set schedule for locking youth in sleeping rooms.

Facilities indicated whether they had various types of locked doors or gates to confine youth within the facility (see sidebar, this page). Of all facilities that reported confinement information, 64% said they had one or more confinement features (other

than locked sleeping rooms), with a greater proportion of public facilities using these features than private facilities (87% vs. 30%).

	Percentage of facilities	
	No confinement features	One or more confinement features
Total	36%	64%
Public	13	87
State	13	87
Local	13	87
Private	70	30

**Note:** Percentages are based on facilities that reported confinement information (12 of 1,510 facilities [1%] did not report).

Among detention centers, training schools, and reception/diagnostic centers that reported confinement information, more than 9 in 10 said they had one or more features (other than locked sleeping rooms).

### Facilities reporting one or more confinement features (other than locked sleeping rooms)

Facility type	Number	Percentage
Total facilities	960	64%
Detention center	605	97
Shelter	33	28
Reception/diagnostic center	35	95
Group home	42	18
Ranch/wilderness camp	10	37
Training school	158	96
Residential treatment center	268	50

**Note:** Detail sums to more than totals because facilities could select more than one facility type.

Among group homes, nearly 1 in 5 facilities said they had locked doors or gates to confine youth. Facility staff also serve to confine youth. For some facilities, their remote location is a feature that also helps to keep youth from leaving.

## The Juvenile Residential Facility Census asks facilities about their confinement features

- Are any young persons in this facility locked in their sleeping rooms by staff at any time to confine them?
- Does this facility have any of the following features intended to confine young persons within specific areas?
  - ◆ Doors for secure day rooms that are locked by staff to confine young persons within specific areas?
  - ◆ Wing, floor, corridor, or other internal security doors that are locked by staff to confine young persons within specific areas?
  - ◆ Outside doors that are locked by staff to confine young persons within specific buildings?
  - ◆ External gates in fences or walls *without* razor wire that are locked by staff to confine young persons?
  - ◆ External gates in fences or walls *with* razor wire that are locked by staff to confine young persons?

Overall, 29% of facilities reported having external gates in fences or walls with razor wire. This arrangement was most common among reception/diagnostic centers (60%), training schools (55%), and detention centers (50%).



## In general, the use of confinement features increased as facility size increased

Facility size is determined by the number of residents held at the facility on the census date. Although the use of confinement generally increased as facility size increased, the proportion of facilities holding more than 200 residents using these features was lower than the proportion of facilities holding between 101 and 200 residents. Eight in ten (80%) facilities holding between 101 and 200 residents reported using one or more confinement features, compared with 76% of facilities holding more than 200 residents.

Although the use of razor wire is a far less common confinement measure, more than half (53%) of facilities holding more than 200 youth said they had locked gates in fences or walls with razor wire.

## The number of facilities that reported holding more than 200 residents has declined since 2006

In 2006, 3% of facilities held more than 200 residents, compared with 1% in 2018. Additionally, the proportion of youth held at these facilities has also decreased. In 2006, 24% of youth held in facilities on the census date were in large facilities, compared with 10% of youth held in 2018.

## Large facilities were most likely to be state operated

Less than a quarter (23%) of state-operated facilities (75 of 331) held 10 or fewer residents in 2018. In contrast, 41% of private facilities (250 of 607) were that small. In fact, these small private facilities made up the largest proportion of private facilities.

### More than half of facilities were small (holding 20 or fewer residents), although more than half of juvenile offenders were held in medium facilities (holding 21–100 residents)

Facility size	Number of facilities	Percentage of facilities	Number of offenders	Percentage of offenders
Total facilities	1,510	100%	37,529	100%
1–10 residents	506	34	2,646	7
11–20 residents	351	23	4,377	12
21–50 residents	426	28	11,890	32
51–100 residents	159	11	9,491	25
101–200 residents	51	3	5,325	14
201+ residents	17	1	3,800	10

- Although the largest facilities—those holding more than 200 residents—accounted for 1% of all facilities, they held 10% of all youth in placement.
- Inversely, although the smallest facilities—those holding 10 or fewer residents—accounted for 34% of all facilities, they held 7% of all youth in residential placement.

**Note:** Column percentages may not sum to 100% because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

### Among group homes, those holding 20 or fewer residents were most common

Facility size	Facility type						
	Detention center	Shelter	Reception/diagnostic center	Group home	Ranch/wilderness camp	Training school	Residential treatment center
Number of facilities	625	116	37	240	27	164	553
Total facilities	100%	100%	100%	100%	100%	100%	100%
1–10 residents	28	54	24	63	15	5	27
11–20 residents	24	29	5	25	11	13	23
21–50 residents	34	10	16	9	52	40	32
51–100 residents	11	5	24	2	22	24	14
101–200 residents	3	1	24	1	0	13	4
201+ residents	1	0	5	0	0	4	1

- 63% of group homes and 54% of shelters held 10 or fewer residents. For other facility types, this proportion was 28% or less.
- 5% of reception/diagnostic centers and 4% of training schools held more than 200 residents. For other facility types, this proportion was 1% or less.

**Notes:** Facility type counts sum to more than 1,510 facilities because facilities could select more than one facility type. Column percentages may not sum to 100% because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

Facility size	Facility operation		
	State	Local	Private
Total facilities	331	572	607
1–10 residents	75	181	250
11–20 residents	64	138	149
21–50 residents	108	188	130
51–100 residents	52	50	57
101–200 residents	25	11	15
201+ residents	7	4	6

State-operated facilities made up 22% of all facilities and accounted for 41% of facilities holding more than 200 residents. Private facilities constituted 40% of all facilities and accounted for 49% of facilities holding 10 or fewer residents.



# Facility crowding affected a relatively small proportion of youth in custody

## One in six youth were in facilities that were at or over their standard bed capacity

Facilities reported both the number of standard beds and the number of makeshift beds they had on the census date.

Occupancy rates provide the broadest assessment of the adequacy of living space. Although occupancy rate standards have not been established, as a facility's occupancy surpasses 100%, operational functioning may be compromised.

Crowding occurs when the number of residents occupying all or part of a facility exceeds some predetermined limit based on square footage, utility use, or even fire codes. Although it is an imperfect measure of crowding, comparing the number of residents to the number of standard beds gives a sense of the crowding problem in a facility. Even without relying on makeshift beds, a facility may be crowded. For example, using standard beds in an infirmary for youth who are not sick or beds in seclusion for youth who have not committed infractions may indicate crowding problems.

Eighteen percent (18%) of facilities said that the number of residents they held on the 2018 census date put them at or over the capacity of their standard beds or that they relied on some makeshift beds. These facilities held 16% of offenders in 2018 compared with 42% of offenders in 2000. In 2018, 1% of facilities reported being over capacity (having fewer standard beds than they had residents or relying on makeshift beds). These facilities held 1% of offenders. In comparison, 8% of facilities in 2000 reported being over capacity and they held 20% of offenders.

### Only a small percentage of public detention centers, training schools, and residential treatment centers reported operating above capacity in 2018

Facility type	Percentage of facilities at their standard bed capacity			Percentage of facilities over their standard bed capacity		
	Total	Public	Private	Total	Public	Private
Total	17%	12%	25%	1%	1%	0%
Detention center	12	10	32	1	2	0
Shelter	20	13	23	0	0	0
Reception/diagnostic center	8	7	14	0	0	0
Group home	23	16	25	0	0	0
Ranch/wilderness camp	15	13	18	0	0	0
Training school	15	13	19	1	1	0
Residential treatment center	22	16	25	0	1	0

**Notes:** A single bed is counted as one standard bed, and a bunk bed is counted as two standard beds. Makeshift beds (e.g., cots, rollout beds, mattresses, and sofas) are not counted as standard beds. Facilities are counted as over capacity if they reported more residents than standard beds or if they reported any occupied makeshift beds. Facilities could select more than one facility type.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

### Facilities holding between 101 and 200 residents were the most likely to be crowded

Facility size	Number of facilities	Percentage of facilities under, at, or over their standard bed capacity			Mean number of makeshift beds at facilities over capacity
		<100%	100%	>100%	
Total facilities	1,510	82%	17%	1%	2
1–10 residents	506	82	18	0	0
11–20 residents	351	80	19	1	1
21–50 residents	426	83	16	1	1
51–100 residents	159	86	13	1	5
101–200 residents	51	76	22	2	9
201+ residents	17	82	18	0	0

**Notes:** A single bed is counted as one standard bed, and a bunk bed is counted as two standard beds. Makeshift beds (e.g., cots, rollout beds, mattresses, and sofas) are not counted as standard beds. Facilities are counted as over capacity if they reported more residents than standard beds or if they reported any occupied makeshift beds. Facilities could select more than one facility type.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

## In 2018, only public facilities reported operating above capacity

No privately operated facilities exceeded standard bed capacity or had residents occupying makeshift beds on the 2018 census date. For publicly operated facilities, the proportion was 1%. In contrast, a larger proportion of private facilities (25%) compared with public facilities (12%) said they were operating at 100% capacity. Of publicly operated facilities, a slightly larger proportion of state-operated facilities than

locally operated facilities exceeded capacity (2% and 1%, respectively).

Facility operation	Percentage of facilities at or over their standard bed capacity		
	≥100%	100%	>100%
Total	18%	17%	1%
Public	13	12	1
State	19	17	2
Local	10	9	1
Private	25	25	0

**Note:** Detail may not sum to totals because of rounding.

## Use of makeshift beds varied widely

Eleven facilities reported that they had youth occupying makeshift beds, averaging 2 such beds per facility. Although some facilities rely on makeshift beds, many others operate well below standard bed capacity. On average, there were 18 unoccupied standard beds per facility. This average masks a wide range: 1 facility with 149 residents had 140 standard beds and 9 residents without standard beds; another facility with 596 standard beds had 116 residents, leaving 480 unoccupied beds.

### Nationwide, 273 juvenile facilities (18%) were at or over standard capacity or relied on makeshift beds

State	Total facilities	Number of facilities under, at, or over capacity			Percentage of offenders in facilities at or over capacity		State	Total facilities	Number of facilities under, at, or over capacity			Percentage of offenders in facilities at or over capacity	
		<100%	100%	>100%	100%	>100%			<100%	100%	>100%	100%	>100%
U.S. total	1,510	1,237	262	11	15%	1%	Missouri	50	38	11	1	28%	2%
Alabama	38	30	8	0	19	0	Montana	13	8	5	0	67	0
Alaska	18	14	3	1	54	5	Nebraska	11	10	1	0	3	0
Arizona	17	14	3	0	16	0	Nevada	11	7	3	1	43	3
Arkansas	24	18	6	0	26	0	New Hampshire	3	—	—	—	—	—
California	104	87	17	0	19	0	New Jersey	24	22	2	0	2	0
Colorado	21	16	4	1	7	18	New Mexico	16	15	1	0	6	0
Connecticut	3	—	—	—	—	—	New York	75	59	16	0	18	0
Delaware	8	8	0	0	0	0	North Carolina	27	24	3	0	13	0
District of Columbia	5	4	1	0	10	0	North Dakota	7	7	0	0	0	0
Florida	62	48	13	1	20	1	Ohio	67	59	7	1	12	5
Georgia	30	25	5	0	18	0	Oklahoma	25	16	9	0	41	0
Hawaii	3	—	—	—	—	—	Oregon	33	28	5	0	10	0
Idaho	17	15	2	0	16	0	Pennsylvania	94	68	26	0	29	0
Illinois	28	24	3	1	4	6	Rhode Island	9	6	3	0	13	0
Indiana	62	53	9	0	5	0	South Carolina	17	14	3	0	8	0
Iowa	33	27	6	0	38	0	South Dakota	14	11	2	1	4	28
Kansas	20	14	6	0	17	0	Tennessee	20	17	3	0	16	0
Kentucky	29	23	6	0	8	0	Texas	86	79	7	0	4	0
Louisiana	30	23	7	0	25	0	Utah	25	22	3	0	15	0
Maine	1	—	—	—	—	—	Vermont	2	—	—	—	—	—
Maryland	24	23	1	0	1	0	Virginia	38	35	3	0	8	0
Massachusetts	36	27	9	0	35	0	Washington	31	27	4	0	10	0
Michigan	46	40	6	0	10	0	West Virginia	46	27	16	3	33	11
Minnesota	39	37	2	0	5	0	Wisconsin	40	34	6	0	6	0
Mississippi	16	13	3	0	10	0	Wyoming	12	10	2	0	18	0

**Notes:** A single bed is counted as one standard bed, and a bunk bed is counted as two standard beds. Makeshift beds (e.g., cots, rollout beds, mattresses, and sofas) are not counted as standard beds. Facilities are counted as over capacity if they reported more residents than standard beds or if they reported any occupied makeshift beds. Facilities could select more than one facility type. "State" is the state where the facility is located. Youth sent to out-of-state facilities are counted in the state where the facility is located, not the state where they committed their offense.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

# Most youth were evaluated for educational needs and attended school while held in facilities

## Facilities that screened all youth for educational needs held 89% of the youth in custody

As part of the information collected on educational services, the JRFC questionnaire asked facilities about their procedures regarding educational screening.

In 2018, 88% of facilities that reported educational screening information said that they evaluated all youth for grade level and educational needs. An additional 4% evaluated some youth. Only 8% did not evaluate any youth for educational needs.

Of the 73 facilities in 2018 that screened some but not all youth, 71% evaluated youth whom staff identified as needing an assessment, 34% evaluated youth with known educational problems, 50% evaluated youth for whom no educational record was available, and 11% evaluated youth who came directly from home rather than from another facility. In addition, 28% reported evaluating youth based on some “other” reason.

In 2018, those facilities that screened all youth held 89% of the juvenile offenders in custody. An additional 3% of such youth in 2018 were in facilities that screened some youth.

## Most facilities used previous academic records to evaluate educational needs

The vast majority of facilities (93%) that screened some or all youth for grade level and educational needs used previous academic records. Some facilities also administered written tests (60%) or conducted an education-related interview with an education specialist (60%), intake counselor (37%), or guidance counselor (27%).

## Most facilities reported that youth in their facility attended school

Ninety-five percent (95%) of facilities reported that at least some youth in their facility attended school either inside or outside the facility. Facilities reporting that all

youth attended school (76% of facilities) accounted for 76% of the juvenile offender population in residential placement. Reception/diagnostic centers were the least likely to report that all youth attended school (59%), while ranch/wilderness camps were the most likely to report that no youth attended school (11%). Facilities with

### The smallest facilities were the least likely to evaluate all youth for grade level

Education screening	Facility size based on residential population						
	Total	1–10	11–20	21–50	51–100	101–200	201+
Total facilities	1,510	506	351	426	159	51	17
Facilities reporting	1,434	474	337	411	147	48	17
All reporting facilities	100%	100%	100%	100%	100%	100%	100%
All youth screened	88	81	89	94	93	98	82
Some youth screened	4	6	3	3	5	0	0
No youth screened	8	13	8	3	1	2	18

■ Facilities holding 101–200 youth were the most likely to evaluate all youth for grade level in 2018.

**Notes:** Reporting total excludes two facilities that did not indicate which youth were screened. Column percentages may not sum to 100% because of rounding.

**Source:** Authors’ analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

### Most facilities evaluated youth for grade level between 24 hours and 7 days after arrival

When youth are evaluated for educational needs	Number of juvenile facilities			As a percentage of facilities that evaluated youth for grade level		
	All facilities	All youth evaluated	Some youth evaluated	Facilities that evaluated	All youth evaluated	Some youth evaluated
Total reporting facilities	1,324	1,266	58	100%	96%	4%
Less than 24 hours	315	308	7	24	23	1
24 hours to 7 days	1,048	1,003	45	79	76	3
7 or more days	90	79	11	7	6	1
Other	29	21	8	2	2	1
Facilities not evaluating (or not reporting)	186	–	–	–	–	–

**Note:** Reporting facilities sum to more than 1,324 because they could select more than one time period.

**Source:** Authors’ analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

21–50 residents were most likely to report that all youth attended school (81%), while facilities with 101–200 residents were least likely (65%) to have all youth attend school. Facilities reporting that no youth attended school (5%) accounted for 4% of all juvenile offenders in residential placement.

## Facilities offered a variety of educational services

Facilities that provided both middle and high school-level education housed 96% of all juvenile offenders. Ninety-four percent (94%) of all facilities provided high school-level education, and 89% provided middle school-level education. Most facilities also reported offering special education services (83%) and GED preparation (71%). A much smaller percentage of facilities provided vocational or technical education (41%) and post-high school education (38%).

In 2018, facilities were asked if they communicated information regarding the education status, services, and/or needs of youth departing their facility to the new placement or residence; 88% of facilities said that they did. Most of these (88%) said that they communicated education status information for all youth departing the facility.

### Detention centers were most likely to report that all youth attended school (82%), and all facilities holding more than 200 residents reported that all or some youth attended school

Facility type	Percentage of facilities with youth attending school			
	Total	All youth	Some youth	No youth
<b>Total facilities</b>	100%	76%	18%	5%
Detention center	100	82	15	3
Shelter	100	77	22	2
Reception/diagnostic center	100	59	32	8
Group home	100	63	29	8
Ranch/wilderness camp	100	67	22	11
Training school	100	77	23	1
Residential treatment center	100	76	16	8
<b>Facility size</b>				
1–10 residents	100%	75%	18%	7%
11–20 residents	100	74	21	5
21–50 residents	100	81	16	3
51–100 residents	100	75	18	8
101–200 residents	100	65	27	8
201+ residents	100	71	29	0

**Note:** Row percentages may not sum to 100% because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

### Most facilities provided middle and high school-level education

Education level	Facility type							
	All facilities	Detention center	Shelter	Reception/diagnostic center	Group home	Ranch/wilderness camp	Training school	Residential treatment center
Elementary school	48%	66%	74%	49%	23%	30%	38%	35%
Middle school	89	95	97	84	80	74	93	88
High school	94	97	97	92	91	89	99	91
Special education	83	86	86	81	76	81	98	83
GED preparation	71	69	77	78	71	70	89	71
GED testing	49	38	53	73	55	59	80	54
Post-high school	38	27	29	65	44	59	73	42
Vocational/technical	41	25	37	73	50	67	79	49
Life skills training	60	51	54	73	65	67	74	69

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

# Most facilities reported screening youth for substance abuse problems

## Facilities that screened all youth held 70% of the juvenile offenders in custody

In 2018, 75% of facilities that reported information about substance abuse evaluation said that they evaluated all youth, 12% said that they evaluated some youth, and 13% did not evaluate any youth.

Of the 174 facilities that evaluated some but not all youth, 86% evaluated youth that the court or a probation officer identified as potentially having substance abuse problems, 66% evaluated youth that facility staff identified as potentially having substance abuse problems, and 60% evaluated youth charged with or adjudicated for a drug- or alcohol-related offense. Those facilities that screened all youth held 76% of the juvenile offenders in custody. An additional 12% of offenders were in facilities that screened some youth.

## The most common form of evaluation was a series of staff-administered questions

The majority of facilities (78%) that evaluated some or all youth for substance abuse problems had staff administer a series of questions about substance use and abuse, 66% visually observed youth to evaluate them, 55% used a self-report checklist inventory that asks about substance use and abuse to evaluate youth, and 41% used a standardized self-report instrument, such as the Substance Abuse Subtle Screening Inventory.

## Drug testing was a routine procedure in most facilities in 2018

As part of the information collected on substance abuse services, JRFC asked facilities if they required any youth to undergo drug testing after they arrived at the facility. The majority of facilities (69%) reported that they required at least some

youth to undergo drug testing. Of facilities that reported testing all or some youth, the most common reason for testing was a request from the court or the probation officer (68% for facilities that tested all youth, 69% for facilities that tested youth suspected of recent drug or alcohol use, and 66% for facilities that tested youth with substance abuse problems).

### Facilities holding 1–10 youth were the least likely to evaluate all youth for substance abuse problems

Substance abuse screening	Facility size based on residential population						
	Total	1–10	11–20	21–50	51–100	101–200	201+
Total facilities	1,510	506	351	426	159	51	17
Facilities reporting	1,436	475	337	412	147	48	17
All reporting facilities	100%	100%	100%	100%	100%	100%	100%
All youth screened	75	71	75	78	80	79	82
Some youth screened	12	13	12	10	13	17	18
No youth screened	13	16	13	12	7	4	0

**Note:** Column percentages may not sum to 100% because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

### Nearly 7 in 10 reporting facilities evaluated youth for substance abuse within their first day at the facility

When youth are evaluated for substance abuse	Number of juvenile facilities			As a percentage of facilities that evaluated youth for substance abuse		
	All facilities	All youth evaluated	Some youth evaluated	Facilities that evaluated	All youth evaluated	Some youth evaluated
Total reporting facilities	1,254	1,080	174	100%	86%	14%
Less than 24 hours	861	808	53	69	64	4
24 hours to 7 days	453	378	75	36	30	6
7 or more days	102	66	36	8	5	3
Other	64	21	43	5	2	3
Facilities not evaluating (or not reporting)	256	–	–	–	–	–

**Note:** Facilities sum to more than 1,254 because they were able to select more than one time period.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

Circumstances of drug testing	Percentage of facilities
<b>All youth</b>	
After initial arrival	31%
At each reentry	26
Randomly	29
When drug use is suspected or drug is present	51
At the request of the court or probation officer	68
<b>Youth suspected of recent drug/alcohol use</b>	
After initial arrival	37%
At each reentry	24
Randomly	31
When drug use is suspected or drug is present	55
At the request of the court or probation officer	69
<b>Youth with substance abuse problems</b>	
After initial arrival	27%
At each reentry	23
Randomly	31
When drug use is suspected or drug is present	50
At the request of the court or probation officer	66

In 2018, JRFC asked facilities if they communicated information regarding the substance abuse status, services, and/or needs of youth departing their facility to the new placement or residence; 59% of facilities said that they did. Of these facilities, many (75%) said that they communicated substance abuse status information for all youth departing the facility.

### Substance abuse education was the most common service provided at all reporting facilities

Substance abuse service	Facility size based on residential population						
	Total	1–10	11–20	21–50	51–100	101–200	201+
Total facilities	1,510	506	351	426	159	51	17
Facilities reporting	1,115	348	252	334	122	44	15
Substance abuse education	97%	96%	95%	98%	97%	100%	100%
Case manager to oversee treatment	52	49	55	49	53	66	73
Treatment plan for substance abuse	75	76	73	74	78	80	93
Special living units	6	3	2	5	16	23	53
None of above services provided	1	2	2	1	0	0	0

■ Of the facilities holding more than 100 residents that reported providing substance abuse services, all of them provided substance abuse education and were more likely than smaller facilities to have special living units in which all young persons have substance abuse offenses and/or problems.

Source: Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

### The majority of facilities that provided substance abuse counseling or therapy were most likely to provide services on an individual basis

Service provided	Facility type							
	Total	Detention center	Shelter	Reception/diagnostic center	Group home	Ranch/wilderness camp	Training school	Residential treatment center
Total facilities	1,510	625	116	37	240	27	164	553
Facilities reporting counseling	762	242	60	21	143	15	93	327
Individual	91%	93%	92%	81%	92%	80%	90%	89%
Group	83	78	87	90	85	93	90	85
Family	43	35	45	52	48	13	42	51
Facilities reporting therapy	975	301	78	27	172	20	148	432
Individual	97%	95%	95%	93%	98%	100%	99%	97%
Group	83	73	81	89	84	90	95	88
Family	50	39	49	48	46	35	55	63

■ In 2018, detention centers, shelters, and group homes were most likely to provide individual counseling, and ranch/wilderness camps were most likely to provide individual therapy.

■ Ranch/wilderness camps were the most likely to provide group counseling, and 95% of training schools reported providing group therapy.

■ Half of all facilities provided family therapy and less than half provided family counseling.

Note: Counts (and row percentages) may sum to more than the total number of facilities because facilities could select more than one facility type.

Source: Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].



# Most youth were evaluated for mental health needs while held in facilities

## In nearly two-thirds of facilities, in-house mental health professionals evaluated all youth held

Facilities provided information about their procedures for evaluating youth's mental health needs. Among facilities that responded to mental health evaluation questions in 2018, 70% reported they evaluated all youth for mental health needs using an in-house mental health professional. These facilities held 64% of offenders on the census date. Facilities that reported using an in-house mental health professional to evaluate some youth (30%) held 25% of youth.

In 2018, a greater proportion of privately operated than publicly operated facilities said that in-house mental health professionals evaluated all youth (88% vs. 59% of facilities reporting mental health evaluation information). However, in a greater proportion of public facilities than private facilities (41% vs. 12%), in-house mental health professionals evaluated some youth.

Evaluation by in-house mental health professional	Facility type	
	Public	Private
Total reporting facilities	774	428
All reporting facilities	100%	100%
All youth screened	59	88
Some youth screened	41	12

Facilities also indicated whether treatment was provided onsite. Facilities that said they provided mental health treatment inside the facility were likely to have had all youth evaluated by an in-house mental health professional. Facilities that did not provide onsite mental health treatment were more likely to have had some youth evaluated by an in-house mental health professional.

Evaluation by in-house mental health professional	Onsite mental health treatment?	
	Yes	No
Total reporting facilities	1,077	125
All reporting facilities	100%	100%
All youth screened	74	30
Some youth screened	26	70

In 2018, JRFC asked facilities if they communicated information regarding the mental health status, services, and/or needs of youth departing their facility to the new placement or residence; 88% of facilities said that they did. Most of these (75%) said that they communicated mental health status information for all youth departing the facility.

## The largest facilities were most likely to have in-house mental health professionals evaluate all youth for mental health needs

In-house mental health evaluation	Facility size based on residential population						
	Total	1-10	11-20	21-50	51-100	101-200	201+
Total facilities	1,510	506	351	426	159	51	17
Facilities reporting	1,202	335	277	386	142	46	16
All reporting facilities	100%	100%	100%	100%	100%	100%	100%
All youth evaluated	70	69	69	68	73	83	81
Some youth evaluated	30	31	31	32	27	17	19

Source: Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

## Reception/diagnostic centers were more likely than other types of facilities to have in-house mental health professionals evaluate all youth for mental health needs

In-house mental health evaluation	Facility type						
	Detention center	Shelter	Reception/diagnostic center	Group home	Ranch/wilderness camp	Training school	Residential treatment center
Total facilities	625	116	37	240	27	164	553
Facilities reporting	542	82	33	118	18	159	473
All reporting facilities	100%	100%	100%	100%	100%	100%	100%
All youth evaluated	49	61	88	76	78	85	85
Some youth evaluated	51	39	12	24	22	15	15

Source: Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].



**The most common approach to in-house mental health evaluation was to screen all youth by the end of their first day or first week at the facility**

When youth are evaluated for mental health needs	Number of juvenile facilities			As a percentage of facilities that evaluated youth in-house for mental health needs		
	All facilities	All youth evaluated	Some youth evaluated	Facilities that evaluated	All youth evaluated	Some youth evaluated
	Total reporting facilities	1,200	835	365	100%	70%
Less than 24 hours	478	410	68	40	34	6
24 hours to 7 days	523	384	139	44	32	12
7 or more days	44	23	21	4	2	2
Other	155	18	137	13	2	11

■ In 66% of facilities that reported using an in-house mental health professional to perform mental health evaluations, they evaluated all youth for mental health needs by the end of their first week in custody.

**Notes:** Percentage detail may not sum to total because of rounding. Two facilities that reported youth were evaluated did not report when they were evaluated.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

**Of facilities that reported using in-house mental health professionals to conduct mental health evaluations, 35% of juvenile offenders were in facilities that evaluated all youth on the day they arrived at the facility**

When youth are evaluated for mental health needs	Number of offenders			As a percentage of offenders in facilities that provided in-house evaluation for mental health needs		
	All facilities	All youth evaluated	Some youth evaluated	Facilities that evaluated	All youth evaluated	Some youth evaluated
	Total offenders residing in reporting facilities	33,376	23,844	9,532	100%	71%
Less than 24 hours	13,792	11,532	2,260	41	35	7
24 hours to 7 days	14,517	10,509	4,008	43	31	12
7 or more days	1,004	530	474	3	2	1
Other	4,063	1,273	2,790	12	4	8

■ Facilities reporting that they evaluated all youth by the end of their first week held 66% of juvenile offenders who resided in facilities that reported using in-house mental health evaluation procedures.

**Note:** Percentage detail may not sum to total because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

# Most offenders were held in facilities that evaluate all youth for suicide risk on their first day

## Facilities that screened all youth for suicide risk held 94% of the youth in custody

As part of the information collected on mental health services, the JRFC questionnaire asks facilities about their procedures regarding screening youth for suicide risk.

In 2018, 95% of facilities that reported information on suicide screening said that they evaluated all youth for suicide risk. An additional 1% said that they evaluated some youth. Some facilities (4%) said that they did not evaluate any youth for suicide risk.

In 2018, a larger proportion of public than private facilities said that they evaluated all youth for suicide risk (97% vs. 92%).

In 2018, among facilities that reported suicide screening information, those that screened all youth for suicide risk held 97% of juvenile offenders who were in residential placement—up from 78% in 2000. An additional 1% of such youth in 2018 were in facilities that screened some youth.

Suicide screening	2000	2018
Total offenders	108,802	37,529
Offenders in reporting facilities	103,508	36,082
Total	100%	100%
All youth screened	78	97
Some youth screened	16	1
No youth screened	6	1

**Note:** Detail may not sum to totals because of rounding.

## Some facilities used trained counselors or professional mental health staff to conduct suicide screening

More than half (55%) of facilities that screened some or all youth for suicide risk reported that mental health professionals with at least a master's degree in psychology

or social work conducted the screenings. More than one-third (37%) used neither mental health professionals nor counselors whom a mental health professional had trained to conduct suicide screenings.

Facilities reported on the screening methods used to determine suicide risk. Facilities could choose more than one method. Of facilities that conducted suicide risk screening, a majority (77%) reported that they incorporated one or more questions about suicide in the medical history or intake process to screen youth, 39% used a form their facility designed, and 25% used a form or questions that a county or state juvenile justice system designed to assess suicide risk. Approximately half of facilities (51%) reported using the Massachusetts Youth Screening Instrument (MAYSI)—41% reported using the MAYSI full form, and 9% used the MAYSI suicide/depression module. Very few facilities (less than 1%) used the Voice Diagnostic Interview Schedule for Children.

Of facilities that reported screening youth for suicide risk, 90% reassessed youth at some point during their stay. Most facilities (88%) reported rescreening on a case-by-case basis or as necessary. An additional 40% of facilities also reported that rescreening

occurred systematically and was based on a variety of factors (e.g., length of stay, facility events, or negative life events). Less than 1% of facilities did not reassess youth to determine suicide risk.

## All facilities used some type of preventive measure once they determined a youth was at risk for suicide

Facilities that reported suicide screening information were asked a series of questions related to preventive measures taken for youth determined to be at risk for suicide. Of these facilities, 63% reported placing at-risk youth in sleeping or observation rooms that are locked or under staff security. Aside from using sleeping or observation rooms, 85% of facilities reported using line-of-sight supervision, 88% reported removing personal items that could be used to attempt suicide, and 75% reported using one-on-one or arm's-length supervision. Half of facilities (50%) reported using special clothing to prevent suicide attempts, and 29% reported removing the youth from the general population. Twenty percent (20%) of facilities used special clothing to identify youth at risk for suicide, and 19% of facilities used restraints to prevent suicide attempts.

### Suicide screening was common across facilities of all sizes

Suicide screening	Facility size based on residential population						
	Total	1–10	11–20	21–50	51–100	101–200	201+
Total facilities	1,510	506	351	426	159	51	17
Facilities reporting	1,437	476	337	412	147	48	17
All reporting facilities	100%	100%	100%	100%	100%	100%	100%
All youth screened	95	91	95	97	100	94	100
Some youth screened	1	1	2	0	0	4	0
No youth screened	4	9	3	3	0	2	0

**Note:** Column percentages may not sum to 100% because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

## Group homes were the least likely to screen youth for suicide risk

Suicide screening	Facility type						
	Detention center	Shelter	Reception/ diagnostic center	Group home	Ranch/ wilderness camp	Training school	Residential treatment center
Total facilities	625	116	37	240	27	164	553
Facilities reporting	609	115	35	221	24	163	514
All reporting facilities	100%	100%	100%	100%	100%	100%	100%
All youth screened	99	92	100	81	83	100	96
Some youth screened	0	1	0	1	0	0	2
No youth screened	1	7	0	18	17	0	2

**Note:** Column percentages may not sum to 100% because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

## In 2018, the majority (93%) of juvenile offenders in facilities that screened for suicide risk were in facilities that conducted suicide screenings on all youth on the day they arrived

Suicide screening	When suicide risk screening occurs					
	Total	Less than 24 hours	24 hours to 7 days	7 days or more	Other	Never or not reported
<b>Number of facilities that screened</b>						
Total	1,374	1,268	92	1	13	136
All youth screened	1,360	1,261	86	1	12	0
Some youth screened	14	7	6	0	1	0
<b>Percentage of facilities that screened</b>						
Total	100%	92%	7%	0%	1%	–
All youth screened	99	92	6	0	1	–
Some youth screened	1	1	0	0	0	–
<b>Number of offenders</b>						
In facilities that screened	35,549	33,180	1,916	75	378	1,980
In facilities that screened all youth	35,179	32,963	1,764	75	377	0
In facilities that screened some youth	370	217	152	0	1	0
<b>Percentage of offenders</b>						
In facilities that screened	100%	93%	5%	0%	1%	–
In facilities that screened all youth	99	93	5	0	1	–
In facilities that screened some youth	1	1	0	0	0	–

■ Nearly all facilities (99%) that reported screening for suicide risk said they screened all youth by the end of the first week of their stay at the facility. A large portion (92%) said they screened all youth on their first day at the facility. These facilities accounted for 93% of juvenile offenders held in facilities that conducted suicide screenings.

■ Very few facilities that reported screening for suicide risk reported that they conducted the screenings at some point other than within the first week of a youth's stay (1%). Facilities that conducted screenings within other time limits gave varying responses. For example, some facilities reported that screenings occurred as needed or as deemed necessary. Some reported that screenings were court ordered. A small number of facilities indicated that screenings occurred before youth were admitted.

**Note:** Percentage detail may not sum to total because of rounding.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

# JRFC asks facilities about certain activities that may have occurred in the month before the census date

In addition to information gathered on the census date, JRFC collected data on the following questions for the 30-day period of September 2018:

- Were there any unauthorized departures of any young persons who were assigned beds at this facility?
- Were any young persons assigned beds at this facility transported to a hospital emergency room by facility staff, transportation staff, or by an ambulance?
- Were any of the young persons assigned beds here restrained by facility staff with a mechanical restraint?

- Were any of the young persons assigned beds here locked for more than 4 hours alone in an isolation, seclusion, or

sleeping room to regain control of their unruly behavior?

## Sports-related injuries were the most common reason for emergency room (ER) visits in the previous month

Reason for ER visit	Percentage of facilities
Total	33%
Injury	
Sports-related	35
Work/chore-related	2
Interpersonal conflict (between residents)	24
Interpersonal conflict (by nonresident)	4
Illness	30
Pregnancy	
Complications	2
Labor and delivery	0
Suicide attempt	10
Nonemergency	
No other health professional available	10
No doctor's appointment could be obtained	8
Other	31

**Note:** Percentages are based on facilities that reported emergency room information (29 of 1,510 facilities [2%] did not report).

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

## One-sixth of facilities (17%) reported unauthorized departures in the month before the census date

Facility type	Number of facilities		Percentage of reporting facilities with unauthorized departures
	Total	Reporting	
Total facilities	1,510	1,436	17%
Detention center	625	608	3
Shelter	116	115	45
Reception/diagnostic center	37	35	3
Group home	240	221	32
Ranch/wilderness camp	27	24	17
Training school	164	163	4
Residential treatment center	553	514	26

- Shelters and group homes were most likely to report one or more unauthorized departures.

**Note:** Detail may sum to more than the totals because facilities could select more than one facility type.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

## Facilities were more likely to report using mechanical restraints than locking youth in some type of isolation; use of these practices differed by facility type

Facility type	Percentage of reporting facilities	
	Used mechanical restraints	Locked youth in room for 4 or more hours
Total facilities	27%	22%
Detention center	45	42
Shelter	6	4
Reception/diagnostic center	60	34
Group home	3	0
Ranch/wilderness camp	33	4
Training school	53	41
Residential treatment center	15	12

- Reception/diagnostic centers and training schools were the most likely facilities to use mechanical restraints (i.e., handcuffs, leg cuffs, waist bands, leather straps, restraining chairs, strait jackets, or other mechanical devices) in the previous month. Detention centers and training schools were the most likely to lock a youth alone in some type of seclusion for 4 or more hours to regain control of their unruly behavior.

- Group homes were the facilities least likely to use either of these measures.

**Note:** Percentages are based on 1,436 facilities that reported information on mechanical restraints and locked isolation, out of a total of 1,510 facilities.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

# Facilities reported eight deaths of youth in placement over 12 months—six were suicides

## Youth in residential placement rarely died in custody

Facilities holding juvenile offenders reported that eight youth died while in the legal custody of the facility between October 1, 2017, and September 30, 2018.

Routine collection of national data on deaths of youth in residential placement began with the 1988–1989 Children in Custody (CIC) Census of Public and Private Juvenile Detention, Correctional, and Shelter Facilities. Accidents or suicides have usually been the leading cause of death. Over the years 1988–1994 (CIC data reporting years), an average of 46 deaths were reported nationally per year, including an annual average of 18 suicides. Over the years 2000–2018 (JRFC data reporting years), those averages dropped to 16 deaths overall and 6 suicides.

Residential treatment centers reported three of the eight deaths in 2018—one accidental death, one suicide, and one resulting from an illness/natural cause. Detention centers and training schools accounted for two deaths each as the result of suicides. Shelters accounted for one of the eight deaths—a suicide.

## There is no pattern in the timing of deaths in 2018

In 2018, the timing of death varied between 6 and 204 days after admission. Two suicides occurred about 1 week (6 days and 8 days) after admission; another occurred within 23 days. The remaining suicides occurred 4, 6, and 7 months after admission. One death as a result of an illness occurred 1 month after admission. The remaining death, an accident, occurred approximately 4 months (122 days) after admission.

### During the 12 months prior to the census, suicides were the most commonly reported cause of death in residential placement

Cause of death	Total	Inside the facility			Outside the facility		
		All	Public	Private	All	Public	Private
Total	8	5	2	3	3	2	1
Suicide	6	4	2	2	2	2	0
Illness/natural	1	1	0	1	0	0	0
Accident	1	0	0	0	1	0	1

■ In 2018, an equal number of deaths occurred at private facilities and public facilities—four each.

**Notes:** Data are reported deaths of youth in custody from October 1, 2017, through September 30, 2018. None of the deaths from illness were AIDS related.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

### In 2018, the death rate was higher for private facilities than for public facilities

Cause of death	Deaths per 10,000 youth held on the census date, October 24, 2018		
	Total	Public facility	Private facility
Total	2.1	1.5	4
Suicide	1.6	1.5	2
Illness/natural	0.3	0	1
Accident	0.3	0	1

Type of facility	Deaths per 10,000 youth held on the census date, October 24, 2018		
	Total	Public facility	Private facility
Detention center	1.1	1.2	0
Shelter	9.7	0	15.8
Training school	2.0	2.4	0
Residential treatment center	2.1	0	3.9

■ The death rate in 2018 (2.1) was lower than that in 2000 (2.8). Of the 30 reported deaths of youth in residential placement in 2000, accidents were the most commonly reported cause. In 2018, suicides were most common.

**Notes:** Data are reported deaths of youth in custody from October 1, 2017, through September 30, 2018. None of the deaths from illness were AIDS related. One death was reported in a privately operated shelter, but the relatively small size of the population of youth held in such facilities in 2018 (approximately 630 youth) results in a high death rate.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

**Of the total deaths in residential placement (eight), five involved males and three involved females**

Race/ethnicity	Cause of death							
	Total		Suicide		Illness/natural		Accident	
	Male	Female	Male	Female	Male	Female	Male	Female
Total	5	3	4	2	1	0	0	1
White non-Hispanic	2	2	2	1	0	0	0	1
Black non-Hispanic	1	0	1	0	0	0	0	0
American Indian/Alaska Native	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	0	0	0	0	0	0
Hispanic	2	1	1	1	1	0	0	0
Other race/ethnicity	0	0	0	0	0	0	0	0

**Note:** Data are reported deaths of youth in custody from October 1, 2017, through September 30, 2018.

**Source:** Authors' analysis of *Juvenile Residential Facility Census 2018* [machine-readable data file].

**The Juvenile Residential Facility Census asks facilities about deaths of young persons at locations inside or outside the facility**

During the year between October 1, 2017, and September 30, 2018, did any young persons die while assigned to a bed at this facility at a location either inside or outside of this facility?

If yes, how many young persons died while assigned beds at this facility during the year between October 1, 2017, and September 30, 2018?

What was the cause of death?

- Illness/natural causes (excluding AIDS)
- Injury suffered prior to placement here

- AIDS
- Suicide
- Homicide by another resident
- Homicide by nonresident(s)
- Accidental death
- Other (specify)

What was the location of death, age, sex, race, date of admission to the facility, and date of death for each young person who died while assigned a bed at this facility?



## The Juvenile Residential Facility Census includes data that tribal facilities submitted

OJJDP works with the Bureau of Indian Affairs to ensure a greater representation of tribal facilities in the Census of Juveniles in Residential Placement and JRFC data collections. As a result, the 2018 JRFC collected data from 16 tribal facilities. The tribal facilities were in Arizona, Colorado, Michigan, Minnesota, Mississippi, Montana, North Dakota, Oklahoma, and South Dakota and held 116 youth charged with or adjudicated for an offense (up from 113 in 2016, when 14 facilities reported).

Tribal facilities were asked what agency owned and/or operated their facilities. The tribe owned and operated 11 of the 16 facilities. The remaining five facilities

were either owned by the tribe and operated by the federal government or owned by the federal government and operated by the tribe.

Each tribal facility identified itself as a detention center, and one also identified itself as a training school. Tribal facilities were small, most holding 20 or fewer residents; 79% of juvenile offenders were held at facilities that held between 1 and 20 residents. On the census day, almost all facilities (14) were operating at less than their standard bed capacity, and the remaining 2 facilities were operating at capacity. Standard bed capacities ranged from 6 to 198; only 2 facilities had more than 100 standard beds.

Fifteen of the 16 tribal facilities reported locking youth in their sleeping rooms. Among tribal facilities that locked youth in their rooms, 14 did so when the youth were out of control. Thirteen facilities locked youth in their rooms at night, 10 facilities locked youth in rooms during shift changes, and 8 locked youth in their rooms whenever the youth were in their rooms. Eight facilities locked youth in their rooms when youth were suicidal, and three facilities locked youth in their rooms for part of each day. One facility stated there was no set schedule for locking youth in rooms.

## Other OJJDP data collection efforts describe youth in residential placement

JRFC is one component in a multitiered effort to describe the youth placed in residential facilities and the facilities themselves. Other components include the following:

- National Juvenile Court Data Archive: Collects information on sanctions that juvenile courts impose.
- Census of Juveniles in Residential Placement: Collects information on the demographics and legal attributes of each youth in a juvenile facility on the census date.

## Resources

OJJDP's online Statistical Briefing Book (SBB) offers access to a wealth of information about youth crime and victimization and about youth involved in the juvenile justice system. Visit the Juveniles in Corrections section of the SBB at [ojjdp.gov/ojstatbb/corrections/faqs.asp](http://ojjdp.gov/ojstatbb/corrections/faqs.asp) for the latest information about youth in corrections. The Juvenile Residential Facility Census Databook is a data analysis tool that gives users quick access to national and state data on the characteristics of residential placement facilities, including detailed information about facility operation, classification, size, and capacity.

## Data sources

Office of Juvenile Justice and Delinquency Prevention. Variable. *Juvenile Residential Facility Census* for the years 2000, 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, and 2018 [machine-readable data files]. Washington, DC: U.S. Census Bureau (producer).

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Laurel, MD 20707-4651



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## **Programs for All Centers**

<u><b>Program</b></u>	<u><b>Description</b></u>
<b>Adopt a Pod</b>	Socialization, community fellowship, and social skills experience for JTDC residents
<b>After School Matters</b>	Provides JTDC residents with opportunities to explore passions and develop talents through after-school and summer programs. JTDC plans to extend programs by including some Saturday activities.
<b>AMPED Program</b>	Northwestern School of Music graduate students work with residents to develop beats using music software on the computer. Residents learn the technical skills and are able to develop their own songs.
<b>Becoming A Man (BAM)</b>	Critical thinking ad community building around Manhood
<b>Boys &amp; Girls Club</b>	Focus on self-esteem, communication, job-readiness, responsibility, family and respect.
<b>Center for Conflict Resolution</b>	Conflict resolution skills/methods and provides referral services upon release
<b>Chess Club</b>	Speakers for Residents. Discuss and teach the skills of chess.
<b>Chicago Sinfonietta-Jefferson Project</b>	This project is focused on utilizing the healing and transformative powers of music to promote diversion from the criminal system, reduce recidivism, and prevent violence with at risk youth
<b>Cook County Health</b>	Mental health group lead by CCHHS to enforce positive mental health hygiene; and Legal literacy.
<b>Cook County Probation Department</b>	Varying programs funded by the Mark's Fund(social, cultural and educational) and the Klepak (performing arts) Fund.
<b>Design Museum</b>	Arts education, confidence building and skill building
<b>Game Night</b>	Ambassadors play assorted games with parents that have been invited to the facility
<b>Girls in the Game</b>	Girls in the Game helps every girl find her voice, discover her strength and lead with confidence through fun and active sports, health and leadership programs.

**Program****Description**

<b>Good News Prison Ministry</b>	One-to-one mentoring to the youth detained at JTDC. Staff and volunteers go into the detention center to provide counseling.
<b>Great Aspirations</b>	Great Aspirations addresses youth and family that is involved in gangs, clicks, crews, and groups that are displaying risky behavior that will result in a negative impact in our homes and communities.
<b>Karma Garden</b>	collaborative project between Nancy B. Jefferson School & Urban Horticulture Educators from U of I Extension Program; gardening skills
<b>Louder Than A Bomb</b>	Louder Than A Bomb (LTAB) is the largest, youth poetry festival in the world. Hosted by Young Chicago Authors (YCA), the event brings together JTDC Residents with the power of spoken word. Residents create and perform their own spoken word pieces to an audience of JTDC peers, staff, community members and Residents' families.
<b>Loyola Law school</b>	Education and law related activities and resources.
<b>Maryville Academy</b>	Substance Abuse Program
<b>Mental Health Programs</b>	Cook County Health in collaboration with the Cook County Juvenile Detention Center established the Family Night program with the hopes of increasing parent knowledge and involvement, reducing family stress, disempowerment, youth recidivism, and community fragmentation. The Family Night program is broken down into (4) sessions. Each session covers a different topic such as Parents Orientation to JTDC, Medical/Mental Health services, Legal Literacy, and Community Resources. Since its inception, the Family Night program has supported over 1,292 families. The program is committed to educating, strengthening, and empowering families to become advocates for their loved one, feel that they are in a better position to aid in their defense, and enhance their awareness about resources that are available to them in the community
<b>Movie Night</b>	Residents watch age appropriate policy compliant movies
<b>Mural Project</b>	Led by JTDC staff and partnering with community based artists, Residents plan and create murals that are housed within the walls of the JTDC.
<b>Old Town School of Folk Music</b>	Music skills and dance

**Program****Description**

<b>Planned Parenthood</b>	Facilitators from PPIL will offer groups around STIs, social justice and inclusive and comprehensive sexual education
<b>Pre-apprenticeship Electrical Program*</b>	The Facilities Management Pre-Apprentice Electrician's Program provide Juvenile Temporary Detention Center residents with knowledge about career opportunities available as a skilled tradesman. Residents are encouraged to apply for this Pre-vocational electrical program which is led by the JTDC in partnership with facilities management team. Residents will learn the basic skills of the electrical profession from Cook County Facilities Union workers. Residents who engage in this program will be given a letter of recommendation to enroll in the Electrical Apprenticeship upon release.
<b>Pre-apprenticeship Painting Program*</b>	Residents are encouraged to apply for this program which is led by the JTDC facilities management team. Residents will learn the basics of painting and will learn from individuals working at the JTDC. Residents who engage in this program will be given information on how to apply to painter's apprenticeship programs on the outside of the JTDC, and this program is endorsed by the painters union.
<b>Red Clay Dance Company</b>	Dance and improv
<b>RESILIENCE</b>	JTDC currently collaborates with RESILIENCE, formerly known as Rape Victims Advocates. JTDC meets PREA standards in its collaboration with RESILIENCE, as this organization provides services to residents who are victims of sexual assault. RESILIENCE also provides training to both staff and residents regarding trauma and sexual assault.
<b>RUSH University Medical</b>	Residents are taught coping skills, self-worth and advocacy, goal setting, and preparing for a positive future
<b>S.T.A.R. Barber College</b>	Vocational education where resident students study the Barber profession. Residents obtain practical experience by exhibiting their barber skills on others
<b>Stomping Grounds</b>	Creative writing, visual art, music production, and media literacy as well as one-on-one literacy tutoring
<b>Storycatchers Theatre/Temporary Lockdown</b>	Expressive arts
<b>U.S. Attorney's Office</b>	Project Safe Neighborhoods; collaboration regarding youth with dual involvement

**Program****Description**

<b>U.S. State's Attorney Office</b>	Partnership between U.S. Attorney's Office, Chicago Police Dept., Bureau of Alcohol, Tobacco, Firearms & Explosives, the Cook County State's Attorney's Office, and the Illinois Department of Corrections. 4 Forums: Initial Engagement of Youth and Community Moral Voice, Family & School Engagement, Law Enforcement Engagement, and Choices and Consequences.
<b>UIC DNP Nurses</b>	Provides education about health related topics, including nutrition, exercise, mental health, disease prevention, addiction, drugs and alcohol, safety, first aid, stress reduction, positive relationships, etc. The topics can be in response to youth or facility request. While the health education information we provide is important, our commitment to providing the education in an interactive manner provides ample opportunity for the nursing students and the youth to interact and build positive relationships. The youth learn more about nursing as a profession, as well as learn how they can take care of themselves and make healthy choices.
<b>UIC Interprofessional Approaches to Health Disparities (IAHD) Program</b>	Work with residents to identify and address social determinants of health impacting the population.
<b>UIC</b>	Coding
<b>Yoga Collaborative</b>	On a weekly basis trained yoga teachers a yoga and mindfulness workshop for the Residents of WINGS. Residents are encouraged to work on relaxation and breathing techniques. The goal of the program is to help the Residents integrate a mindful approach to their physical being and to cope with their stressors.

## Center Based Programs

<u>DESTINY Center</u>	<u>HOUSTON Center</u>	<u>LEGACY Center</u>	<u>OMEGA Center</u>	<u>WINGS Center</u>
<p><b>1. PLAYSTATION SPORTS LEAGUE</b> League where residents compete against each other in NBA2K22 and Madden 22. statistics are kept and have an end of the season tournament with a champion crowned.</p>	<p><b>1. Team Building Incentive Programs</b> Team Building Incentive Programs-programming to promote team building across the Houston center and to encourage earning and maintaining level 3 and 4. (late night, movie night etc)</p>	<p><b>1. Holiday Giveaway</b> Christmas gifts were given to each resident including an inspirational booklet a notebook, socks, lotion, and Christmas candy.</p>	<p><b>1. Sports Development</b>-Designed to teach the fundamentals and history of sports. Residents also participate in sports competition for prizes.</p>	<p><b>1. Wings YOGA Program</b> YOGA instruction is given to the residents through the Peloton website.</p>
<p><b>2. MUSIC WRITING SESSIONS</b> (PERFORMANCES ONCE A MONTH)</p> <p>Residents are given a history of Hip Hop from its inception through today. Residents are taught how to write songs to instrumental tracks. Residents will perform their written songs once a month.</p>	<p><b>2. Commissary-level based rewards</b> typically food based items.</p>	<p><b>2. Raps Talent Show</b> Residents shared the raps they had written. Discussion followed about the raps and the significance of the lyrics in their personal life.</p>	<p><b>2. DJ Program</b>- Focuses on instructing students in the art of DJing as a hobby or as a profession.</p>	<p><b>2. Wings Cardio Program</b></p> <p>Cardio exercise instruction is given to the residents through the Peloton website.</p>
<p><b>3. POETRY PALACE</b> (PERFORMANCES ONCE A MONTH) Residents are taught the difference between Rap and Spoken Word. Residents will be required to write a piece to perform once a month.</p>	<p><b>3. Recreation-Large Muscle Activities</b> Basketball, football, 2 ball, volleyball</p>	<p><b>3. Spoken Word</b> Residents performed spoken word for the pod.</p>	<p><b>3. Hip Hop Karaoke</b>-residents Karaoke over hip-hop songs and beats. Residents vote on the best Karaoke.</p>	<p><b>3. Wings Mindfulness/Meditation Program</b></p>
<p><b>4. GENTLEMANS CIRCLE</b></p> <p>To bridge the communication gap between the male residents of the JTDC, JTDC Staff, and guest facilitators through meaningful conversation and character building activities (Credit, Financial Literacy, Appearance, Respecting Women).</p>	<p><b>4. Recreation Special Tournaments</b></p> <p>Spades, three point competitions and basketball</p>	<p><b>4. Plus Party</b></p> <p>Residents on level 3 and 4 earned a Plus Party special food of Jerk Chicken Sliders.</p>	<p><b>4. Spades and Chess Tournament</b>- Residents are taught the fundamentals of Spades, Chess, and sportsmanship.</p>	<p>Meditation and Mindfulness meditation instruction is given to the residents through the Peloton website and mindfulness instruction websites</p>
<p>Program</p>	<p><b>5. POD Incentive/Reinforcers</b></p> <p>Pizza parties, ice cream socials</p>	<p><b>5. Game Night</b></p> <p>Residents participated in a Trivia program to help promote the expansion of their general knowledge and knowledge of more specific areas such as sports, history, science etc.</p>		<p>Residents earned special food for on level 4 throughout the week and maintaining their behaviors</p>
<p><b>5. SHARK TANK</b> Residents are required to come up with fictional businesses which include a business plan financial projections and long term viability</p>				<p><b>5. Wings Black History Month Program</b></p>
<p><b>6. SPELLING BEE</b> Residents compete in a spelling contest for prizes.</p>	<p><b>6. Family Special Programming</b></p>	<p><b>6. Legacy's Athletics</b></p>		<p>Residents will watch movies detailing important moments and people in Black History with a discussion after about the movie and the impact the moment or person had.</p>

<p><b>7. EYE IMPACT PROGRAM</b> Intense program in which residents are tested for career interest and given the resources to work toward those careers once they are released. Several successful entrepreneurs also visit and talk to residents weekly.</p>	<p>Family Special Programming level reinforcers- family meals and holiday based programs</p>	<p>Residents participated in team sport tournaments. The purpose and objective of the Legacy Sports Program is to teach sportsmanship, physical fitness, personal development and team/individual sport skills. This program is designed to help youth learn the basic fundamentals of sports and to participate in team/individual play.</p>
<p><b>8. SPEED CHESS.</b> Residents compete in a competitive chess league. We have purchased speed chess clocks for the DESTINY center. Winner of the tournament gets to play staff. That winner gets to play the ATL (If they win) and then CW (if they win) and then the TL.</p>		<p><b>7. Check-In</b></p> <p>Focus Group</p>
<p><b>9. MOVIES WITH MEANING</b> Residents are shown weekly movies in which they have a group after and discuss the characters the plot and choices made by those in the movie and how it relates to their lives.</p> <p>Some of these will have restorative justice lessons.</p>		
<p><b>10. BOOK CLUB</b> Residents collectively read a book with staff and have discussions about what they have read.</p>		
<p><b>11. JUNETEENTH CELEBRATION</b> Yearly celebration in which residents are taught the meaning of Juneteenth and have a small celebration on June 19<sup>th</sup>.</p>		
<p><b>12. LIFEBOAT ETHICS</b> Exercises where residents are given a specific number of people or things and have to work in groups deciding what things to keep on their life boat and what to throw overboard and be able to discuss why.</p>		
<p><b>ADDITIONAL PROGRAMMING</b></p>		
<p><b>Resident Forum for Black History</b> Month: February 16 10 AM via Zoom (Building facilitated)</p>		
<p><b>NFL Bracket Playoffs:</b> This has been ongoing throughout the building. However, with the super bowl, we should have a champion(s) soon who get commissary and phone calls as prizes.</p>		
<p><b>4E Basketball with NBJ instructor Bradley Mondays 3:30-4:30 and Fine arts with NBJ Ms. Rizzo.</b> This is part of the OST program.</p>		



**Tuesdays 3:30-4:30 4C basketball with Bradley from NBJ and Fine Arts with Ms. Joyce.** This is part OST for NBJ. These Programs run 3/1/22-6/17/22.

**Wednesdays Fine Arts for 4E with NBJ** Friberg with NBJ as part of the OST program

**Fridays Career Club with NBJ instructor Bradley. This will discuss the advantages and disadvantages of picking certain careers and what is needed to navigate the prerequisites to those careers**

**Restorative Justice with the TL:** These are movies shown by me when I am so inclined. Days that I work late (PM shift) or need to come in on a weekend, I bring my own movies, most of which are from PBS and cost between 59.99-129.99 which is why I do not loan them out (Basic rights and recovery used to borrow and lose them). These are movies shown that can be 1-3 hours long and I have a curriculum for some of them.

Resident favorites include: **Murder on Sunday Morning** which is a true story with real footage of a young man in Florida at the wrong place at the wrong time. Police pick up a 15-year-old on his way to Best Buy to fill out an application and he is charged with MURDER. There are inconsistencies in testimony and the resident is taken into juvenile corrections where he is fighting for his life. Not only does an amazing PD get him off, he finds the killer who was taller, older and looked nothing like the youth. **Cry for Help** takes a critical look at the country after the Virginia Tech Shooting and issues of teen depression and suicide.

**Black History Movies:** Throughout Black History month I typically show movies (one a day) From I am not your Negro to many others on DVD.

# April/May 2022

# Cook County/Monterrey Staff

MON	TUE	WED	THU	FRI
<p>25</p> <p><b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>Human Resources</i> <b>Facilitator:</b> Human Resources</p>	<p>26</p> <p><b>Time:</b> 8:00am-9:00am <b>Title:</b> <i>JTDC 101</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 9:00pm-10:00pm <b>Title:</b> <i>Staff Badges Learning Management System: LMS</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 10:00am-12:00pm <b>Title:</b> <i>Social/ Cultural Lifestyles of the Juvenile Population</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 1:00pm-4:00pm <b>Title:</b> <i>Juvenile Rights and Responsibilities</i> <b>Facilitator:</b> Training Dept.</p>	<p>27</p> <p><b>Time:</b> 8:00am-10:00am <b>Title:</b> <i>LGBTQIA+</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 10:00am-12:00pm <b>Title:</b> <i>Cultural Diversity</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 1:00pm-3:00pm <b>Title:</b> <i>Standards of Conduct/ Code of Ethics</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 3:00pm-4:00pm <b>Title:</b> <i>Considerations of Care for Specific Populations</i> <b>Facilitator:</b> Training Dept.</p>	<p>28</p> <p><b>Time:</b> 8:00am-9:30am <b>Title:</b> <i>NJDA Safety Security Emergency Planning, Evacuation and Fire Procedures</i> <b>Time:</b> 9:30am-10:00am <b>Title:</b> <i>Fire Extinguisher</i> <b>Facilitator:</b> SIC West/FSO Doughty</p> <p><b>Time:</b> 10:00pm-12:00pm <b>Title:</b> <i>Adolescent Development</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 1:00pm-4:00pm <b>Title:</b> <i>Core Values</i> <b>Facilitator:</b> Training Dept.</p>	<p>29</p> <p><b>Time:</b> 8:00am-10:00am <b>Title:</b> <i>Conflict Management</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 10:00am-12:00pm <b>Title:</b> <i>Anger Management</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 1:00pm-4:00pm <b>Title:</b> <i>Communication Skills</i> <b>Facilitator:</b> Training Dept.</p>
<p>2</p> <p><b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>Shield of Care</i> <b>Facilitator:</b> Vergara</p>	<p>3</p> <p><b>Time:</b> 8:00am-10:00am <b>Title:</b> <i>NSLP/USDA Mandatory Civil Rights Safe Food Handler</i> <b>Facilitator:</b> D. DiCristofano</p> <p><b>Time:</b> 10:00am-12:00pm <b>Title:</b> <i>Safety Training</i> <b>Facilitator:</b> Dir Swain</p> <p><b>Time:</b> 1:00pm-4:00pm <b>Title:</b> <i>Managing Youth with Psychiatric Disorders in Detention</i> <b>Facilitator:</b> Dr. Mason</p>	<p>4</p> <p><b>Time:</b> 8:00am-12:00pm <b>Title:</b> <i>Sexual Abuse/ Assault Intervention Child Abuse and Neglect &amp; Mandated Reporter. -Completion of State of IL. Court mandated reporter online</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 1:00pm -2:00pm <b>Title:</b> <i>History of Juvenile Justice</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 2:00pm-4:00pm <b>Title:</b> <i>Sexual Harassment</i> <b>Facilitator:</b> Training Dept.</p>	<p>5</p> <p><b>Time:</b> 8:00am-10:00am <b>Title:</b> <i>Leadership</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 10:00am-12:00pm <b>Title:</b> <i>Working with Exploited Youth</i> <b>Facilitator:</b> Dr. Kisha Roberts</p> <p><b>Time:</b> 1:00pm-4:00pm <b>Title:</b> <i>FMLA &amp; Human Resources</i> <b>Facilitator:</b> G. Green</p>	<p>6</p> <p><b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>Use of Force</i> <b>Facilitator:</b> Training Dept.</p> <p><b>Non-Direct Care Staff</b> <b>Time:</b> To Be Determined <b>Location:</b> Assigned Post <b>Title:</b> OJT</p>

We do ask for you to arrive on time. Please note, these trainings will Start at 8:00am and End at 4:00pm.

MON	TUE	WED	THU	FRI
9	10	11	12	13
<p><b>Time:</b> 8:00am-10:00am  <b>Title:</b> <i>COVID-19 PPE Video &amp; Basic Medical (8:30am)</i>  <b>Facilitator:</b> <b>Wither, RN</b></p> <p><b>Time:</b> 10:00am-12:00pm  <b>Title:</b> <i>Juvenile Rules, Regulations &amp; Policy Tech</i>  <b>Facilitator:</b> <b>Baronc</b></p> <p><b>Time:</b> 1:00pm-4:00pm  <b>Title:</b> <i>PREA</i>  <b>Facilitator:</b> Training Dept.</p>	<p><b>Time:</b> 8:00am-12:00pm  <b>Title:</b> <i>Blended Learning CPR/First Aid/ AED</i>  <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 1:00pm-3:00pm  <b>Title:</b> <i>Behavior Management: R.E.S.E.T. &amp; R.E.C.O.V.E.R.Y.</i>  <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 3:00pm-4:00pm  <b>Title:</b> <i>Policy Tech</i>  <b>Facilitator:</b> Training Dept.</p>	<p><b>Time:</b> 8:00am-4:00pm  <b>Title:</b> <i>Think Trauma</i>  <b>Facilitator:</b> Training Dept.</p>	<p><b>Time:</b> 1:45pm-6:15am  Location: <i>5<sup>th</sup> Floor: Houston &amp; Omega</i>  <b>Title:</b> <i>OJT Double</i></p> <p><u>Non-Direct Care Staff</u>  <b>Time:</b> To Be Determined  Location: <i>Assigned Post</i>  <b>Title:</b> <i>OJT</i></p>	<p><b>OFF</b></p> <p><u>Non-Direct Care Staff</u>  <b>Time:</b> To Be Determined  Location: <i>Assigned Post</i>  <b>Title:</b> <i>OJT</i></p>
16	17	18	19	20
<p><b>Time:</b> 5:45am-2:15pm  Location: <i>ASC: Admission, Medical, Visitation, Court</i>  <b>Title:</b> <i>OJT</i></p> <p><u>Non-Direct Care Staff</u>  <b>Time:</b> To Be Determined  Location: <i>Assigned Post</i>  <b>Title:</b> <i>OJT</i></p>	<p><b>Time:</b> 1:45pm-10:15pm  Location: <i>3rd Floor: Alpha, Wings, Medical</i>  <b>Title:</b> <i>OJT</i></p> <p><u>Non-Direct Care Staff</u>  <b>Time:</b> To Be Determined  Location: <i>Assigned Post</i>  <b>Title:</b> <i>OJT</i></p>	<p><b>Time:</b> 8:00am-4:00pm  <b>Title:</b> <i>RMIS: Report Writing, Observations, Navigation, Log In, Shift Report, Etc,</i>  <b>Facilitator:</b> Training Dept.</p> <p><u>Non-Direct Care Staff</u>  Released from Training</p>	<p><b>Time:</b> 8:00am-12:00pm  <b>Title:</b> <i>Use of Mechanical Restraints and Handcuffing</i>  <b>Facilitator:</b> Training Dept.</p> <p><b>Time:</b> 1:00pm-4:00pm  <b>Title:</b> <i>Room Confinement / Lockdown Process</i>  <b>Facilitator:</b> Training Dept.</p>	<p><b>Time:</b> 8:00am-4:00pm  <b>Title:</b> <i>Searches</i>  <b>Facilitator:</b> Training Dept.</p>

We do ask for you to arrive on time. Please note, these trainings will Start at 8:00am and End at 4:00pm.

# May/June 2022

# Cook County Staff

MON	TUE	WED	THU	FRI
23 <b>Time:</b> 8:00am-11:00am <b>Title:</b> <i>Guardian: Device</i> <b>Facilitator:</b> TL Miner and SME  <b>Time:</b> 12:00pm-4:00pm <b>Title:</b> <i>Radio</i> <b>Facilitator:</b> Training Dept.	24 <b>Time:</b> 8:00am-11:00am <b>Title:</b> <i>Gangs</i> <b>Facilitator:</b> J. Adams  <b>Time:</b> 12:00am-4:00pm <b>Title:</b> <i>Cipher Group Facilitation</i> <b>Facilitator:</b> Training Dept. tor: Training Dept.	25 <b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>Supervision of Residents</i> <b>Facilitator:</b> Training Dept.	26 <b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>De-escalation</i> <b>Facilitator:</b> Training Dept.	27 <b>Time:</b> Assigned Shift Location: <i>Assigned Center</i> Title: <i>OJT</i>
30  <div style="text-align: center;"> <h2><u>OFF</u></h2> <h3>Memorial Day</h3> </div>	31 <b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>Behavior Management: BMOD</i> <b>Facilitator:</b> Training Dept.	1 <b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>Behavior Management: BMOD</i> <b>Facilitator:</b> Training Dept.	2 <b>Time:</b> 8:00am-4:00pm <b>Title:</b> <i>Behavior Management: BMOD</i> <b>Facilitator:</b> Training Dept.	3 <b>Time:</b> 8:00am-12:00pm <b>Title:</b> <i>Use of Force: Refresher</i> <b>Facilitator:</b> Training Dept  <b>Time:</b> 1:00pm-4:00pm <b>Title:</b> <i>Supervising, De-escalating, and Restraining</i> <b>Facilitator:</b> Training Dept  <div style="text-align: center;"> <h2><i>Released from Training</i></h2> </div>

We do ask for you to arrive on time. Please note, these trainings will Start at 8:00am and End at 4:00pm.

# JTDC Resident's Weekday Schedule

Time	Pod Activity	Duration in Hours
5:00 AM	Formal headcount begins	0:30:00
5:45 AM	Hygiene boxes placed in each resident's room	0:15:00
6:00 AM	Wake up residents, hygiene and clean up	0:15:00
6:15 AM	Residents exit room individually for group expectations	0:00:00
6:15 AM	Morning medication pass begins	0:30:00
6:45 AM	Breakfast	0:20:00
7:05 AM	Dining area clean-up and school preparation	0:10:00
7:15 AM	School move from pods begins	0:45:00
8:00 AM	School in session - 1st period begins	1:20:00
9:20 AM	School in session - 2nd period begins	1:20:00
10:40 AM	School in session - 3rd period begins	1:20:00
12:00 PM	Lunch	0:55:00
12:55 PM	School in session - 5th period begins	1:15:00
2:10 PM	School dismissal and school movement to pods begins	0:05:00
2:15 PM	Secure reflection and wristband check	0:15:00
2:30 PM	Formal headcount begins	0:15:00
2:45 PM	Secure reflection ends. Residents exit rooms and are seated for afternoon expectation and Social/Emotional Group	0:30:00
3:00 PM	Afternoon snacks distributed	0:15:00
3:15 PM	Laundry is counted and shower bundles created	0:00:00
3:15 PM	Recreation, Family Visits, Scheduled Programs and Structured Free Time (See Center Schedule)	1:30:00
4:45 PM	Evening medication pass begins	0:45:00
4:45 PM	Dinner	0:30:00
5:15 PM	Dining area clean-up	0:15:00
5:30 PM	Recreation, Family Visits, Scheduled Programs, Phone Usage and Structured Free Time (See Center Schedule)	1:00:00
6:30 PM	Showers begin	0:45:00
7:00 PM	Evening medication pass begins	0:15:00
7:15 PM	Showers end	0:00:00
7:15 PM	Level 1 bed time	0:30:00
7:45 PM	Level 2 bed time	0:15:00
8:00 PM	Evening snacks distributed	0:15:00
8:15 PM	Soiled Laundry count and pod clean-up (Wednesday's Only Deep Cleaning of Common Areas)	0:30:00
8:45 PM	Level 3 bed time	0:15:00
9:00 PM	Formal headcount begins	0:45:00
9:45 PM	Level 4 bed time	0:00:00
10:00 PM	Lights Out	0:00:00
12:00 AM	Formal headcount begins	0:30:00

# JTDC Resident's Non-School Day Schedule

Time	Pod Activity	Duration in Hours
5:00 AM	Formal headcount begins	0:30:00
7:45 AM	Hygiene boxes placed in each resident's room	0:15:00
8:00 AM	Wake up residents, hygiene and clean up	0:15:00
8:15 AM	Residents exit room individually for group expectations	0:00:00
8:15 AM	Morning medication pass begins	0:15:00
8:30 AM	Breakfast	0:30:00
9:00 AM	Religious Services (Sunday's Only)	0:00:00
9:00 AM	Dining area clean-up	0:10:00
9:10 AM	Deep Pod Cleaning	1:50:00
11:00 AM	Social/Emotional Groups	1:00:00
12:00 PM	Lunch	0:15:00
12:15 PM	Recreation, Family Visits, Scheduled Programs and Structured Free Time (See Center Schedule)	2:00:00
2:15 PM	Secure reflection and wristband check	0:15:00
2:30 PM	Formal Headcount begins	0:15:00
2:45 PM	Secure reflection ends, residents exit rooms and are seated for afternoon expectation and Social/Emotional Group	0:30:00
3:00 PM	Afternoon snacks distributed	0:15:00
3:15 PM	Laundry is counted and shower bundles created	0:00:00
3:15 PM	Recreation, Family Visits, Scheduled Programs and Structured Free Time (See Center Schedule)	1:30:00
4:45 PM	Evening medication pass begins	0:45:00
4:45 PM	Dinner	0:30:00
5:15 PM	Dining area clean-up	0:15:00
5:30 PM	Recreation, Family Visits, Scheduled Programs, Phone Usage and Structured Free Time (See Center Schedule)	1:00:00
6:30 PM	Showers begin	0:45:00
7:00 PM	Evening medication pass begins	0:15:00
7:15 PM	Showers end	0:00:00
7:15 PM	Level 1 bed time	0:30:00
7:45 PM	Level 2 bed time	0:15:00
8:00 PM	Evening snacks distributed	0:15:00
8:15 PM	Soiled Laundry count and pod clean-up (Wednesday's Only Deep Cleaning of Common Areas)	0:30:00
8:45 PM	Level 3 bed time	0:15:00
9:00 PM	Formal headcount begins	0:45:00
9:45 PM	Level 4 bed time	0:00:00
10:00 PM	Lights Out	0:00:00
12:00 AM	Formal headcount begins	0:30:00

# Journal of Applied Juvenile Justice Services

## Reforming Conditions of Confinement in Juvenile Detention: Evidence-Based Research from the U.S. District Court Intervention in Cook County, IL

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David W. Roush, Ph.D.<sup>1</sup>  
Juvenile Justice Associates, LLC

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*Gold standard research by the Crime Lab at the University of Chicago revealed statistically significant reductions in certain indicators of in-custody violence and re-arrests and returns to detention for Cook County Juvenile Temporary Detention Center (JTDC) detainees who were randomly assigned to living units with a daily behavior management program based on a combination of positive youth development and cognitive behavioral training. The research supplies third-party corroboration of the positive outcomes from the 2007 United States District Court takeover of JTDC detention operations to end the unconstitutional conditions of confinement at the facility. Initial implications and applications for juvenile detention and juvenile justice are discussed, along with possible next steps.*

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### BACKGROUND

“Think Before You Act,” a research publication by the Crime Lab at the University of Chicago (Ludwig & Shah, 2014), details an evidence-based public policy proposal on the use of cognitive behavioral training (CBT) as a better way to achieve positive life outcomes for disadvantaged youth. The focus of “Think Before You Act” is Youth Guidance’s Becoming A Man (BAM) program, an afterschool program run in conjunction with the Chicago Public Schools that uses a series of CBT-based lessons and activities to augment social and personal skill development. Embedded in the Crime Lab monograph is a brief description of similarly powerful research

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<sup>1</sup> David W. Roush, PhD, is a juvenile justice consultant and senior counselor with Juvenile Justice Associates, 5 Locust Court, Albion, MI 49224. The author appreciates the helpful comments of John Albright, Carol Brooks, Robert Dugan, Earl Dunlap, William Kern, Wayne Liddell, and Philippe Magloire on an earlier version of this article. For more information, he can be contacted at roush@msu.edu.



findings from a related CBT intervention at the Cook County Juvenile Temporary Detention Center (JTDC) focusing on positive life outcomes for juvenile justice system-involved youth, especially youth of color. The Crime Lab's JTDC findings will be fully detailed in a forthcoming monograph.

The Crime Lab's juvenile justice findings are from the United States District Court (Northern District, Illinois) reform of unconstitutional conditions of confinement at the JTDC. Cook County is the birthplace of the juvenile court and the origin of juvenile detention. Dedicated on August 7, 1907, the three-story Chicago Juvenile Court building or the Arthur J. Audy Home for Children at 202 Ewing Street in Chicago provided detention housing for 53 delinquent boys, as well as housing for 50 dependent boys and girls. In 1973, a five-story facility was completed and named the Cook County Juvenile Temporary Detention Center. The facility has 30 separate living units (pods) each accommodating 16 to 18 residents with an estimated capacity of 498 residents.<sup>2</sup>

In June 1999, the American Civil Liberties Union (ACLU) filed a class action lawsuit against the County of Cook in U S District Court [*Doe v. Cook County*, No. 99 C 3945, 1999 WL 1069244 (N.D. Ill. Nov. 22, 1999)]. The lawsuit alleged that the JTDC violated the constitutional rights of its residents by (a) depriving them of adequate medical, dental, and mental health care services; (b) denying them sufficient access to educational programs; and (c) subjecting them to violence, abuse, neglect, and unfair discipline. The ACLU told the court, "Experts from the John Howard Association said the Juvenile Detention Center was plagued by overcrowding and understaffing." ACLU reported that JTDC populations often exceeded 600 youth and had risen at one point to 800<sup>3</sup> or 160% of capacity, and overcrowding at this level predictably deteriorates protection from harm indicators.

The US District Court's compliance administrator reported several years later that the conditions and services were still inadequate and, thus, the ACLU filed a Motion for a Receiver in 2007. Later that year, the Court intervened and appointed Earl Dunlap as the Transitional Administrator (TA) with the necessary administrative and operational authority. Also of historical significance, the Illinois Legislature passed Public Act 095-0194 (House Bill 236), effective January 2008, which transferred the administration of the JTDC from the Cook County Board to the Chief Judge of the Circuit Court of Cook County.

Dunlap, the former Executive Director of the National Partnership for Juvenile Services (NPJS), developed and implemented the TA plan to remedy the unconstitutional conditions and to transition the facility to the Chief Judge. The TA plan benefited from numerous sources of advice and guidance, including special reports by the Chicago Bar Association (CBA) Blue

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<sup>2</sup> Since the 1980s, the operating capacity of the JTDC has been lower than its rated capacity, which remains true today. Changes in the detainee population combine with an aging facility to justify an ongoing rethinking of a capacity to less than 498. Former JTDC Superintendent James M. Jordan told participants at the 1982 annual meeting of the Michigan Juvenile Detention Association (MJDA) that the functional capacity was 397.

<sup>3</sup> Downloaded 11-26-12 from <http://www.aclu.org/content/illinois-aclu-sues-correct-deplorable-conditions-juvenile-detention-center>.

Ribbon Committee, the National Council on Crime and Delinquency (NCCD), and the Juvenile Detention Alternatives Initiative (JDAI) of the Annie E. Casey Foundation. The TA plan incorporated many of the same strategies Dunlap applied to the juvenile facility reforms in Washington DC, which Liz Ryan and Marc Schindler (2012:25) described as a successful transformation “into a decent and humane detention center for youth awaiting hearings.” As the reforms began to unfold, the TA invited the Crime Lab to assist in the evaluation.

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## SIGNIFICANCE

The Crime Lab research is uniquely significant for many reasons, not all of which are immediately obvious. Four areas warrant juvenile justice practitioner consideration.

### Gold Standard Research

The Crime Lab’s evaluation methods meet the gold standard of research, equivalent to the research designs in medicine (Steinberg, 2014). Essential to this research are randomized control trials (RCT) with large numbers in each trial group. This design is nearly impossible to construct in a juvenile detention facility for many reasons. An important element of the JTDC reforms was the TA’s plan to transition from a traditional, punitive, and adult-corrections model of operating detention to a new strategy for daily living and behavior management. The process of transitioning from the old system to the new opened a once-in-a-lifetime window of opportunity to establish randomized groups.

### Centers-within-a-Center

The first challenge was to downsize the problems associated with the unusual size and complexity of a 498-bed juvenile detention facility before implementing the new daily operational strategy to improve the conditions of confinement. Using Weick’s (1984) “psychology of small wins,” the TA executive team reorganized detention operations into 8-10 smaller centers, consisting of three housing units (pods), an intact team of staff members, and an administratively capped capacity of no more than 48-50 youth per center. “Centers-within-a-Center” created manageable organizational units similar to an average-sized juvenile detention center in most communities and laid the foundation for a functional capacity of 382 youth. The new capacity figure reflected the collective best wisdom of the TA and his executive team about the combination of staffing, social climate, programs, and building considerations that would yield the greatest likelihood of creating and sustaining a safe and helpful living environment.

Next, the TA plan called for a re-training of staff until there were enough newly trained staff to open a new center. By moving one center at a time, the TA incrementally transitioned from the old to the new system in a way that formed the basis of a random assignment strategy. Confident in the plan, the TA resisted the temptation to manipulate the composition of the new centers by placing more compliant and cooperative youth in them. Instead, intake staff used a set rotation to assign each new admission to the next available center, permitting the Crime Lab researchers to make minor adjustments in order to establish the RCT without jeopardizing public safety

expectations, generally accepted professional standards for detention operations, human subjects' research guidelines, or gold standard research methods. When about half of the centers were staffed, populated, and operating, the Teamsters (the union representing the juvenile detention officers) filed an action in the U.S. Court of Appeals that slowed the transition for several months, thereby allowing the size of the RCTs to grow very large, yielding a robust statistic that has never been previously achieved in juvenile detention facility outcomes evaluations. Fortunately for juvenile detention, "Think Before You Act" exists because the TA had the foresight to invite into the process at the beginning a well-respected university-based research team to provide a careful, systematic, and empirical third-party assessment of outcomes to complement the new quality assurance programs.

The new centers used a daily living and operations strategy that integrated positive youth development (Butts, Mayer & Ruth, 2005) and strengths-based principles (Barton, Mackin & Fields, 2008; Barton & Mackin, 2012) with adaptations of the successful cognitive behavioral training (CBT) model from the Youth Center of the High Plains (Amarillo, TX), the Berrien County (MI) Juvenile Center, and the DuPage County (IL) Juvenile Detention Center.<sup>4</sup> Youth in the CBT centers participated in twice daily didactic and experiential groups focusing on cognitive problem-solving principles, social-emotional skill development, and goal setting based on personal strengths. They could also earn extra program privileges and activities through a token economy (point system) geared to positive and pro-social behaviors. The CBT centers' objective was to increase the positive aspects of the environmental context in order to enhance safety, reduce violence, and minimize the occurrences of triggering events that lead to emotional disruptions. Accentuating the positives was the preferred strategy for eliminating the negatives in contrast to the traditional, non-CBT living units that used an adult-oriented, authoritarian approach to daily living with watching TV as the primary activity. Behavior management in the non-CBT centers relied mostly on sanctions for misbehaviors, such as room confinements and loss of privileges.

#### Findings: The Preliminary Analysis

Between November 2009 and March 2011, the Crime Lab's comparison groups consisted of 3,025 youth and 5,727 detention events for detainees housed in the new CBT centers and for those in the old or yet-to-be-transitioned (non-CBT) centers. After tracking the two groups for over 18 months after release, the Crime Lab's initial data analysis found statistically significant reductions for the CBT youth in (a) in-custody violence as measured by the most serious disciplinary infractions (10% reduction) and (b) re-arrests and returns to detention (20-24% reductions). A comprehensive analysis of the data is nearly complete, and the forthcoming Crime Lab report should provide greater insights about the nature and extent of the outcomes, which will also allow the field a better opportunity to assess their global applicability. The size of the effects suggests room for improvements, and they require further inquiry and explanation (Howell et al, 2014). Still, the current data suggest that the most challenging youth of color from Cook County can have positive life outcomes from brief interventions based on positive youth development and cognitive behavioral training.

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<sup>4</sup> For a description of the DuPage program, see pages 227-232 in Roush (2004).

### Imperative to Act

The TA is not aware of another evidence-based research comparing the effects of two different approaches to conditions of confinement in the history of juvenile detention. The successful national detention reforms have consistently stressed the importance of systems improvements through data-driven and evidence-based decisions (Busch, 1999). However, juvenile detention practitioners have had to extrapolate findings from other related fields because of the absence of evidence-based research in juvenile detention. Now, the commitment by juvenile justice to use evidence-based research (see Howell et al, 2014) creates an imperative for further action on the Crime Lab findings, particularly how they can be applied to the improvement of conditions of confinement and quality of care.

### Public Policy and Cost/Benefit

The public policy implications are equally impressive. The Crime Lab researchers first used behavioral economics or a cost-benefit analysis to assess the Court-ordered reforms, calculating a 1:30 cost-benefit ratio or a \$30 savings for every dollar of Cook County taxpayer investment in the new system. This ratio is larger than the cost-benefit ratios of other exemplary delinquency prevention programs identified by the Washington State studies on cost-effective interventions (Drake, Aos, & Miller, 2009).

Juvenile detention facilities usually have formal or informal organizational structures intended to guide staff and youth behaviors in ways that support institutional safety, order, and security. The frequent problems of dangerous conditions in secure juvenile facilities could make policy changes aligned with the TA reforms a better use of public funds. Public policy proposals from the Crime Lab have yet to be developed based on the positive cost-benefit ratio, but the economics of these findings could be attractive to local and state officials.

More importantly, the statistical power of the Crime Lab research provides the leverage to rethink, perhaps transform, public policy on the delivery of in-custody programs and services to youth of color (97% of the FY2014 male admissions to JTDC were youth of color). Recent juvenile detention reforms have successfully removed from secure custody those youth with the best chances to succeed in community-based alternatives. Although it has not yet been proven conclusively, support is accumulating that the remaining in-custody population is more disproportionately minority with greater occurrences of serious needs. New approaches are needed for the reform remnants, such as the TA approach to conditions of confinement and the trauma responsive Circle of Courage (Brendtro, Mitchell & McCall, 2009). Discussions in the juvenile justice community would do well to focus on how to increase positive outcomes with today's detainees.

### Reforming Conditions Using Helpful Detention Concepts

The TA plan assumed that helpful detention (Roush, 1999) could foster and sustain a positive environmental context or conditions of confinement for youth with heightened needs (mental health; posttraumatic stress disorder; the aftermath of emotional, physical, and sexual abuse;

trauma; substance abuse problems; and learning and developmental disabilities, to name a few). The Crime Lab research affirmed the efficacy of this assumption. Changing the environmental context proved to be a better strategy for improving conditions of confinement, and this approach needs to be strengthened and disseminated for use in other facilities. Despite the successes of recent juvenile detention reforms, improvements to troubled conditions of confinement also leave room for improvement, so here is where the US District Court intervention in Cook County can be instructive to the field.

Another potential shift in core assumptions applies to the juvenile justice practitioner's understanding of cognitive behavioral interventions. "Think Before You Act" observes that while there are, in fact, multiple iterations of CBT, automatic thinking (AT) is ground zero for program effectiveness. AT is linked to a type of thinking characterized by Kahneman's (2011) System 1 decision making or "hot" (often driven by anger or fear), fast, and highly emotional thinking that parallels nicely Dahl's (2001) description of the roles that "hot" and "cool" emotions play in the development of affect regulation in youth. While these similarities require more exploration, explaining the origins of AT was not part of the Crime Lab research. Therefore, the TA team looked to the recent brain research for possible insights and answers.

With behavioral economists (Ludwig & Shah, 2014) and child psychiatrists (Dahl, 2001; Erwin, 2014) describing a phenomenon similarly but from different perspectives, substantial enhancements to cognitive behavioral interventions could be in the future for CBT practitioners. If this confluence of explanations holds true, improved CBT effectiveness with juvenile justice-involved youth could hinge on how well staff and peers are able to minimize "hot" thinking and maximize "cool" reflective thinking. Preliminary feedback from in-custody youth and staff on how to "flip the switch" from "hot" to "cool" seems to suggest that it is largely through positive relationships with the peer group and/or individual staff members. Both the AT activation pathways and the power of positive relationships require more study on how best to integrate them into work with in-custody youth.

## Next Steps

The U. S. District Court's intervention is a historic action that altered the course of juvenile detention and improved the health, safety, well-being, and positive life outcomes of many of Chicagoland's most challenging juvenile offenders. Because of the *Order Appointing the Transitional Administrator*, (a) a new model of improving conditions of confinement is emerging that should be explored, expanded, even replicated nationally, (b) the cost-effectiveness potential of this model seems to be strong motivation for rethinking public policy, and (c) the confidence in these statements comes from evidence-based research.

There are several next steps to be accomplished. More inquiry, investigation, and research are needed to explain fully the policy and practice implications of the Crime Lab research.

Chronicling these reforms is needed to explain the following:

- a. Changing conditions of confinement by improving the environmental context produced positive outcomes of increased safety and program effectiveness.



- b. Infusing youth and adolescent development theories and practices into daily operations and behavior management strategies was more effective than those based on adult models.
- c. Conditions of confinement grounded in beneficial concepts, such as those contained in (a) CBT, (b) child and youth serving best practices, (c) the new findings from brain research, and (d) “helpful” detention, produced an environment more conducive to positive youth development and positive life outcomes. Stated another way, the TA reforms were linked to positive life outcomes for those youth in environments that minimized AT triggering events and maximized “cool” thinking time where CBT principles may have attached more durably, even in short-term detention.
- d. Juvenile detention staff invariably have an impact on the behavior of youth in custody, so it is highly preferential that the impact is positive, supportive, direct (firm and fair), and helpful.
- e. The overlay of positive youth development concepts on improved conditions of confinement should become a national model for the operation of every youth custody facility.

In summary, the Crime Lab research justifies a substantial rethinking of current strategies about how to improve conditions of confinement. Second, the Crime Lab research invites a redesign of helpful programs for all juvenile offenders, particularly youth of color. Third, the quality of the empirical findings affirms the United States District Court’s intervention at the Cook County Juvenile Temporary Detention Center (JTDC). Finally, quality evidence of positive life outcomes for juvenile court involved adolescent males of color (African American and Latino) could support a needed transformation of juvenile facility conditions and programs (Brooks & Roush, 2014). “Think Before You Act” and the Youth Guidance’s Becoming A Man (BAM) have already captured the attention of the White House and the President’s “My Brother’s Keeper” Initiative. The U S District Court’s reforms at the Cook County Juvenile Temporary Detention Center serve as a complementary and effective approach to positive life outcomes for the juvenile court involved-counterparts to these youth. Moving the TA reforms, findings, and policy implications to scale should be a priority next step for juvenile justice.

## ABOUT THE AUTHOR

*David Roush, PhD, has been active in research, technical assistance, training, and consulting with juvenile detention and corrections organizations for over 40 years. His experience includes work in over 225 institutions in 49 states. As a facility superintendent, he developed model programs that earned four national awards for innovation and excellence, two from OJJDP. A specialist on conditions of confinement, he conducts compliance monitoring for the U. S. Department of Justice. As a faculty member at the School of Criminal Justice at Michigan State University, he taught classes on juvenile detention, conducted research, and coordinated federally-funded training and technical assistance to juvenile justice agencies and staff. He holds degrees from the College of Wooster and Western Michigan University. His PhD is in Criminal Justice and Criminology from Michigan State University. He is licensed in Michigan as a professional counselor (LPC) and a master social worker (LMSW).*



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