

Harm Instead of Healing: Imprisoning Youth with Mental Illness

More than nine out of ten youth in Illinois prisons have been diagnosed with at least one mental illness, and two-thirds of the youth in state prisons have three or more diagnosed mental disorders. Few of them are receiving the treatment needed to help them overcome or even cope with these disorders.

For those who do receive high-quality treatment, recovery is difficult because they are spending their days and nights locked in stark prison cells either alone or surrounded by other youth with behavior issues.

In short, recovery from mental illness is fundamentally incompatible with an adult-prison model where youth are confined for months or years in large prisons surrounded by barbed wire.

Since its creation in 2006, the Illinois Department of Juvenile Justice (IDJJ) has struggled to provide adequate mental health treatment — a failure acknowledged by IDJJ in 2012 when it signed a consent decree in a class action lawsuit which required improving mental health services and monitoring by outside experts.

IDJJ leadership has improved mental healthcare and attempted to make rehabilitation the focus of the entire youth prison system rather than simply using incarceration as punishment. However, now eight years after the consent decree was reached, IDJJ's mental health programs remain under federal court supervision.

If the state is to deliver on the promise to make IDJJ the place of last resort for only the state's highest risk youth and give those youth the individualized support necessary to succeed when they return to their families and communities, it must continue to reduce the number of incarcerated youth and must end its reliance on an adult-prison model of incarceration completely. Illinois should provide high-quality, individualized services to youth inside smaller residential facilities that are vastly different from the prisons incarcerating youth today and are easily reached by family members.

This necessary change will require closing the state's five youth prisons, which are ineffective and inefficient with more than two-thirds of the bed space currently empty. It also will require the visionary leadership of the IDJJ executive team to oversee the transition to truly rehabilitative settings throughout the state.

In This Issue:

- ❖ The number of youth held in IDJJ prisons has dramatically declined in recent years, but the percentage of youth at IDJJ with a serious mental illness has grown.
- ❖ Experts recognize that youth with mental health conditions typically get worse in prison and jail, not better.
- ❖ IDJJ leadership has improved mental health treatment over the past decade, but the adult-prison model remains incompatible for providing youth the care they need.
- ❖ Illinois must close the remaining five IDJJ prisons and transition to a model of providing high-quality services primarily in the community and in smaller residential facilities closer to youth's homes.

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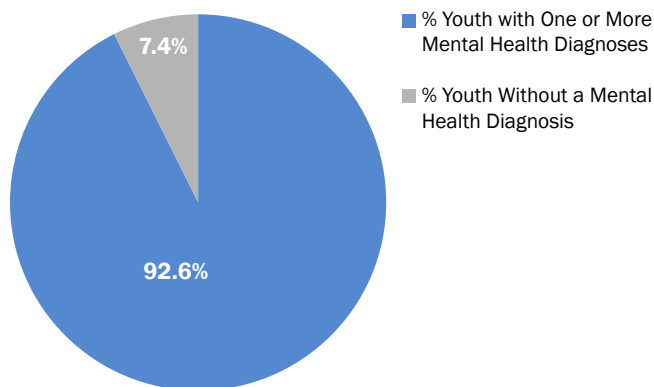
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1. Introduction

More than 92% of youth incarcerated at the Illinois Department of Juvenile Justice (IDJJ) have at least one diagnosed mental disorder, and two-thirds (67%) have three or more diagnosed mental disorders.¹ In addition, just over half (51%) of youth in IDJJ's custody are receiving psychotropic medication.² While the rate of mental disorder among youth incarcerated in Illinois is similar to that of youth incarcerated in other states,³ it is significantly higher than the prevalence of mental disorder among U.S. adolescents generally.⁴

Some of the more common disorders youth at IDJJ have been diagnosed with include: Major Depression, Post-Traumatic Stress Disorder, Bipolar Disorder, and Attention Deficit Hyperactivity Disorder.⁵ Less common disorders include Schizophrenia.⁶

Figure 1. Percent of Youth with Mental Health Diagnoses in IDJJ Custody, Sept. 2019



Source: Illinois Department of Juvenile Justice, Monthly Report: September 2019. Data reflect diagnoses made using the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5), which is the standard classification tool for mental disorders used by many mental health professionals in the United States, and includes criteria for substance use disorders, major mood disorders (i.e. bipolar, depression, schizophrenia), anxiety, post-traumatic stress disorder, conduct disorders, and neurodevelopmental disorders.⁷

Although the high overall rate of mental illness among youth incarcerated at IDJJ has remained relatively stable over the past four years, the

As the population of youth at IDJJ has dramatically declined in recent years,⁹ the percentage of youth at IDJJ with more acute mental health needs has grown.¹⁰

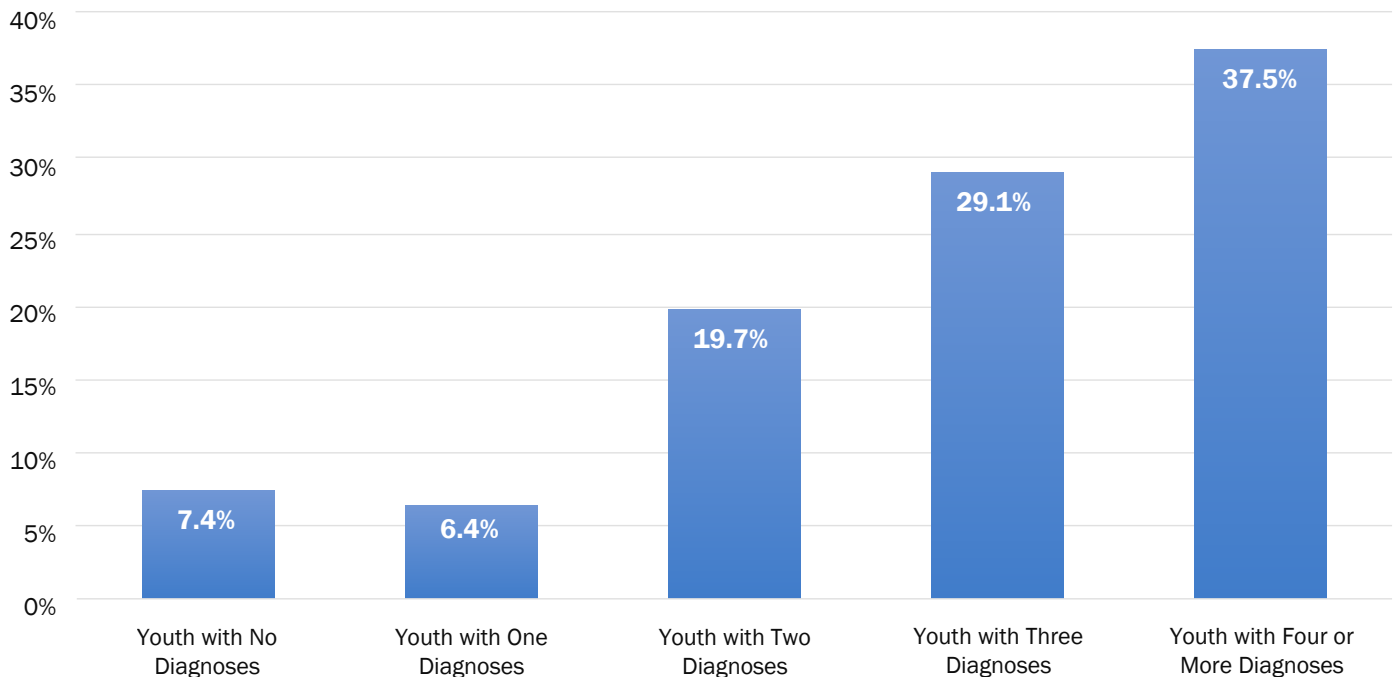
percentages of youth with three or more DSM-5 diagnoses and on psychotropic medication have increased in recent years (see Figures 3 and 6).⁸ As the population of youth at IDJJ has dramatically declined in recent years,⁹ the percentage of youth at IDJJ with more acute mental health needs has grown.¹⁰

The increasing concentration of youth with serious mental health issues at IDJJ is troubling because experts recognize that youth with mental health conditions typically “get worse” in prison and jails, not better.¹¹ Moreover, as this report describes below, IDJJ has struggled over its history to meet the needs of youth with mental illness in its care. And the social science literature on best practices for justice-involved adolescents with mental illness explains that no amount of improvement of the mental health services within current Illinois youth prisons will be sufficient because the large-scale adult-prison model negatively impacts youth with mental illness. For these reasons, this report calls for the closure of the remaining large youth prisons and joins the Illinois Mental Health Opportunities for Youth

Experts recognize that youth with mental health conditions typically “get worse” in prison and jails, not better.¹¹

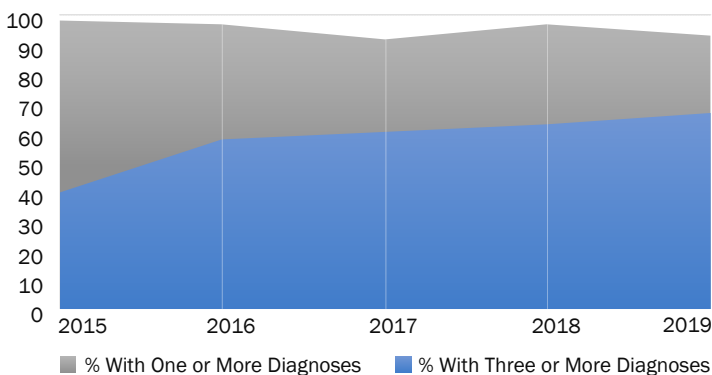
Diversion Task force, created by the Illinois legislature, in its call for strengthening mental health care in the community and diverting youth with mental illness from the juvenile justice system.¹²

Figure 2. Distribution of Mental Health Diagnoses of Youth in IDJJ Custody, Sept. 2019



Source: Illinois Department of Juvenile Justice, Monthly Report: September 2019.

Figure 3. Mental Health Diagnoses of Youth Incarcerated at IDJJ, 2015-2019



Source: Illinois Department of Juvenile Justice, Monthly Reports for the Month of September, 2015-2019, available at: <https://www2.illinois.gov/idjj/Pages/Data-and-Reports.aspx>. Data reflect the percentages on the last day of September for each year.

II. History of IDJJ’s Failures to Care for Youth with Mental Illness: 2006–2018

Between September 2008 and 2009, two youth in IDJJ custody killed themselves,¹³ tragic events that led to the first external review of IDJJ’s mental health services. The John D. and Catherine T. MacArthur Foundation’s *Models for Change* initiative answered IDJJ’s

request for technical assistance, and in a report published in 2010, the investigators detailed “serious deficiencies in DJJ’s behavioral health programming.”¹⁴ The report found that IDJJ was not making youth placement decisions or treatment plans based on validated mental health or risk assessments—and that even if youth needs could be properly identified, IDJJ did not have appropriate or adequate services.¹⁵ Further, the report found that IDJJ did not have enough dedicated mental health staff to provide adequate services; that other staff members were not trained on youth development, evidence-based behavioral health, trauma, or de-escalation techniques; needed services were unavailable to youth upon release; and there was a lack of family engagement.¹⁶

Indeed, according to our interviews with former IDJJ administrators and longtime Illinois advocates,¹⁷ IDJJ’s initial response to the tragic deaths of youth in its custody focused more on the physical plant of the youth prisons (putting in suicide-resistant “safety” beds) than on changing practices and expanding access to mental health treatment. Elizabeth Clarke, the Executive

Director of the Juvenile Justice Initiative, recalled of this period in IDJJ history:

I think, especially after the second suicide, [IDJJ was] concerned about responsibility and litigation. One of the long-term responses of the agency was to purchase plastic beds that were designed to prevent suicides. And they installed every single individual unit with these plastic beds. It must have been extraordinarily expensive. They did every single cell in Joliet shortly before they closed Joliet. It was a concerning response to go in that direction rather than going in the direction of really intensive staff training and shifting to more social workers and programming and rightsizing. The shift seemed to be more towards the physical design of the facility rather than the culture.¹⁸

In addition to failing to provide adequate mental healthcare to incarcerated youth system-wide during this time period, IDJJ continued to use solitary confinement as a punitive disciplinary tool against youth in its custody¹⁹—a practice widely recognized as detrimental to the mental health of both children and adult prisoners.²⁰ Moreover, the *Models for Change* assessment team found that in 2010, IDJJ was placing some youth with severe mental health issues—those who were self-injurious and suicidal—in solitary confinement.²¹

Two years later, in September 2012, the ACLU of Illinois filed a federal class-action lawsuit, *R.J. v. Bishop*, in the Northern District of Illinois on behalf of youth incarcerated at IDJJ. The lawsuit alleged, among other complaints, that the agency did not provide “minimally adequate mental health services” and subjected youth to unwarranted and “excessive” room confinement in violation of the U.S. Constitution.²² Shortly thereafter, in December 2012, the plaintiffs and IDJJ entered into a consent decree, which provided a framework to create a remedial plan to bring IDJJ’s treatment, conditions, and

services into legal compliance.²³ The parties jointly selected a mental health monitor, Dr. Louis Kraus, the Chief of Child and Adolescent Psychiatry at Rush University Medical Center, to investigate IDJJ’s mental health services and inform the remedial plan.²⁴

In September 2013, Dr. Kraus released his first report on IDJJ’s mental health care provision after visiting all of the IDJJ facilities and conducting interviews with staff and department leadership. He found that at the low levels of mental health staffing he observed, “these youth’s basic mental health needs are not going to be met.”²⁵ He found that “[n]o matter how many groups are described as evidence-based, and no matter how much support is being described for these groups, they are not actually functioning, consistently.”²⁶

Other issues with IDJJ mental health care identified by Dr. Kraus included: inadequate screening and assessment; the use of solitary confinement, including in “specialized treatment units”; failure to hospitalize high-need youth outside of IDJJ; inadequate consent for and improper administration of psychotropic medication; inadequate discharge planning; and inadequate staff training.²⁷

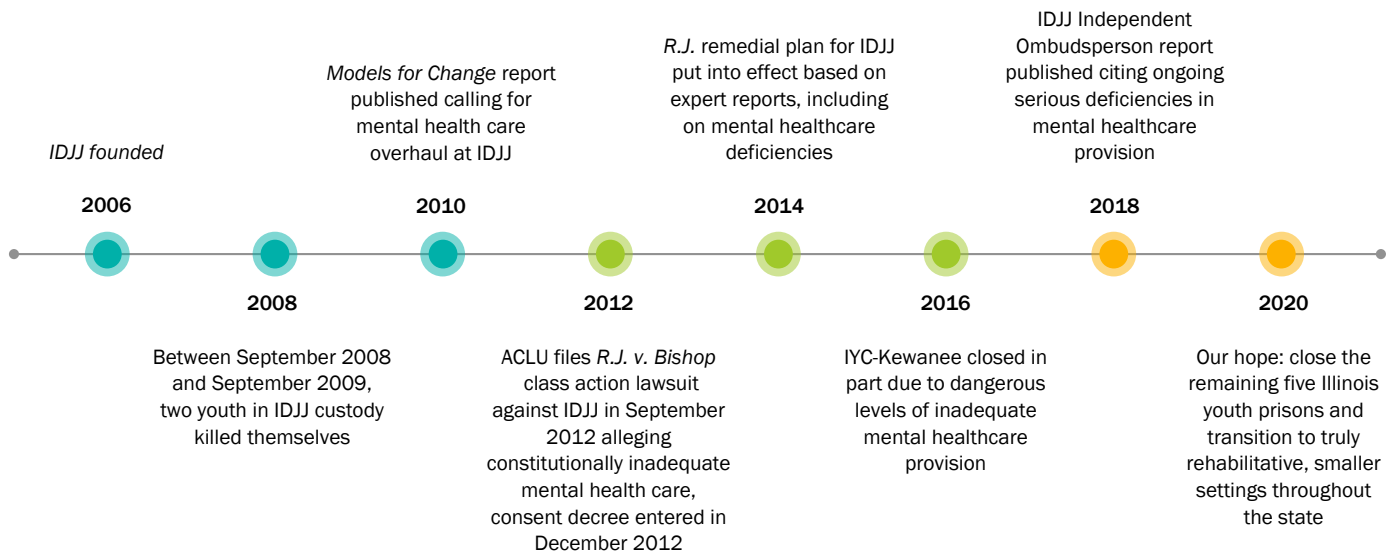
The IDJJ remedial plan was crafted in response to reports by Dr. Kraus and the other experts and became binding in April 2014. The remedial plan required IDJJ to:

- ❖ hire a licensed medical director, board-certified child and adolescent psychiatrist, and doctoral-level treatment unit administrators;²⁸
- ❖ establish new mental health staffing levels and qualifications;
- ❖ ensure psychiatric hospitalization for youth requiring it;
- ❖ obtain consent for psychotropic medication;
- ❖ develop procedures to monitor psychotropic medication administration;
- ❖ create individualize mental health treatment plans for youth that engage families and include appropriate discharge plans;

- ❖ implement a training program for staff addressing appropriate treatment of LGBTQ youth;²⁹ and
- ❖ ban the punitive use of solitary confinement entirely and place strict limits on its use in response to mental health crises.³⁰

Nevertheless, the *R.J.* remedial plan provided for ongoing monitoring to assess IDJJ’s compliance, and to date, the mental health monitor’s expert reports demonstrate that IDJJ has not achieved full compliance with its obligations to provide adequate mental health care to the youth in its custody.³³

Figure 4. A Timeline of Mental Healthcare Milestones at IDJJ



Taken together, the 2014 *R.J.* remedial plan provided a roadmap for IDJJ to ensure treatment for youth in its custody with mental illness. In the years since the remedial plan was developed, IDJJ has made consistent efforts to increase the number of mental health staff, improve training, provide more substance abuse treatment and

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trauma-informed structured psychotherapy groups, largely eliminate punitive disciplinary segregation, and create individualized treatment plans for the youth in its custody, according to the monitors’ subsequent reports.³¹ In addition, IDJJ closed IYC-Kewanee in 2016 after Dr. Kraus determined the Kewanee prison had reached “dysfunctional” and “dangerous” levels of inadequate mental health care provision for the youth in its custody.³²

III. IDJJ’s Persistent Problems with Mental Health Care Provision: 2018–Present

Despite notable developments, over the past five years, experts have found that the mental health care provided in IDJJ’s five prisons remains inadequate across many areas including:³⁴

- ❖ staffing struggles;
- ❖ de facto solitary confinement;
- ❖ criminal prosecution of youth with mental illness;
- ❖ special treatment units for youth with behavioral issues;
- ❖ substance abuse treatment overstay;
- ❖ under- and mis-diagnosis of mental disorders;
- ❖ psychotropic medication mismanagement;
- ❖ lack of family engagement and community planning; and
- ❖ lack of psychiatric hospitalization.

In addition, the most recent annual report issued by the Illinois Independent Juvenile Ombudsperson, Kathleen Bankhead, is critical of IDJJ's treatment of youth needing mental health services. "The Department of Juvenile Justice does not adequately treat youth who have serious or severe mental health/behavioral health needs," the FY 2018 report stated.³⁵

Some youth with serious diagnosed and undiagnosed mental health needs are not accurately assessed. Many are improperly reassessed and do not receive appropriate or adequate treatment for their mental illnesses. DJJ mental health treatment is not trauma based; it does not promote healthy adolescent development and is not culturally sensitive. This failure disproportionately affects its largest segment of youth, African American teens.³⁶

Staffing Struggles

To provide adequate mental health care to youth, IDJJ must employ a full complement of qualified social workers, psychologists, and psychiatrists.³⁷ Unfortunately, achieving adequate mental health staffing levels has been a consistent problem for IDJJ, although it has made steady progress over time. As Paula Wolff, Policy Advisor with the Illinois Justice Project, said:

Getting people to work on mental health, education, and the other services within the facilities is difficult—partly because the facilities are so remote and there are not a lot of people with those degrees who are able and willing to work in those facilities and partly because it's a hard job, particularly if the culture is still pretty punitive for people who [are in a helping profession].³⁸

Dr. Kraus has also noted that it is "especially difficult to attract qualified mental health staff in some areas in the Southern region of the state" and that "lengthy hiring delays also significantly exacerbate these difficulties."³⁹ Facilities like

IYC-St. Charles and IYC-Pere Marquette, which are closer to metropolitan centers, also struggle to recruit mental health staff due to the competitiveness of other employment opportunities.⁴⁰

By December 2018, mental health staffing levels had reached an adequate ratio at IYC-St. Charles and IYC-Harrisburg on paper, but the psychiatrists were filling open hours mainly with telepsychiatry, and that was not yet in place.⁴¹

The fact that it took IDJJ nearly ten years to come into compliance with the required mental health professional staffing levels is troubling, at a minimum, and may indicate that providing youth mental health services inside a prison is an unsustainable approach.

By the end of October 2019, the date of the most recent mental health monitoring report, Dr. Kraus had found that mental health and psychiatry staffing levels had at last reached adequate staffing levels at all facilities—with the exception of IYC-Pere Marquette, which lacked a Treatment Unit Administrator.⁴²

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De Facto Solitary Confinement

Although the practice of disciplinary solitary confinement was ostensibly ended at IDJJ in 2014 as part of the consent decree, there is evidence that de facto solitary confinement has persisted to the present at both IYC-St. Charles and IYC-Harrisburg.⁴³ In January 2018, the mental health monitor Dr. Kraus reported:

There were a number of youth who were on extended periods of solitary confinement for various reasons, including staff not being able to control them in a dorm, or

other mental health concerns. For at least one youth, the rationalization was the youth wanted to be in solitary confinement and didn't want to be in a dorm. I think that for any youth like this, daily mental health interventions and more frequent psychiatric interventions should at least be a starting point. However, it seems as though there is a progressive number of youth who are having these extended stays in solitary confinement and are set up in dorms without programming. This is seen at IYC Harrisburg and at IYC St. Charles.⁴⁴

Solitary confinement—the practice of isolating a prisoner in a cell for 22-24 hours per day with minimal access to environmental and social stimulation—is widely recognized as one of the most dangerous practices that occurs in youth prison facilities.⁴⁵ Research has found that solitary confinement causes significant psychological harms, including depression, anxiety, self-mutilation, and increased suicide risk.⁴⁶ By denying youth access to educational and psychosocial programming, and introducing new psychological harms, solitary confinement undermines the rehabilitative goals of the juvenile justice system.⁴⁷ For this reason, many professional organizations, including the American Psychological Association, support banning the practice, and the federal government has recently taken steps to significantly limit its use on youth in federal custody.⁴⁸

The most recent IDJJ data reveal that the average length of “behavioral holds” was only 75 minutes;⁴⁹ but these data do not capture non-disciplinary uses of confinement such as medical crisis-watch holds or “unstructured room time.”

In December 2018, Dr. Kraus noted that three youth at St. Charles with mental health issues had been confined to the Taylor Dorm in what “would be considered solitary confinement” for multiple months.⁵⁰ He also noted his concern that IDJJ’s use of psychiatric “crisis status” has the potential to turn into indefinite solitary confinement for some youth because of lack of effective follow-ups to assess if treatment is working.⁵¹

Perhaps more concerning, because of its potential to be far more widespread, was Safety and Welfare monitor Kelly Dedel’s discussion of IDJJ’s pervasive use of “unscheduled room time” at IYC-Harrisburg, IYC-St. Charles, and IYC-Chicago, where both legitimate and unauthorized departures from schedules has resulted in youth being confined to their rooms for lengthy periods of time.⁵² A 2018 John Howard Association report on IYC-Chicago observed that a shortage of teaching staff was leading youth to “spend a fair amount of time in their housing units, with few activities to engage them.”⁵³ They observed that “[m]any of the youth were voluntarily locked in their cells.”⁵⁴ The 2018 John Howard Association report on IYC-St. Charles also observed youth locked in their cells for most of the day due to staffing shortages.⁵⁵

The October 2019 report by the safety and welfare monitor Dr. Dedel found that the problem of “unstructured room time” had abated at IYC-Harrisburg, but that it persistent among the general population and those housed in the Alternative Behavioral Unit at IYC-St. Charles.⁵⁶

There is evidence that this excessive room restriction—de facto solitary confinement—has observable mental health effects on youth and inhibits the ability for mental health treatment to occur. For example, the John Howard Association (JHA) observed a Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) group at IYC-St. Charles and found that youth, who had been confined to their cells for most of the day, were so energetic and distracted in the group that they could not give the therapy the intense focus required. JHA

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argued that the “rambunctious behavior”⁵⁷ of the youth they observed was a direct consequence of the de facto solitary confinement taking place at

the prison. JHA stated: “In the absence of robust programming, physical recreation and time outside of their cells, opportunities for play and socialization will override the capacity and intent of staff to provide youth with therapeutic group-based interventions. Because of this dynamic, the effectiveness of these group therapy services is called into question.”⁵⁸

These and other well-documented adverse mental health effects of solitary confinement—including increased risk of depression, anxiety, suicide, and psychosis—caused the American Academy of Child and Adolescent Psychiatry (AACAP) issued a policy statement in opposition to the use of solitary confinement on juveniles. favor of its prohibition. The AACAP’s policy statement: “A lack of resources should never be a rationale for solitary confinement.”⁵⁹

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Criminalizing Mental Illness

Some IDJJ staff members have been frustrated by the federal court’s limitations on their ability to use solitary confinement to discipline youth for infractions. Beginning in 2015, staff at IYC-Harrisburg took the unusual step of asking the Saline County state’s attorney to file dozens of felony assault charges against youth imprisoned at IYC-Harrisburg.⁶⁰ Many of the “assaults” at issue did not result in injuries. For example, some of the youth were prosecuted for spitting at staff, and other charges related to shoving, tossing liquid, water, and medications at staff.⁶¹ At least two youth who were prosecuted were interviewed by Dr. Kraus, and found to have serious mental health needs.⁶² The ACLU of Illinois found that “the youth most at risk of prosecution in Saline County appear to have serious mental health needs as well as serious behavioral issues.”⁶³

The Saline County criminal prosecutions, particularly those that involved youth with serious mental illness, highlight the danger that the state’s failure to provide adequate

mental health treatment imposes on incarcerated youth in Illinois. As Dr. Kraus noted in his most recent report,

[M]any of the youth currently in the system have significant mental health acuity and have been impacted by trauma. Many can be characterized as struggling with hyperarousal and are very easily dysregulated. They are prone to an oversensitivity to perceptions of danger and may misperceive situations and feel threatened, even in the absence of objective evidence. Consequently, they are extraordinarily context dependent meaning that they are acutely sensitive to their environment. For these youth, effective treatment requires an environment characterized by safety, predictability and consistency.⁶⁴

If young people’s illnesses are misdiagnosed or mismanaged, or if they are subject to de facto solitary confinement, their symptoms may worsen. As the ACLU stated, “[p]erhaps the most serious question posed by the Harrisburg prosecutions is where can youth with behavioral histories who are in need of special treatment be placed within the DJJ system.”⁶⁵

For Jennifer Vollen-Katz, the Executive Director of the John Howard Association, the prosecutions of youth at Harrisburg point to the problems inherent in treating youth with serious mental health issues in the current large, adult-prison model at IDJJ. She said, “the serious mental health needs of the youth was not the sole cause of the unfortunate tensions between youth and staff at IYC-Harrisburg, but combined with a paramilitary, antiquated, racist, non-treatment oriented adult-prison model, and a significant change in disciplinary policy; it is not surprising that things went very badly.”⁶⁶

Alarmed by these criminal prosecutions and the dire consequences for youth who were facing or sentenced to adult prison sentences, in July 2017, the ACLU of Illinois filed a motion in federal court asking the court to order IDJJ to

create a plan to address the prosecutions and in the meantime, prohibit IDJJ from placing any additional youth in IYC-Harrisburg.⁶⁷ In September 2017, after it appeared that IDJJ’s initial steps to halt prosecutions were having some success, the ACLU asked the court to defer its decision on the request to prohibit IDJJ from placing more youth at IYC-Harrisburg, in large part because it found that education and mental health services at IYC-St. Charles were so poor and constitutionally inadequate that it was not a reasonable alternative to transfer youth there.⁶⁸

In December 2018, Gov. Bruce Rauner commuted the sentences of six of the youth given adult prison terms for assaults at IYC-Harrisburg.⁶⁹

Special Treatment Units

In recent years, monitors have observed that IDJJ is experiencing “higher concentrations of youth with more significant mental health concerns,” some of whom have aggressive behavior problems.⁷⁰ As of October 2019, IYC-St. Charles and IYC-Harrisburg were the only prisons with an official specialized treatment unit for youth with significant mental health and behavior concerns.⁷¹ The Special Treatment Unit (STU) at IYC-St. Charles houses 24 youth, and provides one individual therapy session per week and at least two other “mental health contacts,” which can include groups, per week.⁷²

To function as envisioned, the STU is required to have dedicated security staff, who have received specialized training and function as part of the treatment team.⁷³ In its 2018 report, the John Howard Association found that youth in the special treatment unit at IYC-St. Charles were locked in their cells during the day,⁷⁴ despite IDJJ’s obligation to provide out-of-cell time and educational and recreational programming. Dr. Kraus’s most recent monitoring report echoed these concerns about IYC-St. Charles. He found that although IYC-Harrisburg’s new STU was in compliance, there was not an adequate number of security staff at the IYC-St. Charles STU to provide adequate

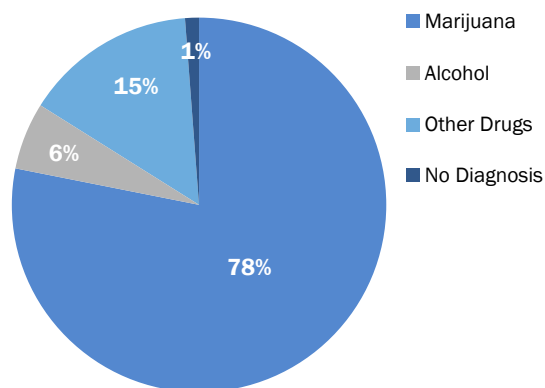
educational and recreational programming. Youth not in school were simply given “basic worksheets” to complete on their own.⁷⁵

Substance Abuse Treatment Overstays

The latest IDJJ data reveal that in September 2019, 87 of the 276 (32%) youth in its custody were participating in substance abuse treatment, the vast majority for marijuana use (78%).⁷⁶ The John Howard Association found evidence that in the recent past, the available program spots for substance abuse treatment were insufficient to meet the enrollment needs, and as a consequence, youth at IYC-Chicago and IYC-Harrisburg were being “routinely” held at the facility beyond their original release dates because of program waitlists.⁷⁷

The John Howard Association has argued that to prolong youth’s incarceration for the purposes of substance abuse treatment is “arbitrary, overly punitive and needlessly exposes youth to the trauma and harm of extended incarceration (separation from family, reduced educational opportunities, social, emotional, and psychological deterioration).”⁷⁸ And because community-based substance abuse treatment programs are available, IDJJ’s policy, JHA argued, runs “contrary to Illinois law which provides that delinquent youth must be placed in the least-restrictive environment capable of meeting their needs and public safety.”⁷⁹

Figure 5. Primary Substance Used Among Youth in Drug Treatment at IDJJ, Sept. 2019



Source: Illinois Department of Juvenile Justice, Monthly Report: September 2019.

Underdiagnosis and Misdiagnosis of Mental Disorders

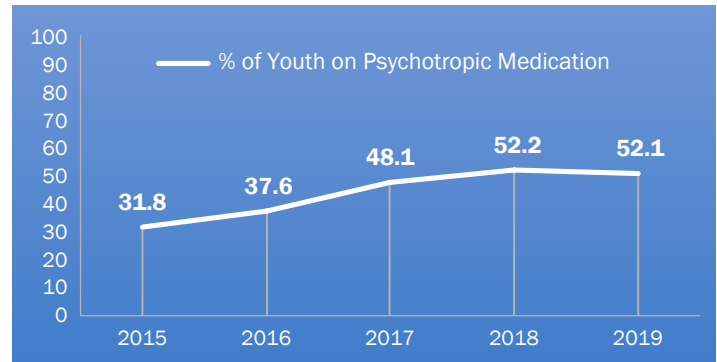
There is evidence that the number of youth with serious mental health needs may be even higher than diagnosed. Despite the new screening and classification systems that IDJJ has implemented, Dr. Kraus has raised concerns that some younger youth with “significant mental health histories” including past hospitalizations and psychotropic medications, were not deemed eligible for the Special Treatment Unit at St. Charles where youth with acute mental health needs are placed.⁸⁰ At IYC-St. Charles, he also found other youth who had significant prior mental health histories, but IDJJ was now identifying them as “having no mental health history.”⁸¹ Therefore, even when IDJJ meets its staffing ratios, it may not be sufficient, because the number of youth with more serious mental health needs are being potentially undercounted.

In addition, Dr. Kraus has raised concerns about youth being misdiagnosed. For example, he said that youth “with unipolar depression and ADHD and perhaps a behavior disorder are being diagnosed with Bipolar Disorder. Youth with ADHD are being treated with neuroleptics to control impulsive acting out behavior.”⁸² As of December 2018, IDJJ had made efforts to decrease the use of neuroleptics, whose significant side effects include “weight gain, diabetes, and even potentially irreversible Movement Disorders.”⁸³ Without effective screening, diagnosis, and classification of youth with mental illness, it is difficult for IDJJ to ensure that they receive appropriate and effective treatment.

Psychotropic Medication Mismanagement

The percentage of youth in IDJJ custody who have been prescribed psychotropic medication has increased in recent years, from 31.8% of youth in September 2015, to 51.1% of youth in September 2019 (see Figure 6).

Figure 6. Percentage of Youth in IDJJ Custody Prescribed Psychotropic Medication



Source: Illinois Department of Juvenile Justice, Monthly Reports for the Month of September, 2015-2019, available at: <https://www2.illinois.gov/idjj/Pages/Data-and-Reports.aspx>. Data reflect the percentages on the last day of September for each year.

In his 2018 report on mental health care provision at IDJJ, Dr. Kraus raised concerns about the failure of IDJJ to institute informed consent procedures for patients and to adequately monitor the administration of psychotropic medications.⁸⁴ None of the facilities had instituted informed consent for the administration of psychotropic medications—where youth were informed of their diagnosis, the goals and specific side effects of treatment, and asked to provide written consent.⁸⁵

He described one particularly concerning case of inappropriate administration of psychotropic drugs:

There was a youth taking 100mg of Seroquel a day for an extended period of time. This type of medication increases the risk for metabolic syndrome, including the development of high cholesterol, high triglycerides, elevated sugars and even the potential for causing diabetes. For uncomplicated youth it is typically recommended to get lab work every six months. For high risk youth, more frequently than that. This youth had not had any lab work completed, either looking at his lipid panel, fasting blood sugar or hemoglobin A1C.⁸⁶

In another case, he described a youth on medication for Bipolar Disorder was told to see a psychiatrist every 90 days, when all youth on psychotropic medication should be seen every 30 days.⁸⁷ Furthermore, there is concern that personnel turnover results in medication mismanagement for youth, even if the policies on the books are uniform throughout the facilities.⁸⁸

The John Howard Association also raised concerns about inappropriate administration of psychotropic medication to youth at IYC-Harrisburg in its 2018 monitoring report of that facility.⁸⁹ The John Howard Association found that 66.6% (102) of the youth imprisoned at Harrisburg were on anti-psychotic medications, including Seroquel, for unsupported diagnoses such as conduct disorders.⁹⁰ The *Chicago Reporter* found that even as the population of youth at IDJJ was declining rapidly, between February 2015 and November 2017, prescriptions of Seroquel at IDJJ rose from 14 to 107 per month, a six-fold increase.⁹¹ The inappropriate administration of these medications can seriously endanger the health of youth in IDJJ custody. Adverse side effects of Seroquel include weight gain, diabetes, and with long-term use, loss of brain volume.⁹²

Over the past year, IDJJ has made strides to improve psychotropic medication management for the youth in its custody, including introducing telepsychiatry.⁹³ However, substantial issues remain. For example, Dr. Kraus found that one psychiatrist stopped prescribing an effective medication with serious side effects instead of ordering the necessary lab work (an EKG) necessary to safely continue care.⁹⁴ He also found that timely psychiatric follow-ups were not taking place at IYC-Harrisburg and IYC-Pere Marquette, despite his previous recommendation that they occur every 30 days for all youth on psychiatric medication.⁹⁵ And as of October 2019, IDJJ had not yet implemented a new informed consent process for youth receiving psychotropic medication.⁹⁶

Lack of Family Engagement and Community Planning

Family-based services for children's mental health have shown to be particularly important for improving retention of services, increasing parental knowledge about children's mental health issues, and improving family interactions.⁹⁷ Although "[t]here has been some improvement regarding family therapy" at

At IYC-Chicago, where many of the youth live the closest to their families, Dr. Kraus found in 2018 that only five or six of the 69 youth had engaged in any family therapy, and most of that was done by telephone.⁹⁹

IDJJ over the past five years, it has not been robustly carried out in all of the prisons, with the exception of IYC-Warrenville.⁹⁸ At IYC-Chicago, where many of the youth live the closest to their families, Dr. Kraus found in 2018 that only five or six of the 69 youth had engaged in any family therapy, and most of that was done by telephone.⁹⁹

In addition, Dr. Kraus has repeatedly noted that there is little to no Aftercare mental health planning happening at any of the five prisons. In part because of Medicaid discontinuation during incarceration, youth at IDJJ were returning to the community without any "appointments and community mental health programming for alcohol and substance abuse treatment, for individual therapy, family therapy, and medication management."¹⁰⁰

Lack of Psychiatric Hospitalization

In November 2018, the ACLU of Illinois argued that IDJJ was failing to obtain psychiatric hospitalization for youth with acute mental health needs.¹⁰¹ The ACLU cited departmental data that demonstrated that since January 2017, there had been at least 24 instances of youth being referred for psychiatric hospitalizations but only three referrals resulted in hospital placements.¹⁰²

In his January 2018 report, Dr. Kraus said that two youth in “ongoing administrative holds” had “waited months for hospitalization.”¹⁰³ He said that he was “extremely concerned about the barriers to hospitalizing youth”¹⁰⁴ and that such barriers were essentially resulting in solitary confinement.¹⁰⁵ In December of that year, Dr. Kraus repeated his concerns, noting that he had observed youth at St. Charles who were acutely suicidal and youth who were psychotic who “presented as an acute risk to self or others” who had not been hospitalized.¹⁰⁶ He noted that “when there is an acute mental health issue, the quicker one can stabilize these issues, the better the child will be.”¹⁰⁷

In response to these claims, U.S. District Court Judge Matthew F. Kennelly, who is overseeing the ongoing enforcement of the *R.J. v. Mueller* consent decree, directed IDJJ to develop a plan to ensure prompt psychiatric hospitalization for youth with acute mental health needs, or an equivalent level of care if the referrals are deflected.¹⁰⁸ The amended remedial plan went into effect in March 2019,¹⁰⁹ and IDJJ submitted a new plan for psychiatric hospitalizations in May 2019.¹¹⁰

IDJJ’s 2019 psychiatric hospitalization plan includes forming new agreements with multiple outside psychiatric hospitals to help ensure placement, a new standalone psychiatric hospitalization policy, protocols for providing hospital-level psychiatric care inside IDJJ if necessary (including 24-hr nursing, daily psychiatrist rounds, and 12-hour of out-of-cell time each day), and new partnerships with outside residential treatment organizations—including Riveredge Hospital, Indian Oaks Academy, One Hope United, and Maryville Academy—that can provide “long-term intensive mental health treatment outside of Illinois Youth Centers.”¹¹¹

As of October 2019, IDJJ had a pending agreement with one psychiatric hospital and had plans to negotiate several more in southern Illinois, but IDJJ had not yet finalized any agreements.¹¹²

According to IDJJ’s “Transfer Checklist” submitted to the court in May 2019, youth with major psychopathology disorders, and with ratings of severe mental health issues, may be eligible for residential placement outside of IDJJ.¹¹³ These new long-term residential placement policies demonstrate that IDJJ’s adult-prison-model facilities are fundamentally ill-equipped to provide adequate care to youth with serious mental health treatment needs, despite years of reform efforts.

IV. Beyond Youth Prisons: Recommendations for Youth with Mental Illness

As this report has identified—over the past five years especially, IDJJ has attempted to reform its mental health care provision. And yet, many serious problems persist. Why? The large, adult-prison model,¹¹⁴ where youth have no freedom of movement and sleep in cells in facilities surrounded by barbed wire—does not permit effective mental health treatment for youth. For this reason, we recommend that Illinois:

- ❖ close the five existing IDJJ prisons and transition to a continuum of care model including community-based alternatives and small, homelike, secure facilities for the few youth who must be incarcerated, and
- ❖ invest in community mental health treatment programs to divert youth with mental illness from entering IDJJ or the juvenile justice system in its entirety.

Transition to Small, Homelike Facilities for Youth

In Illinois, experience has already shown that smaller secure facilities are better for youth with mental illness. As explained by IDJJ’s mental health monitor, “the two facilities that seem to be functioning overall the absolute best are IYC Pere Marquette and IYC Warrenville.”¹¹⁵ (In September 2019, IDJJ reported the population of IYC-Pere Marquette was 20 youth, and the number of youth at IYC-Warrenville was 38.)¹¹⁶ Dr. Kraus went on to note that:

[T]he two facilities are quite different in a variety of contexts but what they have in common is there (sic) small size. It is quite

evident that based on this presentation the facilities that are smaller, in the range of 30 to 40 youth, are more easily managed and the youth do better. There are less crisis situations more consistency in regards to treatment. There is also better collaborative working with staff.¹¹⁷

In addition, Dr. Kraus concluded his 2018 report by stating that: “[t]he concept of attempting to find ways to decrease the size of facilities so that the youth can be better managed; perhaps not exceeding 40 in number would be a worthwhile endeavor.”¹¹⁸

Indeed, there is a pervasive sense among leading advocates that youth with acute mental health needs require, if not psychiatric hospitalization, than small, therapeutic, home-like residential treatment programs that are integrated with the community—not prison. As the John Howard Association stated in its most recent report on IYC-Harrisburg:

While IDJJ has made substantial improvements over the last decade, it still remains tethered to an outmoded model of juvenile justice in that the most troubled, traumatized, aggressive youth in the juvenile justice system continue to be housed in large IDJJ facilities far from home and family where intensive, personalized attention, services, and interventions are simply not feasible.¹¹⁹

John Howard Association Executive Director Jennifer Vollen-Katz elaborated: “These large facilities don’t work—what we know will help these youth is small treatment-oriented facilities providing individualized care, staffed with at least one person the youth can trust, and that’s not happening at IDJJ right now.”¹²⁰

Illinois Independent Juvenile Ombudsperson Kathleen Bankhead’s annual report reached a similar conclusion. She stated:

While the Department of Juvenile Justice has made numerous improvements in serving the youth committed to its care,

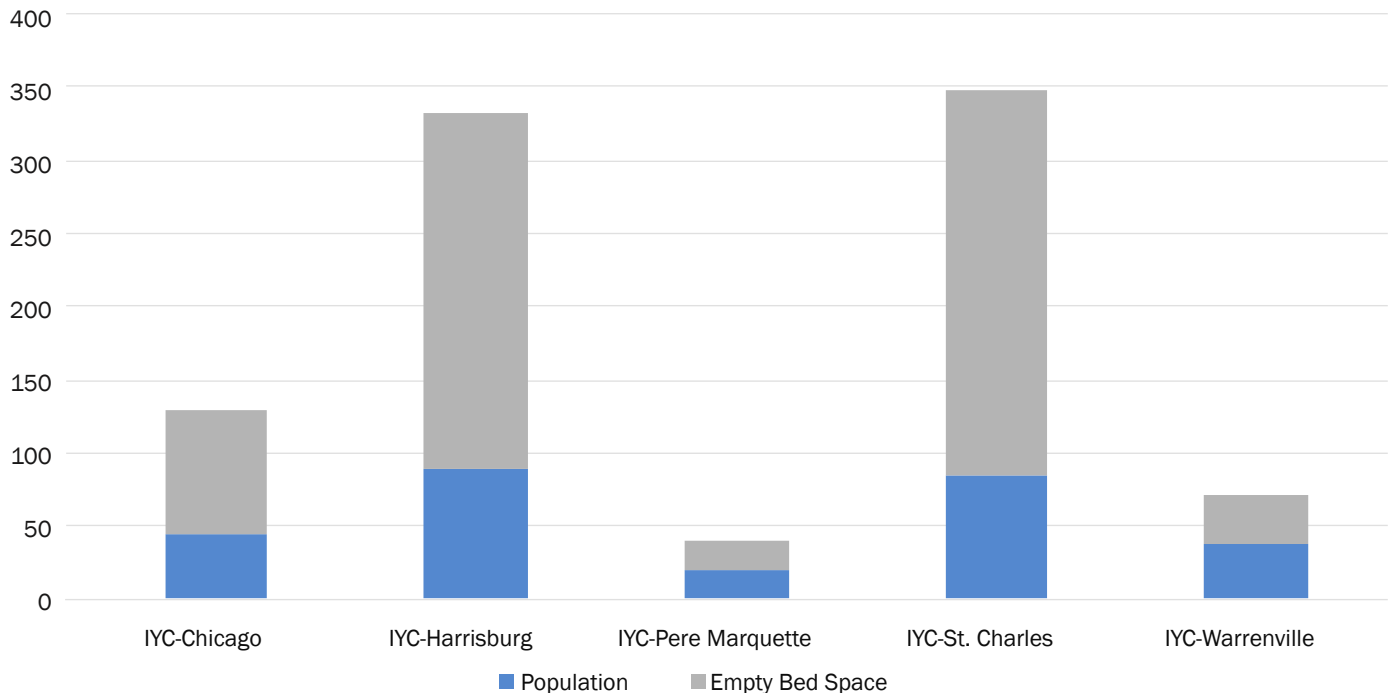
there is still work to do. DJJ policies and practices are still too closely aligned with the Department of Corrections. As the Department has reduced the overall number of youth in custody and on aftercare, the intensive needs of its population of youth have increased. Mentally ill youth and those with serious behavior issues need more effective assistance. The correctional milieu at the larger facilities both creates and exacerbates negative youth behavior. Punitive measures such as extended custody do little to change behavior and increase the odds that youth will return to DJJ custody or wind up in DOC.¹²¹

IDJJ itself, in its recent effort to secure more off-site long-term residential placements for youth with mental health issues, appears also to recognize the limitations inherent its adult-prison model.¹²² Given the well-documented psychological and physiological harms of incarceration on adults,¹²³ especially those with preexisting mental illness,¹²⁴ there is little surprise that leading policymakers have begun to call for an end to adult-like prisons for youth.¹²⁵

The State of Illinois should begin planning to transition away from use of the adult prison model for youth immediately, with the aim of closing its existing youth prisons.

Today, however, all five IDJJ youth prisons—IYC-Chicago, IYC-Harrisburg, IYC-St. Charles, IYC-Warrenville, and IYC-Pere Marquette—have capacities for 40 youth or more.¹²⁶ And yet, more than two-thirds of the beds in these large prisons are empty.¹²⁷ The State of Illinois should begin planning to transition away from use of the adult prison model for youth immediately, with the aim of closing its existing youth prisons. In the interim, we encourage IDJJ to continue placing youth with serious mental health needs in outside long-term residential treatment programs and psychiatric hospitals, when necessary.

Figure 7 IDJJ Youth Prisons' Population and Capacity, Sept. 2019



Source: Illinois Department of Juvenile Justice, Monthly Report: September 2019; facility capacity as reported on the Illinois Department of Juvenile Justice website: <https://www2.illinois.gov/idjj/Pages/Facilities.aspx>.

Invest in Communities to Divert Youth with Mental Illness

Furthermore, policymakers and mental health advocates in Illinois have long recognized that diversion of youth with mental illness from the criminal justice system entirely, in the form of community-based treatment, is in the best interest of both youth and the state budget.¹²⁸

In its 2018 report, *Stemming the Tide: Diverting Youth with Mental Health Conditions from the Illinois Juvenile Justice System*, the Illinois Mental Health Opportunities for Youth

Policymakers and mental health advocates in Illinois have long recognized that diversion of youth with mental illness from the criminal justice system entirely, in the form of community-based treatment, is in the best interest of both youth and the state budget.¹²⁸

Diversion Task Force developed a series of 13 recommendations to help protect youth with mental health conditions from involvement (or re-involvement) with the criminal justice system.¹²⁹ These recommendations include:

- ❖ investing in early intervention for children with serious mental health conditions;
- ❖ training communities on mental health awareness;
- ❖ avoiding the use of arrests for misdemeanor offenses committed by youth with mental illness;
- ❖ and ensuring that incarcerated youth are properly screened for mental health disorders, enrolled in Medicaid before release, and that they have access to a continuum of housing and income upon returning to the community.¹³⁰

As the authors state: “[B]efore any contact with the juvenile justice system, we must ensure youth have access to quality, community-based mental health treatment options.”¹³¹

Mariame Kaba, Founder and Director of Project NIA, also emphasized the need for juvenile justice advocates to focus on making sure that youth get the services they need in the community, rather than in prison:

There are all the lawsuits around schooling and provision of mental health care and needs and we’ll have to figure out that stuff because it is true that while there are actually people behind bars that we have to make sure that they get what they need while they’re there. But we also must be really mindful that they should be getting all those things that supposedly are going to need to get inside—they should get those outside. We should be investing in good schools, we should make sure that the kids on the outside have the mental health care they need. Let’s invest on the front end rather than invest on the back end.¹³²

We echo this call. Despite half a decade of intense reform of the mental health care provision in Illinois’s youth prisons,

“[B]efore any contact with the juvenile justice system, we must ensure youth have access to quality, community-based mental health treatment options.”¹³¹

fundamental issues with the large, adult-prison model remain and put the health and safety of some of the state’s most vulnerable youth at risk. We support the recommendations

Illinois Mental Health Opportunities for Youth Diversion Task Force to reinvest state criminal justice funds in community mental health programs offering quality care to children and adolescents, and we call on state leaders to begin planning for the closure of the adult-model prisons for youth and transitioning IDJJ to the operation of truly rehabilitative and smaller settings throughout the state.

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Arielle Tolman conducted interviews with 14 key stakeholder informants to provide context; some quotations used in this series were edited for clarity, but all were confirmed with participants prior to publication.

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- 1 ILLINOIS DEPARTMENT OF JUVENILE JUSTICE, MONTHLY REPORT: SEPTEMBER 2019, 3–4 (2019), https://www2.illinois.gov/idjj/Documents/September%202019%20Monthly%20Report_External.pdf.
- 2 ILLINOIS DEPARTMENT OF JUVENILE JUSTICE, MONTHLY REPORT: SEPTEMBER 2019, *supra* note 1. The percentage of incarcerated youth at IDJJ prescribed psychotropic medication is higher than reported national figures for incarcerated youth, which ranges from 20-40%. Mental Health Monitor Update at 4, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed December 12, 2018).
- 3 DEVELOPMENT SERVICES GROUP, INC., *Intersection Between Mental Health and the Juvenile Justice System: Literature Review*, OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION 1 (2017), <https://www.ojdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf> (collecting studies reporting the overrepresentation of youth with mental illness in the juvenile-justice system).
- 4 Kathleen Ries Merikangas et al., *Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A)*, J AM ACAD CHILD ADOLESC PSYCHIATRY 5 (2010). Merikangas et al., in the first prevalence study of its kind, found that 49.5% of adolescents were affected by at least one DSM-IV disorder, and just 27.6% had a DSM-IV disorder with sufficiently severe distress or impairment to warrant immediate intervention. *Id.*
- 5 Mental Health Monitor Update at 2, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed December 12, 2018).
- 6 *Id.*
- 7 DEVELOPMENT SERVICES GROUP, INC., *supra* note 3, at 1–2.
- 8 Illinois Department of Juvenile Justice Monthly Reports for the Month of September, 2016–2019, available at: <https://www2.illinois.gov/idjj/Pages/Data-and-Reports.aspx>. These data are consistent with the January 2018 findings of Dr. Louis J. Kraus, the federal court-appointed psychiatrist charged with monitoring mental health care provision at the IDJJ who remarked, “[a]lthough the overall population numbers within IDJJ have decreased, it is my opinion that the percentage of youth with more significant mental health issues has increased.” Compliance Report of Mental Health Monitor Louis J. Kraus, M.D., *R.J. et al. v. Mueller*, No. 12-cv-7289, 1 (filed January 26, 2018). Furthermore, the current rate of 93% of youth with one mental disorder is substantially higher than that reported in 2010, where it was found just under 70% of youth incarcerated at IDJJ were classified as having some type of mental health need. ILLINOIS MODELS FOR CHANGE BEHAVIORAL ASSESSMENT TEAM, REPORT ON THE BEHAVIORAL PROGRAM FOR YOUTH COMMITTED TO ILLINOIS DEPARTMENT OF JUVENILE JUSTICE 9 (2010), at <http://www.modelsforchange.net/publications/271>.
- 9 For more information about IDJJ’s population over time and the historical drivers of the decline, see Stephanie Kollmann and Arielle Tolman, *Restoring the State Legacy of Rehabilitation and Reform*, CHILDREN AND FAMILY JUSTICE CENTER, COMMUNITY SAFETY & THE FUTURE OF ILLINOIS’ YOUTH PRISONS Vol. 1 (January 2018).
- 10 See ILLINOIS MENTAL HEALTH OPPORTUNITIES FOR YOUTH DIVERSION TASK FORCE, STEMMING THE TIDE: DIVERTING YOUTH WITH MENTAL CONDITIONS FROM THE ILLINOIS JUSTICE SYSTEM 4 (2018). See also Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 2 (N.D. Ill. filed Oct. 31, 2019) (finding that although “[t] here continues to be an overall decrease in the IDJJ population...[d]uring the period from January–June 2018 the percentage of youth with relatively low acuity mental health needs decreased by 15% while youth with more acute mental health needs increased by 13%).
- 11 See ILLINOIS MENTAL HEALTH OPPORTUNITIES FOR YOUTH DIVERSION TASK FORCE, *supra* note 10, at 8; see also DEVELOPMENT SERVICES GROUP, INC., *supra* note 3, at 4–5 (summarizing the literature on the threats that incarceration poses to youth with mental illness, including lack of referrals for treatment and the impact of conditions of incarceration itself).
- 12 See generally ILLINOIS MENTAL HEALTH OPPORTUNITIES FOR YOUTH DIVERSION TASK FORCE, *supra* note 10 (providing a series of recommendations for diverting youth with mental illness from the juvenile justice system).

- 13 *Suicides Behind Bars*, CHICAGO TRIBUNE (May 25, 2010), http://articles.chicagotribune.com/2010-05-25/news/ct-met-juvenile-list-20100525_1_hanged-suicides-incarcerated (recounting seven youth deaths by suicide at Illinois youth prisons between 2000-2009, as well as 175 suicide attempts classified as serious).
- 14 ILLINOIS MODELS FOR CHANGE BEHAVIORAL ASSESSMENT TEAM, *supra* note 8, at 11.
- 15 *Id.*
- 16 *Id.* at 11–12.
- 17 Interviews with a broad range of Illinois policymakers involved in the founding, administration, and oversight of IDJJ since its founding were conducted in fall 2016 as part of the larger report series, *Community Safety & the Future of Illinois’ Youth Prisons*.
- 18 Telephone Interview with Elizabeth Clarke (October 20, 2016).
- 19 In 2010, the Illinois Models for Change Behavioral Assessment Team found that IDJJ had significantly “reduced” its practice of long-term solitary confinement but had not eliminated it. ILLINOIS MODELS FOR CHANGE BEHAVIORAL ASSESSMENT TEAM, *supra* note 8, at 10.
- 20 *See, e.g.*, AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, SOLITARY CONFINEMENT OF JUVENILE OFFENDERS (2012), https://www.aacap.org/aacap/Policy_Statements/2012/Solitary_Confinement_of_Juvenile_Offenders.aspx (“The potential psychiatric consequences of prolonged solitary confinement are well recognized and include depression, anxiety and psychosis. Due to their developmental vulnerability, juvenile offenders are at particular risk of such adverse reactions.”); Joint Submission of Monitoring Reports at 16, *R.J. v. Bishop*, No. 1:12-cv-07289 (N.D. Ill. filed October 30, 2015) (“[T]here is compelling and substantial evidence that housing adolescents in solitary confinement for long periods of time is very harmful to the mental health of these youth....Solitary confinement is especially harmful to use with young people with mental health issues and histories of severe personal trauma).
- 21 ILLINOIS MODELS FOR CHANGE BEHAVIORAL ASSESSMENT TEAM, *supra* note 8, at 17.
- 22 Class Action Complaint at ¶ 1–2, *R.J. v. Bishop*, No. 1:12-cv-07289 (N.D. Ill. filed Sept. 12, 2012). The complaint specifically cited the 2010 *Models for Change* report as evidence of IDJJ’s inadequate treatment of youth with mental illness. *Id.* at ¶ 21.
- 23 Consent Decree, *R.J. v. Bishop*, No. 1:12-cv-07289 (N.D. Ill. Dec. 6, 2012).
- 24 *Id.* at ¶ 7. An Education monitor, Peter Leone, and a Safety and Welfare monitor, Barry Krisberg, were also selected at this time. Kelly Dedel is now serving as the Safety and Welfare monitor.
- 25 Joint Submission of Expert Reports Attachment 1: Louis J. Kraus, Psychiatric and Mental Health Report for Consent Decree at 2 *R.J. v. Bishop*, No. 1:12-cv-07289 (N.D. Ill. September 23, 2013).
- 26 *Id.*
- 27 *Id.* at 3–4.
- 28 Remedial Plan at 2–3, *R.J. v. Jones*, No. 1:12-cv-07289 (N.D. Ill. filed April 7, 2014).
- 29 *Id.* at 3–4.
- 30 *Id.* at 6–7.
- 31 *See generally* Mental Health Monitor Update, *R.J. v. Jones*, No. 1:12-cv-07289 (N.D. Ill. filed Nov. 4, 2015) (describing improvements and continuing issues with mental health care at IDJJ); Joint Submission of Monitoring Report, *R.J. v. Montgomery* No. 1:12-cv-07289 (N.D. Ill. filed Nov. 17, 2016) (same), Compliance Report of Mental Health Monitor Louis J. Kraus, M.D., *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed Jan. 26, 2018) (same); Mental Health Monitor Update December 10, 2018 at 3-4, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed Dec. 12, 2018) (same); Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 31 (N.D. Ill. filed Oct. 31, 2019) (same).

- 32 Mental Health Monitor Update at 15, *R.J. v. Jones*, No. 1:12-cv-07289 (N.D. Ill. filed Nov. 4, 2015). Dr. Kraus concluded his 2015 report with a disturbing observation about IYC-Kewanee: “Treatment at IYC Kewanee continues to be a significant concern. I am unclear why a facility that is most lacking in licensed mental health professionals and security would be the facility where we send our most significant mentally ill youth.” *Id.* at 17. See also ILLINOIS DEPARTMENT OF JUVENILE JUSTICE, ANNUAL REPORT 2016, 10 (2016), <https://www2.illinois.gov/idjj/SiteAssets/Pages/Data-and-Reports/2016%20Annual%20Report.pdf>.
- 33 See Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 31 (N.D. Ill. filed Oct. 31, 2019).
- 34 See mental health monitor updates 2015–2019, *supra* note 31.
- 35 OFFICE OF THE INDEPENDENT JUVENILE OMBUDSPERSON, “HOW ARE THE CHILDREN?”: Annual Report State Fiscal Year 2018, at 31 (2019), <https://www2.illinois.gov/idjj/SiteAssets/Pages/IndependentOmbudsman/OIJO%20Annual%20Report%202018.pdf>.
- 36 *Id.*
- 37 Moreover, lack of adequate security staffing has mental health implications at IDJJ. Without adequate levels of security personnel, youth are forced to remain in their cells for longer periods of time, without adequate recreation time. Mental Health Monitor Update December 10, 2018, *supra* note 5, at 3, 9. The Safety and Welfare monitor reported in 2018 that even where prisons had adequate security staffing levels on the books, because “significant proportions” of staff were on leave of absences, the actual staffing levels were lower than they appeared on paper. Joint Submission of Monitoring Report: Exhibit A (Dedel Report), *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed November 2, 2018). At IYC-St. Charles, this “severely compromised youth and staff safety and youth access to programming throughout 2018,” *Id.* at 4, to the point of resulting in de facto solitary confinement for some youth with mental illness. As of October 2019, the population of youth at IYC-St. Charles declined substantially so that adequate security staffing ratios were met, but the Safety and Welfare monitor found ongoing security staffing issues (i.e., lack of adequate staff supervision and training) at IYC-St. Charles leading to an overall level of disorder that was unsafe for youth confined there. General Juvenile Justice Issues, Kelly Dedel, PhD at 26–27, *R.J. v. Bishop*, No. 1:12-cv-07289 (N.D. Ill. filed October 31, 2019). However, given the recent, and dramatic, youth population decline at IDJJ, the security staffing ratio concerns may no longer be as significant of a risk.
- 38 Interview with Paula Wolff (October 3, 2016).
- 39 Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 13 (N.D. Ill. filed Oct. 31, 2019).
- 40 *Id.*
- 41 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 2, 9.
- 42 Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 13 (N.D. Ill. filed Oct. 31, 2019).
- 43 Compliance Report of Mental Health Monitor, *supra* note 31, at 2.
- 44 *Id.* at 2.
- 45 See *Ending Solitary Confinement for Kids in Juvenile and Adult Facilities*, STOP SOLITARY FOR KIDS (2019), <https://www.stopsolitaryforkids.org>.
- 46 See *id.*
- 47 See *id.*
- 48 See *id.*
- 49 ILLINOIS DEPARTMENT OF JUVENILE JUSTICE, MONTHLY REPORT: SEPTEMBER 2019, *supra* note 1, at 6.
- 50 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 3–4.
- 51 *Id.* at 19.
- 52 Joint Submission of Monitoring Report: Exhibit A (Dedel Report) at 12, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed Nov. 2, 2018).

- 53 JOHN HOWARD ASSOCIATION OF ILLINOIS, 2018 MONITORING REPORT FOR IYC-CHICAGO 5 (2018), <http://www.thejha.org/sites/default/files/2018%20IYC%20Chicago%20-%20Report.compressed.pdf>.
- 54 *Id.*
- 55 JOHN HOWARD ASSOCIATION OF ILLINOIS, 2018 MONITORING REPORT FOR IYC-ST. CHARLES 3 (2018), <http://www.thejha.org/sites/default/files/JHA%20IYC%20St%20%20Charles%20Report%20May%202018.pdf>.
- 56 General Juvenile Justice Issues, Kelly Dedel, PhD at 13, *R.J. v. Bishop*, No. 1:12-cv-07289 (N.D. Ill. filed October 31, 2019).
- 57 JOHN HOWARD ASSOCIATION of Illinois, *supra* note 55, at 15.
- 58 *Id.*
- 59 AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, *supra* note 20.
- 60 See JOHN HOWARD ASSOCIATION OF ILLINOIS, 2018 MONITORING REPORT FOR IYC-HARRISBURG 3 (2018), <http://www.thejha.org/sites/default/files/JHA%20Report%20IYC%20Harrisburg%202018.pdf>.
- 61 Plaintiff's Motion to Enforce ¶ 26, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed July 17, 2017).
- 62 Plaintiff's Motion to Enforce ¶ 27, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed July 17, 2017).
- 63 Plaintiffs' Statement on Request for Prohibitory Relief at 2, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed Sept. 22, 2017).
- 64 Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 31 (N.D. Ill. filed Oct. 31, 2019).
- 65 Plaintiffs' Response to DJJ's Plan to Address Youth Prosecutions in Saline County at 3, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed Sept. 18, 2017).
- 66 Interview with Jennifer Vollen-Katz (January 27, 2020).
- 67 Plaintiff's Motion to Enforce ¶ 32, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed July 17, 2017).
- 68 Plaintiffs' Statement on Request for Prohibitory Relief at 1–2, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed Sept. 22, 2017).
- 69 Duaa Eldeib, *6 Young Men, Given Adult Sentences for "Minor" Infractions, Are Freed in Illinois*, *PROPUBLICA ILLINOIS* (Dec. 28, 2019).
- 70 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 2.
- 71 *Id.* Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 20 (N.D. Ill. filed Oct. 31, 2019).
- 72 JOHN HOWARD ASSOCIATION OF ILLINOIS, *supra* note 55, at 13–14.
- 73 Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 20 (N.D. Ill. filed Oct. 31, 2019).
- 74 JOHN HOWARD ASSOCIATION OF ILLINOIS, *supra* note 55, at 14.
- 75 MENTAL HEALTH MONITOR REPORT, *R.J. v. Mueller*, No. 1:12-cv-07289, at 20 (N.D. Ill. filed Oct. 31, 2019).
- 76 ILLINOIS DEPARTMENT OF JUVENILE JUSTICE, MONTHLY REPORT: SEPTEMBER 2019, *supra* note 1, at 5.
- 77 JOHN HOWARD ASSOCIATION, *supra* note 53 at 14; JOHN HOWARD ASSOCIATION, *supra* note 60, at 12–13.
- 78 JOHN HOWARD ASSOCIATION, *supra* note 53, at 13.
- 79 *Id.*
- 80 Compliance Report of Mental Health Monitor, *supra* note 31, at 7.
- 81 *Id.* at 8.
- 82 *Id.* at 12.
- 83 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 16.

- 84 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 11.
- 85 Compliance Report of Mental Health Monitor, *supra* note 31, at 10; Mental Health Monitor Update, *supra* note 5, at 13; *see also* Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 24 (N.D. Ill. filed Oct. 31, 2019).
- 86 Compliance Report of Mental Health Monitor, *supra* note 31, at 3.
- 87 *Id.* at 16.
- 88 Parties' Joint Status Report as to Issues Identified in 2018 Monitor Reports at 10, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed January 8, 2019).
- 89 JOHN HOWARD ASSOCIATION OF ILLINOIS, 2018 MONITORING REPORT FOR IYC-HARRISBURG 2 (2018), <http://www.thejha.org/sites/default/files/JHA%20Report%20IYC%20Harrisburg%202018.pdf>.
- 90 *Id.* at 2, 10–11.
- 91 Jonah Newman, Report: *Doctors at Illinois Youth Prison Gave Kids Antipsychotic Medication for Common Behavioral Problems*, CHICAGO REPORTER (Dec. 4 2018).
- 92 *Id.* at 11.
- 93 Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 25 (N.D. Ill. filed Oct. 31, 2019).
- 94 *Id.* at 26.
- 95 *Id.*
- 96 Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 24 (N.D. Ill. filed Oct. 31, 2019).
- 97 *See* Kimberly Eaton Hogwood, *Family-based Services in Children's Mental Health: A Research Review and Synthesis*, JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY (2005).
- 98 Compliance Report of Mental Health Monitor, *supra* note 31, at 10.
- 99 *Id.* For more information about the importance of family engagement and the barriers to it in Illinois, *see* Stephanie Kollmann, *Parents as Partners: Family Connection and Youth Incarceration*, CHILDREN AND FAMILY JUSTICE CENTER, COMMUNITY SAFETY & THE FUTURE OF ILLINOIS' YOUTH PRISONS Vol. 2 (February 2018).
- 100 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 17; *see also* Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 17, 22–23 (N.D. Ill. filed Oct. 31, 2019).
- 101 Plaintiffs' Motion to Enforce Certain Mental Health Provisions, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed November 7, 2018).
- 102 *Id.* at ¶ 5. In their response to this enforcement motion, IDJJ claimed that there were in fact only five referrals for hospitalization, and three were hospitalized. Defendant's Response to Plaintiff's Motion to Enforce Certain Mental Health Provisions, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed Dec. 21, 2018).
- 103 Compliance Report of Mental Health Monitor, *supra* note 31, at 8.
- 104 *Id.*
- 105 *Id.* at 9.
- 106 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 5.
- 107 *Id.* at 6.
- 108 *See* Notification of Docket Entry, *R.J. v. Jones*, No. 12-cv-07289 (N.D. Ill. filed Feb. 11, 2019).
- 109 Amended Remedial Plan, *R.J. v. Jones*, No. 12-cv-07289 (N.D. Ill. filed March 28, 2019).
- 110 DJJ's Plan to Address Youth Psychiatric Hospitalization and Residential Mental Health Treatment, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed May 6, 2019). This plan was approved by the court in June 2019. Order Approving Certain Policies, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed June 16, 2019).

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- 111 DJJ’s Plan to Address Youth Psychiatric Hospitalization, *supra* note 110, at 6.
- 112 Mental Health Monitor Report, *R.J. v. Mueller*, No. 1:12-cv-07289, at 29 (N.D. Ill. filed Oct. 31, 2019).
- 113 Exhibit E: IDJJ Transfer Checklist, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed May 6, 2019).
- 114 These features—locked, large, and long-term—characterize adult correctional facilities and many youth prisons. WENDY SAWYER, YOUTH CONFINEMENT: THE WHOLE PIE IN 2019, PRISON POLICY INITIATIVE (Dec. 19, 2019), <https://www.prisonpolicy.org/reports/youth2019.html>.
- 115 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 12.
- 116 ILLINOIS DEPARTMENT OF JUVENILE JUSTICE, MONTHLY REPORT: SEPTEMBER 2019, *supra* note 1, at 2.
- 117 Mental Health Monitor Update December 10, 2018, *supra* note 5, at 12.
- 118 *Id.* at 20, *R.J. v. Mueller*, No. 1:12-cv-07289 (N.D. Ill. filed December 12, 2018).
- 119 JOHN HOWARD ASSOCIATION OF ILLINOIS, *supra* note 16 (2018), <http://www.thejha.org/sites/default/files/JHA%20Report%20IYC%20Harrisburg%202018.pdf>.
- 120 Interview with Jennifer Vollen-Katz (January 27, 2020).
- 121 OFFICE OF THE INDEPENDENT JUVENILE OMBUDSPERSON, *supra* note 35, at 36–37.
- 122 *See* text accompanying *supra* note 110.
- 123 NATIONAL RESEARCH COUNCIL, THE GROWTH OF INCARCERATION IN THE UNITED STATES 174, 223 (2014).
- 124 *Id.* at 160.
- 125 Patrick McCarthy, Vincent Shiraldi, & Miriam Shark, *The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model*, NEW THINKING IN COMMUNITY CORRECTIONS (Oct. 2016).
- 126 *See* Illinois Department of Juvenile Justice, Illinois Youth Centers (2019), <https://www2.illinois.gov/idjj/Pages/Facilities.aspx> (reporting that IYC-Chicago has capacity of 130, IYC-Harrisburg has capacity of 332, and IYC-St. Charles has capacity of 348, IYC-Warrenville has capacity of 70, and IYC-Pere Marquette has capacity of 40).
- 127 *Id.*; ILLINOIS DEPARTMENT OF JUVENILE JUSTICE, MONTHLY REPORT: SEPTEMBER 2019, *supra* note 1, at 2.
- 128 *See, e.g.*, ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY, MENTAL HEALTH SCREENING AND ASSESSMENT IN THE ILLINOIS JUVENILE JUSTICE SYSTEM 2 (2010) (“[C]ost-benefit analysis indicates it is more beneficial to treat mentally ill offenders than bringing them into the justice system.”).
- 129 ILLINOIS MENTAL HEALTH OPPORTUNITIES FOR YOUTH DIVERSION TASK FORCE, *supra* note 10, at 5.
- 130 *Id.*
- 131 *Id.* at 8.
- 132 Interview with Mariame Kaba (October 12, 2016).