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6

PATHWAYS TO JUVENILE DETENTION REFORM

IMPROVING CONDITIONS

of confinement in secure
juvenile detention centers

by Sue Burrell

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SERIES PREFACE

Many years ago, Jim Casey, a founder and long-time CEO of the United Parcel Service, observed that his least prepared and least effective employees were those unfortunate individuals who, for various reasons, had spent much of their youth in institutions, or who had been passed through multiple foster care placements. When his success in business enabled him and his siblings to establish a philanthropy (named in honor of their mother, Annie E. Casey), Mr. Casey focused his charitable work on improving the circumstances of disadvantaged children, in particular by increasing their chances of being raised in stable, nurturing family settings. His insight about what kids need to become healthy, productive citizens helps to explain the Casey Foundation's historical commitment to juvenile justice reform. Over the past two decades, we have organized and funded a series of projects aimed at safely minimizing populations in juvenile correctional facilities through fairer, better informed system policies and practices and the use of effective community-based alternatives.

In December 1992, the Annie E. Casey Foundation launched a multi-year, multi-site project known as the Juvenile Detention Alternatives Initiative (JDAI). JDAI's purpose was straightforward: to demonstrate that jurisdictions can establish more effective and efficient systems to accomplish the purposes of juvenile detention. The initiative was inspired by work that we had previously funded in Broward County, Florida, where an extremely crowded, dangerous, and costly detention operation had been radically transformed. Broward County's experience demonstrated that interagency collaboration and data-driven policies and programs could reduce the numbers of kids behind bars without sacrificing public safety or court appearance rates.

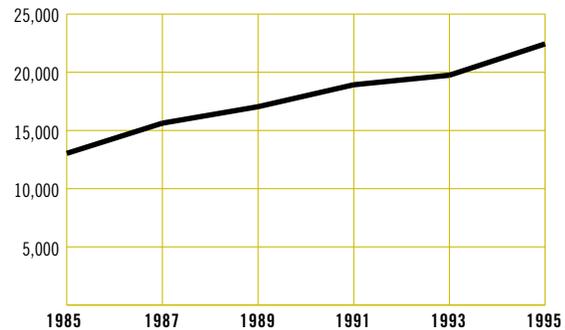
Our decision to invest millions of dollars and vast amounts of staff time in JDAI was not solely the result of Broward County's successful pilot endeavors, however. It was also stimulated by data that revealed a rapidly emerging national crisis in juvenile detention. From 1985 to 1995, the number of youth held in secure detention nationwide increased by 72 percent (*see Figure A*). This increase

might be understandable if the youth in custody were primarily violent offenders for whom no reasonable alternative could be found. But other data (see *Figure B*) reveal that less than one-third of the youth in secure custody (in a one-day snapshot in 1995) were charged with violent acts. In fact, far more kids in this one-day count were held for status offenses (and related court order violations) and failures to comply with conditions of supervision than for dangerous delinquent behavior. Disturbingly, the increases in the numbers of juveniles held in secure detention facilities were severely disproportionate across races. In 1985, approximately 56 percent of youth in detention on a given day were white, while 44 percent were minority youth. By 1995, those numbers were reversed (see *Figure C*), a consequence of greatly increased detention rates for African-American and Hispanic youth over this 10-year period.¹

As juvenile detention utilization escalated nationally, crowded facilities became the norm rather than the exception. The number of facilities

FIGURE A

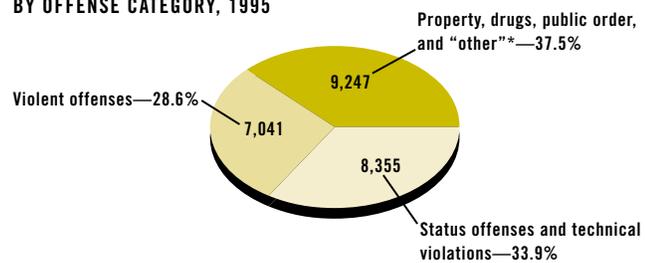
AVERAGE DAILY POPULATION OF JUVENILES IN U.S. PUBLIC DETENTION CENTERS, 1985-1995



Source: Census of Public and Private Juvenile Detention, Correctional and Shelter Facilities, 1985-1995.

FIGURE B

ONE-DAY COUNTS IN DETENTION FACILITIES BY OFFENSE CATEGORY, 1995

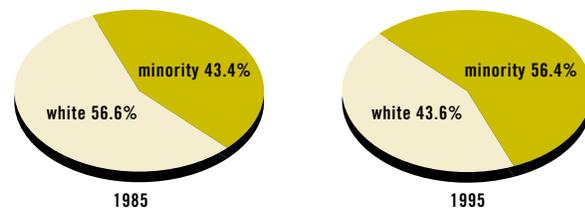


*Examples of "other" include alcohol and technical violations.

Source: Census of Public and Private Juvenile Detention, Correctional and Shelter Facilities, 1985-1995.

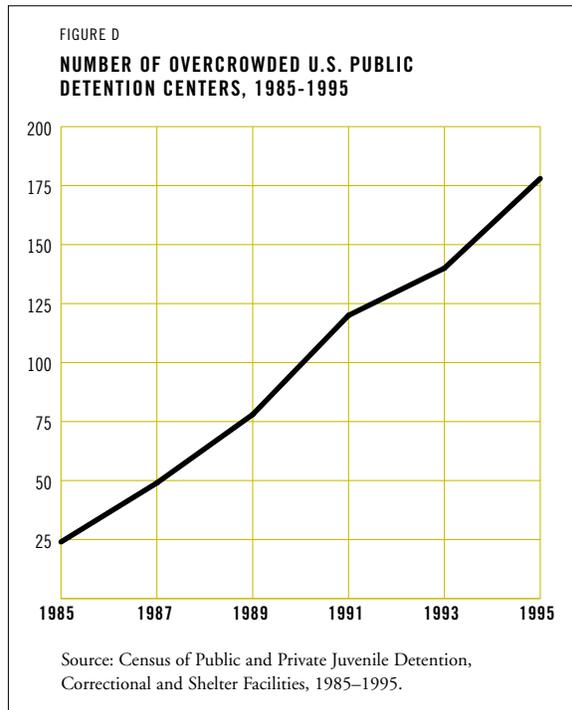
FIGURE C

JUVENILES IN PUBLIC DETENTION CENTERS BY MINORITY STATUS, 1985-1995



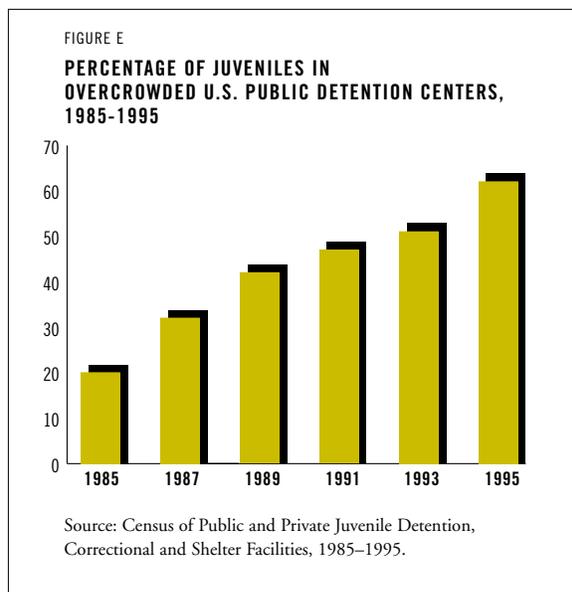
Source: Census of Public and Private Juvenile Detention, Correctional and Shelter Facilities, 1985-1995.

operating above their rated capacities rose by 642 percent, from 24 to 178, between 1985 and 1995 (see Figure D), and the percentage of youth held in over-



crowded detention centers rose from 20 percent to 62 percent during the same decade (see Figure E). In 1994, almost 320,000 juveniles entered overcrowded facilities compared to 61,000 a decade earlier.

Crowding is not a housekeeping problem that simply requires facility administrators to put extra mattresses in day rooms when it's time for lights out. Years of research and court cases have concluded that overcrowding produces unsafe, unhealthy conditions for both detainees and staff. A recently published report by staff of the National Juvenile Detention Association and the Youth Law Center summarizes crowding's impact:



Crowding affects every aspect of institutional life, from the provision of basic services such as food and bathroom access to programming, recreation, and education. It stretches existing medical and mental health resources and, at the same time, produces more mental health and medical crises. Crowding places additional stress on the physical plant (heating, plumbing, air circulation) and makes it more difficult to maintain cleaning, laundry, and meal preparation. When staffing ratios fail to keep pace with population, the incidence of violence and suicidal behavior rises. In crowded facilities, staff invariably resort to increased control measures such as lock-downs and mechanical restraints.²

Crowding also puts additional financial pressure on an already expensive public service. Operating costs for public detention centers more than doubled between 1985 and 1995, from \$362 million to almost \$820 million (see *Figure F*).

Some of these increased operating expenses are no doubt due to emergencies, overtime, and other unbudgeted costs that result from crowding.

JDAI was developed as an alternative to these trends, as a demonstration that jurisdictions could control their detention destinies. The initiative had four objectives:

- to eliminate the inappropriate or unnecessary use of secure detention;
- to minimize failures to appear and the incidence of delinquent behavior;
- to redirect public finances from building new facility capacity to responsible alternative strategies; and
- to improve conditions in secure detention facilities.

To accomplish these objectives, participating sites pursued a set of strategies to change detention policies and practices. The first strategy was *collaboration*, the coming together of disparate juvenile justice system stakeholders and other potential partners (like schools, community groups, the mental health system) to confer, share information, develop system-wide policies, and to promote accountability. Collaboration was also essential for sites to build a consensus about the limited purposes of secure detention. Consistent with professional standards and most statutes, they agreed that secure detention should be used only *to ensure that alleged delinquents appear in court at the proper times and to protect the community by minimizing serious delinquent acts while their cases are being processed.*



Armed with a clearer sense of purpose, the sites then examined their systems' operations, using objective data to clarify problems and dilemmas, and to suggest solutions. They changed how admissions decisions were made (to ensure that only high-risk youth were held), how cases were processed (particularly to reduce lengths of stay in secure detention), and created new alternatives to detention programs (so that the system had more options). Each site's detention facility was carefully inspected and deficiencies were corrected so that confined youth were held in constitutionally required conditions. Efforts to reduce disproportionate minority confinement, and to handle "special" detention cases (e.g., probation violations or warrants), were also undertaken.

In practice, these reforms proved far more difficult to implement than they are now to write about. We began JDAI with five sites: Cook County, IL; Milwaukee County, WI; Multnomah County, OR; New York City; and Sacramento County, CA. Just about when implementation activities were to begin, a dramatic shift occurred in the nation's juvenile justice policy environment. High-profile cases, such as the killing of several tourists in Florida, coupled with reports of significantly increased juvenile violence, spurred both media coverage and new legislation antithetical to JDAI's notion that some youth might be "inappropriately or unnecessarily" detained. This shift in public opinion complicated matters in virtually all of the sites. Political will for the reform strategies diminished as candidates tried to prove they were tougher on juvenile crime than their opponents. Administrators became reluctant to introduce changes that might be perceived as "soft" on delinquents. Legislation was enacted that drove detention use up in several places. Still, most of the sites persevered.

At the end of 1998, three of the original sites—Cook, Multnomah, and Sacramento Counties—remained JDAI participants. Each had implemented a complex array of detention system strategies. Each could claim that they had fundamentally transformed their system. Their experiences, in general, and the particular strategies that they implemented to make their detention systems smarter, fairer, more efficient, and more effective, offer a unique learning laboratory for policymakers and practitioners who want to improve this critical component of

the juvenile justice system. To capture their innovations and the lessons they learned, we have produced this series of publications—*Pathways to Juvenile Detention Reform*. The series includes 13 monographs, all but two of which cover a key component of detention reform. (As for the other two monographs, one is a journalist’s account of the initiative, while the other describes Florida’s efforts to replicate Broward County’s reforms statewide.) A complete list of the titles in the *Pathways* series is provided at the end of this publication.

By the end of 1999, JDAI’s evaluators, the National Council on Crime and Delinquency, will have completed their analyses of the project, including quantitative evidence that will clarify whether the sites reduced reliance on secure detention without increasing rearrest or failure-to-appear rates. Data already available, some of which was used by the authors of these monographs, indicate that they did, in spite of the harsh policy environment that drove detention utilization up nationally.

For taking on these difficult challenges, and for sharing both their successes and their failures, the participants in the JDAI sites deserve sincere thanks. At a time when kids are often disproportionately blamed for many of society’s problems, these individuals were willing to demonstrate that adults should and could make important changes in their own behavior to respond more effectively to juvenile crime.

Bart Lubow

Senior Associate and Initiative Manager

The Annie E. Casey Foundation

Notes

¹In 1985, white youth were detained at the rate of 45 per 100,000, while African-American and Hispanic rates were 114 and 73, respectively. By 1995, rates for whites had decreased by 13 percent, while the rates for African-Americans (180 percent increase) and Hispanics (140 percent increase) had skyrocketed. Wordes, Madeline and Sharon M. Jones. 1998. “Trends in Juvenile Detention and Steps Toward Reform,” *Crime and Delinquency*, 44(4):544-560.

²Burrell, Sue, et. al., *Crowding in Juvenile Detention Centers: A Problem-Solving Manual*, National Juvenile Detention Association and Youth Law Center, Richmond, KY, prepared for the U.S. Department of Justice, Department of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (December 1998), at 5-6.

WHY FOCUS ON CONDITIONS OF CONFINEMENT?

On any given day, some 24,000 youth are incarcerated in public juvenile detention centers in this country.¹ Figures for 1994 placed the annual number of admissions to public detention centers at 573,843.² In 1995, 19 percent of youth undergoing formal delinquency proceedings were held in secure detention at some point between referral and disposition.³

Many detained youth are held in facilities that fail to meet even minimum constitutional, statutory, and professional standards of care. In such conditions, some suffer terrible physical or emotional harm. Others are subjected to institutional indignities that damage already fragile self-images and that obliterate any lingering belief in fair treatment by the justice system.

The most comprehensive national study of detention conditions ever conducted, *Conditions of Confinement: Juvenile Detention and Corrections Facilities* (1994), found substantial deficiencies in living space, health care, security, and control of suicidal behavior.⁴ The study suggested other deficiencies in educational and treatment services; access to the community; and limits on staff discretion in such matters as the use of isolation, restraints, and searches.⁵

At the time of the *Conditions of Confinement* study, 23 percent of detained juveniles were held in public facilities (including detention centers, ranches, and training schools) operating under a court order or consent decree.⁶ The dismal findings of the study are confirmed in the case files of dozens of lawsuits over conditions in juvenile detention centers. Such lawsuits have resulted in injunctions or consent decrees requiring changes in institutional conditions or practices. Others have resulted in damage awards to individual families for injuries suffered or the death of a child.

Issues in detention center lawsuits have ranged from deplorable physical conditions and inadequate programs to outright brutality.⁷ They have challenged inadequate living space, with youth sleeping on floors, in hallways, in day rooms, and in isolation rooms. They have decried deplorable sanitation, ventilation, fire

safety, and building maintenance, as well as appalling access to bathrooms, which causes youth to relieve themselves in their rooms or out the window. A number of lawsuits have complained that youth are forced to wear dirty clothes for long periods or that facilities do not have enough clothing or bed linens. Yet others have protested food shortages or practices that force youth to eat in unnatural settings.

Detention centers have repeatedly been sued for failure to provide legally required minimum education and/or special education programs to youth. Additional cases have dealt with a failure to provide minimum recreation and physical exercise — especially outdoor exercise. Some have addressed the failure to provide adequate counseling and programming to detained youth. Detention center cases have often challenged improper restrictions on visiting, correspondence, telephone use, and access to attorneys as well.

A number of cases have complained about the level of violence in detention centers, including the high incidence of sexual and physical assaults. Other cases have challenged the use of repressive discipline, citing inappropriate use of force, locked room time, and mechanical restraints. Cases have also challenged the inadequacies of due process and grievance systems for youth.

Lawsuits involving conditions in detention centers have frequently cited the failure to provide adequate medical and mental health care, including screening, emergency services, and ongoing services, as well as allegations of insufficient staffing, poor staff qualifications, and lack of training. A number of cases have also complained of inadequate protection for youth at risk of suicide.

Although inadequate conditions can occur in any detention center, many of the most abysmal conditions occur in facilities that are crowded. In 1991, as JDAI was being conceptualized, 47 percent of detained juveniles were held in crowded public detention centers; by 1995, the percentage had risen to 62 percent.⁸ In 1994, some 319,806 youth were admitted to crowded facilities.⁹

The *Conditions of Confinement* study found that crowding was associated with a range of unhealthy or dangerous conditions. For example, the rate of juvenile and staff injuries was higher in crowded facilities, and the rate of injuries to juveniles increased in large dormitories. High turnover rates (more common in

crowded facilities) were also reflected in higher rates of suicidal behavior. The imposition of short-term isolation and incidence of searches of juveniles were higher in crowded facilities.¹⁰ Cases involving crowding in juvenile detention centers confirm the negative impact of crowding on every aspect of institutional life.¹¹ Not surprisingly, the study found that in 53 percent of court cases involving detention centers, crowding was an issue.¹²

Inadequate conditions are maintained at great financial cost to a jurisdiction. The expenses involved in defending against a conditions lawsuit can range from tens of thousands of dollars if the case is quickly settled to more than a million dollars if it is settled late in the proceedings or goes to trial. If damages are sought in connection with injury to or death of a child, the costs can be much greater. Inadequate conditions can also subject staff and administrators to unwanted, embarrassing publicity through reports from grand juries, advocacy groups, or the media.

Most importantly, inadequate conditions harm the very youth whose care is entrusted to the juvenile justice system. The fact that many of those subjected to such conditions are young, nonviolent, and overwhelmingly members of minority racial or ethnic groups exacts even greater costs upon already vulnerable youth. Holding them in dilapidated, crowded, inadequately staffed facilities may result in physical and emotional damage that leaves them worse off than before the system intervened. Conditions that interfere with family relations, education, jobs, and support programs may lead to future delinquency.

The Role of Institutional Conditions Work

Institutional conditions are an important key to the general well-being of a jurisdiction's juvenile justice system. Although increased population can negatively affect the institutional environment, reducing population alone will not ensure proper care and supervision for youth who remain in detention. A facility may operate at a population well under its rated design capacity and still fail to provide adequate conditions to detained youth. Accordingly, an important criterion in selecting sites for JDAI was that youth requiring detention (because they are a danger to the community or at risk of flight)¹³ be held in facilities that are safe and

humane. Prospective JDAI sites agreed to hold themselves accountable for meeting applicable constitutional, statutory, and professional standards of care.

Youth Law Center (YLC) was the technical assistance provider for the JDAI conditions work. Attorneys at YLC had earned a national reputation as experts in nearly two decades of training, litigating, consulting, and writing on conditions of confinement in juvenile facilities. The technical assistance team also included Paul DeMuro, who had led reform efforts in a number of juvenile systems and had served as an expert in a range of projects and cases involving juvenile institutions.

As part of JDAI, attorneys from YLC created a conditions assessment instrument based on constitutional and statutory law, case law, and professional standards. A baseline assessment for each site was performed in 1993. The reports were then submitted to the sites, with specific reference to what must be changed to meet applicable legal standards, and what should be changed as a matter of good professional practice. These assessments were repeated once or twice a year for the entire period of JDAI.¹⁴ Facilities in the sites remained remarkably open to this ongoing scrutiny and responded by making significant improvements in conditions and institutional practices.

What follows is a discussion of what we learned during JDAI about improving and maintaining safe, humane institutions. This *Pathways* is offered with the hope that other jurisdictions may learn from this collective experience and use it in their own work. The remainder of this chapter discusses the impact of inadequate conditions and their relationship to detention reform. Chapter 2 offers guiding principles, based on JDAI, for jurisdictions working to improve institutional conditions. Chapter 3 discusses how to develop and conduct an assessment. Chapter 4 discusses how to improve inadequate conditions or practices and presents evidence that conditions work can produce significant achievements. Chapter 5 gives advice on setting up an assessment process. Finally, Chapter 6



New York Spofford Juvenile Center.

presents a final word on how the JDAI sites will provide a system for ongoing assessment.

The Link Between Conditions and Detention Reform

Maintenance of safe, humane institutional conditions is the duty of every juvenile justice system, but it is difficult to meet that duty in systems where large numbers of youth are unnecessarily detained or held longer than needed. Unnecessary detention almost inevitably contributes to crowding, and crowded facilities have a much harder time meeting legal and professional standards for confinement. Not surprisingly, such facilities are more likely to find themselves involved in operational crises, lawsuits, and unflattering media reports. Changes in detention conditions with fluctuations in population often provide a stark barometric measure of the real-life consequences of detention practices.

The broader the permissible reasons for detention, the more difficult it is to address institutional inadequacies and meet the needs of the detained population. The detention of mentally ill youth, for example, requires special consideration in housing, staffing, and mental health services. Detaining dependent children, status offenders, and youth on INS immigration holds may be illegal; presents immediate classification/housing issues; and creates a range of problems with educational services, programming, and access to the outside world. Holding



Sacramento County Juvenile Hall.

Yvette Woolfolk

youth being transferred to adult court may be good from a policy standpoint, but it, too, creates additional housing and programming issues for the detention facility. Allowing detention to be used for post-disposition sanctions creates the need for additional counseling staff and rehabilitative programs. Each of the JDAI sites has grappled with the impact of permitting detention for these categories of youth.

This impact of detention practices on institutional conditions should serve as a catalyst to reform. In fact, earlier detention reform efforts have sometimes grown out of conditions litigation.¹⁵ Jurisdictions in which youth are held in crowded,

horrible conditions daily confirm the need to examine who is detained and why. Representatives from local juvenile facilities need to participate in detention reform to ensure that policy decisions are made with a practical understanding of how detention practices affect institutional conditions. They may give valuable insights about practices that contribute to unnecessary detention because of inefficiency, inadvertent bias, or lack of clear standards. The interplay between conditions and unnecessary detention has consistently motivated JDAI sites to work for reform.

Notes

¹“Number of Juveniles in U.S. Public Detention Centers 1984-1995,” in National Council on Crime and Delinquency, *National Juvenile Detention Data* (December 1997), presented at the Juvenile Detention Alternatives Initiative Site and National Conference, Baltimore (December 9-12, 1997).

²“Resident Admissions to U.S. Public Detention Centers 1984-1994,” in National Council on Crime and Delinquency, *National Juvenile Detention Data* (December 1997), presented at the Juvenile Detention Alternatives Initiative Site and National Conference, Baltimore (December 9-12, 1997).

³Sickmund, Melissa, “Offenders in Juvenile Court, 1995,” *Juvenile Justice Bulletin*, U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Washington, D.C. (December 1997), at 4.

⁴Parent, Dale G., et al., *Conditions of Confinement: Juvenile Detention and Corrections Facilities* Research Report, Abt Associates, Inc., prepared for the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (August 1994), Executive Summary, at 7.

⁵*Ibid.*, Executive Summary, at 12-13.

⁶*Ibid.*, at 33-34.

⁷See, e.g., “Legal Rights of Children in Institutions,” Chapter 2 in Dale, Michael J., et al., *Representing the Child Client*, Matthew Bender (1998); and Dale, Michael J., “*Lawsuits and Public Policy: The Role of Litigation in Correcting Conditions in Juvenile Detention Centers.*”

⁸Overcrowded facilities are those that had an average daily population that exceeded design capacity. “Percentage of Juveniles in Overcrowded U.S. Public Detention Centers 1985-1995,” in National Council on Crime and Delinquency, *National Juvenile Detention Data* (December 1997), presented at the Juvenile Detention Alternatives Initiative Site and National Conference, Baltimore (December 9-12, 1997).

⁹“Number of Juveniles Admitted to Overcrowded U.S. Public Detention Centers 1984-1994,” in National Council on Crime and Delinquency, *National Juvenile Detention Data* (December 1997), presented at the Juvenile Detention Alternatives Initiative Site and National Conference, Baltimore (December 9-12, 1997).

¹⁰Parent, Dale G., et al., *Conditions of Confinement*, *supra*, note 8, at 9-10, 67, 208.

¹¹Youth Law Center, *Juvenile Detention and Training School Overcrowding: A Clearinghouse of Court Cases*, San Francisco (August 1998); and see, Burrell, Sue, et al., *Crowding in Juvenile Detention Centers: A Problem-Solving Manual*, National Juvenile Detention Association and Youth Law Center, Richmond, KY, prepared for the U.S. Department of Justice, Department of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (December 1998), at 5-14.

¹²Parent, Dale G., et al., *Conditions of Confinement*, *supra*, note 8, at 33-34.

¹³These are the limited purposes for which secure detention is appropriate. Institute of Judicial Administration/American Bar Association, *Juvenile Justice Standards: Standards Relating to Interim Status: The Release, Control, and Detention of Accused Juvenile Offenders Between Arrest and Disposition* (1980), §6.6(C)(3); and see, U. S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Report of the National Advisory Committee for Juvenile Justice and Delinquency Prevention, Standards for the Administration of Justice* (1980), §2.231, §3.152 .

¹⁴Conditions work continued throughout JDAI in New York City, Cook County, Illinois; Multnomah County, Oregon; and Sacramento County, California. Milwaukee County, Wisconsin, participated only in the planning phase and an initial partial implementation phase.

¹⁵See, e.g., Barton, William H., Ira M. Schwartz, and Frank Orlando, “Reducing the Use of Secure Detention in Broward County, Florida,” Chapter 5 in *Juvenile Detention: Out of the Closet* (Draft 12-20-91), at 1.

GUIDING PRINCIPLES FOR CONDITIONS WORK

The conditions work in JDAI was guided by a number of underlying principles. These principles were essential to the success enjoyed in the sites and should play an important role in any jurisdiction wishing to engage in systematic improvement of its juvenile detention center.

1. Public Officials Are Legally Responsible for Ensuring Adequate Conditions.

Addressing dangerous or inhumane conditions cannot be deferred until budgetary restraints are lifted or a new administrator takes over the facility. The law requires governments to provide sufficient resources for facilities to do their work without violating the legal rights of those entrusted to their care. Detained youth are entitled to conditions that comply with constitutional law, state and federal laws, and state regulations. Failure to provide legally adequate conditions may result in harm to children or staff and in costly lawsuits. There is no justifiable reason for jurisdictions to fail to meet their legal obligations to detained youth.

2. Crowding Has a Negative Impact on Other Conditions.

Although inadequate conditions may occur in any facility, they are particularly likely to occur in crowded facilities. Everything is more difficult when there are too many youth in too small a space. For example, “normal” staff ratios may be inadequate to provide proper supervision during times of crowding. As a result, crowded facilities often keep youth locked in their rooms for longer than usual and curtail institutional programs such as outdoor exercise, visiting, and leisure activities. During crowded periods, many facilities exclude large numbers of children from school or force them to eat meals in their sleeping room. Crowded facilities often have trouble keeping up with laundry and building maintenance.

Administrators in crowded facilities often resort to extra-help staff who, through inexperience and lack of training, may react inappropriately to the inevitable tensions created by overcrowding. Administrators may also require regular staff to work inordinate numbers of overtime hours or shifts, which may

compromise their ability to work effectively in already stressful circumstances. In either case, crowding leads to depleted human resources at a time when the need for a strong, experienced staff is greatest.

Staff in crowded facilities often lack the time to anticipate and prevent explosive behavioral situations; therefore, they may resort more quickly to repressive measures such as isolation or use of restraints to deal with such incidents. It is more difficult in crowded facilities to notice and protect vulnerable youth, especially those at risk of suicide. It is common in crowded facilities for children to ask to be placed in protective isolation because they do not feel safe or cannot cope with the lack of privacy in crowded living units.

The negative effects of crowding on institutional conditions are often dramatic and measurable. Jurisdictions should assess the impact of crowding and use that information to press for reforms in detention practices to resolve institutional inadequacies.

3. Leadership at Multiple Levels Is Essential to Improve Conditions.

Meaningful change in institutional conditions demands strong leadership within the institution and in the greater juvenile justice community. Otherwise, good ideas and plans will never be translated into practice. Institutional administrators must have vision, personal charisma, and determination in order to change existing policies and practices. Unless they demonstrate the value of proposed change to front-line staff, there will be no shift in daily practice. As part of this process, well-respected front-line staff should be included in the development and implementation of any significant policy change to maximize attitudinal “buy in” and address potential resistance to change.

In addition, it is essential that the jurisdiction’s juvenile court judges be involved in efforts to assess and improve institutional conditions. Active support by the judges provides important visibility to these efforts and enhances the ability of key players to exercise leadership in bringing about needed change. At the same time, prosecutors, defense attorneys, probation officers, court administrators, and others involved in the juvenile justice system should be brought to the table to work for improved institutional conditions. Often, their actions outside the facility have an impact on conditions inside, so they need to be a part of the discussions.

Some of the resources or political will needed to improve conditions may not be controlled by the institution itself. Thus, it also may be important for institutional leaders to identify and work with members of the local government that has fiscal responsibility for the facility (for example, the county commissioners or board of supervisors).

4. Assessments Should Focus on Best Professional Practice.

Any juvenile justice system seeking to improve institutional conditions should lift its sights beyond providing the bare minimum legal requirements. Although constitutional law and statutes protect important legal rights, they do not address many policies and practices that have a direct bearing on the well-being of detained youth. Accordingly, jurisdictions should work for policies and practices that represent best professional practice, even though they are not strictly required by case law or statutes. Sometimes, but not always, the standards of professional associations may help to define best professional practice where such gaps in the law exist. In areas lacking specific legal or professional guidance, best professional practice may need to be developed by analogy to existing standards and the underlying principles of the juvenile justice system.

5. Attitudes Are an Important Part of Changing Conditions.

In any detention center, there is an attitudinal climate that sets the tone for how youth are treated. Some facilities, for example, exude an attitude that says “we are afraid of the kids” or “these kids are just thugs.” Others display an attitude that says “it’s our responsibility to teach kids to exercise good judgment.” These unspoken attitudes dramatically affect institutional practices. Institutions where youth are feared or considered to be thugs are more likely to focus on harsh security and control measures than those that view themselves as playing a role in helping youth to develop better decision-making skills. Replacing punitive, negative attitudes with supportive, humane attitudes can be accomplished through strong leadership and ongoing staff training. This is an essential part of improving institutional conditions.

6. Adolescent Developmental Needs Must Be Taken Into Account.

In determining appropriate conditions for juvenile facilities it is crucial to recognize that detained youth are different from adults. All are undergoing the change from childhood to adulthood in their physical, intellectual, social, and emotional development. Some are chronologically young as well. This means that conditions or practices that would be considered acceptable for mature adults may not be acceptable for this population.¹

In forming program and visiting policies, for example, facility administrators need to consider the importance of family involvement and maximize the opportunities for family visiting and participation. In addition, they should understand that oppositional behavior is normal for adolescents, and staff should be trained to avoid escalating minor confrontations or disruptions into major incidents. In drafting search procedures, conducting group counseling, and designing living space, facility administrators and staff should be sensitive to adolescents' particular need for personal privacy. Similarly, in setting the maximum length for disciplinary room confinement or appropriate time limits for responding to grievances, they should be sensitive to differences between youth and adults regarding perception of time.



Yvette Wolfolk

Sacramento County Juvenile Hall.

It is also important for juvenile facilities to provide the activities and support youth need for healthy development. Youth need opportunities to constructively channel their energy, to demonstrate competence, to develop social skills, and to participate in planning activities.² These developmental needs must be recognized and accommodated in institutional practices.

Notes

¹Roush, David W., *Desktop Guide to Good Juvenile Detention Practice: Research Report*, National Juvenile Detention Association, Richmond, KY, prepared for the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (October 1996), at 48-50.

²*Ibid.*, at 47-48.

FRAMEWORK FOR ASSESSING CONDITIONS OF CONFINEMENT

This section discusses the development of the assessment instrument and on-site inspections. The steps described here can be applied by any jurisdiction wishing to develop a conditions assessment process.¹

Sources of Legal Obligations

One of the requirements for JDAI sites was that their detention centers meet all applicable constitutional and statutory law. Thus, in creating the assessment form, YLC took into account several primary sources of legal obligations.

First, the assessments addressed rights under the U.S. Constitution. The Bill of Rights to the Constitution also applies to detained children, ensuring them the rights to privacy, association, and free exercise of religion under the First Amendment; the right to certain protections against unreasonable search and seizure under the Fourth Amendment; the rights to counsel and access to the courts under the Sixth Amendment; and the right not to be deprived of liberty without due process of law under the Fourteenth Amendment. State constitutions can provide an independent source of constitutional protections that parallel, and in some instances exceed, those in the federal Constitution.

Many of these rights have been discussed in court cases interpreting constitutional principles. For example, a particular case may decide whether long-term isolation violates constitutional due process protections. Another case may decide whether an institutional strip search violates constitutional search-and-seizure protections, and still another may decide whether detained persons have the constitutional right to participate in particular religious practices. Several of the documents listed in the Resources section beginning on page 49 describe particular cases and decisions interpreting these constitutional guarantees.

The JDAI assessments also encompassed federal statutory law and some state laws. For example, they included protections under the federal Individuals with Disabilities Education Act (20 U.S. Code §1400 et seq.) and the Juvenile Justice and Delinquency Prevention Act (42 U.S. Code §5601 et seq.). They also took

into account the existence of particular state laws. For example, Oregon law (O.R.S. 169.740(g)) requires detained youth to be in school programs after five judicial days of detention; this became the frame of reference for assessing school entry in the Multnomah site.

In addition, the assessments took into account administrative law pertinent to individual sites. In California, for example, the California Code of Regulations (15 California Code of Regulations §4266 et seq.) contains the “Minimum Standards for Juvenile Halls.” These were used for reference in conducting the assessments in the Sacramento site and eventually were incorporated into a more detailed inspection instrument.



Yvette Woolfolk

Sacramento County Juvenile Hall.

The JDAI assessments also included accepted professional standards. Although such standards do not carry the binding force of law, courts often use them in deciding whether constitutional guarantees have been violated.² For some issues, we looked to the American Correctional Association (ACA) *Standards for Juvenile Detention Facilities*.³ Although the ACA standards are vague in certain areas of institutional practice, they are helpful in providing guidance for good practice in areas where there is scant authority in case law or statutes.

For medical and mental health issues, the assessments incorporated the National Commission on Correctional Health Care (NCCHC) *Standards for Health Services in Juvenile Confinement Facilities*.⁴ The assessments also included guidance on some issues from the Institute of Judicial Administration and American Bar Association (IJA/ABA) *Juvenile Justice Standards* (1980) and the National Advisory Committee for Juvenile Justice and Delinquency Prevention (NAC) *Standards for the Administration of Juvenile Justice* (1980).⁵ Both were published in 1980, but the background and commentary they contain continue to be useful and courts still rely on them.

Issues for Assessment

Most institutional conditions issues fall into topical clusters. Years ago, YLC developed a mnemonic device that captures the major areas of institutional conditions and practices and is easy to remember: C.H.A.P.T.E.R.S.⁶ In creating an assessment instrument for JDAI, YLC began with the following C.H.A.P.T.E.R.S. issues as a base:

- C**lassification and separation issues
- H**ealth and mental health care
- A**ccess to counsel, the courts, and family
- P**rogramming, education, exercise, and recreation
- T**raining and supervision of institutional staff
- E**nvironment, sanitation, overcrowding, and privacy
- R**estraints, isolation, punishment, and due process
- S**afety issues for staff and confined children.

Meaningful assessment of conditions should encompass all of the C.H.A.P.T.E.R.S. issues as measured by constitutional and statutory law and by professional standards. It should also include issues not specifically addressed in case law or statutes that affect the safe, humane treatment of youth or have the potential to result in litigation. For example, there may not be a legal prohibition of the use of pepper spray in the jurisdiction, but assessments should still look into pepper spray use that may lead to injury and liability problems if it is used for non-emergency situations, is used on youth with underlying health problems, or is used in violation of manufacturer's instructions. Similarly, there may be no legally required time limit within which youth in "dry" rooms must be released to use the bathroom, but assessments certainly should determine whether the facility is providing prompt release.

For each condition or practice, the assessment should look at whether there are written policies or procedures; whether actual practice is consistent with written policies and procedures; and whether the policies, procedures, and practices meet constitutional or other legal requirements.

In JDAI, the assessment instrument was created with the goal of producing comparable reports across the sites. At the same time, the actual assessments were individualized with respect to particular situations in the sites. In Multnomah County, for example, the settlement agreement in a class action lawsuit over conditions was still in effect at the time of the initial assessment. Accordingly, the Multnomah assessments encompassed the specific issues covered by the settlement agreement.

Pre-Inspection Document Review

Comprehensive conditions assessments are greatly enhanced by pre-inspection document review. Background materials, including organizational charts, past inspections and audits, program descriptions, budget materials, and task force reports, can provide important insight into the history of the facility, relevant political issues, and institutional conditions as evaluated by other entities. In addition, it is helpful to review specific institutional documents bearing on assessment issues. These include:

- The current manual of written policies and procedures, including any revisions since previous assessments, covering but not limited to outdoor recreation; disciplinary practices; use of room confinement, isolation, and restraints; due process; handling of youth with special needs; medical and mental health services; intake procedures; visiting; and staff training.
- Manuals or handbooks used in the facility, including any handbooks of juvenile rights and any health services or mental health procedural manuals.
- Daily records of outdoor recreation and gymnasium use for a specified period (e.g., past six months).
- Statistical compilations of incidences of locked-room time, isolation, and restraints for a specified period (e.g., past six months), preferably by living unit.
- Reports of behavioral crises, fights, suicide attempts, use of force/restraints, or other unusual incidents for a specified period of time (e.g., past six months).
- Suicide watch reports or records for a specified period of time (e.g., past six months).

- Audits, inspections, or accreditation reports conducted by professional groups (e.g., ACA or NCCCHC).
- Inspection reports from other public agencies, including health and sanitation, fire safety, and education/special education agencies.
- Records showing current staffing and changes since previous assessments.
- Grievances for a specified period (e.g., past six months).
- Child abuse complaints or citizen's complaints relating to staff or treatment of youth in the facility.
- Records of active lawsuits involving conditions or treatment of children at the facility.
- Documentation of the facility's education/special education program and changes in staff and administration, screening, class schedules, curriculum, record gathering, and transfer of records.
- Records of staff training.
- Food services records, including menus and dietary guidelines and recent changes.
- Other documentation needed to understand institutional operations or changes.

Although it was unusual to receive all of the requested documents in advance of JDAI assessments, it helped to review some portion of them ahead of time. They provided the assessment team with a quick overview of recent developments, facilitated comparisons with past assessments, and suggested areas for follow-up during the actual assessment.

Review of documentation of institutional policies and practices serves an additional purpose. The extent to which a facility keeps records about significant issues is often indicative of the clarity of policies and level of administrative oversight for those issues. Failure to keep records or inability to quickly gain access to those records may be symptomatic of bigger problems. For example, if the facility is



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unable to produce records documenting placement of youth on suicide risk status, the use of isolation, or the use of restraints, the inspectors should be extremely concerned about the handling of those youth and the adequacy of administrative review.

Conducting the Conditions Assessments

Assessment teams should include personnel competent to complete the inspection instrument. Generally, this requires several inspectors working for two to three days in the facility. Efforts should also be made to ensure continuity of assessment practice through successive assessments. This helps ensure that changes over time are accurately perceived and contributes to efficiency in the inspection process. To this end, there was always at least one YLC attorney present for JDAI assessments, and to the extent possible, there was continuity in the make-up of assessment teams.

Formal assessment dates should be scheduled when most people who will be interviewed are available and should allow sufficient time to observe youth in a range of institutional activities and situations. Staff may be helpful in arranging meetings and interviews to make the most of on-site time. At the beginning of each visit, assessment teams should meet with institutional administrators and key staff to learn about recent developments and work out remaining details for the inspection schedule.

Although scheduling may vary, assessment visits should include a walk-through tour of the facility and interviews with the school administrator, teachers, mental health staff, medical staff, those in charge of the recreation/physical exercise program, and the food services administrator. During JDAI, additional interviews were often scheduled with other key staff, including the person in charge of the policies and procedures manual, the grievance coordinator, or staff in charge of special detention center programs. During each assessment, time should be allotted for eating meals with youth in the living units, talking to line staff, and interviewing youth at random. Assessment team members should try to reach a representative cross-section of youth in regular living unit programs, as well as youth in special situations, such as disciplinary lockup or suicide risk status. Youth

should also be interviewed both in groups and individually, with private settings available to discuss sensitive issues or to alleviate fears about retaliation by staff or other youth.

It is important in the assessment process to ask youth, line staff, and administrators about the same issues. Inspectors often receive significantly divergent views, even about issues that appear to be straightforward. For example, staff may report that youth receive clean underwear on a daily basis and administrators may confirm that this is the official policy, but if six youth in a living unit say they have had the same underwear for a week and a half, this becomes an issue that should be reported and resolved.

A second reason for interviewing as many people as possible at all levels is that it gives inspectors a broader base from which to assess individual comments. Sometimes it is difficult to know whether particular complaints are true or not, so the more information inspectors have available, the easier it is to evaluate the information and determine the need for further investigation.

A third reason to interview as many youth, staff, and administrators as possible is to understand the institutional climate. Through the interviews, the assessment team can learn a great deal about staff's perception of their role, that is, whether they are "guards" or whether they are there to provide guidance and support to youth during the period of detention. The interviews may often provide important insights into whether youth in the facility feel safe and whether they believe they are being treated fairly. These perceptions may also suggest additional areas for the inspectors to explore. The interviews may also shed light on administrators' attitudes about the institution and their ability to provide effective leadership.

Whenever possible, the assessment team should observe institutional operations during both the day and night hours. During JDAI, observation in living units facilitated our review of pertinent records that might not otherwise be available to us because many would not normally be kept in a central location or would not be permanently recorded. These records include unit logs kept by living unit staff to track daily activities, problems, and special needs of youth on the unit;

posted rules; listings of “level” status of young in the behavior management system; and other notices on bulletin boards.

Time should also be reserved for reviewing whatever documents were not furnished prior to the assessment visit and for asking staff responsible for particular documents to explain anything that isn’t clear. In addition, at least one member of the assessment team should take responsibility for looking more closely at physical conditions (plumbing, room temperatures, evidence of insect infestation, etc.)



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that may otherwise escape attention during the walk-through tour.

Toward the end of each assessment visit, the inspection team should meet with administrators and key staff to discuss significant findings. During the JDAI assessment, our findings seldom came as a surprise to institutional administrators and staff, and in many instances plans were already under way to resolve deficiencies. Nonetheless, such “exit” meetings give inspectors and institutional staff an

opportunity to discuss what will appear in formal assessment reports and provide an opportunity to fill in missing information and clear up any misinterpretations. Formal assessment reports should then be prepared and submitted to the facility administrator.

Notes

¹The development of an assessment process is also described in Burrell, Sue and Warboys, Loren, *Working Together: Building Local Monitoring Capacity for Juvenile Detention Centers*, Youth Law Center, San Francisco (July 1997).

²*Rhodes v. Chapman* (1981) 452 U.S. 337, 348 n. 13.

³American Correctional Association, *Standards for Juvenile Detention Facilities* (3d. Ed., 1991 & Supp. 1996).

⁴National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Confinement Facilities* (1995).

⁵Institute of Judicial Administration/American Bar Association (American Bar Association Joint Project on Juvenile Justice Standards), *Juvenile Justice Standards* (1980); U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Report of the National Advisory Committee for Juvenile Justice and Delinquency Prevention, *Standards for the Administration of Justice* (1980).

⁶“C.H.A.P.T.E.R.S.” is explored at length in *Representing the Child Client* (Matthew Bender, 1998), Chapter 2, “Legal Rights of Children in Institutions,” *supra*, note 11.

IMPROVING CONDITIONS IN JUVENILE DETENTION FACILITIES

The JDAI assessments produced periodic snapshots of conditions and practices in detention facilities. They also produced a great deal of information about what it takes to improve and maintain conditions in juvenile detention facilities. This chapter presents the essential elements for success in this work.

Merging Policy and Practice

Over the course of JDAI, the assessments revealed a number of situations in which actual practice looked quite different from written policy and procedure. For example, on paper, the Sacramento site's elaborate grievance policy had all the necessary components. It required that there be grievance forms available to youth in all units, a box in each unit in which to place written grievances, a process and timeline for resolution of grievances, and a process to inform youth of the resolution. However, interviews with youth revealed that the written policy was often not followed. Staff actively discouraged youth from submitting grievances and, in some cases, destroyed the grievances or made it clear that grievances would not be conveyed to the due process officer. Even when grievances were considered, youth often received no response. Once the discrepancy between policy and actual practice were identified, Sacramento County made sure that grievances were handled according to the formal policy.

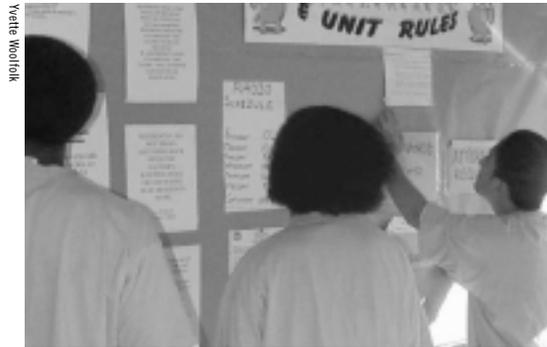
Ensuring Uniformity in Systems

The JDAI assessments also revealed a need for detention facilities to have uniform, formal policies and procedures in place. An obvious example of this was the need for a manual of policies and procedures governing all areas of institutional practice and conditions. Such a manual provides uniform guidance to administrators, staff, and confined youth on how particular problems or issues are to be handled. This serves as a training tool for new employees, a reference tool in the event of problems, and a tool for ensuring continuity of practice in the event of administrative

changes. A manual also increases the likelihood that institutional policy will be developed to conform with legal and professional standards.

Initially, the prospect of a comprehensive, current manual was a problem in some JDAI sites. Some had several policies and procedures that were out-of-date or had institutional practices that had never been formalized into policy. Sacramento County, for example, did not have a consistent discipline policy, which contributed to the erratic application of restraints and isolation. Each of the sites took steps to improve and update their manuals, although this continued to be an issue over the course of JDAI.

Therefore, there was recognition during JDAI of the need to create new procedures to ensure uniformity around particular practices. For example, the Multnomah site recognized that staff in different living units imposed different rules about allowing youth to have pencils. This resulted in confusion for youth who transferred between living units and for staff who worked in more than one part of the facility. Staff discussed the merits of various approaches to this issue and then voted on whether to allow youth to have pencils. This was an excellent exercise in staff development. It ensured that the resulting procedure had been discussed by all involved and agreed upon by those who would enforce it.



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Using Data to Improve Conditions

One of the most helpful aids to understanding institutional practices is data collection and analysis. During JDAI, Multnomah County periodically compiled data on the use of room confinement, room lock, and isolation by living unit. This provided an excellent means of tracking whether use of locked-room time was increasing or decreasing and whether its use was greater in particular living units. This analysis enabled administrators to demonstrate that use of locked-room time substantially decreased after occupation of the new facility, which improved staff interaction with youth and better supervision, and after implementation of

policies and procedures that encouraged the use of sanctions other than locked-room time went into effect.

In the Sacramento site, data collected through formal incident reports made it possible to track the occurrence of behavioral incidents (and reduced use of restraints and isolation) as the new discipline policies were developed and the behavior management system was introduced. In addition, the consulting psychiatrist began to track the incident reports as a way to improve staff intervention in behavioral incidents and instituted regular “restraint review” meetings to discuss recent incidents in which restraints had been used. The use of restraint decreased significantly after the facility instituted the review meetings and expanded staff training on behavioral intervention. Expanded data on behavioral incidents thereby played a critical role in improving staff intervention in behavioral incidents and in documenting changed practice.

Similarly, in New York, child abuse reports documented the steps that administrators took to investigate reports of abuse of children by staff. Also in New York, medical incident reports revealed the extent of injuries to youth that required medical attention, indicating continuing confrontations among youth and between staff and youth. These documents helped to show that institutional problems were positively correlated with crowding and that there was a need for additional staff training and development.

Developing Knowledgeable Facility Administrators

One of the truths of institutional life is that reality does not always match written policy and procedure. A corollary truth is that administrators are not always aware of this discrepancy. In most instances, facilities administrators in the JDAI sites did have an excellent knowledge of what was going on in their detention centers. When glitches occurred, they were generally quick to respond with appropriate measures.

One of the most important lessons learned from JDAI was the importance of having administrators



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Margarita Méndez

spend time in the living units. In one very startling incident during an assessment, inspectors arrived at a living unit to find no staff present and children who were left completely unsupervised. Although this was not a recurrent problem, it demonstrates that administrators need to be present in the living units to find out about and guard against such occurrences.

Apart from preventing dangerous situations, the administrator's presence in living units served a secondary function of helping youth to feel more comfortable and relaxed. In several of the sites, administrators knew many youth by name and regularly checked on how they were doing. In New York, for example, the superintendent frequently walked throughout the facility so that youth felt comfortable approaching him. This also helped to support staff, especially when they were supervising youth with difficult behavioral or emotional problems.

Changing Behavior of Key Players

Improving conditions sometimes requires a change in institutional culture. Jesse Doyle, the Cook County facility administrator, pointed out that supervisors cannot sustain change by themselves — if the front-line staff do not accept change, nothing will be different in the living units.¹ Similarly, John Rhoads, a past administrator for the Sacramento facility, emphasized the importance of involving the “front-line troops” in the planning process so that they fully support the institutional and attitudinal shifts necessary to implement significant changes in policies and practices.² It is difficult to change long-entrenched attitudes and practices, but it can be done. Often, poor attitudes emerge from limited perceptions about alternatives. Training can increase staff confidence and provide a broader range of options for staff to consider.

In Sacramento, staff believed that the institution could not function without the use of pepper spray and the frequent use of restraints and isolation. It took strong administrative leadership and ongoing practical training through the facility psychiatrist before staff felt comfortable with and



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ELIMINATING PEPPER SPRAY IN SACRAMENTO: A CASE STUDY IN CHANGE

When JDAI began, the Sacramento facility was using pepper spray to intervene in behavioral incidents, reflecting a climate in which staff felt unsafe and overwhelmed about dealing with aggressive or “acting out” youth. During the course of JDAI, through determined administrative leadership, staff received additional training on de-escalation techniques and communication skills. They reviewed incident reports with the faculty psychiatrist and discussed different methods for avoiding crises or responding in a better way. A new behavior management system was implemented that focused on rewarding positive behavior instead of punishment. Staff learned that they could prevent violent incidents and effectively intervene without pepper spray. At this point, the administrator eliminated the use of pepper spray in the detention center. Through conscious efforts to change attitudes and provide staff with the skills needed to succeed, Sacramento adopted much more humane behavior intervention techniques.

learned the value of alternative methods of resolving confrontations and managing behavior. This change was part of a more general effort, led by administrators, to shift the focus and mission of the facility from custody and control to quality care and programming.

In Cook County, the initial assessment found that staff on the living units seldom interacted with youth, and many believed that it was actually better to keep their distance from youth. Staff in some units spoke to youth in disparaging tones and treated them in demeaning ways. It was common to see staff drinking coffee and talking with each other, completely disengaged from what was occurring in the living unit. Although these were not strictly legal issues, they had a big impact on morale and the tenor of daily institutional life. The incoming administrator made these issues a focus of his agenda. Over time, the facility developed a written mission statement that encouraged staff interaction with juveniles. Staff were increasingly brought into efforts to improve institutional policy through a Total Quality Management program, and eventually everyone from cooks and custodians to group services staff was involved in developing a strategic plan and a common system of values. The institution also began publishing a newsletter and sponsoring facility-wide staff activities to boost staff morale and confidence. Finally, a new system that increased mid-level supervision of line staff provided an additional source of guidance for them. As a result of these efforts, poor interaction between staff and youth ceased to be a major problem.

Similarly, in Multnomah County, staff had traditionally relied on locked-room time to deal with youth who were repeatedly disruptive or having problems

conforming in regular living unit programs. Many of these youth had underlying mental health problems, and this approach left most of them in semi-permanent lockdown status. With assistance from a mental health consultant, administrators and mid-level supervisors discovered options other than locking youth in their rooms to enable them to participate more fully in institutional programs. These options could include drafting behavior contracts, assigning a staff member to work one-on-one with the child, and other modifications needed to help the child succeed. Eventually, living unit staff were brought into the process of identifying youth having difficulties and meeting with mental health staff and supervisors to develop special programs that relied much less on locked-room time.

One of the attitudinal issues that demands attention is the perception that detained youth are different from other youth. This may grow out of a societal view that expects poor and minority youth to be in custody and sanctions a willingness to suspend the rules that apply to other youth. This devaluation of detained youth is often reflected in institutional practices. As Paul DeMuro put it, “What always amazes me, you can go to a facility, and it reeks of urine and this or that, and the staff act like they don’t see it for that kid.”³

The perception that “these kids” are different may result in institutional practices that would never be tolerated by parents or other authorities on the outside. This attitude also creates a significant barrier to treating youth with respect and to meeting their individual needs. As Joe Marshall, of the immensely successful Omega Boys Club has pointed out, our collective responsibility must be to “Do for them what you would do for your own children.”⁴ The value of each child needs to be reflected in every aspect of institutional practice.

Several examples of this concept emerged from the conditions work during JDAI. Some, such as the humanizing of disciplinary practices in Sacramento County and increasing staff interaction with youth in Cook County, have already been discussed. Others were not as dramatic but stand out in their recognition of the humanity of detained children and of the goal of making life in the facility less institutionalized. The Multnomah County site created a wall surface that allowed children to personalize their sleeping rooms with photos from home or other

decorations. During one of the assessment periods, they also surveyed children about the food in an effort to make meals more appealing. Social scientists from Northwestern University surveyed young women in the Cook County facility and developed an excellent report on service needs. This provided a good opportunity for detained youth to express their views on issues affecting their lives. The Cook County facility also developed awards for individual living units to reward cleanliness, unit decorations, and school attendance. This resulted in a more positive and cohesive attitude among youth.

New York actively developed exemplary cultural and community programming



New York Spofford Juvenile Center.

Sarina Rorfe

for its detention facility. Staff committees were created to plan activities for holidays and special events (Black History Month, Women's History Month, and a health fair) and classes on life skills, arts and crafts, independent living, substance abuse, health, sports, and recreation. In addition, the newly assigned Special Coordinator for Programs brought in artists, musicians, deejays, representatives of community programs, athletes, and community leaders to work with detained youth. These

efforts engaged youth in supportive, helpful ways and tapped into their potential for positive growth.

Achieving Institutional Change Requires Collaboration

It was clear from the JDAI work on conditions that change often requires collaboration across the institutional community. Depending on the issue, the participation of medical, mental health, and education personnel may be important in developing detention center policy.

Thus, in New York, mental health staff have worked closely with school staff to develop individualized education programs. As already discussed, Multnomah County made great strides in dealing with disruptive children by involving a mental health consultant in the creation of special programs. Similarly, Sacramento County's success in the changeover from restraint, isolation, and

pepper spray to an effective behavior management system emerged largely out of collaboration with the facility psychiatrist and mental health staff. They provided training on de-escalation techniques and conducted regular interdisciplinary group reviews of incidents involving restraints and isolation.

Conditions work during JDAI also demonstrated the need for collaboration with agencies outside the detention center. In Multnomah County, for example, detention center staff worked with other juvenile justice agencies to maintain an ongoing management system to keep its detention population below the facility's rated capacity. Although litigation was the initial impetus for the system, Multnomah continued to use it long after the litigation ended. This had a long-term, positive effect on institutional conditions in the detention center. In addition, medical and mental health staff in Multnomah had been frustrated by their inability to follow up on conditions or illnesses discovered during detention. As JDAI drew to a close, facility staff joined with the Multnomah County Behavioral Health Division in a project, funded by the Annie E. Casey Foundation, to provide follow-up and linkage to health and mental health resources in the community. This collaborative effort initially grew from discussions occurring as part of conditions assessments at the site.

Responding to Changing Conditions

Although each of the JDAI sites improved conditions in a number of areas, each also experienced setbacks that threatened their achievements or raised new concerns. Each of the sites has faced increased population pressures as a result of changes in their jurisdiction's handling of youth being transferred to adult court. In Multnomah County these pressures resulted from a series of political bombshells. The enactment of Ballot Measure 11, which requires juvenile offenders to spend long-term, adult-style determinate sentences for particular crimes, means that many Ballot Measure 11 youth spend months in the detention center awaiting trial in the adult system. The facility has responded by developing special groups that help these youth cope with the prospect of long-term incarceration, providing enhanced visitation and, whenever possible, making housing assignments that allow them to participate in normal living unit programs.

Although many of the unanticipated developments during JDAI have occurred in political arenas outside the detention centers, they have had a significant impact on institutional population levels and service needs. Jurisdictions working to improve conditions need to be alert to the potential impact of political, legislative, or fiscal decisions and be ready to step in with effective programs and services to meet changed needs.

Establishing Reasonable Expectations and Sustaining Results

Some improvements in conditions and practices may be accomplished immediately; others may take years to achieve. In the Sacramento County site, several improvements were accomplished quickly — the facility made repairs to the physical plant, increased medical services, scheduled and conducted regular fire drills, increased visiting hours, and developed a new mail policy. In addition, the administrator, John Rhoads, significantly reduced and ultimately prohibited the use of chemical restraints in the facility, keeping chemical restraints under his personal control until they were phased out. Other changes took more time — the new behavior management system was developed and instituted over the course of a year and tested in two living units before being implemented throughout the facility. These issues took longer because staff thought they were already doing a good job and saw no need for change. Administrative staff needed to open minds to other ways of behavior management, which took time to accomplish. Some problems, such as admission of youth with severe mental health problems, continued to frustrate administrators, mental health professionals, and staff but became the focus of collaborative efforts with other agencies.

In the New York site, the Commissioner of the Department of Juvenile Justice ordered changes in the suicide watch room on the very day the assessment team pointed out problems. Similarly, the establishment of staff committees and designation of a Special Coordinator for Programs quickly led to extensive improvements in cultural and community programming for youth. Other matters took more time, such as the school's development of individualized math and social studies programs and reduction of the time between admission and entrance into school. Some

problems, such as vacancies in caseworker positions and revisions of practice to facilitate personal phone calls by youth, were never resolved during JDAI.

In assessing the time required to achieve change, jurisdictions also need to recognize that improvements may not always be sustained. In Multnomah County, the facility had instituted a solid grievance system that appeared to function well. In a later assessment, however, inspectors found that grievances were not being answered for several weeks and in some instances were not answered at all. Few responses demonstrated meaningful efforts to talk to the parties involved and many reflected a blatant bias toward staff. The assessment team learned that the grievance coordinator had been working at night and had a great deal of job stress. Facility administrators worked with the grievance coordinator to resolve deficiencies in the process and, by the next evaluation, the grievance process had been largely restored to its previous high standards.

Efforts to maintain conditions must be persistent and ongoing. Even in the “best” facility with the most active, enlightened staff and administrators, some changes take time and unexpected events may necessitate changes in policy or practice. As John Rhoads, from the Sacramento County site, pointed out, “I think that there are maybe a few institutions around this country that maybe two or three months out of the year are running at peak performance, and you’d have to catch them exactly the right time, because we’re always up, down, struggling to get back to where we want to be.”⁵

Conditions Work Can Bring Dramatic Change

At the beginning of the initiative, the detention facilities in each JDAI site already had many conditions and programs that exceeded minimum legal requirements. At the same time, each facility needed to make changes to meet legal and professional standards. The willingness of the sites to open their facilities to ongoing critical assessment paid off in ways that exceeded all expectations. Each of the sites experienced big improvements in significant areas. Although population pressures in some of the sites caused fluctuations in particular conditions throughout the initiative, even those sites achieved and sustained notable improvements. Many of the achievements are described throughout this *Pathways*.

In addition, the following chart summarizes conditions achievements by site over the period of JDAI using the C.H.A.P.T.E.R.S. analysis. Although this summary is limited in that it does not reflect many good conditions and practices existing in these facilities long before JDAI (which did not need to be changed), it does demonstrate the range and depth of many of the changes that occurred. Significantly, many of the changes were in areas relating to education, programming, and the development of more humane ways to deal with behavior issues. Although JDAI cannot claim full credit for every change accomplished over the five-year period, the initiative heightened awareness of issues needing attention and provided direction to the sites about applicable legal and professional standards.

The JDAI institutional conditions work has resulted in an additional benefit that may not be immediately apparent from the chart of achievements. Although the initial prospect of opening the facilities to outside advocates caused some trepidation, the assessment process itself has become a valuable tool to further institutional change.

For detained youth, the regular assessments have provided a forum for voicing their concerns to the inspection team about a range of institutional conditions. By raising many of the issues, conditions have improved. For the facilities themselves, the assessment process has provided an independent, objective evaluation of compliance with minimum standards. The sites have actively used the assessment as a mirror that allows staff to see the impact of existing practices and to realize the need for change. In each of the JDAI sites, the assessments have also provided a base from which to advocate for additional resources. These assessment efforts have decreased the chances of harm to children and youth and the attendant risk of litigation. They have also resulted in site facilities that are fairer and more humane. Moreover, through the assessment process, policymakers have had access to much better information about what really happens to detained youth in their local facilities. Judges, defenders, and members of the juvenile justice community in each of the sites used this information to work for detention reform and to better allocate juvenile justice resources.

In addition, the assessment process has heightened awareness of existing conditions and ensured collaboration among those who will address the need for change.

Leaders have emerged through this process who will work to sustain past achievements and advocate for ongoing improvement of institutional conditions for detained youth. The administrator from the Cook County facility, Jesse Doyle, pointed out that by viewing the conditions assessments as “challenging rather than fighting reports,” the facility has used them for self-education and staff development.⁶

CONDITIONS ACHIEVEMENTS DURING JDAI (1993-1997)⁷

This is not an exhaustive summary, and the presence or absence of particular issues should not be construed as a comment on such issues at the sites before, during, or after JDAI.

CLASSIFICATION AND SEPARATION ISSUES

- New York instituted housing classification and improved sleeping areas for girls.
- New York improved housing conditions and supervision for youth at risk of suicide.
- Sacramento eliminated its earlier biased classification system for gay and lesbian youth.

HEALTH AND MENTAL HEALTH CARE

- Cook enlisted its facility psychologist to train intake staff about suicide risk and screening for mental health issues.
- Multnomah increased the involvement of mental health staff in special programs for youth with behavior problems.
- Sacramento increased physician, dental, and nursing services and access to specialist services; improved its screening and physical examination process; and decreased sick call response time.
- Sacramento held team meetings of judges and probation, unit, education, medical, and mental health staff to discuss education and other needs of special-problem youth.

ACCESS TO COUNSEL, THE COURTS, AND FAMILY

- Cook developed a detention response unit to interview detained youth prior to the appointment of counsel and detention hearing.
- Multnomah public defenders improved pre-detention hearing interviews of detained youth.
- New York created opportunities and events for family involvement at the facility.
- Sacramento developed plans for a visitor's center to increase the length and frequency of visitation and to allow family other than parents to visit.

PROGRAMMING, EDUCATION, EXERCISE, AND RECREATION

- Cook brought in significant programming from community providers, including art classes, drama, choir, 4-H Club, and Girl Scouts.
- Cook increased the provision of “large-muscle” exercise and gymnasium use.
- Multnomah obtained an on-site school principal, expanded the school day to five-and-one-half hours, improved record gathering, developed an academic curriculum, received approval to conduct GED tests, added certified special education staff, began to identify and obtain records for special education youth, and added a computer lab.
- Multnomah created a recreation team to oversee daily recreation and exercise programs.
- Multnomah used a grant to staff its on-site library with a professional librarian and developed a system for Internet access to resources outside the facility.
- New York added a coordinator for programs, added resources and specialized instructors; substantially increased community involvement in programming and special events, and improved documentation of programming and events.

- New York implemented individualized reading, math, and social studies programs; added staff with computer and bilingual skills; and enhanced training for teachers in cultural diversity, helping youth to exercise good judgment, and developing positive self-esteem.
- New York reduced the time for entry into school program and developed education programs for youth on disciplinary status.
- New York increased outdoor recreation and gymnasium use.
- Sacramento developed an education program for youth on disciplinary status.
- Sacramento improved the identification process and record gathering for youth eligible for special education.
- Sacramento increased programming, including spelling bees and a newsletter written by youth, improved libraries on the living units, and added an art program on the security unit.

TRAINING AND SUPERVISION OF INSTITUTIONAL STAFF

- Cook implemented a management structure to increase supervision by mid-level supervisors and guidance for line staff.
- Cook developed 20 adjunct “trainer” positions representing a cross-section of staff (custodians, cooks, children’s attendants), who then trained the rest of staff, thereby significantly increasing the number of personnel trained in conflict resolution, adolescent behavior, cultural diversity, and interaction with youth.
- Cook involved staff in institutional improvement through a Total Quality Management system and developed a mission statement incorporating humane values.
- Cook created a newsletter and facility-wide activities to improve staff morale.
- Multnomah improved training and documentation of training for permanent and on-call staff and added substantial training on behavior intervention and communication, including staff-wide training on cognitive skills and crisis prevention and intervention.
- Multnomah undertook a major revision of its policies manual and developed a staff committee to develop consistent facility-wide policies on selected topics (e.g., possession of pencils).
- Multnomah increased communication among administrators; general staff; and mental health, medical, and education staff through regular management and special problem meetings.
- New York enhanced staff training on ways to interact with youth and instituted regular “rap” sessions.
- Sacramento trained staff on communication skills; techniques to prevent behavioral incidents; counseling; and methods to provide safe, humane intervention without use of pepper spray or other force.
- Sacramento improved communication between staff and supervisors through weekly “unit” meetings and between staff and youth through regular “community” meetings.
- Sacramento greatly revised its policies and procedures manual.

ENVIRONMENT, SANITATION, OVERCROWDING, AND PRIVACY

- Cook reduced intrusive strip searches in the girls’ unit.
- Cook significantly improved the physical plant improvements (including kitchen renovations, elevator repairs, remote release mechanisms on emergency doors, fire sprinklers, repairs of a leaky roof).
- Cook improved overall cleanliness of its facility.
- Cook improved the regular provision of clean clothing and bed linens.
- Cook implemented a daily shower policy.
- Multnomah resolved long-standing inadequacies in the physical plant by completing construction of its new facility.
- Multnomah revised its intake policies, kept population consistently below rated capacity through a “capacity management system,” and decided against creating a unit for status offenders on the grounds of the facility.
- Multnomah added an on-site kitchen and continued to improve food services.
- Multnomah humanized living areas by allowing youth to decorate a space on their walls.
- New York reduced the number of “sleepers” who must stay in dorms other than their assigned dorm because of bed availability.
- New York reduced shortages of food, shoes, and other basic supplies.
- Sacramento renovated bathroom areas and added partitions to allow some privacy.

RESTRAINTS, ISOLATION, PUNISHMENT, AND DUE PROCESS

- Cook introduced a behavior management system that rewards positive behavior and added special awards and rewards for youth and living units.
- Cook began a revision of its policies and procedures manual, including sections pertaining to use of force and documentation of use of force.
- Multnomah implemented a behavior management plan to focus on rewarding positive behavior.
- Multnomah substantially reduced the incidence of locked-room time and length of locked-room confinement.
- Multnomah reduced “down time,” when youth are locked in rooms for shift change or administrative convenience.
- Multnomah clarified its restraint policies and reduced the use of mechanical restraints.
- Multnomah computerized its incident report system and improved overall report writing.
- Multnomah revised its handbook of rights and responsibilities for detained youth.
- Multnomah improved its grievance procedures and response to grievances.
- New York maintained its effective behavior management system, which is based on incentives rather than punishment.
- New York filled an ombudsman position to facilitate the handling of youth grievances.
- Sacramento implemented a behavior management program that emphasizes rewarding positive behavior.
- Sacramento significantly reduced its reliance on and incidence of locked-room time.
- Sacramento stopped using pepper spray (oleoresin capsicum).
- Sacramento reduced its use of mechanical restraints and involved the facility psychiatrist in an ongoing review of restraint incidents.
- Sacramento developed a clear disciplinary due process system and appointed a due process hearing officer.

SAFETY ISSUES FOR STAFF AND CONFINED CHILDREN

- Cook reduced the use of force by staff.
- Cook and Sacramento implemented regular fire drills.
- Multnomah introduced citizen complaint forms to facilitate complaints about law enforcement abuse during the arrest process.
- New York reduced injuries sustained in youth-on-youth confrontations and maintained a low incidence of use of physical force by staff.

Notes

¹Doyle, Jesse, “Improving and Maintaining Conditions of Confinement,” Transcript of Workshop, JDAI Conference, Baltimore (May 15, 1998), at 23–24.

²Rhoads, John, “Improving and Maintaining Conditions of Confinement,” Transcript of Workshop, JDAI Conference, Baltimore (May 15, 1998), at 4.

³DeMuro, Paul, “Improving and Maintaining Conditions of Confinement,” Transcript of Workshop, JDAI Conference, Baltimore (May 15, 1998), at 27.

⁴Marshall, Joseph, Jr., and Lonnie Wheeler, *Street Soldier: One Man’s Struggle to Save a Generation—One Life at a Time* (Delacorte Press, 1996), at 293.

⁵Rhoads, John, “Improving and Maintaining Conditions of Confinement,” Transcript of Workshop, JDAI Conference, Baltimore (May 15, 1998), at 41–42.

⁶Doyle, Jesse, “Improving and Maintaining Conditions of Confinement,” Transcript of Workshop, JDAI Conference, Baltimore (May 15, 1998), at 6.

⁷Changes in conditions over the course of JDAI are described, site by site, in National Council on Crime and Delinquency, *Juvenile Detention Alternatives Initiative Interim Summary Evaluation Report* [Draft] (February 23, 1998).

GETTING STARTED

Although the conditions work presented in this *Pathways* occurred in the context of a major national initiative, it is possible to improve conditions simply through the efforts of dedicated juvenile justice professionals. Much can be accomplished without additional staff or funding. It is best to begin this work with an objective, comprehensive assessment of conditions and practices in the detention facility. This chapter addresses the steps needed to develop an assessment process that can, in turn, provide the basis for improving institutional conditions and practices.

Selecting the Conditions Assessment Team

As a first step, the jurisdiction needs to identify a group of individuals or the entity that will assume responsibility for conducting assessments. In some jurisdictions, this responsibility may be assigned to an existing group, such as a juvenile justice commission, and in others a group may need to be created for this purpose. Placing responsibility in an existing entity may help to ensure that an ongoing system of conditions assessment will be established. In setting up the assessment process, decisions should be made about how the assessments will be used and who will have access to them once they are completed. Some jurisdictions may decide to have an objective but largely internal process, and others may decide that the assessment should serve a more public function.

It is important that the actual inspection group be composed primarily of individuals who are not part of the daily operation of the facility. By bringing in people who are not in the facility on a day-to-day basis, the assessment will be conducted with fresh eyes that have not become accustomed to institutional shortcomings or biased by personal loyalties that could cloud objectivity. Moreover, by involving people outside the facility in the assessment process, the jurisdiction enhances the credibility of the final assessment report, thereby increasing its usefulness for leveraging additional facility resources.

The jurisdiction should also try to include members on the assessment team who have expertise in important subject areas. For example, it may be helpful to

include people with medical, mental health, and education or special education expertise. It may also be an advantage to include some members who have worked in juvenile facilities and who understand how a good program should operate. The assessment team should have sufficient members to conduct a thorough assessment of conditions over a period of two to three days.

Creating an Assessment Instrument

Once assembled, the group or entity assuming responsibility for conditions assessments has several responsibilities. First, it must develop an inspection instrument that incorporates applicable constitutional, statutory, and professional standards (see Chapter 3). The length of the instrument, arrangement of topics, and level of detail should be geared to the needs of the inspectors. Ideally, the instrument should provide a blueprint for the conditions assessment itself. In many instances, it may be possible to fill out the assessment form and use it as the assessment report.

The Sacramento site employed such an instrument early in JDAI, after the California legislature cut funding for state inspections of county juvenile detention facilities. YLC (with support from the Annie E. Casey Foundation) developed a self-assessment instrument based on California regulations for juvenile facilities, constitutional law, California and federal statutes, and professional standards.¹ The superintendent of the Sacramento facility was the first in the state to adopt the new instrument and conduct a rigorous self-inspection. The completed assessment instrument forms were used to create corrective action plans for the facility and to leverage additional resources from the county.

Training the Team and Conducting the Assessment

The responsible group or entity also needs to train the assessment team about the standards they will apply. It is most effective to take the prospective inspectors line-by-line through the assessment instrument to make sure they understand each issue. This is particularly important when the inspection team will include people who have little background in legal standards for juvenile facilities. Advocates and juvenile justice professionals with a strong background in legal standards may be enlisted as trainers for these sessions.

The assessment itself should follow the steps outlined in Chapter 3.

Using the Assessment to Improve Conditions

After the conditions assessment has been completed, the responsible group or entity must also generate a report that details both the strengths and weaknesses of the institutional program and, whenever possible, makes specific recommendations for corrective action. The conditions assessments should then be distributed in accordance with the initial decisions made by the group. At a minimum, conditions assessments should be presented to and discussed with the facility administrator, who may then use them to address deficiencies and areas needing change. The assessment process thereby sets the stage for accomplishing the conditions work described in this *Pathways*. Additional information and ideas on the assessment process are available through the resources and organizational contacts listed on page 49.

Notes

¹The California Juvenile Hall Self-Inspection Project is described at length in Burrell, Sue, and Warboys, Loren, *Working Together: Building Local Monitoring Capacity for Juvenile Detention Centers*, supra, note 21.

FINAL REMARKS ON IMPROVING CONDITIONS AND SUSTAINING CHANGE

In juvenile institutions, it is easy to become complacent about less-than-optimum conditions and practices. Although it is rare to find facilities where children are deliberately subjected to inhumane or unsafe conditions, such conditions are commonly found in facilities plagued by dwindling resources and a lack of rigorous attention to legal and professional standards. Many facilities, for example, are accustomed to operating the detention program with less-than-adequate staff tacitly accept the idea that nothing can be done until the next budget cycle. Almost inevitably, such facilities also acquiesce in diminished programming and reduced staff interaction with detained children. The result often is increased behavioral incidents and escalating use of punitive measures such as isolation and use of restraints.

JDAI has shown the tremendous value of working to overcome professional inertia, even in politically complicated, fiscally challenging times. By participating in the assessment process, each of the JDAI sites put aside complacency and achieved major improvements in institutional conditions and practices.

In the final phase of JDAI, the sites have taken steps to ensure the ongoing assessment of institutional conditions. YLC has provided transitional assistance to the sites to develop comprehensive inspection instruments and worked with the sites to determine the appropriate agencies or entities to take over the inspections.

In Sacramento, the local juvenile justice commission will work with representatives from the juvenile probation department and the presiding juvenile court judge to ensure that regular inspections of the juvenile hall will be conducted. In Cook County, an independent process has already begun through a conditions assessment initiated by the County Board of Commissioners and overseen by the John Howard Association. The association, which includes key JDAI participants, views this process as a way to provide a much-needed constituency and source of support for the facility administration.¹



New York Spofford Juvenile Center.

JDAI confirmed that it is worth the effort to ensure that minimum legal standards are met, and it is even more satisfying to go beyond minimum standards to improve the quality of conditions and services to detained youth. Many of the administrators involved in the initiative are looking for ways to expand what has been learned into even broader professional development. For example, the administrator from the Multnomah County site, Rich Scott, has pointed out the need for facility administrators to observe well-run programs. He advocates efforts to provide information to those in the field about “how to do things right.”²

The lesson for other jurisdictions is that maintaining safe, humane conditions in juvenile detention facilities requires unending vigilance through objective assessment based on applicable legal requirements and accepted professional standards. It requires the commitment of administrators, staff, and the larger juvenile justice community to work for ongoing systemic improvement of detention conditions and practices. We hope that the many successes described in this *Pathways* will inspire others who continue with this important work.

Notes

¹Mahoney, Michael, “Improving and Maintaining Conditions of Confinement,” Transcript of Workshop, JDAI Conference, Baltimore (May 15, 1998), at 30–31.

²Scott, Rich, “Improving and Maintaining Conditions of Confinement,” Transcript of Workshop, JDAI Conference, Baltimore (May 15, 1998), at 40–41.

RESOURCES

Readers should be sure to consult the other titles in the *Pathways* series because many of the issues discussed here overlap with those covered in other volumes. In addition, the following resources may be useful in efforts to improve conditions in juvenile detention facilities.

Systemic Improvement of Conditions

Burrell, Sue, and Loren Warboys, *Working Together: Building Local Monitoring Capacity for Juvenile Detention Centers: The California Juvenile Hall Self-Inspection Project*, Youth Law Center (July 1997).

Burrell, Sue, et al., *Crowding in Juvenile Detention Centers: A Problem-Solving Manual*, National Juvenile Detention Association and Youth Law Center, prepared for the U.S. Department of Justice, Department of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (December 1998).

Parent, Dale G., et al., *Conditions of Confinement: Juvenile Detention and Corrections Facilities: Research Report*, Abt Associates, Inc., prepared for the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (August 1994).

Puritz, Patricia, and Mary Ann Scali, *Beyond the Walls: Improving Conditions of Confinement for Youth in Custody: Report*, U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (January 1998).

Legal Issues and Court Cases

Burrell, Sue, *Legal Issues Relating to Conditions of Confinement for Detained Children*, Youth Law Center (Revised October 1998).

Dale, Michael J., *Lawsuits and Public Policy: The Role of Litigation in Correcting Conditions in Juvenile Detention Centers*, 32 *University of San Francisco Law Review* 675-733 (Summer 1998).

“Legal Rights of Children in Institutions,” Chapter 2 in Dale, Michael J., et al., *Representing the Child Client*, Matthew Bender (1998).

Youth Law Center, *Juvenile Detention and Training School Overcrowding: A Clearinghouse of Court Cases* (August 1998).

Professional Standards

American Correctional Association, *Standards for Juvenile Detention Facilities* (3rd. Ed., 1991 & Supp. 1996).

Institute of Judicial Administration/American Bar Association (American Bar Association Joint Project on Juvenile Justice Standards), *Juvenile Justice Standards* (1980).

Juvenile Detention Centers’ Association of Pennsylvania, *Juvenile Detention Program Standards* (November 1993).

National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Confinement Facilities* (1995).

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Report of the National Advisory Committee for Juvenile Justice and Delinquency Prevention, *Standards for the Administration of Justice* (1980).

Studies/Statistics on Conditions

National Council on Crime and Delinquency, *National Juvenile Detention Data* (December 1997), presented at the Juvenile Detention Alternatives Initiative Site and National Conference, Baltimore (December 9-12, 1997).

Parent, Dale G., et al., *Conditions of Confinement: Juvenile Detention and Corrections Facilities: Research Report*, Abt Associates, Inc., prepared for the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (August 1994).

WHERE TO GO FOR HELP

American Bar Association, Juvenile Justice Center
740 15th Street NW, 10th Floor
Washington, DC 20005
(202) 662-1515
(202) 662-1501 fax

Council of Juvenile Correctional Administrators
Stonehill College
16 Belmont Street
Southeastern, MA 02375
(508) 238-0073
(508) 238-0651 fax

Juvenile Law Center
801 Arch Street, Sixth Floor
Philadelphia, PA 19107
(215) 625-0551
(215) 625-9589 fax

National Center for Youth Law
114 Sansome Street, Suite 900
San Francisco, CA 94104
(415) 543-3307
(415) 956-9024 fax

National Council on Crime and Delinquency
685 Market Street, Suite 620
San Francisco, CA 94105
(415) 896-6223
(415) 896-5109 fax

National Juvenile Detention Association
Eastern Kentucky University
301 Perkins Building
Richmond, Kentucky 40475
(606) 622-6259
(606) 622-2333 fax

Special Litigation Division, Civil Rights Division
U.S. Department of Justice
Washington, DC 20530
(202) 514-6255
(202) 514-6275 fax

Youth Law Center
114 Sansome Street, Suite 950
San Francisco, CA 94104
(415) 543-3379
(415) 956-9022 fax

For information on conditions improvements in JDAI sites, contact

Jesse Doyle, Superintendent
Cook County Juvenile Temporary Detention Center
1100 South Hamilton Avenue
Chicago, IL 60612
(312) 433-7100

Rick Jensen
Detention Reform Initiative Coordinator
Multnomah County Department of Juvenile & Adult Community Justice
1401 NE 68th Street
Portland, OR 97213
(503) 306-5698

Yvette Woolfolk
JJI Project Coordinator
9555 Kiefer Boulevard
Sacramento, CA 95827
(916) 875-7013

The Pathways to Juvenile Detention Reform series includes the following publications:

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