



John Howard Association of Illinois

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2016 Monitoring Visit to IYC-Chicago

Illinois Youth Center-Chicago (IYC-Chicago) is a male medium-security Illinois Department of Juvenile Justice (IDJJ) youth facility located on west side of the city of Chicago.



Vital Statistics

Capacity: 130, **Population:** 51, **Average Age:** 16

Average Length of Stay: 90-120 days

Population by Age: 15 years-6; 16 years-16; 17 years-20;
18 years-9

Population by Race: Black 70%, Latino 21%, White 7%, Other 2%

Committing Offenses: Class X, 2; Class 1, 10; Class 2, 23; Class 3,
6; Class 4, 8; Class A, 2

Committing County: Carrol-2, Cook-36, Kane-1, Kankakee-1,
LaSalle-2, Lake-1, Ogle-1, Stephenson-2, Will-2, Winnebago-3

Commitment Type: initial court admission-33, court evaluation-18

(Source: IDJJ January 25, 2016)

Key Observations

- Chicago's small youth population, improved levels of staffing across all departments, and location of the facility in the city of Chicago, allow for greater programming within the facility, individual case planning, and field trips outside of the facility.
- IDJJ has recently revised its medical protocols to focus on issues experienced by youth versus adults, however, JHA remains concerned that not all of these policies are implemented at the facility.
- IDJJ does not make public the criteria and screening process for assignment into substance abuse treatment, which hinders understanding of the program and the ability to evaluate the success and appropriateness of the program.
- It is unclear whether Chicago continues to tie a youth's behavior at the facility to family contact and phone calls and thereby will suspend such contact as a form of punishment. Conversations and documents provided to JHA indicate this practice is still in place. The facility and IDJJ report this is no longer policy, however, no documents have been provided to JHA illustrating this change.
- Youth educational materials, including orientation handbooks, need to be kept up-to-date with current agency and facility practice.
- IDJJ's new confinement policies, which limit the use and duration, are reportedly in place in Chicago, JHA looks forward to seeing the data from the recently implemented tracking process.
- Youth who have received their GED or high school diploma often sit idly during school hours at Chicago because there are no vocational opportunities for them.
- Chicago has improved its provision of special education services for youth that come into the facility already identified as a student with a disability. However, IDJJ has not yet achieved compliance with Federal law mandating that schools identify and evaluate students who may need special education services.

I. EXECUTIVE SUMMARY

The John Howard Association of Illinois (JHA) conducted monitoring visits to IYC-Chicago (Chicago) in late January and early February 2016. The instant report reflects the information obtained as a result of those visits and provides an updated profile of the facility.

There have been significant changes at Chicago since JHA's last monitoring report.¹ Specifically, over this period changes have been implemented throughout IDJJ and at Chicago in response to litigation that has impacted operations in significant ways. In September 2012, the ACLU of Illinois filed a lawsuit against the Illinois Department of Juvenile Justice (IDJJ) on behalf of all youth confined in IDJJ facilities that alleged unconstitutional conditions and services, including: inadequate education and mental health services, as well as excessive use of solitary confinement.² As a result, IDJJ and the ACLU entered into a consent decree in December 2012, which called for the creation of a remedial plan that was approved in April 2014.³ The remedial plan requires IDJJ to provide educational, mental health and other rehabilitation services, develop, revise and implement policies and procedures regarding the provisions of services, and improve youth-to-staff ratios.⁴ The obligations under the plan bring IDJJ back to a rehabilitative, rather than punitive, mission. While the changes have taken time to implement and further change is necessary, the transition to a system that embraces positive youth development was evident during JHA's more recent monitoring visits at Chicago.

This report focuses on: 1) the population and physical makeup of the facility; 2) programming and community engagement; 3) health and wellbeing; 4) case planning; 5) family contact; 6) behavioral management reforms; 7) restraints, incidents and grievances; and 8) education.

¹ The previous JHA monitoring report was published in 2013. *See generally* MONITORING VISIT TO IYC-CHICAGO (2013), [http://thejha.org/sites/default/files/IYC%20Chicago%20Report%202013%20\(1\).pdf](http://thejha.org/sites/default/files/IYC%20Chicago%20Report%202013%20(1).pdf) [hereinafter 2013 JHA Monitoring Report IYC-Chicago] (providing last monitoring findings, conclusions and recommendations). JHA visited Chicago in between the publication of the 2013 report and this report to collect information, but did not publish reports.

² *R.J. v. Jones*, ACLU OF ILL., <http://www.aclu-il.org/r-j-v-bishop22/>.

³ *Id.*; *see also* Consent Decree, *R.J. v. Jones*, No. 1:12-cv-7289 (N.D. Ill. Dec. 6, 2012), <http://www.aclu-il.org/wp-content/uploads/2013/08/RJ-v-Bishop-consent-decree-signed-12-6-121.pdf> (for the complete text of the consent decree).

⁴ *See* Remedial Plan, *R.J. v. Jones*, No. 12-cv-7289 (N.D. Ill. Apr. 7, 2014) <http://www.aclu-il.org/wp-content/uploads/2013/08/RJ-v-Jones-remedial-plan-entered-4-7-14.pdf>.

II. THE FACILITY

Recommendation: The opportunities available in facilities with low juvenile population and increased staffing, as modeled at Chicago, support shifting the management of delinquent juveniles from state to community-based treatment settings. Illinois’ lawmakers should invest in community-based treatment options in place of juvenile prisons.

A. Population of Youth and Staff

Chicago has the capacity to house 130 youth between the ages of 13-20 years.⁵ At the time of JHA’s 2016 visits, the facility was at 51 youth— less than 50% of capacity (compared to housing 91 youth at the time of JHA’s 2013 report).

In early 2016, there were 120 staff (including state and contract positions) at Chicago.⁶ Of the 120, racial demographics for all staff were identified as 25 White, 84 Black, and 11 Latino. The racial breakdown of staff mirrored the racial demographics of the youth population, making Chicago’s staff one of the most diverse JHA has observed at any IDJJ facility. There were 64 security staff. As is typical of all IDJJ facilities, security staff work in shifts. As of January 25, 2016, there were 13 security staff on first shift, 8 on second shift, and 6 on third shift. The ratio of security staff differs by the housing wing. In A wing which houses younger youth aged 13-16, the ratio of security staff to youth was 1:11; in B Wing, which houses older youth aged 17-20, the ratio was 1:9.5; and in C wing, which houses youth in the Wells Center substance abuse treatment program, the ratio was 1:9.5.

Across the various departments at Chicago, based on comparisons from data JHA has received from IDJJ in the last two years, staffing numbers were up and more authorized positions were filled than in prior years. During the 2016 visits, there was a vacancy for a math teacher, who had recently retired, and one medical staff member was on long term leave. Overall, however, facility staffing was adequate. This is a vast difference from other IDJJ facilities that suffer greatly from staff vacancies, which result in restricted movement for youth and less programming.⁷ JHA was pleased to see the decreased youth population and improved staffing numbers at Chicago, which allow for increased programming and more individual case planning services, consistent with best practices.⁸

⁵ This number reflects the capacity at Chicago when youth are double bunked. Most cells at Chicago include two beds. At the time of JHA’s visits in January and February some youth were double bunked. As of late June 2016, JHA was informed by IDJJ that all youth at Chicago were single bunked.

⁶ These numbers reflect the number of staff during JHA’s visit in late January 2016. As of June 26, 2016, Chicago has added an additional 10 security staff.

⁷ See e.g. JOHN HOWARD ASSOCIATION, STATE HIRING PRACTICES AND ILLINOIS’ CORRECTIONS: A COMPLEX PROBLEM IN NEED OF STRAIGHT FORWARD SOLUTIONS (2015), <http://thejha.org/sites/default/files/State%20Hiring%20Practices%20and%20Illinois'%20Corrections.pdf> [hereinafter JHA State Hiring Paper] (discussing issues with understaffing and barriers to filling positions) and JOHN HOWARD ASSOCIATION, 2015 MONITORING REPORT FOR IYC-ST. CHARLES, 2-3 (2016), <http://www.thejha.org/sites/default/files/IYC%20-%20St.%20Charles%20Report%202015.pdf> (discussing issues that large youth facilities encounter).

⁸ See e.g. RICHARD A. MENDEL, ANNIE E. CASEY FOUNDATION, NO PLACE FOR KIDS: THE CASE FOR REDUCING JUVENILE INCARCERATION, 34-35, 38-39 (2011), <http://www.aecf.org/m/resourcedoc/aecf-NoPlaceForKidsFullReport-2011.pdf>. “Incarcerating youth removes them from their homes and communities,

B. Physical Plant

Chicago, which first opened in 1999, is housed on the third floor of a rehabbed warehouse building. The physical plan of the facility is shaped like a box, with the gymnasium in the middle of the main floor. As a newer facility, Chicago suffers from fewer physical plant issues than some of the older facilities in the IDJJ system. It also has the benefit of being easily accessible to the family members of youth, the majority of whom come from the surrounding Chicago/Cook County area.

The reception area of the facility contains several lockers where visitors can store personal belongings, such as keys and cell phones that cannot enter the facility. This is helpful, as many people visit Chicago via public transportation and therefore do not have a car to store belongings.

There are four housing units at Chicago – A, B, C, and D. As mentioned above, the younger youth, aged 13-16 occupy A Wing, which has a capacity of 36.⁹ The older youth, aged 17-20, occupy B Wing, which has the capacity of 50. C wing houses youth in the Wells Center drug treatment program and has a capacity of 22. D wing, which previously housed youth involved in the Halfway Back program and then had been used to house parole violators and youth on court writs, was not occupied at the time of our 2016 visits.¹⁰ An administrator mentioned plans to convert D wing into an honor dorm for youth that remain on the “A grade,” the top behavioral level, for an extended period of time.¹¹

The housing units include a day room/common area with counselor offices attached. Youths’ cells contain large, unbarred windows, but are otherwise spare and institutional, having heavy metal doors that lock from the outside and all other characteristics of a common prison cell. Most cells include two beds. There are a few cells with single bunks.¹²

III. PROGRAMMING & COMMUNITY ENGAGEMENT

Programming and community engagement at Chicago is strong compared to other youth facilities in Illinois. This is due in part to the facility’s location in a large urban area, and its designation as a lower security facility. In the past, Chicago employed a separate volunteer coordinator, however, at the time of our visits the Leisure Time Activities Specialist was tasked

interfering with their ability to obtain the relationships and experiences they need for healthy development. Youth have the greatest capacity for change when provided with appropriate interventions that meet their developmental needs.” *Key Issues: Why We Need Alternatives to Formal Juvenile Justice System processing and Incarceration*, JUVENILE JUSTICE INFO. EXCHANGE, <http://jjie.org/hub/community-based-alternatives/key-issues/> [hereinafter JJIE Key Issues] citing NAT’L RESOURCE COUNCIL, REFORMING JUVENILE JUSTICE: A DEVELOPMENTAL APPROACH: REPORT BRIEF, 2 (Nov. 2012), http://sites.nationalacademies.org/cs/groups/dbasssite/documents/webpage/dbasse_080960.pdf.

⁹ All numbers reflect capacity when youth are double bunked.

¹⁰ Now these populations are integrated into the other wings. Administrators noted that they were working to provide writ youth more programming opportunities while at the facility within safety limitations. D Wing has the capacity to hold 22 youth.

¹¹ See *infra* Section VI for a discussion of behavioral grades.

¹² While most cells include two bunks, as of June 26, 2016, administrators reported youth at Chicago are currently all single bunked.

with the dual responsibilities of coordinating volunteer programs and internal youth recreational activities.

Although volunteer programming fluctuates, Chicago maintains strong community partnerships with several organizations and regularly offers programs through Alcoholics Anonymous, various Bible and religious groups, Safe Humane (animal care and training), and Storycatchers Theatre.¹³ According to the facility, participation in all volunteer programming is voluntary and youth are instructed that they may request through their Youth and Family Specialists (commonly referred to as counselors) to join programs. During our visits, JHA was fortunate to observe two of the successful volunteer programs: Safe Humane and Storycatchers. Youth also have community engagement opportunities through field trips that are coordinated by Chicago staff.

1. Safe Humane Chicago

Safe Humane is an Illinois nonprofit that aims to create positive relationships between people and animals.¹⁴ The Lifetime Bonds program of Safe Humane is a three-month curriculum held at Chicago every Wednesday and has been running for several years.¹⁵ Over the three months, youth at Chicago “work closely with adult volunteers, learning to bond with, socialize and train shelter dogs, saving their lives and making them more adoptable.”¹⁶

Each week the program focuses on a different aspect of dog care and training. On the date of JHA’s visit, the lesson focused on dog grooming. The program began with a presentation by a volunteer professional dog groomer who explained to the 14 youth participants the care dogs require and the reasons, beyond cosmetic, why grooming is necessary for dogs. The second half of the program focused on teaching the shelter dogs two new tricks, which the youth practiced in small groups with the dogs and Safe Humane volunteers. The dynamic of the program was notable. All of the youth were attentive and actively participated. The volunteers engaged the youth as equals and partners in the teaching and training process. Despite being set in a secure confinement facility, the program created a remarkable sense of normalcy. A Safe Humane staff member noted that not a single fight had ever occurred during the entirety of the program’s tenure at Chicago. The program also functions as a kind of play therapy, allowing youth a safe means to express vulnerability and empathy without risk of embarrassment and appearing “weak” to their peers. In the session that JHA observed, youth seemed remarkably comfortable speaking openly about difficult subjects like trauma, neglect, and feelings of fear, anger, and

¹³ According to the 2015 IDJJ Annual report, Chicago maintains community partnerships with: Safe Humane (animal care and training), Living Word Christian Center (religious counseling), Urban Missionaries (religious counseling), Storycatchers Theater, Apostolic Faith Church (religious counseling), Liberty Temple (religious counseling), Alcoholics Anonymous, Drug Out, Current Events Group, Mt. Pilgrim Missionary Baptist Church (religious counseling), School of the Art Institute of Chicago (video production class), The Negaunee Music Institute at the Chicago Symphony Orchestra (song writing workshop), Sharing Notes (classical music education), School of the Art Institute of Chicago (SAIC), and Jail Education Solutions/Edovo. *2015 Annual Report*, ILL. DEP’T OF JUVENILE JUSTICE, 23 (Jan. 4, 2016), <http://www.illinois.gov/idjj/Documents/IDJJ%20Annual%20Report%202015.pdf>. Other than the programs mentioned in the body of the report, it is unclear how often these programs occur at the facility.

¹⁴ *About Us*, SAFE HUMANE CHICAGO, <http://www.safehumanechicago.org/about-us>.

¹⁵ *Lifetime Bonds*, SAFE HUMANE CHICAGO, <http://www.safehumanechicago.org/programs/lifetime-bonds>.

¹⁶ *Id.*

grief because they were able to describe these in relation to the shelter dogs rather than referring to themselves. JHA recommends that IDJJ explore possibilities for resourcing and expanding Safe Humane or similar programs to other facilities.

2. *Storycatchers Theatre*

Storycatchers Theatre is a nonprofit youth development arts organization that aims to prepare youth “to make thoughtful life choices through the process of writing, producing and performing original music theatre inspired by personal stories.”¹⁷ The Firewriters program within Storycatchers was developed in 2011 and works specifically with youth at Chicago.¹⁸ Over the course of a year, youth write and produce original musicals that are inspired by personal experiences and culminate in a musical performance. Due to the length of the program and the typical length of stay for youth at Chicago, the youth that draft the original content are different than the youth that perform the final production.

JHA attended the recent final performances of the Firewriters musical entitled, *Playing to Lose*, in February 2016.¹⁹ The cast included 16 youth, several Storycatchers volunteers, as well as Chicago staff including an administrator, a counselor and a security staff member. The performance was impressive. The youth participants were energetic and proud of their performances and exhibited enthusiasm throughout the musical. It was especially encouraging to see young males aged 15-18, who typically are extremely guarded with emotional expression, expressing themselves confidently through song and dance in front of peers, visitors, and staff. The Storycatchers volunteers and Chicago staff performing alongside the youth shared their same level of energy and enthusiasm.

The musical portrayed common youth experiences such as peer pressure, struggles in school, and conflicts with family, as well as depicting serious situations arising from insecurity of foster care placement, gang involvement, drugs and guns. A group discussion facilitated by the Storycatchers volunteers followed the performance, and asked the participants and audience members to share personal moments of struggle, or when they felt they were “playing to lose.” Storycatchers performances are intended to provoke greater self-awareness through ongoing discussion and artistic experimentation, for example, asking a youth how he might have played a scene differently or make a different choice in his own life than the character he portrayed. The performances are very successful at engaging the audience and demonstrating that there is something relatable in the story for everyone. Several of the youth shared with the group that they were initially skeptical about the Storycatchers program, but became increasingly engaged in the process as time went on, excited for their families to view them in the show and proud that they had tried something new.

¹⁷ *Who We Are*, STORYCATCHERS THEATRE, <http://www.storycatcherstheatre.org/who-we-are/>.

¹⁸ *Firewrighters*, STORYCATCHERS THEATRE, <http://www.storycatcherstheatre.org/what-we-do/court-involved-youth/firewriters/>.

¹⁹ There was an additional performance on Sunday, February 21, 2016, for family and friends of the youth.

3. Field Trips

As a lower level secure facility, Chicago is also able to facilitate field trips off campus with the youth.²⁰ During the February 3, 2016, visit, five youth involved in the Storycatchers group attended the play “Another Word for Beauty” at the Goodman Theatre in Chicago along with two security staff and a social worker.²¹

Providing youth with pro-social activities is critical to advancing “the development of adolescents and the factors that facilitate their successful transition from adolescence to adulthood,” also known as positive youth development.²² Supported by scientific research, positive youth development focuses on the strengths and resilience of youth versus only the management of risk factors, by “breaking down barriers to opportunity, and provid[ing] positive roles and relationships for all youth, including the most disadvantaged and disconnected.”²³ JHA applauds Chicago’s efforts in working to directly involve youth in community activities that foster their interest in culture and artistic expression.

IV. HEALTH & WELLBEING

A. Medical

Recommendation: Chicago must ensure that its medical policies come in line with best practices in its written protocols as well as in practice

The Healthcare unit is responsible for medical care and treatment at Chicago. All medical staff are contracted between IDJJ and Correct Care Solutions. Nursing services are available 24 hours a day, 7 days a week through contract positions.²⁴ In order to access medical treatment at Chicago, a youth fills out a “sick call slip” and places it in a sick call box. The request is reviewed within 24 hours. A medical doctor also visits the facility weekly and is available on-call at all times. Basic dental and vision services are conducted prior to arriving at Chicago at reception and classification at IYC-St. Charles. If youth require more specialized care, such as fillings, follow up appointments are made with the dentist at St. Charles. Only four youth are able to travel to St. Charles per week for these services and the facility reports there is no backlog of dental appointments. The healthcare staff have been conscientious in coaching and educating youth about the importance of hygiene and preventative medical care, which has resulted in fewer refusals for dental and vision care.

²⁰ At some other facilities the youths’ higher level of security may not allow for field trips.

²¹ See *Another Word for Beauty*, GOODMAN THEATRE, <https://www.goodmantheatre.org/beauty> (musical performance by José Rivera and Héctor Buitrago running in Chicago Jan. 16-Feb. 21, 2016).

²² Jeffrey A. Butts et al., *Positive Youth Justice: Framing Justice Interventions Using the Concepts of Positive Youth Development*, COALITION FOR JUVENILE JUSTICE, 9 (2010), <https://positiveyouthjustice.files.wordpress.com/2013/08/pyj2010.pdf>.

²³ *Id.* at 9-10 (describing research supporting positive youth development).

²⁴ According to IDJJ, all psychiatrists and physicians are contracted positions. Nurse positions at Chicago include some state employees and others that are contract employees. JHA has requested the specific number of medical positions and as of this writing has not been provided with this information.

Chicago administrators informed JHA that IDJJ nursing protocols were recently changed by the new medical director to be more youth-focused. The healthcare staff communicated support for these changes, as it allows them to more effectively diagnose and treat the specific medical needs of youth. For example, chest pain in youth is rarely symptomatic of a heart attack, and is much more likely to result from muscular-skeletal strain. Yet, until recently, facility healthcare staff were required to follow an adult medical protocol where the patient examination primarily focused on ruling out heart attack, rather than an adolescent medical protocol where the patient examination focuses on more probable causes for youth chest pain. JHA appreciates the recognition that adolescent and adult medical needs and health issues can vary greatly, and supports IDJJ's move towards youth-focused best practice standards in providing medical services.

Chicago's healthcare staff utilize John H. Stroger, Jr. Hospital of Cook County and University of Illinois Hospital in Chicago for outside care for youth. The staff will schedule appointments for the youth to proactively diagnosis any observed conditions and if a youth requires care by a specialist. The healthcare staff conduct a "cuff check" before and after each trip to an outside medical facility to ensure that youth are not getting bruises on these medical writs.

The most common chronic conditions at Chicago are asthma and diabetes with some instances of epilepsy, which are consistent with studies indicating that there is a higher incidence of these diseases among youth from backgrounds of economic disadvantage and poverty.²⁵ The facility reported to JHA that according to the new policy, the healthcare staff work on a "continuation of care" model, meaning that they prescribe and provide the same medications that the youth were taking before commitment to IDJJ. This is a significant improvement from IDJJ's previous practice, which included a specific formulary of medications and if a youth came into a facility on a medication that was not listed, he would be switched to a medication that was on the list. JHA recognizes this current practice is a positive improvement as it is in line with minimum standards of medical care, however, to date JHA has not been provided with these new policies.

In addition to continuing care, IDJJ must also provide proper diagnosis, care and treatment for previously undiagnosed health conditions. Custody provides a critical opportunity to get youth help they need; youth in the juvenile justice system are a "high-risk population, who in many cases, have unmet physical, developmental, and mental health needs."²⁶ It is important that IDJJ recognize the importance of and commit to utilizing custody for youth as a critical public health opportunity to diagnose and treat previously undiagnosed and untreated medical and mental illness in high risk, impoverished youth.²⁷

²⁵ *Race, Poverty and Asthma*, THE ASTHMA EDUCATION CLINIC (Sept. 28, 2014), <http://www.asthmaed.com/journal/2014/9/28/race-poverty-and-asthma>; Claudia Chaufan, *Poverty versus genes: the social context of Type 2 diabetes*, 49(2) DIABETES VOICE 35 (June 2004), https://www.idf.org/sites/default/files/attachments/article_284_en.pdf; Alicia Ciccone, *Seizures More Common Among Disadvantaged Children*, NEUROLOGY ADVISOR (Nov. 6, 2015), <http://www.neurologyadvisor.com/epilepsy/seizures-socioeconomic-factors-developmental-delays/article/452394/>.

²⁶ *Health Care for Youth in the Juvenile Justice System*, 128 (6) AMERICAN ACADEMY OF PEDIATRICS 1219, 1219 (Dec. 2011), <http://pediatrics.aappublications.org/content/128/6/1219>.

²⁷ *See Id.* (explaining the health needs of youth in the juvenile justice system and recommendations for provision of care in these facilities); Catherine Knox, *Timeliness of Medication Administration in the Correctional Setting*,

The most significant healthcare issue that was raised to JHA during our visit was medication refusal in the mornings. According to the staff, morning medications are passed out during a two-hour window during breakfast or brunch time,²⁸ and must be taken during this window to ensure that medication levels remain stable and consistent on a daily basis. Our conversations with healthcare staff questioned whether best practices for medication refusal were being followed at the facility. During following up conversations with Chicago, it was reported to JHA that youth have a right to refuse medications, however, as best practices for medication administration and standards of care for medication refusal call for, youth must sign a refusal.²⁹ The facility informed JHA that typically once the youth is out of bed to sign the refusal he takes his medication. If a youth continues to refuse medication, the youth sees the psychiatrist to discuss the need to take the medication as directed.³⁰ JHA has not yet received written policies regarding this issue, and will use future visits as an opportunity to see if the policy has been implemented.

B. Mental Health Services

Other than the Treatment Unit Administrator (TUA), who acts as the facility director of mental health services and is a state employee, the mental health staff at Chicago are contractual employees through Correct Care Solutions. As of January 25, 2016, all five authorized full-time mental health professional (MHP) positions were filled at Chicago. The authorized mental health staff include the TUA (doctoral level), two psychologists (doctoral level) and two social workers (master level).

1. Mental Health Classification

Youth at Chicago are initially evaluated at reception and classification at IYC-St. Charles. Within an hour of arriving at Chicago, the MAYSI-2³¹ and a suicide assessment are conducted by a MHP or a Crisis Team Member (CTM). Within five days, a mental health needs assessment (MHNA) is completed, which informs the mental health treatment the youth will receive at the

ESSENTIALS OF CORRECTIONAL NURSING (Aug. 10, 2012), <https://essentialsofcorrectionalnursing.com/2012/08/10/timeliness-of-medication-administration-in-the-correctional-setting/> (discussing how to address medication administration in correctional settings for time-critical medications and medications, which are not time-critical).

²⁸ On weekends, the facility schedule differs to include brunch to allow for youth to sleep longer.

²⁹ Letter from the U.S. Dep't of Justice, Civil Rights Division to the David Paterson, Governor of New York 1, 21 (Aug. 14, 2009), https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/NY_juvenile_facilities_findlet_08-14-2009.pdf.

³⁰ Information regarding medication refusals was reported to JHA by the facility. At the time of this writing, JHA has not been provided with such policies or documents regarding the issue.

³¹ The MAYSI-2 is the Massachusetts Youth Screening Instrument-Second Version, a nationally used and accepted 15-minute self-reporting screening tool “designed for routine administration within the first few days of admission to the juvenile justice system . . . for purposes of alerting staff to potential mental health needs of youths 12 to 17 years of age.” Thomas Grisso et al., *Massachusetts Youth Screening Instrument for Mental Health Needs of Juvenile Justice Youths*, 40:5 J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY 541, 542 (2001). The MAYSI-2 is not intended to provide long-term mental health treatment recommendations, but rather its purpose is to “identify youth who may need immediate attention regarding possible suicide risk and emergent mental health and substance use needs” and therefore youth may need further evaluation or referrals for mental health consultations. Thomas Grisso, et al., *The Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2): Comprehensive research review*, UNIV. OF MASS. MED. SCH. (2012), <http://www.nysap.us/MAYSI-2%20Review.pdf>.

facility.³² According to the IDJJ policy, following the completion of the MHNA, the assessment is submitted with treatment recommendations to the TUA to review and assign a therapist and mental health group. After the TUA formally signs off on the treatment plan, the MHNA is provided to the youth's Youth and Family Specialist (and his/her supervisor), the Assistant Superintendent of Programs, assigned substance abuse counselor if applicable, and the youth's assigned MHP, and is recorded in the youth's medical file.

IDJJ uses a mental health level (MHL) system, consisting of five levels, MHL 0, 1, 2, 3 and 4, with 4 constituting the most severe level of mental health need, and 0 the least.³³ According to the facility, youth on MH level 0 receive mental health services as requested or required as determined by the MHNA. As of December 31, 2015, the population at Chicago was classified as follows: 13 youth-MHL 0 and 33 youth-MHL 1. Twelve of the 13 youth on MHL 0 at the time of JHA's January visit received mental health services. Only 14 youth total at Chicago were receiving psychotropic medication. These numbers reflect the population criteria of Chicago as a minimum mental health facility. The facility reports the three most commonly prescribed medications are psychotropic medications: Depakote, Risperdal, and Remeron.³⁴ JHA recognizes that psychotropic medications have an important role to play in the treatment of juvenile mental health and behavioral disorders. At the same time, we agree with statements by leading medical, legal and child welfare authorities that greater caution, regulation and oversight is needed to prevent overmedication of justice-involved youth and using of medication as a means to control youth behavior when it is not medically necessary.³⁵ JHA encourages IDJJ to consistently review

³² The MHNA covers the following information regarding the youth: age; current and history of committing charge; parole violations; county; criminal arrest and offense history; mental health diagnoses; psychotropic medication; mental health treatment; history of verbal, physical and/or sexual abuse; pregnancy and/or children; aggressive history; history of animal cruelty; history of fire setting behaviors; mental health symptoms and history; personality traits; intellectual, emotional, social and trauma; medical concerns; substance abuse history; guardian/parental and sibling identification; parental and/or sibling criminal history; mental health history or concerns, and/or substance abuse. IDJJ Mental Health Protocols SA-003 – Mental Health Screening and SA-004 Mental Health Needs Assessment, effective Apr. 1, 2016, on file with JHA.

³³ Chicago reported that as of December 31, 2015, the following described the IDJJ MHL definitions: MHL 1 reflects a youth who may or may not have a history of mental health treatment who is presenting current mild signs or symptoms from the DSM-V, excluding a substance use related disorder. All youth classified in mild need status must be seen by a mental health professional as often as clinically indicated, but not less than once a month, and have his or her mental health level reviewed as often as clinically indicated. MHL 2 reflects a youth who typically has a history of mental health treatment who is currently presenting with moderate signs or symptoms from the DSM-V, excluding a substance use related disorder. All youth classified in moderate need status must be assigned to the mental health professional caseload within one week of his or her arrival at the receiving youth center and must be seen by a mental health professional at least once per week. All youth classified as a MHL 2 must have his or her mental health level reviewed on a monthly basis. MHL 3 reflects a juvenile who typically has a significant history of mental health treatment who currently presents with urgent signs or symptoms from the DSM-V, excluding a substance use related disorder. All youth classified in urgent need status must be assigned to the mental health professional caseload within 48 hours of his or her arrival at the receiving youth center and must be seen by a mental health professional at least once per week. All youth classified as a MHL 3 must have his or her mental health level reviewed on a monthly basis. MHL 4 reflects a juvenile transferred to a Department of Human Services or mental health inpatient psychiatric hospital setting.

³⁴ According to the facility, Depakote is a mood stabilizer typically used to treat Disruptive Mood Dysregulation Disorder (DMDD). Risperdal is an atypical anti-psychotic typically used to treat Bipolar Disorder or DMDD. Remeron is an anti-depressant typically used to treat symptoms of depression and PTSD.

³⁵ See Allison Flood, *American Bar Association Commission on Youth at Risk, Commission on Homelessness and Poverty, Health Law Section Report to the House of Delegates: Overuse of Psychotropic Medication Among*

medication treatment and review research and reports regarding certain psychotropic medications for juveniles.

As of January 25, 2016, the average caseload of the four MHPs (the TUA does not have a caseload) was six youth. The MHPs meet with all of the youth on medication individually for at least 90 minutes per month. At the beginning of treatment the MHP reviews the treatment plan, which includes a confidential disclosure statement and consent to treatment for the youth to sign.³⁶ If the youth is under 18 years of age, the parents or guardian are notified that the youth has entered treatment.

2. *Mental Health Treatment*

Due to the fact that the average stay at Chicago is short, only 90-120 days, mental health treatment is skill-based and focused on teaching youth practical coping skills to deal with stress, anger, and trauma. The therapy curriculum used for all the youth who receive mental health treatment is Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).³⁷ All MHPs at Chicago have been formally trained in SPARCS and utilize the curriculum in group therapy and individual therapy. As of December 31, 2015, nearly all youth were receiving mental health services with 31 youth receiving individualized mental health treatment for an average of 45 minutes per week. Additionally, after first arriving at Chicago, all youth are oriented to SPARCS. JHA commends the fact that Chicago is providing mental health services to most of the youth regardless of mental health level and encourages the facility to expand such services to all youth, which is in line with research indicating most youth who have come into contact with the juvenile justice system have experienced stress or trauma.³⁸ Given this unfortunately common youth experience, JHA believes all youth would benefit from the SPARCS services and developing and gaining skills to address life circumstances and stressors, which is directly in line with the rehabilitative focus of the juvenile justice system.

In addition to the SPARCS curriculum running throughout mental health services at Chicago, there is also a specific SPARCS group, which is a closed group for those youth who have experienced trauma. As stated previously, the TUA reviews the MHNA and assigns youth to the SPARCS group based on each youth's individual needs, taking into account their length of stay.

Children and Youth in State Custody, HOFSTRA LAW STUDENT WORKS (2015), http://scholarlycommons.law.hofstra.edu/hofstra_law_student_works/7/; AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline, AMERICAN ACAD. OF CHILD AND ADOLESCENT PSYCHIATRISTS, http://www.aacap.org/App_Themes/AACAP/docs/member_resources/practice_information/foster_care/FosterCare_BestPrinciples_FINAL.pdf; Resolution Regarding Judicial Oversight of Psychotropic Medications for Children Under Court Jurisdiction, NAT'L COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, http://www.ncjfcj.org/sites/default/files/Fnl_PsychMedsResolution_071313.pdf.

³⁶ This information is sent monthly to the Chief Director of Mental Health for IDJJ.

³⁷ For more information about SPARCS, see *SPARCS: General Information*, THE NAT'L CHILD TRAUMATIC STRESS NETWORK (Aug. 2008), http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/SPARCS_General.pdf.

³⁸ OFFICE OF JUVENILE JUSTICE & DELINQUENCY PREVENTION, JUVENILE JUSTICE BULLETIN: BEHAVIORAL HEALTH PROBLEMS, TREATMENT, AND OUTCOMES IN SERIOUS YOUTHFUL OFFENDERS, 3 June 2014 <http://www.ojjdp.gov/pubs/242440.pdf> (discussing the prevalence of behavioral health disorders among youth in the juvenile justice system).

The goal of the group is to build strength and resilience by developing coping skills to manage chronic stress that often accompanies a history of trauma.

The MHPs reported to JHA that the facility is moving toward collaborating with families to facilitate family therapy and involving families in youth treatment to greater degree overall. However, this has been challenging given the fact that until very recently, the office space did not have a speaker phone to accommodate joint youth and family therapy sessions.

At least one MHP is available for the youth until 7 p.m. each evening. Additionally, two of the MHPs were formally trained in Springfield on issues pertaining to Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (“LGBTQI”) youth issues and participate in monthly collaborative calls with the IDJJ trainer on LGBTQI issues including, Youth and Identity Development, Sexual Orientation Language, Foundational Terms, Transition, PREA Standards, School Laws, Advocacy, Intervening Tools, Therapy Tools, Group Activities, and Motivational Interviewing. The mental health staff is also involved in suicide prevention, family engagement, Positive Behavior Interventions and Supports, discipline and PREA committees at Chicago.

In addition to individual and SPARCS group therapy, the MHPs at Chicago offer a Parenting Group, Mini-Mindfulness Group, and SPARCS Alumni Group. Each of these groups are voluntary and meet weekly.³⁹

The Parenting group provides information regarding infant brain development, important developmental milestones, healthy attachment styles, bonding and the impact of trauma on children. In addition, topics include role modeling, co-parenting, and appropriate discipline strategies. As of January 27, 2016, eight youth were participating in this group. During the visits, several youth expressed that being a good father and provider was a key motivator for them.

The Mini-Mindfulness Group is an open group that occurs on each general population housing unit for 10-15 minutes per week. All interested youth and staff members are encouraged to participate, but participation is voluntary. Through mindfulness exercises, participants practice focusing, concentrating, observing, describing, and fully participating in the moment without judging themselves, others, or the present situation.⁴⁰ Mindfulness activities used in this group include yoga, breathing exercises, meditation, and a variety of mindfulness games.

The SPARCS Alumni group is open to youth who have already completed the SPARCS program. This group uses creative mediums, which include art, music, movement, and media activities, to review mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance skills. As of January 27, 2016, four youth were participating in the SPARCS Alumni Group.

³⁹ JHA has requested additional information including how long the groups run and if there is any curriculum, but to date has not received any information other than the brief descriptions.

⁴⁰ See e.g., Juliann Garey, *The Power of Mindfulness, How a Meditation Practice Can Help Kids Become Less Anxious, More Focused*, CHILD MIND INSTITUTE, <http://childmind.org/article/the-power-of-mindfulness/>.

C. Substance Abuse

Recommendation: IDJJ should make the criteria and screening process for inclusion into substance abuse treatment public, to allow for increased evaluation of the success and appropriateness of the program, given research regarding the potential harms of overtreatment with youth.

Chicago contracts with the Wells Center (Wells) to provide voluntary substance abuse treatment for the youth.⁴¹ As stated above, the Wells program at Chicago has 22 beds in the C wing and as of February 2016, the Wells Center program was at capacity with 22 youth enrolled. The Wells Center staff includes a lead counselor, two staff counselors and two interns whom are in their second year of a Masters program in forensic psychology. Each counselor has a Masters degree and is certified drug and alcohol abuse counselor (CADC certification).⁴²

Youth in the Wells program work through an incentive, level-based program. Specifically at Chicago, the three levels of the program are symbolized by models of cars: Cavalier, Impala and Bentley, which are also displayed in youth-painted murals on the walls of the Wells Center wing. The program uses a combination of individual and group therapy. Graduations from the program occur monthly to recognize youths' achievements and youth are rewarded with special treats such as popcorn. The program also provides weekly incentives, which focus on immediate reward and specific behaviors in groups, and daily PBIS points to promote programming throughout the facility.⁴³ The five substances most commonly abused by youth in the program include: marijuana, alcohol, sedatives (specifically codeine promethazine), K2/spice, and benzodiazepines (Xanax). In January 2016, the primary drug of choice for all youth in the program was marijuana.

Typically, youth are assigned to the program during the initial screening at IYC-St. Charles. While JHA has been provided with IDJJ mental health protocols it still remains unclear to JHA how youth are specifically identified as appropriate candidates for inclusion in the substance abuse treatment program.⁴⁴ JHA recognizes that many youth experiment with drugs and alcohol as a normal part of adolescent development.⁴⁵ As JHA has previously noted, placing casual drug users in high intensity treatment programs can be harmful, as it may expose them to criminal

⁴¹ See generally, <http://www.wellscenter.org> (for information about the Wells Center).

⁴² The CADC certification includes 40 hours within a two-year period of continuing education in the areas of substance abuse, mental illness, adolescent behavior, and ethics.

⁴³ See *infra* Section VI explaining the PBIS behavioral program.

⁴⁴ According to IDJJ Mental Health Protocol, the Global Appraisal Inventory Needs (GAIN) assessment tool is used at reception and classification to measure substance abuse issues.

⁴⁵ JOHN HOWARD ASSOCIATION OF ILLINOIS, 2014 MONITORING REPORT FOR IYC-HARRISBURG, 15-20 (2014), <http://thejha.org/sites/default/files/IYC%20Harrisburg%20Report%202014.pdf>; VIKKI L. VANDIVER, INTEGRATING HEALTH PROMOTION AND MENTAL HEALTH: AN INTRODUCTION TO POLICIES, PRINCIPLES, AND PRACTICES, (Oxford University Press, August 15, 2008); *Substance Abuse in Children and Adolescents Factsheet*, CENTER OF KNOWLEDGE ON HEALTHY CHILD DEVELOPMENT, OFFORD CENTRE FOR CHILD STUDIES (2007), http://www.dsbl.edu.on.ca/boardinfo/mentalhealth/files/substance_abuse_in_children_and_adolescents.pdf.

thinking and habits that they do not yet have the skills to reject.⁴⁶ Ultimately, for an intervention and treatment program to be successful, it must be carefully tailored to the severity of the youth's substance use problem and address his individual risks and needs, including the role alcohol or drug use plays in relation to co-existing medical and psychological conditions, trauma, the youth's stage of development, and social influences such as family, peers, education, employment, and living conditions. While the facility reported to JHA that according to the assessments, the youth enrolled in the program are not considered casual users and in fact were found to have a diagnosis of substance abuse or use, the assessment tool was not provided to JHA, limiting clarity on the content and process used to draw this conclusion. It would be helpful if the assessment tool used by the Wells Center was made available, this kind of transparency would allow for increased evaluation of the appropriateness of the program for those youth who participate.

V. CASE PLANNING

Recommendation: Chicago should revise and update its Youth Orientation Handbook to reflect current IDJJ and facility policies.

Each youth at Chicago is assigned to a Youth and Family Specialist (YFS), commonly referred to as a counselor. As of January 27, 2016, all YFS positions were filled, which included four counselors and a supervisor, all of whom manage caseloads. The average caseload was 15 youth, which is a major improvement since JHA's 2009 staffing report when there were only 2 counselors and a higher youth population, so the ratio of youth to counselor was 30:1.⁴⁷ According to the facility, the role of the YFS is to guide youth while in the facility, encourage and advise them.

Chicago counselors reported that they are responsible for individual case planning services, which include a narrative and case plan.⁴⁸ The narrative is a detailed profile of the youth targeting nine areas: legal, family and environment, school, community, alcohol and drugs, mental health, aggression or violence, attitudes, skills and employment/use of free time. The case plan includes a behavior analysis, which identifies the pattern of behavior that needs to change, what triggers these behaviors, the motivation behind the behaviors and the incentives behind behavioral change. Based on behavioral analysis combined with the youth's protective factors,⁴⁹ short and long term goals are identified including steps to reach these goals. JHA commends the facility for providing each individual youth with a service plan.

⁴⁶ Maia Szalavitz, *Does Teen Drug Rehab Cure Addiction or Create It?*, TIME.COM (July 16, 2010), <http://content.time.com/time/health/article/0,8599,2003160,00.html?iid=sr-link1>; *Adolescent-Based Treatment Interventions and Assessment Instruments*, NAT'L COUNCIL ON YOUTH AND FAMILY COURT JUDGES, <http://www.ncjfcj.org/sites/default/files/Final%20Treatment%20Database%20Pages.pdf>.

⁴⁷ JHA State Hiring Paper, *supra* note 7, at 2.

⁴⁸ Examples of the Narrative and Case Plan on file with JHA.

⁴⁹ Protective Factors are "are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities that, when present, increase the health and well-being of children and families." *Protective Factors to Promote Well-Being*, CHILD WELFARE INFORMATION GATEWAY, <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>.

VII. FAMILY CONTACT

Recommendation: Chicago should not use suspension or reduction of family contact or phone calls as a form of punishment for youth

When youth first arrive at Chicago, the YFS notifies the parent or guardian. Youth are able to call families weekly from phones on the units through a paid service. According to the facility, the frequency of phone calls is determined by behavioral grade level A (highest), B, or C level (lowest).⁵⁰ According to the most recent Chicago Youth Orientation Handbook, youth on A Grade are able to make eight calls per month (two calls per week). Youth on B Grade are able to make four calls per month or one call per week. Youth on C Grade are not allowed to make any calls. JHA does not believe youth phone calls should be restricted. JHA was informed that this practice of connecting phone calls to behavior is no longer a practice and rather the amount of phone calls can increase as behavioral grade level increases, however, JHA was never provided with an amended policy. JHA does not approve of the practice of tying family contact and phone calls to a youth's behavior level or reducing a youth's phone contact with their outside support systems as a form of punishment.⁵¹ Minimally, the youth handbook needs to be updated to reflect current practice and educate youth regarding proper expectations. JHA has heard from youth at other IDJJ facilities that they too would like to be given updated handbooks to have consistent up-to-date information.

Parents or guardians are allowed one courtesy visit prior to filling out a visitor application, which includes a background check and relationship check. After this initial visit, the visitor application must be approved before regular visits can occur. Regular visiting hours at Chicago are Thursday and Friday 6-8 p.m. and 10:30 a.m.-4:30 p.m. Saturday, Sunday, and holidays. Visits can occur on additional days, however, 24-hour advance scheduling is required. Visits are limited to two hours and a maximum of three visitors are permitted at a time. Visits typically occur in the visiting room, however, the dietary space may be utilized if there are more visitors than the visiting area can accommodate.

It was reported to JHA that Chicago has a new committee that is part of IDJJ's new Family Engagement Model, which includes three levels of engagement strategies.⁵² The interdisciplinary group of Chicago staff, is working on improving family communication, including creating a Family Day and more special family events, increasing family phone calls and mail, distributing family surveys, and creating a more family-friendly atmosphere in the visiting room. During a JHA visit, we observed a sign on the visiting room that mentioned a visitor survey, however, it was not available in the visiting room. Since the visit, the facility reports the visitor surveys are

⁵⁰ See *infra* Section VI for a discussion of behavioral grades.

⁵¹ "Involvement of a parent or parent figure who is concerned about their successful development" is critical for health psychological development in youth. JJIE Key Issues, *supra* note 8.

⁵² It was reported to JHA that the IDJJ Family Engagement Model is based off of a "National Evaluation and Technical Assistance Center for the Education of Children and Youth who are Neglected, Delinquent, and At-Risk" model. See Trina W. Osher & Barbara Huff, *Working With Families of Children in the Juvenile Justice and Corrections Systems: A Guide for Education Program Leaders, Principals, and Building Administrators*, NAT'L EVALUATION & TECHNICAL ASSISTANCE CTR. FOR THE EDUCATION OF CHILDREN & YOUTH WHO ARE NEGLECTED, DELINQUENT, OR AT RISK (July 2012), http://www.neglected-delinquent.org/sites/default/files/docs/Family%20Involvement%20Guide_FINAL.pdf.

now readily available at the facility and that Chicago has analyzed the first round of feedback and incorporated changes to include providing a cart with toys, books and other family friendly options, which JHA looks forward to observing at the next visit.

While Chicago clearly recognizes the value of family engagement, it has struggled with promoting it through the facility.⁵³ For example, the Family Integrated Transitions (FIT) program is no longer in use at Chicago. In 2013, JHA noted the benefits of a well-run and well-funded FIT program, but that Chicago lacked sufficient staffing and resources to effectively run the program.⁵⁴ According to the Chicago staff, barriers to increased family involvement include lack of transportation or parents who mistakenly believe that showing youth “tough love” by refusing to visit will benefit the youth.

VI. Behavioral Management Reforms: Level System, Positive Behavior Interventions and Supports (PBIS) and Crisis Prevention and Intervention (CPI)

Recommendation: Increasing training, communications and dialogue among administration, line staff, and youth regarding PBIS and changes in policies will improve the cultural shift, acceptance of new protocols, and increase feelings of consistency and positivity toward the facility environment.

In line with the statewide IDJJ rollout of Positive Behavior Interventions and Supports (PBIS), Chicago has expanded the use of PBIS throughout the facility and beyond the classroom.⁵⁵ PBIS is an approach to “improve a youth’s behavioral success by employing non-punitive, proactive techniques.”⁵⁶ Based on the tenants of respect, safety, and responsibility, PBIS is based on a model of behavioral expectations.⁵⁷ PBIS focuses on positive reinforcement versus negative punishment and aims to create a consistent, “predictable and routinized environment.”⁵⁸ As a result, responses to negative behaviors by youth have changed throughout IDJJ.

1. Behavioral Level System: Grades, Rewards and Consequences

Chicago, like other youth facilities, utilizes a behaviorally-based level system. There are three levels: A (highest), B, and C (lowest).⁵⁹ All youth start on B and their level is adjusted based on

⁵³ 2013 JHA Monitoring Report IYC-Chicago, *supra* note 1, at 5, 17-18.

⁵⁴ *Id.* at 16. It was reported to JHA that the FIT program was grant funded and the data on the program showed it was not an effective program and in fact showed a slight increase in recidivism (comparing the FIT group and control group). As a result, the grant was not renewed.

⁵⁵ PBIS has been used in school setting previously, and now is being utilized in all aspects of the facility. See 2013 JHA Monitoring Report IYC-Chicago, *supra* note 1, at 9. “IDJJ has expanded its use of Positive Behavioral Interventions and Supports (PBIS) statewide as its specific, evidence-based behavior management system.” 2015 Annual Report, *supra* note 13, at 10.

⁵⁶ 2015 Annual Report, *supra* note 13, at 10. Studies have shown the success of utilizing PBIS in secure juvenile justice settings. See generally Kristine Jolivet & C. Michael Nelson, *Adapting Positive Behavioral Interventions and Supports for Secure Juvenile Justice Settings: Improving Facility-Wide Behavior*, 36 (1) BEHAVIORAL DISORDERS 28 (2010) (summarizing the PBIS framework and studies reflecting its use in juvenile justice facilities).

⁵⁷ 2015 Annual Report, *supra* note 13, at 10; Jolivet & Nelson, *supra* note 56, at 30.

⁵⁸ 2015 Annual Report, *supra* note 13, at 10; Jolivet & Nelson, *supra* note 56, at 30.

⁵⁹ See *Report on the Behavioral Health Program for Youth Committed to Illinois Department of Juvenile Justice*, ILLINOIS MODELS FOR CHANGE BEHAVIORAL HEALTH ASSESSMENT TEAM, 26 (July 2010), https://www.macfound.org/media/article_pdfs/Report_Behavioral_Health_Program_for_Youth_Committed.pdf

points/tokens added or deducted based on their behavior and accomplishments. Only those youth on A or B grade will be considered for certain requests such as job assignments or field trips. At other IDJJ facilities, youth have expressed that they feel it is unfair when they are A level at one facility and have to start over at B level if they transfer. JHA suggests this practice be reconsidered.

A description of the behavioral grades and points/token penalties is included in the Youth Orientation Handbook that is provided to all youth upon entry at Chicago. The handbook describes the process for moving up and down between grade levels and lists specific rule violation offenses (404 offenses) and disciplinary offenses (504 offenses) and the maximum penalties. The most current Chicago handbook, however, is from 2014 and includes penalties such as confinement for as long as one month for some offenses, which is no longer available in IDJJ. JHA again encourages IDJJ to update this handbook to reflect current policies at Chicago and IDJJ.

A significant aspect of the behavioral level system at Chicago is its effect on a youth's length of stay at the facility. Youth who are adjudicated delinquent and committed to IDJJ custody receive an indeterminate sentence, rather than a finite sentence. However, juvenile sentences cannot exceed the maximum sentence that an adult could receive if convicted of the same offense. Once incarcerated, youth can be released in one of two ways; first, by being granted parole by the Prisoner Review Board (PRB); second by "aging out" of the juvenile system upon turning age 21. Within the first ten days of a youth's incarceration, IDJJ issues a formulaic Administrative Review Date (ARD) that is based primarily on the youth's committing offense. The ARD effectively serves as a "projected" parole date for youth, in that it is the earliest date at which youth appear before the PRB for a hearing and determination of whether the youth should be released.⁶⁰

The Program Assessment Committee (PAC), consisting of staff members, monitors the progress of the youth through the level system and makes recommendations for consequences as well as rewards. A youth who maintains a high behavior level for an extended period of time may earn rewards and additional privileges, including setting an earlier ARD. At Chicago, the behavioral expectations are communicated as "Chitown Rules." Posters reflecting the general rules and expectations for youth are displayed on the walls throughout the facility. The PAC recommendations based on a rule violation by a youth are forwarded to the administrative staff. These recommendations may include lowering the youth's grade level, extending the ARD, or a restriction on participation in activities. The administrative staff reviews the recommendation and may approve, deny or amend the recommendation (to include a consequence but may be increased or decreased from what was recommended).

As mentioned previously, with the statewide rollout of PBIS, responses to negative behaviors throughout IDJJ have changed. It was clear during our visit, that Chicago, like many of the IDJJ facilities are still experiencing a cultural transition to fully embrace the new responses to youth

(describing the behavioral model used during that time at IYC-St. Charles, which is the current model at IYC-Chicago as well).

⁶⁰ For a detailed explanation of the ARD process, see ILLINOIS DEP'T OF JUVENILE JUSTICE POLICY BULLETIN: PROJECTING AN ADMINISTRATIVE REVIEW DATE (May 1, 2011), <http://www.dhs.state.il.us/page.aspx?item=58066>.

behavior. Our discussions with youth and staff members, reveal that although staff write tickets and the PAC may make recommendations, often administrative staff members elect not to enforce a rule or a consequence.⁶¹ Although this is likely a reflection of the recent cultural change through IDJJ, JHA recommends increasing conversations and trainings regarding consequences, as inconsistency in enforcing rules can send mixed messages to youth and staff and may result in negative attitudes toward the environment.⁶²

The staff at Chicago described the facility-wide PBIS rollout as a major ideological change that will take time to implement fully. PBIS reflects a shift from managing youth behavior through punitive, physical interventions like confinement and restraints to using verbal, non-physical interventions and rewards to reinforce positive behavior.⁶³ Chicago staff reported that PBIS was having a positive effect because key staff had bought into the PBIS mindset. According to the staff, PBIS has necessitated the utilization of a team approach across different departments, which encourages communication between staff in different professional disciplines. IDJJ has rehired a PBIS coach to serve as a liaison between the IDJJ executive staff and the facilities, which includes regular training, in order to aid the program's statewide rollout and build the PBIS reporting system for the state.⁶⁴

⁶¹ See Wanda K. Mohr et al., *Beyond Point and Level Systems: Moving Toward Child-Centered Programming* 79(1) AMERICAN JOURNAL OF ORTHOPSYCHIATRY 8 (2009), http://traumaticstressinstitute.org/wp-content/files_mf/1276634262BeyondPointsandLevels.pdf (discussing that while good in theory there are many issues with the application of point or level systems including consistency); see also Edward Cancio & Jesse W. Johnson, *Level Systems Revisited: An Important Tool for Educating Students with Emotional and Behavioral Disorders*, 3(4) INTERNAT'L JOURNAL OF BEHAVIORAL CONSULTATION & THERAPY 512, 519-524 (2007), <http://files.eric.ed.gov/fulltext/EJ801236.pdf> (identifying issues of level systems, which include staff perception and attitudes, lack of individualization, emphasis of exclusion versus inclusions, misuse and misapplication, and lack of administrative support).

⁶² See U.S. DEP'T OF ED. & U.S. DEP'T OF JUSTICE, GUIDING PRINCIPLES FOR PROVIDING HIGH-QUALITY EDUCATION IN JUVENILE JUSTICE SECURE CARE SETTINGS, 9 (Dec. 2014), <http://www2.ed.gov/policy/gen/guid/correctional-education/guiding-principles.pdf> (hereinafter Guiding Principles of Ed. in JJ Settings) (discussing the importance of firm, agreed-upon expectations of acceptable behavior).

⁶³ See Nicholas Reed & Stephanie Lampron, *Supporting Student Achievement Through Sound Behavior Management Practices in Schools and Juvenile Justice Facilities: A Spotlight on Positive Behavioral Interventions and Supports (PBIS)*, NAT'L EVALUATION & TECHNICAL ASSISTANCE CENTER FOR CHILDREN & YOUTH WHO ARE NEGLECTED, DELINQUENT, OR AT-RISK, 5-6 (Dec. 2012), <http://www.neglected-delinquent.org/sites/default/files/docs/SupportingStudentAchievement.pdf> (discussing challenges of implementing PBIS in juvenile justice facilities).

⁶⁴ Research demonstrates that the successful adoption of PBIS in juvenile justice settings depends on intensive and ongoing staff trainings, prioritizing improving youth behavior and outcomes, and staff commitment to the changing practices. *Id.* at 7.

2. Confinement: Policy Changes, Crisis Prevention and Intervention Training, and Data

Recommendation: Chicago should revise its methods to track the use of confinement to specifically note types of confinement utilized, including timeout, cool down, and crisis, to reflect new IDJJ policies and protocols.

As a result of the adoption of PBIS and the remedial plan, IDJJ confinement policies have changed.⁶⁵ IDJJ defines confinement to include “all situations in which a youth is separated from general population and programming, including medical holds, crisis status, investigative status, and administrative holds.”⁶⁶ The new confinement policies require IDJJ to minimize the use and duration of confinement. Further, youth who are confined still must be provided with “adequate out-of-room time and for regular IDJJ services.”⁶⁷

Under the new confinement policies there are six classifications or bases for confinement:⁶⁸

1. Behavioral Hold: Results when a youth violated a department or facility rule, failed to follow instructions of staff, or behaved in a disruptive manner.
2. Extended Behavioral Hold: Results when a youth exhibits or threatens violence, aggressive, or uncontrolled behavior and poses a serious and immediate threat to his or her own safety, the safety of others, or security of the facility
3. Investigative Status: Deputy Director of Operations determines confinement is necessary for the efficient and effective investigation of a major offense.
4. Crisis Status: MHP determines youth should be removed from regular housing or programming for mental health treatment or observation.
5. Administrative Hold: Youth is temporarily being held in a particular youth center.
6. Medical Hold: Ordered by a physician for purposes of medical quarantine, recovery, or observation

IDJJ recently implemented Crisis Prevention and Intervention (CPI) methods and will continue to expand the use of CPI throughout 2016. CPI uses non-invasive, safe techniques to manage

⁶⁵ See *Confinement Procedures*, ILL. DEP’T OF JUV. JUSTICE PROCEDURES, Part 2504, subsection B *et seq.*, *R.J. v. Jones*, No. 1:12-cv-7289 (N.D. Ill. Apr. 20, 2015), <http://www.aclu-il.org/wp-content/uploads/2015/04/RJ-v-Jones-IDJJ-confinement-procedures-filed-4-20-15.pdf> (hereinafter *New IDJJ Confinement Procedures*) (for complete text of new confinement procedures).

⁶⁶ 2015 Annual Report, *supra* note 13, at 9. See *New IDJJ Confinement Procedures*, *supra* note 65, Section 2504.210 Definitions (for definitions of specific methods of confinement).

⁶⁷ Barry Krisberg, *Progress of the Safety and Welfare Remedial Plan: R.J et al., vs Jones, R.J. v. Jones*, No. 1:12-cv-7289 (N.D. Ill. Oct. 30, 2015), <http://www.aclu-il.org/wp-content/uploads/2013/08/RJ-Krisberg-Nov-2015-report.pdf>.

⁶⁸ IDJJ FORM 0450: CONFINEMENT DECISION FORM, ILL. DEP’T OF JUVENILE JUSTICE, MENTAL HEALTH PROTOCOL MANUAL (APRIL 2016), on file with JHA.

disruptive and assaultive behavior.⁶⁹ As stated by the Department, all IDJJ staff will be trained in CPI. As of January 27, 2016, approximately 50% of the Chicago staff had been trained in CPI. The goal of CPI is to provide IDJJ staff with tools to de-escalate potentially harmful and aggressive behavior without using physical methods or confinement.⁷⁰ The Chicago staff described CPI as moving away from physical restraints and instead utilizing methods to “restructure, redirect and cool down” youth who are acting out destructively. Staff report that the use of restraints and confinement at Chicago has been reduced as a result of CPI.

One de-escalation method that is commonly employed is the “cool down” technique, which falls under a behavioral hold. When a youth acts out harmfully or destructively, staff can temporarily remove the youth from programming to another location to provide the youth with time and space (less than an hour) to regain control of his emotions and de-escalate while supervised by staff.⁷¹ If a youth is not able to de-escalate after 59 minutes, the youth is moved to a secure area for a “timeout,” (also a behavioral hold) and given additional time to regain emotional control.⁷² The timeout may turn into an “extended behavioral hold” if the youth exhibits more serious aggressive or uncontrolled behavior. Once the youth calms down, the youth is reintegrated back into the youth population and resumes his daily schedule.

Importantly all types of confinement are now required to be documented. During 2015, before the new procedures were fully in place, confinement was used 316 times. In January 2016, confinement was utilized 29 times. Chicago reported that the average length of confinement for behavior (versus mental health/crisis) in 2015 was just 17 minutes, and in January 2016, the average confinement period was 14 minutes. According to the facility, from October 1, 2015-January 31, 2016, there were 33 uses of Extended Behavioral Hold with an average length of 6.1 hours, 14 uses of timeout with an average length of 2.5 hours, and 11 uses of cool down with an average of .6 hours. While the facility reports it now tracks confinement according to specific type, this data has not been provided to JHA or posted on the Departments website.⁷³

3. Crisis Data: Differences from Behavioral Confinement

While crisis status constitutes confinement under the strict definition of the term as it results in removal of the youth from the general population, crisis status is mental health driven. If a youth displays behaviors or makes comments indicating his intent to harm himself or others, a Crisis Team Member places that youth on “crisis”⁷⁴ and develops a Crisis Treatment Plan, which

⁶⁹ 2015 Annual Report, *supra* note 13, at 11. According to the 2015 Annual Report, 425 staff had been trained on CPI. *Id.*

⁷⁰ *Id.*

⁷¹ *IDJJ January 2016 Monthly Report*, ILL. DEP’T OF JUVENILE JUSTICE, 7 (Jan. 2016), <http://www.illinois.gov/idjj/Documents/Public%20Monthly%20Report%20-%20January%202016.pdf>.

⁷² *Id.*

⁷³ Confinement data by type is reported publicly by IDJJ, however, these numbers reflect data from all IDJJ facilities and does not provide specific use by facility. See *IDJJ January 2016 Monthly Report*, *supra* note 71, at 7.

⁷⁴ IDJJ defines crisis as “a status assigned to a youth who exhibits behavior suggestive of acute mental or emotional disorder or suicidal ideation.” New IDJJ Confinement Procedures, *supra* note 65, Section 2504.210 Definitions.

includes a summary of assessment/reason placed on status, crisis treatment goal, parent notification, treatment plan, and follow-up plan.⁷⁵

When a youth is in crisis status, specific requirements apply, including close observation by staff and ongoing contact with mental health professionals. According to the mental health director, on average, one to three youth are placed on crisis per month at Chicago. In 2015, a total of 35 instances of crisis occurred and a total of four instances of crisis placements occurred between January and April 2016. However, there were zero instances of self-harm reported at Chicago in 2015. When placed on crisis, the youth is moved to a confinement cell in the A wing and is checked on by a security staff member every five minutes. Chicago reports the average time spent on crisis is one day.

The crisis cells are located in areas referred to as A/C and D/C. They are outfitted with safety beds specifically designed to prevent youth from harming themselves. Two safety beds are located in the A/C wing, and six safety beds are located in the D/C wing. According to the staff, A/C is used for youth on mental health crisis (versus medical crisis) because this area of the facility is especially quiet. During JHA's visits, the A/C wing was unoccupied and many of the cells were being used for storage. These crisis cells are also equipped with cameras that allow staff to monitor youth continuously and also create a video tape recording. D/C wing is also used for medical holds, which may include youth that need to be monitored for physical injuries or who are awaiting trips to medical specialists outside the facility. D/C wing was also unoccupied at the time of JHA's visits.⁷⁶

VII. Restraints, Incidents, & Grievances

Chicago reports mechanical (handcuffs) and physical restraints are only administered by security staff.⁷⁷ In 2015, Chicago reported 195 instances where mechanical restraints were used, and six instances where physical restraints were utilized. In January 2016, mechanical restraints were used ten times and physical restraints were utilized five times. In the past, the use of mechanical restraints was much higher at Chicago.⁷⁸ JHA hopes that the use of restraints continues to remain low.

Any incident of youth assault is reported and forwarded to the Adjustment Committee, composed of Chicago staff, the Duty Administrative Officer, Deputy Director of Programs and of Operations, authorized Executive staff, and reviewed by Executive committee. If a youth is found guilty of an assault, the transcript of the hearing and decision by the Adjustment Committee are forwarded to the Superintendent of the facility for review. As discussed previously regarding behavioral grades, at Chicago the Superintendent has discretion to approve, expunge, or reduce assault charges sustained by the Adjustment Committee. JHA was not provided with further information about this process, including the consequences of the findings

⁷⁵ Sample Crisis Treatment Plan is included in the IDJJ Mental Health Protocol Manual, on file with JHA.

⁷⁶ The facility reports that D/C has now been transformed into a therapeutic room equipped with calming paint colors, SPARCS posters, plants, a rug and couches. JHA looks forward to observing this at the next monitoring visit.

⁷⁷ Chicago has not reported any recent use of chemical restraints or pepper spray. *IDJJ January 2016 Monthly Report*, *supra* note 71, at 7.

⁷⁸ Krisberg, *supra* note 67, at 29.

on youth. Chicago reports that in 2015, there were 46 youth-on-youth assaults and 13 youth-on-staff assaults. In January 2016, there was one youth-on-youth assault and one youth-on-staff assault.

Youth complaints are processed through IDJJ’s internal grievance system. Grievances may also be filed and processed through the external grievance process through the recent creation and appointment of an Independent Juvenile Ombudsman.⁷⁹ Internally, a youth has 60 days in which to file a grievance from the time of discovery or occurrence of the issue. However, this time limitation is inapplicable to complaints of sexual misconduct under PREA. Grievance forms are located in every living unit and youth can independently access them. Youth may submit a grievance by filling out a grievance form and placing it in one of the locked grievance boxes, which are located in all living units and in the dietary unit.

The Assistant Superintendent of Programs is the grievance coordinator at Chicago. After receiving a grievance, the coordinator reviews it and forwards it to the Youth and Family Specialist supervisor to resolve. The facility reported that 98 grievances were filed in 2015. While grievance data is tracked regarding complaints that are forwarded or filed directly with the Independent Juvenile Ombudsman, internal grievance data including the outcome, type and number of grievances sustained are not known because Chicago does not track and record this data. JHA is hopeful that grievance data will be thoroughly tracked and recorded through both grievance practices, consistent with best practices.

VIII. EDUCATION

Recommendation: The provision of vocational programs and certificates should be a matter of top priority for youth at Chicago to provide youth with continued programming and assist them to develop skills and acquire certificates that will greatly assist them to be contributing members of society upon release from the facility.

The Remedial Plan sets specific requirements for all IDJJ education programs regarding full-day schooling, use of the “blended” instruction model that employs both computer-based and traditional teaching methods, staffing levels, post-secondary educational offerings, and special education services.⁸⁰

The school wing of Chicago includes five classrooms and a library. During our visit in February 2016, the walls of the school wing were decorated to celebrate Black History month, and a sign was posted recognizing a youth as “Student of the Month.” Chicago’s classrooms include computers to allow students to work through the online education program. JHA also observed some of the Wells program youth working on portable computer tablets, which were purchased

⁷⁹ See 730 Ill. Comp. Stat. Ann. 5/3-2.7-5 *et seq.* (2014) (describing the office and duties of the Juvenile Ombudsman). The duties of the Ombudsman include reviewing and monitoring the conditions within IDJJ, advocating for the rights of incarcerated youth, and investigating complaints made by or on behalf of incarcerated youth.

⁸⁰ Remedial Plan, *supra* note 4, at 4-6.

through a MacArthur grant.⁸¹ Through this program, youth were able to earn access to entertainment such as videos or games, through the tablet by participating and completing other educational programs. It has been reported to JHA this program, which was piloted at IYC Chicago and IYC Warrenville has not been renewed.

Chicago's library is well-stocked with books. Tables are pushed together in the center of the library to form one large table. During the visit, youth who had already received their GED or high school diploma sat around the table idly. A significant percentage of the youth at Chicago were graduates in need of post-secondary educational opportunity. Apart from work assignments, there is little in the way of educational or vocational programming for youth who have completed high school. Some jobs, like dietary, can take several hours of the day, but other jobs take about one hour. Therefore, these youth are idle for the vast majority of the five hour school day. As JHA toured the library, an administrator announced that youth who have completed high school will soon be able to earn "cut time" off of their sentences by completing post-secondary certificate programs on the computer tablets. The youth were pleased at this announcement. However, since the tablet program has not been renewed, it is unclear how this incentive will now be implemented.

A. Blended Learning Model

IDJJ operates School District #428, which is a state certified public school district within the Illinois State Board of Education (ISBE).⁸² The school at Chicago was recently renamed the Thurgood Marshall School in honor of the first African-American Justice to serve on the United States Supreme Court. JHA commends Chicago for naming the school after a scholar and role model who is particularly culturally relevant to the African-American students who comprise the majority of Chicago's population.

The Remedial Plan requires that IDJJ provide "both traditional classroom instruction and web-based instruction, individually tailored to students' needs."⁸³ At Chicago the core content courses are taught online through Pearson GradPoint.⁸⁴ Direct instruction in the form of individual, small-group, and whole class instruction by teachers supplements the online learning program. Life Skills, Health and Physical Education are also taught directly by teachers.

Chicago's educational staff review youths' past school transcripts to determine which courses they need. Staff identify youths' appropriate grade levels by referring to the ISBE Web Application Security website. Staff expressed frustration with delays in receiving records from youths' previous schools. JHA had requested the breakdown of students by grade, but was not provided with such information.

⁸¹ The tablets were provided through a pilot study by Edovo, *see* EDOVO JAILHOUSE EDUCATION SOLUTIONS, <https://edovo.com/>.

⁸² School District #428, ILL. DEP'T OF JUVENILE JUSTICE, <http://www.illinois.gov/idjj/Pages/BoardOfEducation.aspx>.

⁸³ Remedial Plan, *supra* note 4, at 5.

⁸⁴ Gradpoint, PEARSON, <http://www.pearsoned.com/prek-12-education/products-and-services/online-and-blended-learning-solutions/gradpoint/>.

School is scheduled to take place from 8:30 to 11 a.m. and 1:30-3:30 p.m. every weekday, with the exception of Thursday afternoons when youth “staffings,” interdisciplinary staff meetings that track each youth’s progress, are held.

While IDJJ describes the education program as a traditional high school incorporating a blended learning model, this has not been observed nor has it been reported by staff and youth to JHA that this in fact occurs. Instead it appears to JHA that schooling is essentially online-based, with direct instruction by teachers serving only a supporting role. While online schooling does work for some students, students and teachers alike report that it does not work for all students, especially those that need special education services. Observations of the school program and conversations with youth indicate that they go through the motions of online learning, but it is unclear how engaged they actually are in the learning process or how much information they are retaining.⁸⁵ Many of the youth that come into contact with the juvenile justice system have experienced issues at school and have never had their learning needs thoroughly addressed.⁸⁶ While in-person instruction may be the best model of learning for most students, JHA recognizes this may be difficult to provide given the variety of educational needs youth in the juvenile justice system experience. JHA believes that IDJJ should evaluate each youth to identify any individualized education needs and provide more quality, in-person instruction.⁸⁷

B. School Staffing

The school staffing at Chicago includes the principal and eight teachers. The student-to-teacher ratio was 7:1. This is a great improvement from the 2013 JHA visit, where the student-to-teacher ratio for regular education was 1:13 and there were critical teacher vacancies.⁸⁸ Each teacher holds a State of Illinois issued Professional Educator license in the areas of assigned instruction. Additionally, the special education teachers hold a Learning Behavior Specialist I (LBS1) Endorsement.

Each teacher only instructs one subject. As of February 2016, the math teacher at Chicago had recently retired and a replacement had not been found. Inefficiencies in state hiring practices and the inability to use substitute teachers to temporarily fill teaching vacancies remain challenges for IDJJ.⁸⁹

⁸⁵ Guiding Principles of Ed. in JJ Settings, *supra* note 62, at 18 (recognizing that students perform best in school when engaged and encouraged to participate).

⁸⁶ *Id.* at 2 (discussing challenges many youth in the juvenile justice system have experienced in school and the community prior to entering the system). “Overall, facilities should seek to provide the right services and supports to the right students rather than relying on a one-size-fits-all approach.” *Id.* at 11.

⁸⁷ “Safe, supportive, engaging classrooms allow teachers adequate time to teach, increase student engagement in learning, and help address students’ social and emotional needs.” *Id.* at 2.

⁸⁸ 2013 JHA Monitoring Report IYC-Chicago, *supra* note 1, at 7-10.

⁸⁹ JHA State Hiring Paper, *supra* note 7 .

C. Special Education

Recommendation: IDJJ should take advantage of its ability to evaluate youth for special education services, who might not otherwise receive such testing, which will also bring IDJJ in line with Child-Find, the Federal mandate requiring schools to identify and evaluate all students who may need special education services.

Special education services are only provided for students that come into Chicago with an Individualized Education Plan (IEP) already.⁹⁰ School staff commented that initial IEPs are not conducted at Chicago. Additionally, 504 plans, which provide accommodations for students with disabilities under the Americans with Disabilities Act (ADA), are not provided at Chicago.⁹¹ When JHA asked about this issue, we were told that that youth in need special education services presumably had already been identified before entering IDJJ custody or that 504 plans or IEP evaluations are completed during reception and classification at IYC-St. Charles. Although JHA is pleased to hear the initial screening is done, often education needs and disabilities do not present themselves right away and therefore there has to be opportunities for evaluation and creation of these plans at the facilities. It is well documented that not only are there disproportionately more students with disabilities in the juvenile justice system, but youth involved in the system display problematic behaviors that may be the manifestation of undiagnosed behavioral health or learning issues rather than anti-social behavior alone.⁹²

Specifically, the “Child-Find” provisions of the Individuals with Disabilities in Education Act of 2004 (IDEA 2004) require all school districts to actively identify, locate and evaluate all children with disabilities or who may need special education services.⁹³ The U.S. Department of Education and U.S. Department of Justice hold juvenile justice facilities responsible to provide the special education and related services necessary for students with disabilities.⁹⁴ IDJJ acknowledges in its own reporting that national about 40% of youth in juvenile justice facilities

⁹⁰ “An IEP is a written statement of the educational program designed to meet the student’s needs and is developed by a team. The IEP includes a detailed description of what will be done to give the student the extra help needed. The IEP will change based on the student’s needs—it is like a road map showing where the student is and where he or she is going.” *Chapter 6: Individual Education Program*, ILL. STATE. BOARD OF ED. 33, 34, http://www.isbe.state.il.us/spec-ed/pdfs/parent_guide/ch6-iep.pdf.

⁹¹ *Section 504 of the Rehabilitation Act of 1973*, ILL. STATE BOARD OF ED., http://www.isbe.net/spec-ed/html/civil_rights_usde.htm.

⁹² Guiding Principles of Ed. in JJ Systems, *supra* note 62, at 2-3. “Students with severe behavior problems may experience co-occurring learning and mental health disabilities, which can separately affect their ability to succeed in the classroom.” Reed & Lampron, *supra* note 63, at 3 (discussing research showing the connection between student behavior problems and achievement in school and the need for supplemental support services). The federal Individuals with Disabilities in Education Act (IDEA), includes procedural safeguards that must be followed before a school may suspend or expel a student with a disability. Manifestation Determination, IDEA, 34 C.F.R. 300.530(e) <http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CE%2C300%252E530%2Ce%2C>; *see generally*, Chapter 10: *Child Find*, ILL. STATE. BOARD OF ED. 77 http://www.isbe.net/spec-ed/pdfs/parent_guide/ch10-student_discipline.pdf (explaining the protections for students with disabilities in disciplinary issues).

⁹³ Child Find, IDEA, 34 C.F.R. 300.111 <http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CB%2C300%252E111%2C>; *Chapter 1: Child Find*, ILL. STATE. BOARD OF ED. 3, 4, http://www.isbe.net/spec-ed/pdfs/parent_guide/ch1-child_find.pdf.

⁹⁴ Guiding Principles of Ed. in JJ Systems, *supra* note 62, at 3.

require special education services.⁹⁵ JHA recognizes that evaluations to determine whether students require special education services or accommodations take substantial time and effort. However, IDJJ is subject to this Federal mandate because the schools in its facilities comprise Public School District #428.

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⁹⁵ *IDJJ January 2016 Monthly Report, supra* note 71, at 6.

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Since 1901, JHA has provided public oversight of Illinois’ juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.

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