

Need for Effective Components for an Ideal Detention Center for Violent Juveniles with Mental  
Health Needs

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Need for Effective Components for an Ideal Detention Center for Violent Juveniles with Mental  
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## Abstract

### Need for Effective Components for an Ideal Detention Center for Violent Juveniles with Mental Health Needs

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## Statement of the Problem

There are approximately 2.2 million juveniles under the age of 18 that are arrested by law enforcement officers every year in the United States (Bartol and Bartol, 2011). Although current crime rates amongst juveniles have lowered over the past several years, the use of detention centers has steadily increased (Holman and Ziedenberg, 2007; Schmallegger, 2009). As a result, negative effects have taken place, such as overcrowding, family/home problems, drug usage, lack of education and training with staff, control over suicidal behaviors, and negative influences amongst peers who are detained (Schmallegger, 2009). Other problems exist within health care services, security measures, education within detention facilities, and treatment services (Schmallegger, 2009). Juveniles face many consequences once they are placed in a detention

center. Some of these juvenile offenders and their parents may not understand the juvenile court process, which makes for an unpleasant and potentially traumatizing experience.

Detention centers should be primarily focused on housing individuals who are considered a threat to others (i.e. violent offenders), or those that fail to appear for their scheduled court dates. Instead, detention centers today are detaining juveniles that are considered non-violent, or those that break the violations of their court order agreements. Approximately one third of juveniles that are detained are considered non-violent offenders (JPI, 2009). According to another study, approximately 25.9% of youth detained are considered violent, and 25% of youth are detained for property crime charges (Annie E. Casey Foundation, 2011). Researchers argue that community based alternatives to detention programs would increase public safety and will be more cost-effective than incarceration (JPI, 2009).

Detention centers across Wisconsin should reconsider what guidelines need to be met and the level of appropriateness of housing a juvenile in a detention facility. Furthermore, more problems seem to exist with safety and security measures within centers. It could be apparent that severely troubled youth require [specific] resources and support, and placing them in detention could only intensify the problem (Cunningham and Hood, 2011). Approximately three out of ten youth have attempted suicide while being incarcerated and 60% had anger management issues (Cunningham and Hood, 2011). If facilities cannot meet the needs for those who have mental health and developmental concerns, it could only render the transition back into the community or classroom more difficult (DSGI, 2014).

When comparing Wisconsin to other states, such as South Dakota or Nebraska, there is much more of an ideal model. South Dakota has addressed issues of incarcerated youth by

increasing the amount of available community-based alternatives and has also worked to enhance and increase home detention (NJN & TPPF, 2010). The state of Nebraska had invested in \$5.5 million in community-based services in 2010 (NJN & TPPF, 2010). This investment ultimately reduced the reliance of detention and incarceration. The State Treatment and Rehabilitation (STAR) program in South Dakota has proven to be a successful program. However, it will be closing soon due to the lack of funding.

### Purpose of the Study

The purpose of this study is to examine current violent juvenile detention centers in Wisconsin and to focus on what needs to be revised or revamped for those with mental needs, more specifically, in larger counties such as Dane and Milwaukee. The main programs that will be researched are the following: Lincoln Hills School (Short Term Reentry) Program for Boys, Copper Lake School (Short Term Reentry) Program for Girls, the Grow Academy in Oregon, Wisconsin, and finally, the Wraparound-REACH Program in Milwaukee County, and Mendota Mental Health in Madison, Wisconsin. Furthermore, an extension of this study will look at what needs to be changed or improved with aftercare programs for these violent juveniles with mental health needs. Another purpose of this study is to build a universal model of detention centers and aftercare programs that can be used in Wisconsin, and potentially, statewide. Incorporating different elements that are used in both detention centers and aftercare programs could help eradicate the rates of recidivism amongst youth. Some researchers believe that placing juveniles in the community setting, rather than in detention, will provide better rehabilitative services for the youth (DSGI, 2014).

## Significance and Implications

A significance of the study is to highlight the key components as to why detention centers are not up to par. From recognizing and addressing the improvements that should be made for Wisconsin detention centers and aftercare programs, one can then be aware and hopefully initiate change. Using recent data and statistical findings will show an up-to-date picture of specific detention centers, which inevitably, will be necessary to examine what is lacking.

A major implication of the study is that there is not a lot of recent data or research for serious juvenile offenders in the state of Wisconsin, nor is there relevant and recent research from other states or state-wide. It is hoped that this research will be beneficial for work professionals, educators, students, and anyone else who so wishes to find out more about detention centers and aftercare programs in Wisconsin.

## Methods of Approach

A variety of methods will be used in this study, including obtaining secondary data from statistical and empirical research. Sources will include scholarly articles and journals, as well as additional sources retrieved from Dane County and Milwaukee County Juvenile Court Annual Reports from most recent years. A comparative analysis between selected programs will also be used in this research. Recommendations will then be made based on what is found from the limitations of these programs, statistical findings, empirical research, and theoretical framework. The theoretical framework used will consist of the sociological theories, such as cognitive

theories, the attachment theory, and social strain theory. These theories will help to understand why crimes are committed, and why youth recidivate.

### Contribution to the Field

Research will provide insight and an in-depth analysis of the problems juvenile detention centers currently face in Wisconsin. Primary, this research can be used to help parents, society, students, and more specifically, anyone who works in the juvenile system. Ultimately, it would be ideal if there was a universal model used as a way to incorporate new ideas and basic guidelines for future centers as well as aftercare programs. This research will highlight the main concerns of detention centers and aftercare programs in order to present recommendations for the future. Furthermore, research will incorporate other states, such as South Dakota and Nebraska, to grasp a better understanding for what a beneficial and ideal model should look like for Wisconsin.

Contribution of this research will include recommendations such as improving or restructuring the training for those that work in aftercare and detention centers. Other recommendations will include parental involvement and steps to raise awareness for current issues and how to prevent these issues or handle them properly. Juveniles should be provided with adequate resources and come up with plans while in detention and a plan for when they are released. A portion of this research will be to determine why juveniles reoffend after being in detention or after care programs. Using sociological theories, such as the social learning theory, rational choice theory, and social disorganization theory, will provide possible explanations as it relates to juvenile delinquency.



Finally, it should be noted that funding could be lacking in the department of juvenile corrections in Wisconsin. Therefore, thorough research will be directed towards examining current funds for detention and aftercare programs and if there should be more space to help with issues of overcrowding. More specifically, this research will try to go more into detail and see what the median cost is to house a youth in a correctional facility.

### Anticipated Outcome

It is anticipated through this research that Wisconsin needs to improve, revamp and make changes for detaining serious juvenile offenders with mental health issues. It can be expected that there are serious issues within detention centers across Wisconsin, such as overcrowding, education and training needs, etc. that will need to be better examined. By addressing the concerns and negative aspects of detention centers, it can be anticipated that recommendations and suggestions can then be made.

Furthermore, it is expected from the research that aftercare programs will need to be revised to address the specific needs of the each unique individual. Aftercare programs will also need to be improved to address mental health needs, and to provide a suitable environment for youth so they will not recidivate. These suggestions will be beneficial for the juvenile, the parents, work professionals, the community, researchers, and program/policy makers. Based on the findings from the research, it is anticipated that a uniform, ideal model is needed.

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## **I. Introduction**

When children offend, they are often times placed out of the home and into a secured setting under a Judge's order. Where that child is placed could make all the difference in the world whether they learn from their mistakes and receive positive support, or, potentially reoffend. Like other states across the nation, juvenile delinquency in Wisconsin is a rather complex problem. When you add a mental health illness to the mix, it ultimately generates a more challenging atmosphere for staff and the youth. Over the past couple of decades, violent offenders who have mental illnesses have been placed in detention centers where they are not receiving the proper or necessary care or treatment. Not only are they not receiving the proper care, but staff members have been lacking the essential tools to create a successful environment in which would be beneficial for the offenders.

### **Increased number of violent juvenile offenders with mental illnesses**

The number of violent juvenile offenders has been declining across the nation for several years, however, the number of violent juvenile offenders with mental illness have been on the rise (Williams, 2016). In 2009, there were 1.54 million juveniles that were arrested in the United States (Heretick & Russell, 2009). In 2007, it was estimated that as many as 70% of those who were in the juvenile justice system had at least one or more mental illness (Heretick & Russell, 2009). When putting these numbers into perspective, one could argue that the majority of those juveniles that have been arrested have some sort of mental disorder. In other words, it's quite clear that the rate of juveniles with mental health issues in the juvenile justice population is substantially higher than the general population of juveniles. It should not go unacknowledged that mental health issues constitute for a multifaceted array of illnesses. Several categorizations

of mental health factors include, but are not limited to psychosocial stressors such as emotional, behavioral and school problems; exposure to violence; and self-destructive and suicidal behavior (Maschi, et al., 2011).

### **Weaknesses in current detention centers and need for effective components**

Several weaknesses exist within current detention centers, not only in Wisconsin, but countywide. Although there are several problems within detention centers, for the purpose of this research, only youth with mental health issues will be addressed. Primary, detention centers screen all individuals for mental health issues or concerns. However, not all detention centers undergo screenings, and it is not mandatory for centers to do these screenings. Only about 70% of detention centers across the nation implement mental health screenings when an individual is detained (Schubert and Mulvey, 2014). Although that 70% covers a majority of the detained youth population, when examining this whopping 70%, it is estimated that only about 15% of those individuals actually receive mental health treatment and care while detained (Schubert and Mulvey, 2014).

First, this research will introduce the history of detention centers in Wisconsin. Furthermore, research will include statistical facts from those detained with mental illnesses, and will also include the profile of violent offenders. It will also be necessary to address the causation of violent offending. Mental health care treatment is lacking in detention centers, making them ineffective. Additionally, there are several other problems such as overcrowding, a lack of trained staff, and a lack of security measures in which this research will address. Third, this research will incorporate theoretical framework, such as the cognitive theory and the

attachment theory to support recommendations for an ideal model for detention centers. Fourth, several detention centers within and outside Wisconsin will be compared and contrasted to then give additional empirical support for those recommendations. Finally, research will offer recommendations for effective components for an ideal detention center for violent juvenile offenders with mental health problems. This will include mental health treatment programs (i.e. Anger Management, AODA, and Cognitive Intervention), staff training, after care programs, alleviating overcrowding, and enhancing security measures.

## **II. Literature Review**

### **History of juvenile detention centers in Wisconsin**

Juvenile Correctional Institutions (JCIs) in Wisconsin have been in existence for over a century. According to the Wisconsin Department of Corrections website, the first juvenile facility in Wisconsin was established in Waukesha in 1857 (DOC, n.d.) This institution, which was known as the State Reform School, then the Industrial School for Boys, and finally, the Waukesha School for Boys focused its attention to violent and delinquent boys (DOC, n.d.). It wasn't until about 1932 that there was a School for Girls in Wisconsin, however, due to the economic depression; cottages for the youth were mostly vacant.

In 1941, the School for Girls came into full effect in Oregon, Wisconsin. In 1977 the School for Girls then converted to the Oakhill Correctional Institution. By the 1950's through the 1970's Wisconsin began to see many more correctional institutions open, such as the Ethan Allen School (EAS) for Boys in Wales, the Wisconsin School for Boys in Plymouth, and the Lincoln School for Boys in Irma (later known as Lincoln Hills School). Mendota Mental Health Institution also housed youth starting in the late 1970's. When the School for Girls in Oregon closed, the girls were then moved to Mendota Mental Health and Lincoln Hills, as Lincoln Hills became a co-ed facility.

It wasn't until 1986 that managing the detained youth was implemented through programs and treatment at Lincoln Hills School. In 1994, a new law was put into effect, which created a Youthful Offender Intensive Sanctions program. A few years later in 1997, Racine opened a Youthful Offender Correctional Facility (RYOCF) which allowed much more space to

house delinquents. According to the Wisconsin Department of Justice Corrections (DJC), internal report from 2013, there are currently around 280 youth in juvenile correctional facilities. The most common juvenile correctional facilities currently that are used are Lincoln Hills School, which is the largest, and houses approximately 219 youth. Copper Lake Schools for Girls houses around 32 girls, and Mendota Juvenile Treatment Center in Madison houses near 30 individuals. Most youth are committed to the Department of Juvenile Corrections (DJC) on one-to two-year juvenile correctional orders. Around 25% of youth in state secure juvenile institutions are committed on a 5-year Serious Juvenile Offender order (DJC, 2013).

In the past, particularly in the 1950's and 1960's, Wisconsin did not have specific guidelines as to how a juvenile was treated while housed in a secure setting. In fact, juvenile facilities were treated very similar to adult prisons. This not only raised several concerns for parents, lawmakers, and the community, but it was enough of a controversial topic that the Supreme Court became involved by the 1970's. Juvenile offenders were then treated more leniently and crimes began to increase heavily in Wisconsin. By the 1980's, punitive laws were passed and by the 1990's there were several changes to the juvenile system in Wisconsin. These changes included juvenile transfer laws and a more in depth justification on sentencing rules and regulations. In most states, anyone under the age of 18 years of age is considered a minor. It is a law in Wisconsin that a minor is considered to be anyone 17 and younger.

### **Statistical facts: Frequencies of Violent Offender with Mental Health Problems**

Many may not realize just how juveniles are affected with mental health problems simply because there is not much research on the topic, and it may appear unwarranted. However, it is

estimated that as many as 70% of youth who are in the system have a mental health disorder (Colins, et al., 2010). When a juvenile is detained, many may not recognize or address any mental health issues that the child may have. With this in mind, when juveniles are released from detention, they are often times released without much needed mental health treatment. Ultimately, this could contribute to a path of delinquency in the future, and, inevitably, to an adult criminal record. Realizing that without ongoing treatment, youth will be more susceptible to delinquency that will most likely return to the system.

According to a Juvenile Justice Bulletin with the US Department of Justice from 2014, there are juveniles with more than one disorder and, “substance use disorders are highest amongst inmates with mental health problems” (Schubert & Mulvey, 2010). According to a National Conference of State Legislatures report, it is addressed that health disorders are extremely complicated, and rather difficult to treat for younger individuals, especially children. Ongoing treatment is so important to youth because adolescence is unique time in a person’s life where there are drastic and fluctuating changes. Additionally, disorders in children are more subject to change as they develop into adulthood.

Youth that are diagnosed with a mental health illness have higher arrest rates than those who are undiagnosed (Schubert & Mulvey, 2014). It should be kept in mind that there are youth with mental health concerns or illnesses that are left undiagnosed.

### **Profile of Violent Offenders with Mental Health Problems**

There are a vast variety of characteristics that individuals with mental health issues consist of. The juvenile justice system is encountering more youth with mental illnesses who are



“involved in gangs, alienated from school, have poor parental monitoring and attachments, and reside in neighborhoods where drugs and violence have become a normative feature of everyday life” (Underwood et al., 2014, pg. 65). Furthermore, researchers suggest that juveniles with mental health issues are also more likely to associate with negative peer groups, distrust adults and authority figures, disengage from educational activities, and have a poor self-concept (Underwood et al., 2014).

There are also many experiences that youth have faced that contribute to delinquency. These experiences may include physical and sexual abuse, presenting angry and aggressive behavioral patterns, or residing in a single-parent household (Underwood et al., 2014). Researchers have also found that youth that have undergone traumatic experiences have developed mental health problems as a result. (Espinosa et al., 2013). Females have shown to significantly outweigh their male counterparts, and researchers have furthermore suggested that girls are typically undertreated for their mental health needs and concerns (Espinosa et al., 2013).

Some identifiable risk factors may also include youth with neglectful parents, and those who have an antisocial personality. These risks, according to Schubert and Mulvey (2014) put youth at a higher tendency to offend and have behavioral health disorders. Having a chaotic home environment may also increase the chances of one developing a mental health problem over time, and could also increase the chances of criminal involvement.

### **Causation: What Leads to Violent Offending**

One of the leading causations to violent offending amongst youth with mental health issues is traumatization. Each year there are approximately 600,000 youth that are placed in detention centers (Williams, 2016). At least 75% of these youth have experienced some sort of

traumatic victimization in their lifetime or growing up. As many as 93% of these youth have claimed to have some sort of unfortunate event happen to them, such as an accident, a serious illness, physical/sexual abuse, or have been a witness to community violence (Williams, 2016). Based on research, traumatic events will significantly affect the brain development, also known as cognitive control, which is the part of the brain that helps with decision making and regulation of emotions (Williams, 2016). There is also growing evidence that supports the link between mental health and offending behaviors. Childhood depression is shown to be linked to physical aggression (Stoddard Dare, et. al, 2011). Aggressive behaviors or patterns for youth under the age of thirteen have shown to be a predictive indicator of delinquency. There are also other predictors found from research, such as hyperactivity or attention disorders, which is linked to violent offending behaviors.

Unfortunately, there are endless indicators that lead to violent offending. The differences may vary amongst boys and girls, and all youth have complex needs. This complicity includes educational status, developmental process of the brain, behavioral issues, substance use disorders, and mental health issues. There could be one indicator that the youth presently shows, or multiple. In most case scenarios, and according to researchers, most youth are shown to have more than one of these predicting traits.

### **Ineffective Detention Centers for Violent Juveniles with Mental Health Problems**

It is evident that detention centers house several violent youth with mental health problems. This institution in which the youth is detained should ideally be well equipped to help all individuals with or without mental health issues by setting them up for success. Detention centers should focus on how they will make the youths' stay beneficial. Cocozza et. al (2010) state that institutions could do more harm than good for youth. Adjustment would be difficult

for any individual, let alone someone who has a mental health issue, especially a severe mental health issue. The institution may also generate new experiences, which may not be positive experiences for the detained youth. Disruptive patterns may seem to exist, and negative experiences could lead to criminality. Most experts, according to Coccozza, et. al (2010), believe that institutions need to be used less frequently since there are several downfalls of detention centers.

Several detention centers lack the proper treatment for juveniles because there are not enough qualified providers, and cities don't have the funding to enhance their treatment programs or staff training. Treatment options may also be nearly nonexistent or limited because the juvenile justice system becomes a last and only resort for youth (Coccozza, et. al 2010). In other words, youth may be directly referred to detention centers, rather than undergoing screening assessments to see if there is treatment options that would be needed. Overall, there has been a decline in juvenile correctional institutions in Wisconsin (Mendel, 2011). This is mainly due in part because the county making the placement has to pay a daily rate to the Department of Juvenile Corrections. Over the last decade, the daily rates have substantially increased. These rates have increased at such a faster rate than the aid that is available to the counties in Wisconsin. Therefore, alternatives have been set up in place of correctional institutions for juveniles. Although the use of correctional institutions has declined, it is mainly in due to the lack of funding. There also is not funding for youth to receive proper treatment, so inevitably, youth are more likely to reoffend. Since there is a lack of funding and not enough room for youth, 61% of youth end up on probation rather than in a residential placement (Mendel, 2011).



### **III. Theoretical Framework**

There are many reasons why juveniles may become delinquent. Some youth may model what they see around them and mimic what the adults that they associate with or encounter. This is known as the social learning theory. Children are more likely to turn to delinquent behaviors when they are emotionally dependent on their parents or siblings while they are growing up. If parents have a criminal history, children are also should to be more than likely to engage in criminal acts as well (Underwood et. al, 2011).

#### **Cognitive Theories**

Some studies have shown that cognitive theories may explain the relationship between mental health and criminal behaviors. Social and environmental factors may impact mental development. These factors could include trauma and stress that may detach one's control over emotions and impulsivity. Children that have had traumatic events growing up are more acceptable towards aggression. Children that have distorting thinking, such as immature thoughts, have poor problem-solving skills, have a lack of trust in others and adults, lack self-control and empathy are examples of cognitive behavioral issues. Researchers suggest that Cognitive Behavioral Therapy (CBT) reduces recidivism in juveniles, especially serious violent offenders. Therapy helps to improve social skills, problem-solving, and critical thinking. CBT takes a therapeutic approach such as counseling and skill building that can ultimately help reduce criminal activity. Therapy is shown to work best when the youth also have other positive variables incorporated in their life, such as employment, supervision, education and/or training,

and mental health counseling.

### **Attachment Theory**

High proportions of youth with mental health illnesses have been found to have attachment insecurities. When parent-child relationships are disrupted, then long-term negative effects can occur over time for that child. These children may encounter the inability to show affection, have a lack of concern for others, and show aggression and delinquent behaviors. Children that have also experienced trauma, neglect, and loss have shown attachment issues to people and adults. Children who do not receive enough or proper attention growing up, have been neglected, or lack proper care and lack supervision also increase the likelihood of deviant actions (Underwood et. al, 2011). Family disorganization and/or family problems increases delinquency because the child may feel unloved, uncomfortable, and lack proper support groups. By providing families with tools where they can be dependent, show proper parenting skills, and provide positive relationships, then the child would be less likely to turn towards aggressive or violent behaviors. Family counseling, parenting classes, and mental health classes could help benefit families, especially for families that have children with mental health issues or concerns.

### **Strain Theory**

Economic factors may also increase the motivation for youth to turn to delinquent behaviors. Poverty-stricken communities that lack resources or services, lack education, or have limited employment opportunities can often provoke crime (Underwood, et. al 2011). Other communities, volunteers, teachers, and others should help parents with their job employment

status and provide knowledge and/or assistance related to welfare. Every child deserves food, clothing, shelter, medical care, and other necessities. It's beneficial for communities to promote services that are offered in the area. These could include brochures, billboards, advertising services in newspapers or local magazines, or setting up flyers in stores. The community needs to know what is available to them so they can be there for their families and to encourage wellness.

#### **IV. Case Studies**

##### **Lincoln Hills and Copper Lake Schools - Irma, WI**

Both the Lincoln Hill School for Boys (LHS) and the Copper Lake School for Girls (CLS) is located in Irma, Wisconsin. Lincoln Hills was constructed in the 1970s, and the school for girls was constructed much later in 2011. These schools are separated, however, are both on an 800 acre of land. These schools hold serious juvenile offenders who have committed delinquent felony acts. Each school offers multiple types of program that are specific to the needs of the youth. The main goal of LHS and CLS is to provide safety for the public. Because the schools offers an array of different services, the goal is to also help the juvenile become accountable for their actions, and to build and grow from their delinquent acts by skill-building activities. Juveniles that are 14 and older are eligible for the Serious Juvenile Offender Program (SJOP) at CLS and LHS. For any Class A felony committed, there is a minimum one-year stay. For any Class B or C felony, juveniles may be in the program for no more than three years. Below is a list of felonies in the state of Wisconsin in which juveniles would be eligible for the program.



**Serious Juvenile Offender Program Eligible offenses – Wisconsin Statutes** Offenses of youth aged 14 and older that may be placed in the SJOP

Retrieved from Wisconsin Department of Corrections website:

<http://doc.wi.gov/documents/web/familiesvisitors/juvenileservices/administratorsmemos/2014/14-10%20Serious%20Juvenile%20Offender%20Program%20revised.pdf>

<b>Class</b>	<b>Statute</b>	<b>Description of offense</b>
B	939.32 (1)(a)	Attempt to commit crime for which penalty is life imprisonment
*	940.03	Felony murder: death results in act of committing other certain crimes
D	940.06	Reckless homicide, 2 <sup>nd</sup> degree
C	940.21	Mayhem
B	940.225 (1)	Sexual assault, 1 <sup>st</sup> degree
B	940.305 (1)	Taking hostages
C	940.305 (2)	Taking hostages, releasing unharmed before arrest
C	940.31 (1)	Kidnapping
B	940.31 (2)(a)	Kidnapping with intent to transfer property
C	940.31 (2)(b)	Kidnapping with intent to transfer property; victim released without permanent injury before trial
C	941.327 (2)(b)4	Tampering with household products resulting in death
C	943.02	Arson
E	943.10 (2)	Burglary, armed or with commission of a battery
C	943.23 (1g)	Operating vehicle without owner's consent, use of dangerous weapon
C	943.32 (2)	Robbery, armed; includes attempted armed robbery
A	948.02 (1) (am)	Sexual contact or intercourse with a child under age 13, causes great bodily harm
B	948.02 (1)(b)	Sexual intercourse with a child under age 12
B	948.02 (1)(c)	Sexual intercourse with a child under age 16 by use of threat of force or violence
B	948.02 (1)(d)	Sexual contact with a child under age 16 by use of force or violence if actor is at least age 18
B	948.02 (1)(e)	Sexual intercourse or contact with a child under age 13
A	948.025 (1)(a)	Repeated acts of sexual assault of same child; at least three were violations of s. 948.02 (1)(am)
B	948.025 (1)(b)	Repeated acts of sexual assault of same child; at least three were violations of s. 948.02 (1)(am), (b), or (c)
B	948.025 (1)(c)	Repeated acts of sexual assault of same child; at least three were violations of s. 948.02 (1)(am), (b), (c), or (d)
B	948.025 (1)(d)	Repeated acts of sexual assault of same child; at least three were violations of s. 948.02 (1)
C	948.025 (1)(e)	Repeated acts of sexual assault of same child; at least three were violations of s. 948.02 (1) or (2)
C	948.30 (2)	Abduction of another's child, use of or threat of force

\*s. 940.03 is an unclassified felony

Serious violent offenders at the age of 10 and older may also be eligible for the program if they have committed a class A, B, or C felony in the state of Wisconsin. The offenses to be placed in the SJOP for ages 10 and older are classified below.

<b>Class</b>	<b>Statute</b>	<b>Description of Offense</b>
A	940.01	1 <sup>st</sup> degree intentional homicide; committing
B	940.01	1 <sup>st</sup> degree intentional homicide; attempting
B	940.02 (1) or (1m)	1 <sup>st</sup> degree reckless homicide; committing in a manner showing utter disregard for human life or an unborn child
C	940.02 (2)	1 <sup>st</sup> degree reckless homicide, committing under certain circumstances
B	940.05 (1) or (2g)	2 <sup>nd</sup> degree intentional homicide, committing

At age 15 or 16 the juvenile may be waived to adult court for a delinquent offense. For a serious violent offense, a 14 year old may be waived to adult court. The District Attorney must file a waiver prior to the plea hearing. The judge then decides after the plea hearing if the case should be transferred to adult system. From 2007 to 2010, the number of juveniles waived to adult court has somewhat fluctuated, from 281 in 2007, 194 in 2008, 167 in 2009 and 173 in 2010 (Mendel, 2011).

Understanding who is admitted to LHS and CLS is rather simple. First, the delinquent youth must undergo an assessment to determine specific needs to ensure a proper placement within the program. Once the needs are determined, a case plan is developed. These case plans include any health and educational screenings. From here, goals will be addressed. These goals will satisfy the youth's correctional stay.

Both CLS and LHS offer several services for detained youth. The Aggression Replacement Training (ART) 10-12 week program is aimed to help youth diminish or stabilize

aggression. The youth must first undergo an assessment, and if aggression is determined then the youth may be referred to the ART program. This specific program addresses emotional, cognitive, and behavioral issues. The ART program uses Anger Control Training (ACT) for teaching self-control and moral reasoning through group discussions, exercises, and role playing techniques. These techniques particularly aim at enhancing pro-social skills.

Dialectical Behavior Therapy (DBT) is also offered as a 16 week long program for girls with suicidal behaviors or borderline personality traits. This therapy will also include girls that have shown conduct disorder, substance abuse, or eating disorders. The downfall to this program is that the girls must have the willingness to participate. If they do not consent to wanting to participate in this program, and show unwillingness to change, then simply do not have to. There are also more factors to this program. The girls involved in the DBT program must be able to control their anger, have any type of psychosis under control, have an IQ over 70, and if they have ADHD or bipolar, they must be medicated. The DBT program teaches girls how to understand their emotions while providing tools to help manage these emotions. The program aims at teaching respect while balancing one's' needs and wants throughout certain situations. Finally, this program uses skill-building techniques to help the individual understand how to get through situations without making them worse.

The last program, the Juvenile Cognitive Intervention Program (JCIP) is approximately 14-16 weeks. This program plays an important part for serious violent offenders. Program staff will spend one-on-one time with each specific youth and come up with a plan for during their stay and after. Although there are other programs within LHS and CLS, only a few of them are related to mental health. Other programs, such as cultural program services expose youth to others of all culture types. This service is run by volunteers and those from the community. The

main goal of this service is to help those individuals detained understand their heritage, as well as others. There are also chapel services available to all youth at Copper Lake and Lincoln Hills schools. The variety of different faith groups that are offered allow spiritual growth and self-improvement, while offering bible study and a place of worship.

### **GROW Academy - Oregon, WI**

The Grow Academy is located just outside of Madison, Wisconsin and known as a residential placement for youth. The program offers not only 24-hour supervision, but a chance for youth to enhance skill-building techniques. Essentially, this 120-day program requires that youth engage in particular programs. These programs include vegetable farming, composting, horticulture therapy, and nutrition in meal planning and preparation. The main purpose of this program is help better the youth to obtain job related skills. When one is involved in the Grow Academy, they will have a better understanding of what it would be like to have a job. The program also uses a cognitive intervention approach.

There is, however, a downfall with this program. It only allows up to 12 males at a given time for each 120-day course. All individuals are required to have risk assessment screenings, which will almost automatically eliminate any youth with mental health concerns or illnesses. This program has primarily been proven to be beneficial for those youth without mental health issues. Sadly, like a majority of programs in Wisconsin, and throughout the United States, this is a common occurrence.

### **The Wraparound/REACH Program - Milwaukee, WI**

The Wraparound-REACH Program provides assistance to families with youth that have complex needs. The Wraparound Program is designed to help parents become aware of available options and increases awareness of mental health services. In order to meet the qualifications to be involved in this program, one must have one or more of the following:

1. A severe emotional disturbance in accordance to DSM-IV or DSM-V.
2. Involved in two or more service systems (i.e. mental health, juvenile justice, welfare, education).
3. The ability for the youth to function and focus at home is disrupted by the youth's mental health condition.
4. The youth is placed in a psychiatric hospital, residential treatment facility, or a correctional center.

The biggest goal of the program is to help youth and families come together, and become connected to the support and services that are offered. Care providers are involved in the program to help identify the current and ongoing needs of the youth, develop the bond and relationship between the youth and family, and to continuously provide resources. There is also a Mobile Urgent Treatment Team (MUTT) that is available 24 hours a day and 7 days a week. The MUTT staff provide support and intervention to those that are in a time of crisis. Youth who are experiencing a crisis related event do not have to be part of the Wraparound/REACH Program. It can be for any youth in the community who are at risk and that may have a mental health crisis.

Overall, the Wraparound program seems to be aimed at helping those youth that have emotional and mental health needs. Families are able to be involved in this program, unlike some youth correctional facilities. This greatly benefits families and the youth, as families are

able to understand the process and receive additional services and resources. The families will also be able to serve as positive peers in which the youth will be able to build relationships.

### **Mendota Juvenile Treatment Center (MJTC) - Madison, WI**

MJTC is a secure correctional facility that houses what are considered violent offenders with mental health issues. The treatment center uses a cognitive-behavioral approach that will help the youth understand and accept responsibility for their actions. The MJTC staff help youth build relationships with their families, understand their mental illnesses, and will aim at building social skills. Pro-social skills will help decrease deviant acts and engage in proactive activities. MJTC aims at decreasing violent and deviant behaviors with cognitive therapy, and replace that with pro-social skills.

There are more staff members present at the treatment center than most traditional correctional facilities. This allows more one-on-one attention and greater treatment options for the youth. According to the Mendota Mental Health website (n.d.), There is 1 psychiatrist on staff for the 28 youth. There is also 1 psychologist for every 26 youth, and 1 social worker and one psychiatric nurse for every 14 youth. Youth are required to participate in counseling services at Mendota on a weekly basis, and will also stay anywhere from 45 to 83 weeks. Most programs, for example, cognitive behavioral therapy at Lincoln Hills and Copper School last around 14 weeks. Just to compare, Mendota offers more of a long-term therapy and treatment option for youth with severe mental illnesses.

Based on research, Mendota Mental Health for Juvenile Treatment is seen to be one of the most effective centers in Wisconsin for violent offenders. According to Caldwell and Van

Rybroek (2011), youth were 6 times less likely to be charged with a felony or violence related incident than those without Mendota treatment. The downfall of MJTC is that it is an extremely high-cost treatment facility. The typical or median correctional cost is approximately \$7,000 per youth. However, the treatment is proven to have many benefits and researches have seen patterns of recidivism. Although the additional costs are substantial, the long-term costs with a repeat offender could be even more costly. The one component that MJTC lacks is that there is no clear step-by-step procedure or guidance. Researchers have criticized this before, indicating that Mendota is in need of a structuralized treatment program (Caldwell, et. al, 2011).

### **State Treatment and Rehabilitation (STAR) - Cluster, South Dakota**

There were actually many great things about this program, however, as of March 2016, it was announced that the facility is closing. The main reason of the closure is the lack of funding. Although the population of juveniles has declined over the years, it is very costly to maintain and house youth, especially those that have special needs. This correctional facility is only for boys that have committed violent and/or serious crimes. The program was started in 2008 and is also considered an accredited middle school and high school. All youth offenders receive medical, dental, and mental health treatment. Based on the youths charges, one may receive specific treatment. For example, sex offenders, or those who have been sexually assaulted, are able to receive treatment. There is currently a total of 24 beds, which most youth sleep in the same room. This dorm-style atmosphere can be chaotic and may youth may also engage in negative, or antisocial behaviors. Youth will not only have a violation of personal space, they

will have more opportunities to engage with their bunkmates. These engagements may not always be positive, and in fact, may also lead to future offending.

There is little that needs to be brought to attention now that the correctional facility is coming to a close. It is said that there are a few remaining youth in the program that will stay until the final closing date, and then be released into the community. Because this community is closing, it is uncertain if the center will provide any youth or families with necessary resources to set them up for future success.



## **V. Recommendations**

### **Mental Health Care and Treatment**

One problem of serious violent offenders with mental health concerns or issues is that even though they may meet the criteria for having a mental disorder, they may not believe they need help or want the help. Many youth may not even think or realize that they have a mental disorder. When these youth do not recognize their problems, they would be unlikely to cooperate with and services that they are referred to. According to a study of those with mental health disorders, one-third of the youth did not know how to access health services. Not only are some youth not even recognizing that they may have a mental health disorder, but some may also not know how to access services if they did recognize their disorder(s). It should be recommended that future research investigate the services for serious offenders. It should also be addressed that detention centers across the nation should require mental health screening. Research should focus on what types of mental health services youth receive and if they are satisfied with those services. If youth are not satisfied, what would need to be fixed or implemented so that the youth are satisfied and more willing to participate and seek treatment? Another recommendation would be to promote more resources for youth. Social media can be a great mechanism in which youth are able to recognize their problems and seek out mental health services.

Evidence based strategies should be based on risk factors, for example, substance abuse, or broader factors such as mental health issues. Placement of a child should incorporate

cognitive behavioral therapy (CBT), as it is shown to lower recidivism rates amongst detained youth (Cocozza, et. al, 2010). Overall, programs in institutions need to be revamped to focus on risk factors that the youth may have. Furthermore, better outcomes are more likely to be persistent if the consequences of the detainment are less harsh (Cocozza, et. al, 2010). If there is a perceived level of fairness within the facility setting, then youth are more likely to have better outcomes. Providing individualized care and treatment for youth, monitoring relationships (i.e. youth and staff, youth and other youth), and including parents in the program setting would create positive steps towards a better life style upon release.

### **Staff Training**

Although staff may be well educated and hold Bachelor's or even Master or Doctoral degrees, staff should also be mandated to undergo specific and specialized training in order to serve those with mental health illnesses. Detention center staff would benefit from a structuralized and detailed orientation and training program. Ideally, if a universal training program for detention centers would be put in place, not only in Wisconsin, but across the nation, then the recidivism rates could ultimately decline. Training programs for staff would not only benefit the staff, but would also benefit the children because they would be receiving care for a trained and specialized staff member. All mental health staff who are involved with the juvenile system need to be familiar and knowledgeable of the laws and the legal system. One of the goals is any mental health professional should be to help the legal system make proper decisions going forward for the juvenile. Mental health professionals, especially those that evaluate youth competency, should have an educational background within the medical and mental health field, as well as knowledge of the criminal justice field. Furthermore, mental

health professionals should review literature, consult with colleagues, and have on-hands clinical experience.

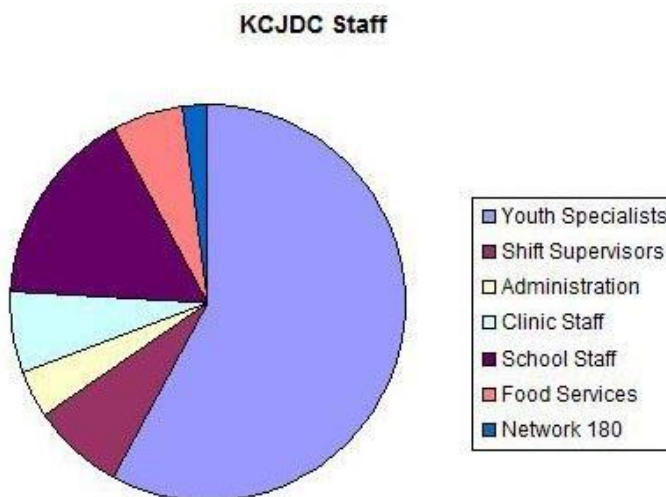
Staff members need to understand just how important treatment is and should incorporate practicing teamwork in the programs. A current problem that exists amongst youth with mental health issues is that they are penalized for actions outside of their control. Staff need to be able to recognize that youth with mental health issues should not be punished more than they already are, because more than likely, the youth are deprived of mental health care. Detention centers is not a suitable environment for the mentally ill. These centers have a high-stress environment, where the youth's problems or concerns could only intensify. More than likely, a detained youth with a mental health issue may find it difficult to cope with being placed in a detention center. Their stress levels are nonetheless negatively impacted because they do not understand what will happen to them, and they are also placed with people that they do not know. This can make the youth feel very uncertain and unsafe since they are in an unfamiliar environment. Juveniles should perceive that they are in a secure environment, and they should know that staff members acknowledge all emotional needs of the individual.

According to the detention center in Kent County, Michigan, staff are only required to complete a 24-hour training program conducted annually (Kent County Juvenile Detention Center website, 2016). Although Kent County, MI ensures that staff members receive extensive training, a 24-hour program creates a lack of validity, and could raise concerns. Kent County fails to specify in this chart how many staff members are responsible for the care of those youth with medical issues. The 24-hours of training includes CPR and First-Aid, software training, report writing, search techniques, client rights and child protection laws, and also a small portion includes suicide prevention and working with the mentally ill. It is not specified how many

hours of training is required for the mentally ill, however, it is included in part of the 24-hours of all other types of training within the detention center. Below is a chart of the types of employees from the Kent County, Michigan youth detention center. The “Network 180” staff, or the mental health staff, is represented by the dark blue color of the chart. The chart clearly shows that the mental health staff at the Kent County Juvenile Detention Center is very disproportionate compared to other staff members.

Received from the Kent County, Michigan Juvenile Detention website:

<https://www.accesskent.com/Courts/JuvenileDetention/staff.htm>



Not only is there a limiting number of staff members for Kent County, but this seems to be the common occurrence for most centers. Specific and detailed training is a key ingredient for detention centers that house youth with mental illnesses. Staff members should be required to take brief refresher courses and should also receive ongoing training and undergo mandatory training that includes policies and procedures. Offering ongoing training and constructing a

mandatory, extensive training program would shed a new light for all detention centers across the nation.

### **Screening Process**

When there are mental health services put in place, it should help to stabilize the youth and reduce the behaviors that are associated with delinquency, and therefore, reduce arrest rates and rearrests amongst youth. When looking at the demographics of the youth's family, history, peers, psychological and psychosocial maturity, it would help to understand what kind of mental health services the child needs. For example, if there are concerns or one has been diagnosed with anxiety, they should receive the proper services to help with stabilization of anxiety. In a study from Schubert and Mulvey (2014), up to 59% of youth with diagnosed mood and anxiety problems did not receive mental health services. Knowing that there is a substantial percentage of youth with diagnosable problems who are not receiving the proper care is one of the major reasons why these same youth are presenting criminal behaviors or reoffending. Although 70% of detention centers screen for mental health issues, only 15.4% with major mental disorders actually receive treatment (Schubert & Mulvey, 2014). It should be required that all detention centers screen for mental health disorders right away. This way, the youth's' needs can be addressed, and in hopes, they would be able to receive the treatment that is necessary to their specific needs.

There is a need for reducing future offending. First and foremost, treatment is key. There should also be a need for a development of a better system with the current screening process. A connection should be made from the results of the screening assessment and following through with appropriate services. Identification of the risk and needs is also needed

in order to determine what kind of treatment should be sought, and the intensity of the treatment. Finally, intervention should be offered and implemented to serious violent offenders to address main concerns and execute treatment options.

### **Community Reentry and Aftercare**

Once a child has completed their stay at the detention center, it is exceptionally essential to reassess upon exiting. Those with serious mental health issues should not be required to improve the status of their issues. Instead, they should be stabilized for community reentry. There may not be cures for the mental illnesses that the youth may have. The goal for reentry into the community should be to prepare and provide the youth with proper tools and services so that they can, in hopes, have a successful and non-deviant future. Prior to exiting detention centers, youth should not only undergo an exist assessment, but should also meet with mental health staff and be required to create a strategic plan. This plan should also include the youth's caregivers so they can help monitor behaviors and actions. The plans set in place should focus on the individual's specific emotional needs, such as ongoing cognitive behavioral therapy, functional family therapy, or other types of therapies.

### **VI. Summary and Conclusions**

An effort in advancing protocols and processes for screening techniques and the assessment of youth should be taken seriously. Providing family support and involvement will also make sure that the youth has strong network and strong family bonds. From current research, it is visible that several problems still exist today for incarcerated youth in Wisconsin. Although there are several advantages to secure detention facilities, there are several problems

that need to be addressed within detention centers across Wisconsin, and for after-care programs as well.

Issues such as overcrowding, having proper and extensive training for detention staff, and addressing and recognizing mental and medical needs of the youth are just a few areas that need to be focused on, in order for detention centers to be successful. Another major problem is that juvenile facilities across Wisconsin are housing a majority of individuals who are considered non-violent. These non-violent, but rather status-type offenders pose as a low-risk threat to the community. In other words, there is very little effectiveness to detaining youth that pose no or little risk to the community. Instead, juveniles who are kept in the community, rather than facilities, tend to recidivate less often, according to recent statistics (Petrosino, Guckenburg, and Turpin-Petrosino, 2010). Furthermore, when an individual is placed in a community setting, there are more resources available to them that would be beneficial for the learning and growing process of that individual.

Finally, an integrated system of mental health care to focus on reforming the juvenile justice system is needed. Health care should also be specialized to the specific needs of the individual that is detained. Community-based care should be improved by enhancing juvenile justice awareness. It is no doubt that our youth deserve the proper care. It's most important to remember that youth may not be able to overcome their mental illness. Therefore, by simply providing the proper mental health care that they so desperately need by incorporating treatment into our detention centers will alleviate worry and concern for the youth, family, and community. In closing, a uniform model that includes specific guidelines for violently-detained youth with mental health issues should be the next priority for the juvenile justice system.





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