IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

R.J., et al.	)	
	)	
Plaintiffs,	)	
	)	Case No.: 12-cv-07289
vs.	)	
	)	Hon. Matthew F. Kennelly
	)	
CANDICE JONES,	)	
	)	
Defendant.	)	

DEFENDANT'S SUBMISSION OF POLICIES PURSUANT TO PARAGRAPH I(3) OF THE REMEDIAL PLAN

Defendant Candice Jones, Director of the Illinois Department of Juvenile Justice ("DJJ"), by her attorney, Lisa Madigan, Attorney General of Illinois, submits the attached policies for the Court's review and approval.

1. The remedial plan in this case (Dkt. No. 73) requires the DJJ to develop certain policies. For each such policy, paragraph I(3) of the plan requires the DJJ to provide a draft to the court-appointed experts and plaintiffs' counsel at least 30 days prior to the deadline specified in the plan, consider in good faith any proposed revisions and meet and confer upon request, submit the policy to the Court for its review and approval, and implement the policy.

2. Under the plan, policies addressing four topics are due today, July 7, 2014, which is 90 days from the entry of the plan: mental health records and hospitalization (Dkt. No. 73 at ¶ II(5)), medication consent (*id*. at ¶ II(7)), LGBTQ youths (*id*. at ¶ II(11)), and a modified school calendar (*id*. at ¶ III(5)).

3. In compliance with the plan, DJJ submits Exhibits A to I hereto. These exhibits include the required policies (plus some additional sections which are not due under the plan, and which are not submitted for court review and approval, as indicated in the chart below).

Remedial Plan Requirement	**Relevant Exhibit(s)**
Policy re mental health records and hospitalization (II(5))	Exhibit A (AD 05.05.105 - Initial, Security Classification of Youth), *only parts II(F)(2-4)* Exhibit B (AD 04.04.102 – Emergency Mental Health Services), *only part II(F)(4)*
Policy and form re medication consent (II(7))	Exhibit C (AD 04.04.100 – Mental Health General Provisions), *only part II(F)(8)* Exhibit D (medication consent form)
Policy re LGBTQ youths (II(11))	Exhibit E (AD 04.01.303 – Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth) Exhibit F (AD 04.03.104 – Evaluations of Youth with Gender Dysphoria) Exhibit G (AD 04.01.130 – Programs and Case Management), *only parts II(D), II(F)(3)(d), II(F)(4)(b)* Exhibit H (AD 05.01.302 – Prohibited Cross-Gender Searches)
Modified school calendar (III(5))	Exhibit I (school calendar)

4. The DJJ provided Exhibits A to I to the court-appointed experts and plaintiffs' counsel on June 6, 2014, as required by the plan. The DJJ has considered the proposed revisions in good faith, and the parties and experts have met and conferred regarding the proposed revisions. The DJJ respectfully requests court approval of the relevant sections of Exhibits A to I.

Dated: July 7, 2014

Respectfully submitted,

LISA MADIGAN
Attorney General of Illinois

/s/ Michael T. Dierkes

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Illinois Department of Juvenile Justice	ADMINISTRATIVE DIRECTIVE	Number	05.05.105
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		Effective	(NEW) Draft

Section	05	Operations
Subsection	05	Classification
Subject	105	Initial Security Classification of Youth

I. POLICY

A. Authority

730 ILCS 5/3-2.5-20

20 Ill. Adm. Code 2503, Subpart A.

B. Policy Statement

All youth received at a Reception and Classification Center shall receive a security classification.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish written guidelines for staff in regard to the classification of youth received at a Reception and Classification Center.

B. Applicability

This directive is applicable to all youth centers designated as Reception and Classification Centers.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Youth security designation - the youth's need for institutional security as determined by objective classification decisions.

F. Requirements

1. The Reception and Classification Administrator shall establish written guidelines for the classification of youth received at the center. The guidelines shall be established and maintained in line with the current Classification User's Manual. The Reception and Classification Administrator shall ensure that:

a. All youth received at the Reception and Classification Center receive a security classification after a review process has been completed.

b. The security classification decision takes into account, among other matters, the following factors:

(1) The youth's security designation score on the initial classification instrument; and

(2) Administrative concerns such as escape risk issues, institutional security issues, medical, mental health, or other special needs.

2. The Reception and Classification Administrator shall establish written procedures for identifying youth who have been previously incarcerated in or admitted to another correctional or psychiatric facility, or have received other mental health treatment. R&C staff shall notify the Health Care Unit Administrator using the DJJ 0438 of any facility or treatment provider that may have clinical or medical records on a youth.

a. Knowledge of prior incarceration or mental health treatment may be obtained from, but shall not be limited to, records from previous commitments to the Department, staff knowledge, the arrest record, social history report, the youth's self-admission, or from the youth's parents or guardians.

3. Within 3 business days of receiving such notification, the Health Care Unit Administrator shall request clinical or medical records from such facilities or treatment providers using the DJJ 0114 or another request form required by the treatment provider.

a. When requesting medical records, and executed Authorization for Release of Youth Medical Health Information, DJJ 0241, shall be included in the request.

b. When requesting mental health or Substance Abuse Treatment Information, an executed DJJ 0240, shall be included in the request.

c. A copy of the DJJ 0438 and all request forms, shall be attached to the Reception Classification Report and placed in the youth's medical file.

4. If any of the requested records are received after the youth has transferred from the Reception and Classification Center, the R&C Administrator shall forward the records to the Health Care Unit Administrator at the youth's assigned youth center in order to evaluate the appropriateness of the youth's current security classification and program and housing assignments. These records shall be placed in the youth's medical file after an evaluation has been conducted.

Authorized by:

Candice Jones

ADMINISTRATIVE DIRECTIVE	**Effective** **DRAFT**	**Page** **3 of 3**	**Number** **05.05.105**

Director

Illinois Department of Juvenile Justice	ADMINISTRATIVE DIRECTIVE	Number	04.04.102
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		Effective	DRAFT

Section	04	Programs and Services
Subsection	04	Mental Health
Subject	102	Emergency Mental Health Services

I. POLICY

A. Authority

730 ILCS 5/3-2.5-20

20 Ill. Adm. Code 2415

B. Policy Statement

Youth shall have access to emergency mental health services.

II. PROCEDURE

A. Purpose

The purpose of this directive is to define the responsibilities of those employees involved in the provision of emergency mental health services to youth.

B. Applicability

This directive is applicable to all youth centers.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Close Supervision - a formal treatment status which provides for verbal or visual monitoring of those youth determined by a mental health professional to be acutely disturbed or potentially suicidal.

Crisis Team Member - an individual designated by the Chief Administrative Officer to respond to a potential or actual crisis.

Crisis Team Leader - a mental health professional designated by the Chief Administrative Officer to supervise and direct crisis services.

Observation Status - a formal monitoring status which provides for verbal or visual monitoring of those youth determined by a mental health professional or Crisis Team Leader to be at increased risk for experiencing a mental or emotional crisis.

Strip Celling – the removal of all clothing and property from a youth who is placed on suicide watch and determined by a mental health professional or physician, when a mental health professional is not available, that the youth is at imminent risk for harm to self or others.

Suicide Watch Status - a formal treatment status for a youth determined by a mental health professional to be acutely suicidal.

F. **Implementation**

The Chief Administrative Office shall develop a written procedure implementing all provisions of this directive.

1. **Crisis Intervention Team**

a. A Crisis Intervention Team shall be designated by the Chief Administrative Officer which shall include:

(1) A mental health professional who shall be the Crisis Team Leader;

(2) At least one member of the security staff who is the rank of Juvenile Justice Supervisor.

(3) Other members who may be chosen from the administrative, chaplaincy, counseling, educational, leisure time services, medical or security staff.

b. One or more team members shall be available on site on a 24-hour basis.

c. All staff selected for the Crisis Intervention Team shall be properly trained.

(1) Mental health professionals shall not be required to receive special training unless specifically required by the Chief Administrative Officer.

(2) All other team members shall receive sixteen hours of specialized training prior to serving on the Crisis Intervention Team, unless otherwise approved, in writing, by the agency Chief of Mental Health Services.

(a) The initial 16 hours of training shall be provided through the Training Academy and shall include assessment and intervention techniques in crisis situations.

(b) A team member may provisionally serve on the team after completing four hours of orientation training as determined by the Crisis Team Leader. The team member shall receive the required training provided by the Training Academy at the next available training session.

(3) All team members shall receive an additional one hour of training quarterly by the facility Crisis Team Leader. The training shall consist of topics selected by the Team Leader which are pertinent to crisis intervention.

2. **Referrals to Crisis Intervention**

a. A procedure shall be established for referral to the Crisis Intervention Team of youth who exhibit disturbed behavior.

(1) All staff are responsible for promptly reporting to the Crisis Intervention Team or a mental health professional any evidence that a youth is:

(a) Threatening suicide, attempting suicide, or exhibiting other symptoms which indicate that the youth may be at risk for, or intent upon, self-harm or suicide;

(b) Threatening or attempting homicidal behavior, or exhibiting other symptoms which indicate the youth may be at risk for, or intent upon, killing another;

(c) Mentally or emotionally disturbed and potentially dangerous to others, or unable to care for himself due to confusion, disorientation, etc.; or

(d) Exhibiting acute depressive or psychotic symptoms.

(2) All youth center staff shall receive a minimum of one hour of training. Training shall include identification and reporting of disturbed behavior to the Crisis Intervention Team.

b. Upon notification of the referral, the Crisis Team Member shall determine and implement the steps necessary, if any, to resolve the crisis or prevent it from escalating. This may include referral to other staff or services.

(1) The Crisis Team Member shall promptly review the case with the Crisis Team Leader or other designated mental health professional to determine if appropriate services and referrals have been provided. After normal duty hours and on weekends and holidays this review may be by telephone.

(2) The Crisis Team Leader or Member shall monitor and facilitate service delivery including, when appropriate, referral for mental health or medical examination, initiation of crisis treatment plan and recording of visual or verbal checks, and any special recommendations by mental health professionals.

(3) The Crisis Team Leader of Member shall notify the Shift Supervisor of any recommendations involving responsibility of security staff toward the youth.

(4) The crisis response shall be terminated as determined by the Crisis Team Leader or other involved mental health professional.

3. **Crisis Care Services**

Upon the recommendation of a Crisis Team Member or a mental health professional, the Chief Administrative Officer may order that a youth be housed in a crisis care area. Youth who are assigned to a crisis care area shall be placed on observation status, close supervision status, or suicide watch status in accordance with this directive. In extreme emergencies, a youth may be placed in therapeutic restraints in accordance with Administrative Directive 04.04.103.

a. Crisis Care Area.

(1) The Chief Administrative Officer shall designate an area or areas for housing a youth who is determined by a mental health professional or Crisis Team Member to require removal from the regular housing assignment for mental health treatment or observation. Removal from the general population must comply with the provisions in Administrative Directive 04.04.100.

(2) Crisis care rooms or housing areas shall be equipped to provide for:

(a) Single celling or housing

(b) Control of outside stimuli, especially contact with other youth.

(c) Adequate lighting or lighting controlled from outside of the room or housing area.

(d) Opportunities for observation by staff from as many points in the area as possible.

(e) Opportunities for staff to conveniently hear activities within the room or area.

(f) Access to health services.

(g) Prompt access by staff into the area.

(3) Close supervision or suicide watch may be provided at a community health care facility pending evaluation or transfer to an appropriate Department facility.

(4) Clothing or other personal property removed from the youth's crisis care room or housing area shall be placed in a secure area.

b. Observation Status

(1) If it is determined by a mental health professional or Crisis Team Leader that a youth is at increased risk to experience a mental or emotional crisis, the individual may be placed on observation status. No youth meeting criteria for close supervision or suicide watch may be placed on this status.

(2) The Chief Administrative Officer shall establish the procedures for this status through a local written procedure. At minimum these procedures shall include:

(a) The procedure for placing a youth on observation status.

(b) Notification of the Crisis Team Leader and Duty Administrative Officer.

(c) The frequency of observation and method of documentation.

(d) Daily evaluation by designated staff.

(e) A provision that observation status shall not exceed 72 hours, unless extended by a mental health professional following a formal evaluation.

(f) A provision that termination of this status shall be upon the written or verbal order of a mental health professional.

c. Close Supervision Placement

(1) A youth who is determined by a mental health professional to be acutely disturbed, potentially suicidal or who may pose a threat of serious physical harm to self or others in the near future may be placed on close supervision. When a mental health professional is not on site, this determination shall be made by the Crisis Team Member who shall promptly review the situation with the Crisis Team Leader.

(2) Monitoring of youth who are placed in close supervision shall be documented and shall include the following:

(a) Checks by staff at least every 15 minutes, which include verbal or visual contact with the youth. It is recommended that these checks include a notation on the youth's behavior or speech.

(b) Daily contacts made by a crisis Team Member or an individual from the mental health, medical or psychiatric staff. Additional contacts shall be made as frequently as determined necessary by a mental health professional or medical staff.

(c) A check of the youth's vital signs shall be taken by the health care staff within 24 hours of placement on Close Supervision.

NOTE: Contacts in (b) and (c) above shall include an assessment of a

youth's response to treatment and current mental health status. This shall be documented in the medical record and may additionally be noted in the crisis record.

(3) The youth shall remain in close supervision until transferred to a mental health treatment setting or until the crisis is resolved as determined by the Crisis Team Leader or any other involved mental health professional. If release from close supervision is authorized via the telephone, a follow-up evaluation by a mental health professional shall be conducted within 72 hours.

d. Suicide Watch Placement

(1) A youth who is determined by a mental health professional to be acutely suicidal or who poses a threat of serious physical harm to self or others may be placed on suicide watch. Strip celling may be authorized. A physician may make this determination if a mental health professional is not available. Determinations shall be made after the psychiatrist, physician, or mental health professional has personally observed and examined the youth. Clinical reasons for such placement shall be documented.

(2) In the absence of a psychiatrist, physician, or other mental health professional, suicide watch may be temporarily initiated in an emergency upon the recommendation of the Crisis Team Member and with the approval of the Chief Administrative Officer or Duty Administrative Officer. Strip celling may be authorized. If approval is given verbally, the Crisis Team Member shall ensure that Medical Staff document this approval in the medical record and may additionally note it in the crisis record.

(a) A medical or mental health professional order for suicide watch placement or strip celling must be obtained within two hours. This order must clearly specify the clinical reason for the order.

(b) Verbal orders must be confirmed in writing in the medical record within 72 hours by the ordering physician or mental health professional or, if unavailable, by another mental health professional. Verbal orders reviewed by another mental health professional must be confirmed in writing by the ordering physician or mental health professional on the next scheduled working day.

(3) A youth's personal property, particularly the clothing, shall be returned as soon as practical, consistent with the mental health professional's assessment of the inmate's mental health status. Orders for return of property or clothing may be given verbally by a mental health professional in consultation with on-site health care staff or a Crisis Team Member.

(4) Monitoring of youth who are placed in suicide watch shall be documented in writing and shall include the following:

(a) Checks by staff at least every 10 minutes which shall include verbal or visual contact with the youth. It is recommended that these checks include a notation on the youth's behavior or speech.

(b) Daily assessments of a youth's mental health status conducted by a mental health professional. On weekends and holidays, the mental health professional may consult by telephone with on-site health care staff or a Crisis Team Member. Additional contacts shall be made as frequently as determined necessary by a mental health professional or medical staff.

(c) A check of the youth's vital signs shall be taken by health care staff within 24 hours of placement on Suicide Watch.

NOTE: Contacts in (b) and (c) above shall include an assessment of the youth's response to treatment and current mental health status. This shall be documented in the medical record and may additionally be noted in the crisis record.

(5) The youth shall remain on suicide watch until the youth is transferred to a mental health treatment setting, community health care facility, or until a mental health professional determines that the crisis has been resolved or that the youth can be placed in a less restrictive crisis care status.

(6) A youth shall be placed in close supervision status for at least 24 hours after the suicide watch status has been terminated unless the psychiatrist, physician, or other mental health professional documents that such observation is not clinically indicated.

e. Emergency Mental Health Services Records

(1) Upon placement in observation, close supervision, or suicide watch, a treatment plan for emergency services to be rendered to the youth shall be developed. Upon termination of the emergency, the plan, including a notation of the termination and planned follow-up, shall be placed in the youth's medical and master files.

(2) An individualized record or records shall be kept to document security checks, medical checks, treatment visits and other care provided to youth while they are on observation, close supervision, or suicide watch status. These records shall be reviewed regularly by the facility medical director to ensure compliance with this Administrative Directive. A copy of these records shall be placed in the youth's medical file.

NOTE: Logs and forms used to document staff observation times will not have pre-printed check times printed on them. Staff making observations on youth on crisis watches shall record the actual time observations are conducted.

4. **Admission to Psychiatric Hospitals**

a. A youth diagnosed with an acute mental illness who has shown little or no progress in response to mental health treatment, psychiatric treatment, and psychopharmacological services shall be assessed for admission to a community psychiatric hospital if:

(1) He or she is reasonably expected to inflict serious physical harm upon self or others in the near future;

(2) Due to his or her severe mental illness, he or she is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm; or

(3) He or she has been found unfit to stand trial and requires placement in a psychiatric hospital in order to attain fitness to stand trial.

NOTE: The analysis of the youth's progress in response to treatment, for purposes of part F 4 (a) above, shall be whether the youth has shown some level of improvement within the timeframe reasonably expected based upon the individual youth's diagnosis and prescribed treatment or psychotropic medications, but in no event longer than 72 hours. If a youth with an acute mental illness has shown no response to treatment or prescribed medications after 72 hours, analysis of factors set forth in F (4)(a) (1)-(3) above shall occur.

b. If a mental health professional believes that a youth meets the criteria for community psychiatric hospitalization in paragraph 4.a., he or she shall immediately inform the Treatment Unit Administrator (TUA) or his or her designee who will immediately contact the Chief Administrative Officer and the Chief of Mental Health, who will notify the Deputy Director of Programs.

c. If, after consulting with the TUA, the Chief of Mental Health determines hospitalization is the best course of action, the TUA or his or her designee shall:

(1) Notify the youth's parent or guardian (if the youth is under the age of 18), ask if the youth is covered by private insurance, and tell the parent or guardian what hospital the youth will be transported to, if known.

(2) Contact Crisis and Referral Entry Services (CARES), request an evaluation from Screening, Assessment, and Support Services (SASS), get the name of the assessor who will be coming to the youth center to make the assessment, and prepare a visitor pass for the assessor.

Note: A SASS assessor will in most cases meet the youth and the TUA at the youth center within 2 hours. In the event of a medical emergency, the TUA will inform CARES that the evaluation shall take place at the hospital. The youth will then be transported by ambulance to the hospital along with a Juvenile Justice Specialist and a mental health professional, in accordance with Administrative Directive 05.03.124.

d. If the SASS assessor determines that hospitalization is not required, the youth

shall remain in crisis status.

e. If the assessor recommends hospitalization the assessor will designate which hospital the youth should be transported to. The TUA or his or her designee shall notify the following of the assessors' determination:

(1) The Chief Administrative Officer;

(2) The Records Office;

(3) The Chief of Mental Health, who will notify the Deputy Director of Programs; and

(4) The youth's parent or guardian (if the youth is under the age of 18), and

h. The youth shall be transported to the hospital in accordance with Administrative Directive 05.03.124. Additionally, a mental health professional shall be transported with the youth, along with 3 days of clothing, a crisis log, documentation from Health Care and Records Office, and a black box, if needed.

i. For youth who are age 18 and over, the hospital may determine that he or she will require transfer to a Department of Human Services (DHS) facility. If a youth is transferred to a DHS facility, the TUA shall inform the Chief of Mental Health.

j. Prior to return from the psychiatric hospital, the Treatment Unit Administrator shall ensure that the hospital has provided a discharge plan which should include discharge diagnosis, level of stability, and current medications. If a discharge plan has not been provided, staff shall document the efforts they made to obtain one and the reason it was not provided.

k. Upon return from the psychiatric hospital, the youth shall be assessed by a Mental Health Professional to determine if, based on the youth's current mental status, continued crisis placement is needed.

l. Within three days of a youth's return from a psychiatric hospital, the Health Care Unit Administrator shall submit a request for medical and mental health records to the hospital. These records shall be placed in the youth's medical file. If the records are received after the youth has been transferred to another youth center, the Health Care Unit Administrator shall forward the records to the Health Care Unit Administrator at the youths current assigned youth center.

Authorized by:

Candice Jones
DIRECTOR

Supersedes:

ADMINISTRATIVE DIRECTIVE	**Effective** **DRAFT**	**Page** **10 of 10**	**Number** **04.04.102**

Illinois Department of **Juvenile Justice**	***ADMINISTRATIVE DIRECTIVE***	**Number**	**04.04.100**
		Page	**1 of 6**
		Effective	**NEW**

Section	**04**	**Programs and Services**
Subsection	**04**	**Mental Health**
Subject	**100**	**General Provisions**

I. POLICY

A. Authority

730 ILCS 5/3-2.5-20

20 Ill. Adm. Code 2415

B. Policy Statement

The Department of Juvenile Justice shall ensure youth have access to adequate mental health services.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish guidelines for staff with regard to the availability and rendering of mental health services.

B. Applicability

This directive is applicable to all youth centers within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least semi-annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

The following definition shall apply to all Mental Health directives unless otherwise defined:

Crisis - an episode or situation in which emergency services are indicated due to evidence that a youth may be at risk for mental health distress, self-harm ideation or behavior, suicide ideation or behavior, harm to others, and other dysfunctional signs or symptoms. Allegations of sexual abuse shall be treated as a crisis. The youth's crisis may be an identifiable event such as family illness or death, denial of parole or placement, bad news, and or conflicts with others etc. The youth's crisis may also include a noticeable change in presentation or behavior such as crying, agitation, poor appetite or sleep, refusal of program or activities, paranoia, hallucinations, aggression, and/or impulsivity etc.

Crisis Care Area - an area used for the placement of a youth exhibiting behavior suggestive of acute mental or emotional disorder or suicide potential.

Developmental Disability - a disability attributable to a mental or physical impairment, manifested before age 22 years, likely to continue indefinitely, and requires specific and lifelong or extended care. The developmental disability results in substantial limitation in three or more specific areas of adaptive functioning such as self-care, self-direction, communication, or safety.

Mental health professional - means psychiatrist, physician, psychiatric nurse, clinically trained psychologist, or an individual who has clinical training and a master's degree in social work or psychology. Individuals with clinical training and a similar master's degree in the human service field, such as counseling, may also be considered a mental health professional if he or she is approved by the State of Illinois to provide mental health service.

Physician - an individual who is licensed by the State of Illinois to practice medicine in all of its branches.

Psychiatrist - a physician who is Board eligible or Board certified in the practice of psychiatry.

Psychiatric Nurse - an individual who has a Master's Degree in psychiatric nursing or who has a Bachelor's Degree in nursing and three years of clinical psychiatric nursing experience.

Special treatment unit - a Department youth center or unit that specializes in mental health care.

Youth data system of record– the mainframe software application for managing youth information currently used by the Department, including Juvenile Tracking System (JTS), Youth 360, and/or any other system designated by the Director of the Department.

F. <u>General Provisions</u>

1. Mental Health Services

a. Youth who are determined to have chronic mental illness or situational stress, shall have access to the following services as recommended by a mental health professional:

(1) Diagnostic evaluation by mental health staff;

(2) Mental health treatment in accordance with the mental health assessment;

(3) Regular and more frequent monitoring as needed by Youth and Family Specialists where mental health treatment is not indicated;

(4) Monitoring of the youth's mental health status on a regular basis by mental health professionals until it is determined that continued services are no longer needed;

(5) Participation in available programs, in accordance with identified needs, including specialized leisure time services, special educational services, or other such programs; or

(6) Transfer to an IYC special treatment unit.

b. Youth who are identified as being developmentally disabled shall be evaluated and assessed by mental health staff. Services for the developmentally disabled may include:

(1) Transfer to an IYC special treatment unit;

(2) Referral to resources congruent with assessed needs;

(3) Monitoring of behavior and adaptation to a youth center;

(4) Designing of programs to meet special needs in accordance with assessment;

(5) Special education services; or

(6) Review of the youth's vulnerability, and communication of those needs to appropriate youth center staff.

2. Training

a. All youth center employees shall receive a minimum of one hour of pre-service training on identification of mental health issues, the procedures for referring youth to Mental Health Services, and the procedures for reporting disturbed behavior to the Crisis Intervention Team. Training shall be reviewed annually during cycle training. The training curricula shall be developed by the Chief of Mental Health Services and approved by the Office of Staff Development and Training. .

b. Health care and youth and family specialist routinely responsible for processing and orientation youths shall receive at least one hour of training annually by a mental health professional on:

(1) Behavior indicative of mental or emotional disturbance, developmental disability, and chemical dependency;

(2) Key medical and master file data to be reviewed on received youth,

(3) The criteria and process to be used in referring youth for evaluation by a mental health professional; and

(4) Confidentiality of mental health information.

c. In addition to the sexual abuse and harassment prevention and intervention training required by Administrative Directive 04.01.301, mental health and medical professionals who work regularly in youth centers shall be trained in:

(1) How to detect and assess signs of sexual abuse and sexual harassment;

(2) How to preserve physical evidence of sexual abuse;

(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and

(4) How to and whom to report allegations or suspicions of sexual abuse and sexual harassment.

3. Removal from General Population

Youth placed in a confinement unit, crisis care area, or who are otherwise removed from the general population:

a. May only be isolated from others as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged.

b. Shall receive daily visits from a medical staff member and a mental health professional, shall not be denied daily large-muscle exercise or any legally required educational programming or special education services, and shall have access to other programs and work opportunities to the extent possible.

c. The Chief of Mental Health, Deputy Director of Operations, and Deputy Director of Programs shall be notified whenever a youth has remained in a confinement unit, crisis care area, or has otherwise removed from the general population for more than 3 days.

4. Mental Health Services Forms and Records

a. All mental health services provided to a youth shall be documented in writing.

(1) In youth centers, reception and classification intake screenings conducted by mental health professionals shall be documented on the Youth Clinical Mental Health Evaluation, DJJ 0283. All subsequent evaluations shall be documented on a Mental Health Diagnostic and Treatment Note.

(2) Evaluations required to be documented in a formal report shall include, when appropriate, routine Reception and Classification Unit screenings, routine mental health referrals, Guilty But Mentally Ill (GBMI) evaluations, medication re-evaluations, psychological reports, psychosexual evaluations, and evaluations of youth in crisis that result in a formal report. Brief evaluations of youth in crisis or re-evaluations of medication that are recorded in the progress notes of the Medical Record need not be recorded on the formal evaluation.

b. All mental health records shall be filed in the youth's medical file. Evaluations conducted by a Reception and Classification Center or by an assigned youth center for the purpose of classification or placement shall be filed in the youth's medical file and a copy shall be sent to the transfer coordinator's office as part of the transfer packet.

5. Inspections of Living Units

a. A mental health professional shall inspect and evaluate conditions of the orientation, disciplinary, and crisis care areas, and at least once per month. Special attention shall be given to procedures, environmental conditions, or unusual events that may significantly affect the level of youth or staff stress in the unit. Where indicated, the mental health professional shall also evaluate the response of specific youth to the confinement and restrictions imposed by the environment.

b. General population housing areas shall be inspected by a mental health professional quarterly or as determined necessary by the Chief Administrative Officer. A record of when such inspections have occurred shall be maintained for each mental health professional.

c. Any problems that are identified by a mental health professional when conducting these inspections shall be documented in writing and forwarded to the Chief Administrative Officer and the Chief of Mental Health Services.

6. Suicide Prevention

a. Each youth center shall implement a Suicide Prevention Committee. The committee shall meet monthly, and the minutes of the meeting shall be forwarded to the Department of Juvenile Justice central office. The committee shall be comprised of:

(1) The Superintendent or Assistant Superintendent;

(2) A mental health professional; and

(3) Other members as designated by the Superintendent.

b. Each youth center shall conduct a suicide drill at least monthly. The results of these drills will be discussed by the Suicide Prevention Committee.

7. Consent to Mental Health Treatment

a. All mental health services shall be provided on a voluntary basis, unless it is determined that a youth is suicidal or poses a serious threat to self or others in the near future unless treatment is provided. Emergency mental health services shall be provided in accordance with Administrative Directive 04.04.102.

b. At the time mental health services are offered, limits of confidentiality, including duty to warn, shall be discussed with the youth.

8. Informed Consent to Psychotropic Medication

a. Psychotropic medication shall only be administered after the youth, or parent or guardian of a youth under 18 years of age, has provided his or her informed consent or in accordance with Department Rule 2415.70.

b. The Health Care Unit Administrator shall maintain updated and medically accurate medication information sheets on all psychotropic medications. These information sheets shall contain comprehensive information on:

(1) The more common and less common side effects of the medication;

(2) How the medication is administered and monitored;

(3) What symptoms the medication is used to treat; and

(4) Alternative medications that treat the same symptoms and the side effects of those medications.

c. Informed consent is obtained when:

(1) The prescribing psychiatrist or nurse has explained the youth's diagnosis and potential ramifications of not using any medication, and reviewed all the information contained in the medication information sheet with:

(i) The youth, if the youth is 18 years of age or older; or

(ii) The youth and the youth's parent or guardian, if the youth is under the age of 18; and

(2) The youth or parent or guardian, as applicable, has executed the Medication Consent Form, DJJ XXXX.

Note: A parent's or guardian's consent may be obtained verbally over the phone after the contents of the medication information sheet have been thoroughly explained, however, if consent is given verbally, subsequent reasonable efforts should be made to obtain a parent guardian signature on the DJJ XXXX.

d. When the prescribing psychiatrist has determined that administering psychotropic medication is in the medical interest of a youth under 18 years of age, the youth center nurse shall:

(1) Attempt to contact the youth's parent or guardian to obtain informed consent, and

(2) Mail the medication information sheet and DJJ XXXX to the youth's parent or guardian.

e. If the nurse is unable to get in contact to the youth's parent or guardian, follow up phone calls or other attempts to contact the parent or guardian shall be made weekly, until and unless, a psychiatrist or physician orders the administration of the medication pursuant to Department Rule 2415.70.

Authorized by:

Candice Jones
Director

ILLINOIS DEPARTMENT OF JUVENILE JUSTICE

Medication Consent

_____ Center

Date: ____/____/____

Time: _____ ☐ a.m. ☐ p.m.

Patient Information:

_____ (Last Name) _____ (First Name) _____ (MI) **ID#:** _____

☐ I authorize the administration of _____ (medication) to _____ (Myself or Name of Patient) for the treatment of the following:

_____
state the diagnosis and behaviors the medication is targeting

_____

to be prescribed and monitored by Dr. _____ (Name of Psychiatrist/Physician) or whomever he or she may designate as his or her assistants.

☐ The attached medication information sheet, the more common and less common side effects of this medication, as well as the potential ramifications of not using medication and alternative medications used to treat the same symptoms have been explained to me in detail by _____ (Name of Psychiatrist/Physician/Nurse).

☐ I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

☐ I have been informed if this medication is off label or FDA approved for this diagnosis.

☐ I certify that I have read and fully understand the above Consent to Treatment, that the EXPLANATIONS therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in.

_____ (Print Name of Patient) _____ (Signature of Patient) ____/____/____ (Date)

When patient is a Minor or Incompetent to give consent:

_____ (Print Name of Person Authorized to Consent) _____ (Signature of Person Authorized to Consent) ____/____/____ (Date)

_____ (Print Name of Witness) _____ (Signature of Witness) ____/____/____ (Date)

When consent from the person authorized to consent was obtained verbally:

I _____ (Print Name of Witness) spoke to _____ (Print Name of Person Authorized to Consent) at _____ (phone number),

reviewed the required information, and have mailed the information to _____ (address).

Illinois Department of Juvenile Justice	ADMINISTRATIVE DIRECTIVE	Number	04.01.303
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		Effective	6/1/2014

Section	04	Programs and Services
Subsection	01	General Provisions
Subject	303	Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

I. POLICY

A. Authority

730 ILCS 5/3-2.5-20

B. Policy Statement

The Department shall maintain and promote an environment that provides physical and emotional safety, and effective and culturally competent services and programming, to all youth regardless of their actual or perceived sexual orientation, gender identity, and/or gender expression.

II. PROCEDURE

A. Applicability:

This directive applies to all youth centers and program sites of the Department.

B. Facility Reviews

A facility review of this directive shall be conducted at least annually.

C. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

D. Definitions

Bisexual - a youth who is attracted either emotionally, physically, or romantically to both males and females.

Employee - all persons who provide personal services or delivery of services, including Department employees and contractual employees. This also includes interns who provide services to the Department in connection with an educational program, whether paid or unpaid.

Gay - a male youth who is attracted emotionally, physically or romantically to other males.

Gender expression - the way a youth presents gender (typically, masculine or feminine) through clothing, appearance, behavior, speech, etc. Gender expression is a concept that is distinct from gender identity and sexual orientation. For example, a male may present in an effeminate manner and identify as a heterosexual male.

Gender identity - a person's internal sense or experience of belonging to a particular gender category as a male or a female, and where a youth feels he or she fits in society's male/female structure. Gender identity is a concept that is distinct from sexual orientation. For example, a transgender girl (born biologically male but self-identifies as a girl) may identify as heterosexual, meaning that she is attracted to boys.

Lesbian - a female youth who is attracted emotionally, physically, or romantically to other females.

LGBTQ youth - youth who self-identify as or are perceived by others as lesbian, gay, bisexual, transgender, or questioning their sexual orientation or gender identity. LGBTQ shall also refer to youth whose gender expression does not conform to the traits typically associated with male/masculine or female/feminine.

Questioning - a youth, often an adolescent, who is exploring or questioning issues of sexual orientation, gender identity or gender expression in his or her life. Some questioning youth may ultimately identify as lesbian, gay, bisexual and/or transgender; others may not.

Sexual orientation - a youth's emotional, physical, or romantic attractions to others.

Transgender - a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Volunteer - a person who is at least 18 years of age and who individually or through an organization will give the time to provide a service for the Department in the performance of an approved function or activity.

E. General Provisions

1. All employees and volunteers shall protect youth from discrimination and harassment by other youth and other employees and volunteers regardless of sexual orientation, gender identity or gender expression. Employees and volunteers shall respond to incidents or reports of discrimination or harassment of LGBTQ youth as provided in Administrative Directive 04.01.304.

2. Department employees and volunteers are expected to model positive behavior when interacting with LGBTQ youth and remind all youth that anti-LGBTQ threats of violence, actual violence or disrespectful language or suggestive comments or gestures will not be tolerated.

3. Youth center libraries shall make available LGBTQ affirming books, magazines, movies and other materials when possible. All youth shall be made aware of these resources and have access to them when requested.

4. During reception and classification, employees shall verbally inform youth of this policy.

F. Requirements

1. Training

a. All employees who have direct contact with youth shall be trained on the provisions of this Administrative Directive as part of their annual cycle training. This training shall be developed by a qualified trainer with experience working with LGBTQ youth and shall include working with LGBTQ youth in a positive and respectful manner, supporting positive adolescent development including modeling desired behavior, demonstrating respect for all colleagues and youth, reinforcing respect for differences, encouraging healthy self-esteem, and helping to manage the stigma sometimes associated with difference.

b. Volunteers shall receive training on the provisions in this Administrative Directive as part of volunteer orientation.

2. Equal Treatment of LGBTQ Youth

a. Employees and volunteers shall treat all youth fairly and equally, without bias and in a professional and confidential manner, regardless of sexual orientation, gender identity or gender expression.

b. Employees and volunteers shall provide LGBTQ youth with access to educational, rehabilitative, recreational and other programming on the same basis as other youth. Youth shall not be denied access to programming because of actual or perceived sexual orientation, gender identity or gender expression.

c. Employees and volunteers shall use respectful language and terminology that does not stereotype LGBTQ people. In particular, employees and volunteers shall not imply or tell youth that their gender expression, identity, or sexual orientation are abnormal, deviant or sinful or that they can or should change their sexual orientation and/or gender identity.

d. Clothing and grooming rules and restrictions including rules regarding hair, make-up, nails, shaving, etc. shall be applied consistently within each youth center without discrimination toward LGBTQ youth.

(1) Youth shall not be required to have a male or female haircut or to maintain a masculine or feminine hairstyle.

(2) A youth shall not be prevented from, or given consequences for, presenting himself or herself in a manner that does not match gender norms unless it is in direct violation of department rules.

3. Youth Disclosure and Privacy

a. If a youth discloses his or her sexual orientation or gender identity, employees and volunteers should converse with the youth in a non-judgemental manner and provide the youth an opportunity to discuss his or her concerns with a Mental Health Professional.

b. Employees and volunteers shall not disclose a youth's sexual orientation or gender identity to other youth at the youth center or to outside individuals or agencies, such as a youth's family and friends or healthcare or social service providers, without the youth's permission.

c. These confidentiality restrictions do not prevent employees from discussing a youth's needs or services with other employees.

d. Volunteers shall discuss youth disclosures of sexual orientation or gender identity with their immediate supervisor in all cases.

Authorized by:

[Original Authorized Copy on File]

Candice Jones
Director

Illinois Department of **Juvenile Justice**	***ADMINISTRATIVE DIRECTIVE***	Number	04.03.104
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Section	04	**Programs and Services**
Subsection	03	**Medical and Health Care**
Subject	104	**Evaluations of Youth with Gender Dysphoria**

I. POLICY

A. Authority

730 ILCS 5/3-2.5-20, 5/3-7-2, 5/3-8-2, and 5/3-10-2

Prison Rape Elimination Act National Standards – Juvenile, 28 C.F.R. § 115.342

B. Policy Statement

The Department shall:

1. Provide appropriate accommodations and treatment for all youth who are identified as having gender identity issues, or who are diagnosed by the Department as having gender dysphoria; and

2. Extensively evaluate youth at a Reception and Classification Center to ensure appropriate facility placement.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish a written procedure for conducting medical and mental health examinations of youth with gender dysphoria and to address adjustment to the youth center environment as it relates to the condition.

B. Applicability

This directive is applicable to youth centers within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Gender identity – a person's internal sense of being male or female regardless of anatomical genitalia at birth or sexual orientation. Gender identity is a result of genetics and environmental influences and may be manifested by appearance, behavior or other aspects of the individual's lifestyle.

Gender dysphoria – a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following: a marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics; a strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender; a strong desire for the primary and/or secondary sex characteristics of the other gender; a strong desire to be of the other gender; a strong desire to be treated as the other gender; or a strong conviction that one has the typical feelings and reactions of the other gender.

NOTE: The youth may have had surgery to enhance appearance, undergone hormonal therapy, and frequently lived as a person of the opposite gender in the free community.

Sexual orientation - a pattern of sexual attraction to a specific gender or genders or lack of sexual attraction to a specific gender or genders.

NOTE: Sexual orientation and gender identity are distinct and separate concepts.

F. General Provisions

1. Youth who self-identify or are diagnosed as having gender dysphoria shall undergo a detailed medical history, physical examination, and mental health examination within 24 hours of arrival at Reception and Classification (R&C). This information will then be shared with the Health Care Unit Administrator who will contact the Facility Medical Director.

2. The Department shall not perform or allow the performance of any surgery for the specific purpose of gender change, except as determined by the Director after an individualized consultation with the Agency Medical Director. Hormone therapy shall only be provided after an individualized consultation with a mental health professional and approval of the Agency Medical Director. Youth who may have gender dysphoria shall be informed of this policy by the Facility Medical Director.

3. Hormone therapy shall only be provided after consultation with a mental health professional and approval of the Agency Medical Director.

G. Gender Dysphoria Committee (GDC)

1. The Agency Medical Director shall establish and head a committee for the purpose of reviewing placements, security concerns and overall health-related treatment plans of youth with dysphoria; and to oversee the gender related accommodation needs of these youth. At a minimum, the committee shall be comprised of the:

a. Agency Medical Director (no designee);

b. Chief of Mental Health (no designee);

c. R & C Administrator and/or Clinical Services Coordinator;

d. Deputy Director of Programs;

e. Deputy Director of Operations; and

f. Youth and Family Services Supervisor.

H. <u>Reception and Classification Requirements</u>

1. The Chief Administrative Officer in consultation with the Facility Medical Director shall establish and maintain a written procedure for detailed medical and mental health examinations to be conducted during the reception and classification process of any youth who self-identifies or is diagnosed as having gender dysphoria. The procedure shall provide for the following:

a. Medical History

(1) As part of the detailed medical history obtained from the youth by a physician, including information about any past illnesses and family medical history, the physician shall also elicit information about:

(a) Sexual activity, specifically, homosexual, heterosexual, or bisexual activity;

(b) Previous operative procedures; and

(c) Hormone therapy.

(2) The physician shall also ask the youth other questions that would:

(a) Illuminate the youth's own sense of gender identity;

(b) Reveal any plans the youth may have with regard to future gender transition and/or cross-gender expression; and

(c) Reflect whether the youth has amended or plans to amend his or her state identification, driver's license, or original birth certificate.

b. Physical Examination

(1) As part of the detailed physical examination, the physician shall examine the genitalia and shall include a concise description of the present genitalia and any secondary sexual chariscteristics in the physician's report

(2) If possible, the physician shall contact the physician who was managing the youth's gender related treatment prior to placement in the custody of the Department for verification of the course of treatment and to obtain relevant medical records.

(3) The Facility Medical Director shall inform the youth of the Department's policy regarding gender reassignment surgery and hormone therapy

c. Mental Health Examination

(1) As part of the mental health examination, a psychiatrist shall evaluate the youth using the DSM-V criteria to determine if he or she has gender dysphoria and determine:

(a) The youth's competency;

(b) The youth's sexual activity, sexual orientation and current gender identification;

(c) The regularity and history of hormone therapy; and

(d) The presence or absence of any counseling activities and goals prior to placement in the custody of the Department.

(2) A Sexual Abuse Risk Screening, DJJ 0429, shall be completed in accordance with Administrative Directive 04.01.301.

2. Upon conclusion of the medical history and physical examination:

a. The Health Care Unit Administrator shall notify the Agency Medical Director the results of the history and physical examination including:

(1) Anatomical description;

(2) Preference for sexual partners; and

(3) History of any medical or surgical treatment received for the gender dysphoria, including hormone therapy or gender reassignment surgery.

b. The Agency Medical Director shall document his or her preliminary recommendations, including, but not limited to, housing, showering restrictions and hormone therapy.

c. Upon receipt of the Agency Medical Director's determination, the Facility Medical Director shall:

(1) Document the recommendations of the Agency Medical Director in the progress notes of the medical record; and

(2) Notify the Health Care Unit Administrator and Mental Health Administrator of the preliminary recommendations of the Agency Medical Director.

3. The Health Care Unit Administrator shall notify the Supervisor or Administrator of the R & C of the determination of the youth's gender-related needs.

4. The Supervisor or Administrator of the R & C shall ensure the youth is housed in accordance with the youth's gender-related needs.

I. Parent Youth Center Requirements

1. Within 30 days of a youth who self-identifies or has been diagnosed with Gender Dysphoria arriving at his or her assigned parent youth center:

a. A mental health professional shall complete a social history interview and review any relevant documentation regarding real-life experience the youth may have had regarding his or her gender identity and expression. The history shall include, but may not be limited to, the youth's experiences in social situations such as employment, efforts to legally change his or her name, hormone therapy and gender reassignment surgery or procedures for preparation for surgery, and experiences during any previous periods of time in which the youth was in the custody of the Department, if applicable.

b. The Gender Dysphoria Committee (GDC) shall review the case and make the final recommendation for housing and any additional matters that may be of issue such as, but not limited to, hormone therapy, clothing, showers, searches, etc. The review and recommendations shall be documented on the Gender Dysphoria Committee Recommendation, DJJ 0400.

c. The GDC shall conduct follow-up reviews on an as needed basis.

Authorized by:

Candice Jones
Director

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Supersedes:

04.03.104	**AD**	**6/1/2014**

Illinois Department of **Juvenile Justice**	***ADMINISTRATIVE DIRECTIVE***	Number	04.01.130
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		Effective	DRAFT

Section	04	**Programs and Services**
Subsection	01	**General Provisions**
Subject	130	**Programs and Case Management**

I. POLICY

A. Authority

730 ILCS 5/3-10-2, 3-10-3 and 5/3-2.5-20

20 Ill. Adm. Code 2420 and 2503

Prison Rape Elimination Act National Standards – Juvenile, 28 C.F.R. §§ 115.341 and 115.342

B. Policy Statement

The Department shall provide comprehensive case management services to all youth committed to youth centers. Staff shall make available a minimum of 12 hours of program services during each weekday, except State holidays, and four hours of program services during each weekend.

II. PROCEDURES

A. Purpose

The purpose of this directive is to establish a written procedure governing the responsibilities of staff for the provision and delivery of case management services to youth in accordance with statutes and departmental rules, and to ensure that housing, bed, program, education, and work assignments are made with the goal of keeping all youth safe and free from sexual abuse.

B. Applicability

This directive is applicable to all youth centers within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Definitions

Intersex – a person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.

Transgender – a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth, and includes youth identified as having gender dysphoria pursuant to Administrative Directive 04.03.104.

E. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

F. Requirements

The Chief Administrative Officer of each youth center shall establish and maintain written procedures to ensure, at a minimum, that the following case management functions are provided.

1. Orientation

   Orientation to the youth center and program for each youth shall be completed within 15 days from the date of arrival at the youth center. The youth shall be requested to sign documentation of the completed orientation.

2. Establishment of Administrative Review Date

   An Administrative Review Date shall be established for each delinquent within the first 60 days of the youth's incarceration within the Department in accordance with Administrative Directive 01.07.255.

3. Assessment and Assignment Process

   a. A Program Assignment Committee shall initiate the assessment and assignment process within ten working days after a youth is placed at a youth center and shall complete the process within 30 days of admission to the youth center.

   b. The committee shall review the following material in the youth's master file prior to making a recommendation for the youth's assignment:

      (1) Academic or vocational records or both;

      (2) Medical, psychiatric, and dental reports;

      (3) Sexual Abuse Risk Screening(s), DJJ 0429 and Bunk Issues Form(s), DJJ 0428 completed pursuant to Administrative Directive 04.01.301;

      (4) Dates of the youth's commitment, recommitment, parole revocation, and custody date, when appropriate;

      (5) Committing and prior offenses;

      (6) Any pending charges and related court dates; and

      (7) Reports regarding:

         (a) The youth's need for security and protection;

         (b) Outside agency involvement;

(c) The youth's need for special work with family guardian relationship regarding his or her reintegration with the family or guardian; and

(d) Special peer related concerns.

c. Minimally, the committee, whenever applicable, shall recommend:

(1) The youth be assigned to a particular living unit or special program unit.

(2) A youth and family specialist be assigned for the youth.

(3) The youth be assigned to a general academic or vocational program (such as work and school) or to a special program.

(4) A written program plan that may include, but is not limited to, the academic or vocational program, employment training, treatment care, behavioral goals, and custody appropriate for the youth. The plan shall:

(a) Identify institutional programming responses to youth program needs as identified by the referring reception unit program assessment report.

(b) For those youth in a regular program, provide for a minimum of 30 hours of programming during the normal work week and four hours of programming on weekends. This program may include structured and unstructured activities provided by staff or volunteers, such as: leisure time, crafts, institution sponsored clubs and organizations, academic or vocational programs, counseling, work, religion, on or off grounds cultural and social events, organized athletic activities, and specialized activities for youth.

d. Assignments of lesbian, gay, bisexual, transgender, and intersex youth, shall meet the following additional requirements:

(1) Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status.

(2) In making housing and programming assignments for a transgender or intersex youth, including whether to assign the youth to a facility for male or female residents, the committee shall include input from a mental health professional and consider on a cases-by-case basis whether a placement would ensure a youth's health and safety, and whether the placement would present management or security problems.

i. A transgender or intersex youth's own views on his or her own safety shall be given serious consideration.

ii. Transgender and intersex youth shall be given the opportunity to

shower separately from other residents. This opportunity shall be provided discretely to avoid singling out the transgender or intersex youth in front of the other youths.

e. The written program plan shall be reviewed and approved by the Chief Administrative Officer or the Assistant Chief Administrative Officer (no designee) and a copy shall be filed in the youth's master file.

f. The youth and family specialist shall:

(1) Review the approved program plan with the youth and document such review; and

(2) Inform the youth how he or she may request a change in his or her program and that if a request is made and denied, the youth shall be given the basis for the denial in writing and a copy of the denial shall be placed in the youth's master file.

4. Review of Program Plan

a. At least once per calendar month, a documented case file review of a delinquent youth's progress in relation to the objectives detailed in his or her program plan shall be completed.

b. For transgender or intersex youth, at least twice per year, such documented case file reviews shall include a review of any threats to safety experienced by the youth and the youth’s current housing and programming assignments.

c. The Chief Administrative Officer shall identify the committee members who shall be responsible for reviewing the youth's program plan. Youth who will require alternate placement will need close coordination between the youth center and aftercare.

d. The chairperson shall facilitate and moderate the staffing and shall ensure:

(1) Input is obtained from staff concerning the youth's progress or problems since the initial program review or the last progress review.

(2) Current youth performance is compared to stipulations in the written program plan.

(3) New youth program goals are negotiated or identified and the program plan is modified where appropriate.

(4) Requests for authorized absences are recommended, reviewed, and submitted to the Program Assignment Committee for processing.

(5) Recommendations for awarding sentencing credit are made to the Chief Administrative Officer, where appropriate.

(6) Recommendations for revising the projected Administrative Review Date

are made to the Chief Administrative Officer based on programming concerns, where appropriate.

(7) Youth Requests, DJJ 0286, are reviewed and submitted to the Program Assignment Committee.

e. The documented review of a youth's program plan shall be filed in the master file.

5. Review of Social Information

The youth's youth and family specialist shall review the documents relating to social information and initiate any indicated changes or corrections in the reception and classification documents, face sheet, or offense history.

6. Youth and Youth and Family Specialist Contact

A youth and family specialist shall have weekly face to face contact with each youth. Such contact shall be documented in the cumulative counseling summary. The youth's youth and family specialist will complete a new Sexual Abuse Risk Screening at least every 6 months and when there reason to believe the information previously obtained has changed.

Authorized by:

Candice Jones
Director

Supersedes:
04.01.130 AD 12/1/2013

Illinois Department of Juvenile Justice	ADMINISTRATIVE DIRECTIVE	Number	05.01.302
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Section	05	Operations
Subsection	01	Security
Subject	302	Prohibited Cross-Gender Searches

I. POLICY

A. Authority

730 ILCS 5/3-2.5-20

20 Ill. Adm. Code 501C

Prison Rape Elimination Act National Standards – Juveniles, 28 C.F.R. §§ 115.313 and 115.315

B. Policy Statement

Searches of youths and youths' living areas shall be conducted in accordance with Department Rules, Administrative Directives and policies established by the Chief Administrative Officer.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish written procedures that limit cross-gender searches in accordance with the Prison Rape Elimination Act National Standards.

B. Applicability

This directive is applicable to all youth centers within the Department.

C. Facility Review

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Exigent circumstances – means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of the youth center.

Pat–down search – means a running of the hands over the clothed body of a youth to determine

whether the youth possesses contraband.

Strip search – means the removal or arrangement of some or all of a person's clothing so as to permit visual inspection of the body or undergarments of the youth to determine whether the youth possesses contraband.

Transgender – a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth, and includes youth identified as having gender dysphoria pursuant to Administrative Directive 04.03.104.

Visual body cavity search – means a strip search that allows for visual inspection, but not physical entry, of the anal or vaginal body cavities.

Intrusive body cavity search – means a visual body cavity search that includes physical entry into a body cavity and may only be performed by medical personnel and pursuant to 20 Ill. Admin. Code 501.220.

F. <u>Requirements</u>

1. Searches of Youth

Each youth center shall implement policies, procedures, and a staffing plan that will ensure the following requirements for searches of youth observed:

a. Pat-down searches shall be conducted in a manner in which only youth's outer garments such as coats, jackets, sweaters covering shirts, shoes, hats and gloves may be removed in a manner that does not expose youth's body or undergarments. Pat-down searches shall be conducted by a staff member of the same gender as the youth, except in exigent circumstances or as provided in Part F.1.d. below.

b. Strip searches shall be conducted in an area where the search cannot be observed by persons not conducting the search. Strip searches shall be conducted by a staff member of the same gender, except in exigent circumstances or when performed by medical personnel or as provided in Part F.1.d. below.

c. All cross-gender pat-down, strip, and body cavity searches shall be documented and exigent circumstances explained.

d. Transgender youth shall be allowed to choose the gender of the staff who will conduct pat-down, strip, and body cavity searches. Pat-down and strip searches will be conducted by the transgender youth's staff gender preference, except in exigent circumstances. Body cavity searches shall be conducted by the transgender youth's staff gender preference, except in exigent circumstances or when performed by medical personnel. All searches that are not conducted by the transgender youth's staff gender preference shall be documented and exigent circumstances explained.

e. Exigent circumstances do not include routine searches of youth conducted

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pursuant to Administrative Directive 05.01.113.

f. Each youth center shall implement a staffing plan pursuant to Administrative Directive 05.01.101 that ensures adequate same-gender staff is available to conduct routine searches based on anticipated youth furloughs and searches conducted pursuant to Administrative Directive 05.01.113.

g. Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status.

2. Training

All security personnel shall be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

3. Youth Living Areas

a. Each youth center shall implement policies, procedures, and a staffing plan that enable youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine searches of living area conducted pursuant to Administrative Directive 05.01.111.

b. Each youth center shall require staff of the opposite gender to announce their presence when entering an area of a youth housing unit where youth may be viewed while showering, performing bodily functions, or changing clothes.

Authorized by:

Candice Jones
Director

Supersedes:
05.01.302 AD 12/1/2013

2014-2015 School Year and ESY (Summer School)

X = Non-Attendance Day, H = State Employee Holiday, P = Parent/Teacher Conference, T = Teacher Institute

June 2014

Su	M	Tu	W	Th	F	Sa

July 2014

Su	M	Tu	W	Th	F	Sa
		X	X	X	H	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2014

Su	M	Tu	W	Th	F	Sa
					1	2
3	X	X	X	X	X	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

2014 ESY: 7/7-8/5: 20 Attendance Days

Quarter 1: 8/11-10/17: 43 Attendance Days, 1 Teacher Institute Day, 2 Holidays, 4 Non-Attendance Days

September 2014

Su	M	Tu	W	Th	F	Sa
	H	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	T	20
21	22	23	24	25	26	27
28	29	30				

October 2014

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	H	X	X	X	X	18
19	20	21	22	23	24	25
26	27	28	29	30	P	

November 2014

Su	M	Tu	W	Th	F	Sa
						1
2	3	H	5	6	7	8
9	10	H	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	H	H	29
30						

Quarter 2: 10/20-1/2: 41 Attendance Days, 1 Teacher Institute Day, 1 Parent/Teacher Conference Day, 6 Holidays, 6 Non Attendance Days

December 2014

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	T	13
14	15	16	17	18	19	20
21	22	23	X	H	X	27
28	X	X	X			

January 2015

Su	M	Tu	W	Th	F	Sa
				H	X	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	H	20	21	22	23	24
25	26	27	28	29	30	31

February 2015

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	H	X	14
15	H	17	18	19	20	21
22	23	24	25	26	27	28

Quarter 3: 1/5-3/20: 46 Attendance Days, 1 Teacher Institute Day, 3 Holidays, 5 Non-Attendance Days

March 2015

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	T	X	X	X	X	21
22	23	24	25	26	27	28
29	30	31				

April 2015

Su	M	Tu	W	Th	F	Sa
			1	2	X	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	P	25
26	27	28	29	30		

May 2015

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	T	16
17	18	19	20	21	22	23
24	H	26	27	28	29	30
31						

Quarter 4: 3/23-6/6: 46 Attendance Days, 1 Teacher Institute Day, 1 Parent/Teacher Conference Day, 1 Holiday, 1 Non Attendance Day, 5 Emergency Days

June 2015

Su	M	Tu	W	Th	F	Sa
	E	E	E	E	E	6
7	X	X	X	X	X	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2015

Su	M	Tu	W	Th	F	Sa
			1	X	H	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2015

Su	M	Tu	W	Th	F	Sa
						1
2	X	X	X	X	X	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

14-15 School year: 8/11/14-6/5/15: 176 Attendance Days, 4 Teacher Institute Days, 2 Parent/Teacher Conference Days

2015 ESY: 6/15-7/31: 33 Attendance Days, 1 Holiday, and 1 Non-Attendance Day

The 2014-2015 School Year Calendar Meets all minimum attendance requirements for ISBE. There is no minimum requirement for ESY, but this summer schedule is in line with public school districts. Assuming 6 hours (360 minutes) of class time four days per week, and 3 hours (180 minutes) one day per week, 1/2 day per each two full days of classes can be used for "School Improvement" activities, such as student conferences (staffings), Special Education and other paperwork maintenance, etc. (Citation 105 ILCS 5-18-8.05).

Illinois state employee holidays are highlighted with vertical lines..

Days during which teachers will be able to use benefit time without restriction are highlighted in green.

These days include:

2014:

July: 1, 2, 3, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 28, 29, 30, 31

August: 1, 4, 5, 6, 7, 8

September: 19

October: 14, 15, 16, 17, 31

November: none

December: 12, 24, 26, 29, 30, 31

2015:

January: 2

February: 13

March: 16, 17, 18, 19, 20

April: 3

May: 15

June: 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 22, 23, 24, 25, 26, 29, 30

July: 1, 2, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 20, 21, 22, 23, 24, 27, 28, 29, 30, 31

August: 3, 4, 5, 6, 7