

The Ohio Model

A Report on the Transformational Reform of the Ohio Department of Youth Services, 2007 - 2015

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12/7/2015

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By Will Harrell, Kelly Dedel, and Terry Schuster
Video footage recorded and produced by Roger Cohen

Introduction

Ohio is well known among juvenile justice practitioners for its RECLAIM and Targeted RECLAIM initiatives, which have reduced the population of youth placed in the state's juvenile facilities through financial incentives and significant advanced planning with the counties. Less well known is the story of how, with a reduced population, Ohio has transformed the conditions and culture inside the state's juvenile facilities. This report tells that story. Comparing conditions today with those found unconstitutional in 2008, this report describes how the focused efforts of the state juvenile corrections agency, spurred by litigation, have resulted in what is in many ways a model system – and what we are calling The Ohio Model.

All juvenile correctional agencies have areas in which they can improve, and Ohio's Department of Youth Services (DYS) is no exception. Higher concentrations of youth with serious behavioral challenges and mental health disorders remain in DYS facilities after downsizing, as they have in other states. This group of youth often includes those who have exhausted county resources and placement options, and most if not all juvenile corrections agencies struggle to provide them with appropriate programming and behavioral interventions. We have reported over the last several years on areas of progress and ongoing deficiencies. We continue to find that DYS's leaders are vested in examining and improving their practices. The purpose of this report is not to make the case that DYS is a perfect agency. Rather, it is to applaud their significant improvement in conditions of confinement, and memorialize the agency's major policy and practice decisions for the benefit of others in the field. All findings in this report reflect the Department's practices at the time monitoring of the relevant subject matter was terminated.

Authors

Will Harrell, J.D., LL.M. was appointed Lead Monitor for the remedy stage of the *S.H. v. Reed* litigation by Federal District Judge Algenon Marbley. Mr. Harrell is the Founder and Director of the Justice Collaborative, a consulting firm on criminal and juvenile justice reform initiatives. He also serves as Ombudsman for the New Orleans juvenile detention center, and Southern Regional Policy Director for the ACLU doing criminal justice reform work throughout the South. As Director of the Justice Collaborative, he provides technical assistance to jurisdictions around the country to strengthen justice reform initiatives, improve conditions of confinement, and expand alternatives to confinement. He has previously served as Public Policy Director for the Southern Poverty Law Center; the Independent Ombudsman for the Texas Youth Commission; the Executive Director of the ACLU of Texas; and the Executive Director of the National Police Accountability

Project. As Legal Director for the Centro Para La Accion Legal En Derechos Humanos, he developed and managed an international human rights law clinic in Guatemala; investigated Guatemalan jails and prisons for the United Nations Human Rights Verification Mission; and brought litigation against the Ecuadoran prison system before the Inter-American Commission on Human Rights. Mr. Harrell began his legal career in criminal justice reform as a Thurgood Marshall Law Fellow at the ACLU National Prison Project in 1991 under the wings of the late Al Bronstein.

Kelly Dedel, Ph.D was appointed Lead Monitor in the *U.S. v. Ohio* litigation. She is an independent consultant and Director of One in 37 Research, Inc. For the past 17 years, she has worked as a monitor and investigator in juvenile conditions of confinement litigation, with subject matter expertise in protection from harm, use of seclusion, special education, and quality assurance. While litigation is rarely a pleasant experience for those involved, Dr. Dedel embraces the opportunity to help defendants accomplish the reforms in a way that best suits their philosophy, resources, and staff and youth cultures. Her monitoring strategy comes with a commitment to technical assistance and to helping systems develop an internal capacity to identify and respond to their problems so that oversight becomes unnecessary.

Terry Schuster, J.D., was Special Assistant to Monitor Will Harrell from 2011 to early 2014. He is a senior associate at The Pew Charitable Trusts' Public Safety Performance Project, where he has provided technical assistance on sentencing and corrections reform efforts in Utah, Arkansas, and Alaska. He has previously worked as an attorney for Juvenile Law Center; and as a law clerk for the Special Master in the juvenile conditions of confinement case *Farrell v. Cate*, the Ombudsman for the Texas Youth Commission, the Travis County Juvenile Court, and the Texas RioGrande Legal Aid Public Defender's Office.

The collaborative monitoring model

Our monitoring model has created a framework to shift from an adversarial process to a more collaborative remedy process. We have aimed to be efficient and cost-effective, empowering to the parties and community stakeholders, and focused on collaborative resolutions to the problems identified through the litigation. We have streamlined site visits and information requests, and created shared electronic filing systems for the parties and monitoring team. We developed a fact-finding and reporting protocol to ensure timely comprehensive monitoring, to avoid conflicting findings regarding compliance with the stipulated agreements, and to triage concerns and recommendations for change. We worked with the Department and interested parties to outline a plan to achieve compliance and reach closure of the case in a short period of time. We moderated disputes and made every effort to resolve them informally and collaboratively. We also provided quick and thorough national research to guide the parties toward resolution.

We believe in transparency, and have gone out of our way to keep the parties and the Court informed of the monitoring team's work. Understanding the overlapping, but sometimes differing perspectives of private counsel and the Department of Justice, we have been cautious to approach our work with those perspectives in mind, and to regularly seek input and consensus.

This monitoring model is a coaching model that has included a heavy emphasis on quality assurance and continuous quality improvement. The subject matter experts on the team have worked with DYS to develop and continually revise internal monitoring tools, to ensure that as DYS has achieved compliance with the stipulated agreements, they are also prepared to take over the work of monitoring conditions of confinement themselves – monitoring that will continue long after the remedial phase of the cases have ended. DYS has taken ownership of the reforms, and we applaud their outstanding accomplishments.

A note on the multi-media content of this report

Throughout this report we have included video segments of youth describing changes they have witnessed and benefitted from during the term of their confinement in DYS facilities. Video footage was recorded and produced by Roger Cohen as one among many measures of DYS's progress over time. Youth who were interviewed were asked general, non-leading questions about subject matters under Court supervision (use of force, education, mental health care, etc.), and were not promised any rewards for saying favorable things about the agency. All of those portrayed in this report have given written legal permission for their words and images to be shared publicly. To view the video segments, click on the hyperlinks in the body of the report or in the Table of Contents.

Acknowledgements

The class of youth placed in DYS secure facilities has benefitted from extraordinarily skilled counsel since 2004. The *S.H.* case was filed by Kim Tandy, Director of the Children's Law Center. Along with Al Gerhardstein of Gerhardstein & Branch, LPA, Kim led the legal team through the negotiations in 2004 and through implementation of the decree during the reform years until 2015. They were ably assisted at various times by Jennifer Kinsley, Marc Schindler, Maria Ramiu, Mark Soler, Joseph Scantlebury, David Singleton, Janet Moore, Jessica Gingold, and Angelina Jackson. They have represented the *S.H.* class in federal court hearings and negotiations, and secured among other things a Stipulated Consent Order unique in scope and specificity. Over the same period of time, DYS has received outstanding representation from several Assistant Attorneys General, including Judy Goldstein, Tom Anger, Mindy Worly, Rich Cholar, Eric Holloway, Joseph Mancini, Philip King, Sharon Jennings, Frank Strigari, Janet Hill Arbogast, Brian Laliberte, Lisa Eschbacher, and Zachary Swisher; as well as in-house counsel Kelly Castle, Anthony Pierson, Marla Burton, and Dustin Calhoun; and private counsel Geoffrey Moul, James Burnes and Laura Anthony.

Presiding over the *S.H. v. Reed* (previously *S.H. v. Stickrath*) case, the Honorable Algenon Marbley has overseen both the litigation and eight years of efforts to remedy the unconstitutional conditions found in 2008. His attention to this case, his guidance to the monitoring team, and his compassion for system-involved youth have helped mold and strengthen the reforms. Judge Marbley has inspired movement and momentum at times when reform efforts were stalled. He has served the parties as a mediator, a problem-solver, and an agent for change. His judicial clerks, Natalie McGlaughlin, Soren Aandahl, Sara Belton, Elizabeth Gerber, Lauren Hilsheimer, Rob Szykowny, and Adam Rusnak have also contributed immensely to the *S.H.* reforms.

Above all, the authors and drivers of reform in DYS facilities have been the Department's staff and administrators. Their leadership, innovation, experimentation, and tireless work have dramatically improved the environment for youth in state custody, and altered the course of many youths' lives. While there are far too many individuals to name here, the reforms were brought about under the leadership of Directors Harvey Reed, Tom Stickrath, Christine Money, Martha Spohn, and Geno Natalucci-Persichetti, each of whom worked closely with Governors Bob Taft, Ted Strickland, and John Kasich. In the final years of monitoring, Governor Kasich's engagement with the Department and active support helped sustain and build on the previous years' efforts. Significant credit must also be paid to Assistant Directors Linda Janes, Damita Peery, Bonnie Sweeney, and Brenda Cronin; Bureau Chiefs Amy Ast, Laura Dolan, Ginine Trim, MT Schwartz, Wendi Faulkner, Ryan Gies, Linda Modry, and Kevin Shepherd; Chief Inspector Jennifer Fears; Superintendents Katie Neeham, Jim Darnell, Ron Edwards, Andrea Jones, Gwen Randall, Chris Baker, Dave Blackburn, Earl Myles, Marci Sutherland, Dave Pigman, Dion Norman, Thomas Teague, and Fred Nelson; central office administrators Jodi Slagle, Shelly Fitzhugh, Christy Hauck, Kim Kehl, Jeff Spears, Tony Panzino, Cedric Collins, Rochele Jones, Joan Olivieri, Shari Wolf, Brandon Strange, Edward Dachowski, John Bradley, Jacqueline Carter, Pam Robbins, Pam Gulley, Latoya Gregory, Mike Gordon, Peter Huling, Ernie Moore, Maryalice Turner, Jerry McGlone, Jennifer Sanders, Cynthia McIntosh, Connie Blair, Burger Penrod, Mark Thompson, Dave Dutton, Kim Parsell, Andrea Kruse, Nan Hoff, Aaron Bauer, Shannon Komisarek, Pat Hurley, Chris Freeman, Jim Ferrell, Keith Williams, Clifford Smith, and countless others both in central office and at the facilities.

An exceptionally talented group of experts and consultants have served as members of the court-appointed monitoring team. They have each played a dual role – part fact-finder for the Court and part coach and consultant for their counterparts at DYS. Our monitoring model has been very hands-on and collaborative. Over the last three years, we have focused intensively on helping the agency develop internal quality assurance tools, ensuring that DYS could conduct systematic internal monitoring as a step toward phasing out our external monitoring. The expertise and guidance of these monitoring team members have been invaluable for the Court and the parties, and the legacy of The Ohio Model is, in part, their legacy. In addition to ourselves, members of the *S.H.* monitoring team have included Monitors Fred Cohen and Vince Nathan; and subject matter experts Ava Crow, Anne Flynn, Ron Shansky, Barb Peterson, Shay Bilchik, Steve Martin, Daphne Glindmeyer, Andi Weisman, Orlando Martinez, David Roush, Cheryl Wills, Don Sauter, and Nick Makrides. Two of these experts as well as Michelle Staples Horne also served as members of the monitoring team for *U.S. v. Ohio*, a parallel suit brought by the U.S. Department of Justice regarding conditions at two DYS facilities. We would like to acknowledge their outstanding work and also recognize the attorneys for the United States who have played a vital role in system reforms, Bo Tayloe, Silvia Dominguez Reese, Rashida Ogletree, Jackie Cuncannan, Grace Chung Becker, Shanetta Cutlar, Gregory Gonzalez, and Vincent Herman.

A number of other consultants, including many leading national experts, contributed to the *S.H.* remedial efforts. We owe a debt of gratitude to the Vera Institute of Justice, the Juvenile Detention Alternatives Initiative, the Center for Juvenile Justice Reform at Georgetown University, Ed Latessa, Brian Lovins, Larry Travis and other researchers at the University of Cincinnati School of Criminal Justice, the Schubert Center for Child Studies at Case Western Reserve University, the PREA Resource Center, the Moss Group, the Project Addressing Prison Rape at the American University Washington College of Law, Leta Smith, Kathy Burns, Ned Loughran, Robert Prentky, Jim Austin, John Boston, Julian Ford, Amanda Yurick, Lindsay Hayes, Stuart

Grassian, Patrick Canary, and Lisa Boesky. Juvenile justice stakeholders and other state and county agencies in Ohio have influenced DYS policy and practice through participation in the Ohio Interagency Task Force on Mental Health and Juvenile Justice, the Interagency Task Force on Sexual Misconduct, the RECLAIM Ohio and Targeted RECLAIM initiatives, and the Behavioral Health / Juvenile Justice Initiative.

Ohio also benefits from a uniquely robust community of youth advocates and external oversight bodies that will remain long after the *S.H.* case ends. The Office of the Ohio Public Defender provides legal assistance to youth housed in DYS facilities on matters relating to the fact, duration, or conditions of their confinement. For several years, legal services were also provided by Emma Setta and the law office of Marc Mezibov. The state's Correctional Institution Inspection Committee regularly audits each facility and reports its findings to the legislature. Disability Rights Ohio serves as the state's Protection and Advocacy organization for youth with mental health disorders and other disabilities. Facilities are also monitored by a citizen oversight group, the Juvenile Justice Coalition. Additionally, the Children's Law Center, Voices for Ohio's Children, Children's Defense Fund, the ACLU of Ohio, and the National Campaign to Reform State Juvenile Justice Systems continue to advocate for the rights and protection of youth in DYS facilities.

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Executive Summary

Protection from Harm

The Ohio Department of Youth Services (DYS) put in place several measures to protect youth in their custody from harm. DYS intensified staff training and oversight, responding to findings that use of force in the facilities was excessive and reckless. Today, staff members consistently engage in verbal strategies to deescalate violent and threatening behavior among youth, and use minimal amounts of force when necessary, only as a last resort. Every application of force is now recorded on video and reviewed by administrators for compliance with policy. The staff members engaged in incidents get immediate, detailed feedback from those administrators. DYS now also has a state of the art process for investigating allegations of excessive force.

Youth have a meaningful grievance system, and have easy access to attorneys who help them address concerns related to the fact, duration, or conditions of their confinement. An improved security classification system and quality assurance system have contributed to a steady decline in youth-on-youth violence. With assistance from a wide range of national experts, DYS has also greatly expanded its efforts to prevent and address sexual victimization of youth in its facilities.

Discipline and seclusion

Excessively punitive consequences for youth who violated facility rules have been revised. Rather than utilizing a formal disciplinary system, interventions to respond to rule violations are constructed by youths' treatment teams. DYS has abolished the practice of disciplinary seclusion, has achieved dramatic reductions in the use of pre-hearing seclusion, and has put in place a robust oversight process to monitor placement in seclusion, length of stay, and frequency of staff contacts with youth. Youth report that the disciplinary process is more fair, in part due to the agency's placement of a Youth Advocate at each facility who assists youth during hearings.

DYS has removed all youth from Special Management Units, which previously relied excessively on seclusion and restraints. They revised the program so that, if utilized in the future, those housed on the unit will be out of their rooms and engaged in programming for the entire day.

Education

Education has vastly improved in DYS facilities. Schools that were plagued by violence, teacher shortages, lack of instruction, and ineffective classroom management, are now fully staffed, safe, and well-managed. Teachers receive professional development and mentoring to better manage challenging student behavior and engage more effectively with youth. Students are no longer suspended from school. Those housed on mental health units are no longer deprived of a

full school day. Special Education services are now compliant with federal and state law, and responsive to individual student needs. Additionally, DYS now has a unique quality assurance system for Special Education that should serve as a model for other schools around the country.

Medical and dental care

Medical and dental services in DYS facilities are now closely monitored through clinician peer review and Continuous Quality Improvement systems. DYS hired a Dental Director whose oversight and guidance have significantly improved the quality and timeliness of dental care. Dental staffing has improved, as have exams, cleanings, and restorative dental care. Medical services, which previously lacked adequate assessments and documentation, and which provided no systematic care for youth with chronic diseases, are now significantly improved. Health assessments are timely and complete. Chronic care and medication administration are consistent with national guidelines. Nurses who assess youth for injuries after fights or applications of force now take appropriate histories. They conduct physical exams in a clinical space rather than through the youth's door. Central office also closely monitors practices related to intake, lab and diagnostic services, vital sign monitoring, sick call, emergency services, and family engagement in treatment.

Medical records are up-to-date and chronological. They contain thorough notes on clinical findings, treatment plans, patient encounters, and responses to treatment. At the time monitoring of medical care terminated, DYS was working toward the roll-out of an electronic medical record system that would combine medical, dental, mental health, psychiatry, and social work files into a single fully-integrated record.

Cultural and environmental changes

Much of DYS's reform efforts have focused on changing the culture and environment in the institutions. A 2007 investigation found that direct care staff in the facilities were overly confrontational and violent. Their approach created a hostile environment, and negatively affected youths' behavioral outcomes. DYS expanded the job duties of direct care staff, ensuring that they would be highly involved in programming, treatment teams, and mentoring of youth, rather than just acting as guards. Each facility now has a core group of staff who have good relationships with a wide range of youth, and whose approaches to problem behaviors are based on a positive rapport that they have built over time with the youth.

The creation of new Program Administrator positions at each facility has increased the quantity and quality of programming and activities. High school graduates now benefit from an expanded work program to constructively occupy the portion of their day that other youth spend in school. Each facility also has a Youth Council, which offers youth a meaningful role in facility decision-making.

All youth earn points through a positive behavior incentive program, and spend those points on commissary items, additional phone calls, and entry into special events. The reduced population has allowed staff more time to interact with youth and engage them in programming. These changes have helped improve perceptions of safety among both youth and staff. Because fewer staff members call off work due to stress and injuries, these cultural changes have also helped alleviate chronic staffing shortages.

DYS adopted the Ohio Youth Assessment System (OYAS), which helps staff determine the types of interventions that will be most effective with youth, based on their risk to reoffend and their criminogenic treatment needs. The agency also adopted a Cognitive Behavioral Therapy modality that targets these criminogenic factors, and helps teach and reinforce pro-social ways to cope with stressful situations. DYS changed their approach to gang intervention as well. Rather than attempting to simply sanction all gang-related behavior, which has not been successful in the past, DYS's new approach aims to disengage youth from gang activity by understanding why they are getting involved in the first place. They manage gang problems by creating a safe place for youth to talk about them; and providing alternatives, incentives, and supports for youth who want to disengage. These approaches have helped to shift staff responses away from labelling youth as troublemakers, and toward interventions that are based on meeting their criminogenic needs.

Family engagement

DYS now uses video conferencing technology and provides bus transportation to increase family visitation, which in turn has improved youth behavioral and educational outcomes. They have also implemented a policy that facilitates family visitation seven days a week. Through a partnership with the Vera Institute of Justice, DYS has developed staff members' abilities to find and engage family members and supportive community members in youths' treatment, and plan for reentry back to the youth's home community.

Mental health and psychiatry services

In the area of mental health care, DYS's efforts transformed a profoundly understaffed and disorganized system in which mental health needs went largely undiagnosed and untreated, into a proactive system that provides individualized treatment planning and progress monitoring for each youth in their custody. A 2007 investigation found grossly inadequate services for youth with the most serious mental health needs, and barriers to inpatient hospitalization for those in acute crisis. Today, specially trained staff provide intensive treatment services on Mental Health Units, and all youth have access to inpatient care when needed. The agency has drafted and revised a comprehensive set of policies and procedures governing mental health and psychiatry services. Social workers, psychologists, occupational therapists, and psychiatric nurses work as an integrated behavioral health team, are easily accessible to youth on all housing units, and provide more than adequate clinical coverage.

Treatment teams meet monthly to review each youth's progress toward their goals. Group treatment sessions are provided nearly every day and individual sessions are provided as needed. Psychiatrists meet regularly with youth who are treated with psychotropic medications to monitor treatment efficacy and side effects. The agency has begun monitoring services and staff performance through quality assurance measures and clinician peer review. They have also improved continuity of care for youth returning home, by securing a policy change that makes youth presumptively eligible for Medicaid coverage upon release from the institution.

Behavior management for youth whose disruptive behavior stems from underlying mental health disorders has also changed. DYS stopped using punitive Special Management Plans that relied excessively on seclusion, and replaced them with Behavior Contracts. These contracts offer incentives and consequences tailored for each youth to incrementally improve behavior. Mental health clinicians review incidents in which youth on the mental health caseload engage in violent or disruptive behavior. This process allows them to divert youth away from formal disciplinary hearings or offer guidance to hearing officers regarding appropriate interventions.

Release from secure custody

The release process, which youth and staff previously found confusing and exasperating, has become much more fair and consistent. The 2007 investigation found release decisions being made without clear-cut criteria. At times, youth were denied release due to staff members' failure to complete paperwork or due to other factors beyond the youth's control. Not knowing when they were going home or how that decision was being made caused youth act out, which undermined the agency's behavior incentive program. DYS has since defined a limited set of barriers that would warrant denying a youth's release. These barriers are invoked sparingly, and each quarter between 70 and 90 percent of youth reviewed are released by their minimum sentence expiration date. Youth now also have a meaningful process to appeal a release denial. Additionally, DYS reviews the performance of Release Authority panel members and facility staff members involved in release reviews through an internal quality assurance system.

Reducing the incarcerated population

Finally, DYS is best known for its extraordinary success in downsizing the juvenile prison population. The agency partnered with juvenile courts throughout the state to increase capacity to effectively supervise and serve youth at the county level. They provided financial incentives to use those dispositional alternatives rather than commit youth to state-run correctional facilities. This initiative, called RECLAIM Ohio, was bolstered by the Targeted RECLAIM initiative that expanded evidence-based alternatives in the state's six largest counties. Both this initiative and a similar project focused on increasing local mental health resources at the county level have since been expanded to many more counties. DYS reduced its juvenile prison population from over 2000 youth several years ago to less than 500 today. These downsizing efforts

resulted in enormous cost savings for the state, and were supported by studies showing that low- and moderate-risk youth had lower recidivism rates if they were not placed in the state's secure facilities. Youth diverted from confinement in DYS facilities also had less school interruption, more family engagement in treatment, and better behavioral outcomes. DYS also closed its girls' unit at the Scioto Juvenile Correctional Facility, and transitioned the youth housed there to the community with aftercare plans or to one of three small contract placements, two of which are licensed to provide mental health and addiction services.

Protection from Harm

Dangerous conditions and practices in 2007. An investigation conducted in 2007, with findings reported in January 2008, revealed a pattern and practice of excessive staff use of force in DYS facilities. Direct care staff engaged in reckless and malicious practices, disregarding obvious risks of harm to youth.¹ The degree of force applied was unnecessary and often life-threatening. The investigation report described several examples of chokeholds and other restraints that created extreme risks of asphyxia to youth in DYS custody.² Staff were untrained, confrontational, quick to apply physical restraints and excessive force, and often strategic in the location of incidents in order to avoid cameras. Staff supervisors became directly and unnecessarily involved in applications of force rather than managing the incidents and overseeing the involved staff.³

Staff documentation regarding applications of force lacked detail sufficient to determine the nature of the force used. Staff often used terms such as “fight break-up” without fully describing the actions they took. Other reports were incomplete or entirely false. The investigation report included examples of incidents in which many staff members witnessed (and video captured) youth being choked for extended periods of time or kicked in the head multiple times, but where none of the witness reports documented these details.⁴ Most administrative reviews of incidents did not involve viewing video footage, and both staff and youth described abuse of youth in areas without video coverage.⁵ Facility administrators had no reliable set of criteria to review the propriety of applications of force or the need for an abuse investigation by the Chief Inspector’s Office. Abuse investigations at the facility level were of very questionable quality, often resulting in facially unreliable findings. Moreover, employee disciplinary sanctions for engaging in abusive practices were often too lenient compared with the seriousness of the violation, or were not imposed at all.⁶

Youth also reported being scared of peer violence. Psychology staff reported dramatic numbers of youth making suicidal gestures or statements in order to be placed in protective custody.⁷ Youth grievances related to peer violence (as well as sexual harassment, staff retaliation, and unmet medical needs) often received no response. Youth with low levels of literacy were not provided any assistance in writing grievances. Furthermore, the Grievance Coordinators at each facility had no clearly defined role or special training.⁸

Changes to use-of-force practices. Staff now receive quarterly training on appropriate techniques for de-escalation and managing youth resistance. Throughout DYS facilities, staff members engage in verbal strategies to de-escalate violent and threatening behavior among youth, and resort to force only

¹ Fred Cohen, Final Fact-Finding Report, *S.H. v. Stickrath* (Jan. 2008), pp. 24-25.

² *Id.* at pp. 35-37.

³ *Id.* at pp. 37-38, 133.

⁴ *Id.* at pp. 33-38, 41.

⁵ *Id.* at pp. 26-27, 37-38, 82.

⁶ *Id.* at pp. 26-27, 37-38.

⁷ *Id.* at pp. 76-77.

⁸ *Id.* at pp. 186-191.

as a last resort.⁹ The rates of physical restraints have declined. When they do occur, they are planned and captured by hand-held video cameras. The levels and intensity of force now applied are minimal with very few injuries occurring to youth and staff.¹⁰ Mechanical restraints occur at very modest levels, and for minimal lengths of time.¹¹ Supervisory staff at the facilities are also effectively managing incidents of force rather than becoming directly involved.¹²

Improved documentation and video recording of applications of force. Staff members' written documentation of use of force incidents has significantly improved. Staff record applications of force on hand-held video cameras, and preserve the videos for review by supervisors and investigators. In recent months, an additional 40-70 stationary cameras were installed at each facility to increase DYS's surveillance capabilities in vulnerable areas. The video camera coverage enhances the monitoring of use of force and other potential abuse.¹³

Better oversight and investigations. DYS created a new administrative position at each facility called the Facility Intervention Administrator (FIA), who is responsible for reviewing every incident involving physical or mechanical restraints, and determining whether the staff members' actions complied with policy. The FIA provides staff with immediate, detailed feedback to refine their skills and improve incident management. The facility FIAs are diligent in taking corrective action. They are not hesitant to refer incidents to the Chief Inspector's Office (CIO) for investigation into potential abuse. Where policy violations fall short of abuse, they address staff performance through "teachable moments" or direct coaching.¹⁴ DYS is unique among juvenile corrections agencies for creating a role like the FIA. The position has had a dramatic impact on use of force practices, and serves as a model for agencies struggling with violent conditions. Each month, a Facility Resource Administrator (FRA) from Central Office reviews the FIA's decision-making for a sample of incidents. The FRA provides comprehensive assessments, and meets with facility officials to improve the use-of-force review process.¹⁵ When abuse has been alleged, the CIO conducts thorough and timely investigations, sustains the allegations when supported by the evidence, and imposes appropriate staff disciplinary action.¹⁶

⁹ See Steve Martin, CJCF site visit report (Jan. 2013), pp. 3-4; Steve Martin SJCF site visit report (Jan. 2013), p. 4; Steve Martin, CHJCF site visit report (Sept. 2012), p. 3.

¹⁰ *Id.*; Kelly Dedel, et al., Monitor's Fourth Report, *U.S. Department of Justice v. The State of Ohio* (June 2013), p. 12 (Hereinafter "Monitor's Fourth Report").

¹¹ See Steve Martin, CJCF site visit report (Mar. 2012), p. 7.

¹² See Steve Martin, CJCF site visit report (Jan. 2013), pp. 3-4; Steve Martin & Amy Ast, Fifth Year Plan for Bureau of Facility Operations (Nov. 2012), p. 2.

¹³ Steve Martin, IRJCF site visit report (Sept. 2012), p. 3; Steve Martin, CJCF site visit report (Jan. 2013), p.4; Message from DYS Director Harvey Reed, Facility Developments (Sept. 6, 2013).

¹⁴ Steve Martin, CJCF site visit report (Jan. 2013), pp. 3-4; Steve Martin, CHJCF site visit report (Sept. 2012), p. 3; Steve Martin, IRJCF site visit report (Sept. 2012), pp. 3-4; Steve Martin, CJCF site visit report (Mar. 2012), p. 5; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 10.

¹⁵ Steve Martin, SJCF site visit report (Jan. 2013), p. 4; Steve Martin, IRJCF site visit report (Sept. 2012), pp. 3-4; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 10.

¹⁶ Steve Martin, CJCF site visit report (Jan. 2013), pp. 4-5; Steve Martin, CHJCF site visit report (Sept. 2012), p. 3.

Improved grievance system and access to attorneys. Youth receive a handbook and a thorough orientation covering the grievance system and their legal rights.¹⁷ Grievance Coordinators at each facility are easily accessible to youth. They respond to grievances in a timely and substantive manner, and effectively resolve youth complaints.¹⁸ The CIO reviews all grievances on an ongoing basis, requesting follow-up action from the Grievance Coordinators if additional information is needed, and imposing corrective action when grievances are not resolved appropriately. The CIO audits the grievance process, directly observing interaction between the Grievance Coordinator and youth. The CIO also regularly surveys youth to identify ways in which the grievance system could be improved. As a result of these surveys, youth now receive a notification letter advising them of the outcomes of abuse investigations triggered by one of their grievances.¹⁹ Youth now have easy access to attorneys through the Ohio Public Defender's office, which helps youth address concerns related to the fact or duration of their confinement; and which also operates the Legal Assistance Program, focused on resolving or litigating youth concerns related to their living conditions. The Public Defender's degree of access to youth in custody and their ability to troubleshoot problems largely without litigation is rare in the United States, and should serve as a model for independent ombudsman offices nationwide.²⁰

Enhanced efforts to prevent and address sexual victimization. In response to a Bureau of Justice Statistics report listing DYS among the juvenile corrections agencies with the highest reported incidence of sexual victimization, Governor Kasich convened an Interagency Task Force on Sexual Misconduct. The Task Force made unannounced visits to each facility, and developed recommendations related to implementation of the Prison Rape Elimination Act (PREA) regulations, improving reporting and investigation protocols, and data collection and analysis related to sexual misconduct. DYS received a two-year grant to enhance training efforts and modify the facility physical plants, with technical assistance from the National PREA Resource Center. They identified areas in the facilities vulnerable to sexual misconduct, completed restroom and shower renovations to provide youth with more privacy, installed locks on school restrooms to eliminate the opportunity for youth to enter without staff knowledge, rearranged furniture to improve visibility and safety, and installed over 200 additional cameras. They developed a new more sophisticated system for daily rounds and random security checks at multiple levels to deter misconduct, and enhanced the protocols for monitoring camera footage. Cultural assessments lasting four days and nights at each facility were conducted to identify factors contributing to victimization and reporting problems. DYS reviewed its training for current staff and new hires with assistance from the PREA Resource Center and the Project Addressing Prison Rape at the Washington College of Law. They developed a four-hour training for all staff based on evidence-based practices and strategies to address sexual misconduct, with materials provided by the National Institute of Corrections, Washington College of Law, Just Detention

¹⁷ Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 39.

¹⁸ See Steve Martin, CHJCF site visit report (Sept. 2012), pp. 5-6; Steve Martin, IRJCF site visit report (Sept. 2012), pp. 3, 7; Steve Martin, SJCF site visit report (June 2011), p. 8; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 35.

¹⁹ Steve Martin, CJCF site visit report (Jan. 2013), p. 7; Steve Martin, CJCF site visit report (Mar. 2012), pp. 9-10; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 36.

²⁰ See 51 Ohio Rev. Code § 5139.04(H); Memorandum of Understanding between Ohio Public Defender and Ohio Department of Youth Services (Jan. 2006); State of Ohio Inter-Departmental Agreement, Department of Youth Services and Ohio Public Defender (Aug. 2013).

International, and the Center for Children's Law and Policy. Investigators of sexual misconduct and harassment incidents participated in a training provided by The Moss Group and the PREA Resource Center on conducting quality investigations, and additional training was provided to behavioral health staff on identifying warning signs and behavioral indicators of abuse. DYS also developed an excellent policy to protect and provide for the special needs of lesbian, gay, bisexual, transgender, and intersex youth.²¹

DYS put in place a Tip Line, a direct line to central office, for staff, youth, and family members to report any issues related to sexual harassment or abuse. Messages left on the Tip Line can be anonymous, and are reviewed within 24 hours by DYS's new Youth Ombudsman at central office. The Tip Line number is posted in all housing units, and has been delivered to the families of youth currently in DYS facilities and on parole. DYS conducted interviews with staff and youth to collect input on how to address sexual victimization issues. Town hall meetings and labor-management meetings were held with staff in which all staff were encouraged to read the BJS report, and asked to provide input through suggestion boxes and a special email account for suggestions. House meetings were conducted on every housing unit to discuss the desire to keep youth safe and to review with youth the ways they can report incidents of misconduct through the grievance process, trusted staff members, the Chief Inspector's Office, the Legal Assistance Program, or the Correctional Institution Inspection Committee. All youth received a letter from the Director and a special training on their rights to be free from sexual abuse, harassment, and retaliation, DYS's zero tolerance policy, and their avenues for reporting. Youth are interviewed upon leaving DYS and reentering the community, and youth on parole have been encouraged to report any sexual activity or abuse that they experienced or witnessed while in custody. Youth and staff surveys are also being developed to assess whether new interventions are working.²²

Development of a youth classification and housing system. In collaboration with the University of Cincinnati, DYS developed and validated an assessment tool that designates youth as appropriate for minimum, medium, or close security housing; and that allows for reclassification of youth based on their demonstrated behavior while in custody. This security classification system has contributed to a steady decline in youth-on-youth violence.²³

²¹ Ohio Department of Youth Services, Message from DYS Director Harvey Reed (Dec. 17, 2013); Ohio Department of Youth Services, Message from DYS Director Harvey Reed (Oct. 3, 2013); Ohio Department of Youth Services, Message from DYS Director Harvey Reed (Sept. 6, 2013); Ohio Department of Youth Services, Message from DYS Director Harvey Reed (Aug. 12, 2013); Ohio Department of Youth Services, Message from DYS Director Harvey Reed (July 17, 2013); Ohio Department of Youth Services, Message from DYS Director Harvey Reed (June 18, 2013); ODYS Standard Operating Procedure 304.02.01; Memorandum from Will Harrell and Terry Schuster to Gwen Randle, Linda Janes, Laura Dolan, and Jodi Slagle re: Comments on ODYS SOP 304.02.01 regarding LGBTI youth (July 17, 2013).

²² Email from Kim Parsell to DYS Stakeholders (Oct. 15, 2013); Ohio Department of Youth Services, Message from DYS Director Harvey Reed (Sept. 6, 2013); Memorandum from Director Reed to All Youth (July 11, 2013); Memorandum from Director Reed to All Youth on Parole (July 11, 2013); Ohio Department of Youth Services, Message from DYS Director Harvey Reed (July 10, 2013); Email from Danny Turek, DYS Training Academy, to Dustin Calhoun, DYS General Counsel (Sept. 30, 2013).

²³ See Steve Martin, Report on Stipulation Paragraph 47 re: Classification and Housing (Mar. 2011), pp. 1-4; Orlando Martinez & David Roush, CJCF site visit report (Feb. 2012), p. 11; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 10.

Development of internal quality assurance practices. Each facility collects and analyzes extensive data on youth violence and applications of force. DYS created a quality assurance system to identify increases or decreases in youth violence and to respond thoughtfully to those trends. Local monitoring of force is reviewed regularly by central office, and the Bureau Chief over facility operations meets monthly with the facility Superintendents to discuss the influences on youth violence and strategies to improve safety and security outcomes.²⁴

Video segment: [Click here](#) to hear from youth about improvements in protection from harm.

Discipline and Seclusion

Dangerous conditions and practices in 2007. The 2007 investigation found that consequences for youth who violated facility rules were excessively punitive and not effective at making the facility safer for youth and staff. DYS placed youth in seclusion too frequently and for far too long.²⁵ DYS was not using oversight tools to monitor youth placed in seclusion or trends in seclusion data, allowing excessive stays to go unchecked. The agency's Youth Advocate had no clear job description, and did not have the resources or staff to assist youth during the disciplinary process, which meant youth were routinely exposed to harsh disciplinary sanctions with no one to assist them, to explain the potential consequences, or to assess whether underlying mental health conditions contributed to their rule-breaking behavior.²⁶

DYS also operated special management housing units (SMUs) that held youth in lockdown 23-hours a day, 7-days a week. Monitor Fred Cohen reported that they resembled "supermax" housing units found in adult prisons. Youth on the SMUs were held for weeks or months at a time in prolonged isolation under stark conditions, without any substantive treatment or programming.²⁷

Reduced reliance on pre-hearing seclusion. Prior to the Consent Order, DYS utilized a structured decision-making tool to determine the severity of the rule violation and the resulting length of stay in pre-hearing seclusion. Youth accused of serious rule violations were held in pre-hearing seclusion for between 56-72 hours. Following the Consent Order, DYS implemented its new seclusion policy, which required all youth to be assessed for release no later than 4 hours following their placement in pre-hearing confinement, and every 3 hours thereafter if continued seclusion was justified based on the youth's current behavior. The "safe-to-release" check involves a structured interview designed to help youth identify the circumstances that led to his misconduct and opportunities to respond differently in

²⁴ Steve Martin & Amy Ast, Fifth Year Plan for Bureau of Facility Operations (Nov. 2012), p. 1; Kelly Dedel, Compliance Review, Quality Assurance for Safe Living Conditions and Structured Programming (May 2013), p. 7; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 9.

²⁵ Fred Cohen, Final Fact-Finding Report, *S.H. v. Stickrath* (Jan. 2008), pp. 28, 39, 84.

²⁶ *Id.*, at pp. 39, 192-195.

²⁷ *Id.*, at pp. 32-33.

the future. Between March and July 2015, over 90 percent of the pre-hearing seclusion episodes were terminated within 4 hours, with an average length of stay of just 2.83 hours.²⁸

Abolishing seclusion as a disciplinary sanction. Prior to the Consent Order regarding the use of seclusion, DYS conducted Intervention Hearings to determine whether youth were culpable for serious misconduct and whether to impose Intervention Seclusion as a sanction for the youth's behavior, which could last up to five days for serious rule violations. Youth who engaged in frequent misconduct accumulated time in seclusion that represented a significant portion of their time in custody.²⁹ On January 1, 2015, DYS issued a policy that abolished the use of seclusion as a disciplinary sanction. Rather than placing youth in isolation and increasing the risk of self-harm and decompensation of their mental health, disciplinary sanctions now rely on restricting youth's access to privileges available through its behavior management system and, in some cases, adding days to their time in custody (i.e. Intervention Time). Changes to practices regarding the imposition of Intervention Time were also reformed, resulting in significant reductions to historically excessive time-adds. In the six months prior to the new seclusion policy taking effect, a total of 38,203 days of Intervention Time were imposed. During the six months following the implementation of the new policy, only 4,100 days were imposed, for a decrease of 89 percent.³⁰ Not only does DYS's new policy for responding to youth misconduct prohibit the harmful practice of seclusion, but it also protects against the imposition of excessive Intervention Time.

Alternatives to formal discipline. DYS facilities now screen incident reports in an effort to identify those infractions that can be addressed by treatment teams rather than by formal disciplinary hearings. This referral process has led to a significant decrease in hearings and, as a result, in seclusion hours. Treatment teams generally design alternative interventions that are more responsive to the underlying causes of the youth's behavior. These include treatment assignments and Behavior Contracts, combined with sanctions like commissary restrictions and suspension of other privileges.³¹ DYS has also implemented a process to divert youth away from the formal disciplinary process when their rule-breaking behavior is related to underlying mental health conditions. [This process is described in more detail under the section of this report titled Mental Health and Psychiatry Services.]

Increased oversight of seclusion practices. DYS has developed several quality assurance practices to internally identify and respond to problems related to seclusion of youth. The Superintendent at each facility reports seclusion hours monthly and must explain any increase or decrease in the various categories of seclusion. Every month, facility administrators compile monthly statistical summaries and a Facility Resource Administrator (FRA) from central office analyzes seclusion events at each facility. The FRA provides a compliance score and when that score falls below 80%, also provides recommendations for a performance improvement plan. With regard to pre-hearing seclusion, for example, the FRA reviews the initial placement decision, the frequency of contacts while a youth is in seclusion, and the continued justification for seclusion. Deficiencies noted by the FRA in the past have

²⁸ Kelly Dedel, Memorandum (Aug. 16, 2015).

²⁹ Kelly Dedel, et al., Monitors' 6-Month Report on Compliance with The Grid (June 2015).

³⁰ *Id.*

³¹ Steve Martin, CJCF site visit report (Jan. 2013), pp. 7-8; Steve Martin, IRJCF site visit report (Sept. 2012), p. 8; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 24.

been corrected, suggesting that the internal compliance monitoring has been effective at improving practices at the facilities.³²

Creation of a new Youth Advocate program. DYS reinvented the Youth Advocate position, and placed one Youth Advocate at each facility. The new position is tasked with assisting youth who are charged with rule violations that may result in serious disciplinary sanctions. They ensure that youths' rights are protected throughout the disciplinary process. They explain to the youth what his rights are, help write a statement, call witnesses, and use the avenues available to the youth to tell his or her side of the story during the hearing. They also help with appeals. Youth have overwhelmingly reported that the disciplinary process is fair, due in large part to the assistance they get from their Youth Advocate. Rather than being intimidated during the hearing, youth are more likely to defend or explain themselves, and are often able to help the Hearing Officer see a bigger picture of what happened during a particular incident. The Youth Advocate also acts as a check on the Hearing Officer, and may push back against a potential sanction that seems too harsh in relation to the youth's behavior.³³

Elimination of Special Management Units. No youth have been housed on a Special Management Unit (SMU) since July of 2013. These housing units have existed in various forms and under various names over the last several years. They have relied excessively on seclusion and restraints to manage disruptive behavior among youth. Initially, in place of SMUs, DYS created a two-phase program ("PROGRESS") that offers intensive clinical intervention for the most challenging youth, along with separation from the general population in the first phase of the program. When this program was in place, youth on PROGRESS were out of their rooms for the entire day, engaged in programming, and were not subjected to seclusion or restraints any more than youth are in the general population. The program benefits from intensive oversight, data collection, and quality assurance measures, and those youth who did not transition quickly through the phases were provided with a review from central office administrators. The PROGRESS program is no longer utilized at any DYS facility. Instead, DYS now manages all youth either in the general population or on mental health units.³⁴

Education

Conditions in 2007. The investigation report found that students with the most severe need for remedial reading assistance received no services to help them learn to read.³⁵ Chronic shortages in

³² Steve Martin, Final Report on Seclusion and IRAP Quality Assurance Monitoring (May 2013), pp. 1-3; Steve Martin & Amy Ast, Fifth Year Plan for Bureau of Facility Operations (Nov. 2012), pp. 1-2; Kelly Dedel, et al, Monitor's Fourth Report (June 2013), p. 9, 21-22.

³³ Terry Schuster & Will Harrell, *S.H. v. Reed* Youth Advocate Program (July 2012), pp. 1-3, 10-11.

³⁴ See Ohio Department of Youth Services Standard Operating Procedure 303.01.07 (effective date Oct. 7, 2013); Consent Order, *S.H. v. Reed* (Dkt. 359-2) (Jan. 18, 2013); Ohio Department of Youth Services, Second PROGRESS Unit Status Report (Sept. 2013); Kelly Dedel & Daphne Glindmeyer, Monitor's PROGRESS Unit Compliance Report (Dec. 2013); Terry Schuster, 13 Good Ideas from Other Jurisdictions That May Help Improve Outcomes on the PROGRESS Units (Aug. 2012); Terry Schuster, Chart of Special Management Unit Models from other Jurisdictions (Aug. 2012) (on file with author).

³⁵ Fred Cohen, Final Fact-Finding Report, *S.H. v. Stickrath* (Jan. 2008), pp. 101, 120.

teaching and substitute teaching staff as well as limited classroom space caused youth to receive less than a full day of school. Students and faculty expressed high levels of fear for their personal safety in the school buildings, and teachers regularly took extended leave due to stress, fear, and injuries from assaults.³⁶ Classroom management and discipline were not consistent, and too many classrooms were found to have little or no instruction occurring at all.³⁷

The 2007 investigation revealed that DYS was also not complying with federal Special Education law. Faculty did not develop appropriate Individualized Education Programs (IEPs) for Special Ed students. They did not teach to the youth's IEP goals or monitor the youth's progress toward meeting those goals. Agency and facility administrators often made decisions limiting youths' access to education based on security concerns without consulting the school principals or faculty. Students were disciplined and suspended from school for behavior related to their disabilities in violation of the law. Youth who were housed on mental health units received only three hours of education per day, and those in protective custody or in seclusion for acts of violence received no education at all.³⁸

Better collaboration between school and facility staff. The schools are now far more integrated into the identity and purpose of DYS facilities. Communication between the school principals and the facility superintendents is excellent, as is communication between the principals and central office. Teachers integrate the concepts and language of the agency's Cognitive Behavioral Therapy program into their lesson plans and classroom activities. Facility social workers participate in IEP meetings for Special Ed students and teachers attend inter-disciplinary treatment teams along with clinical and direct care staff. Youth Specialists who are posted in the school building attend meetings with the school staff. The school's transition coordinator also works closely with facility social workers, the Release Authority, and the regional parole offices to assure that students' educational needs are met when they return to their home communities.³⁹

Meeting the needs of youth who can't read. DYS adopted a computerized software program called My Reading Coach to teach reading to students with pre-literacy skills. The program has an established record with non-readers and students who have very low literacy levels. It is now available in all DYS facilities on computers in Special Education, English, and Title I classrooms, and is also used by speech therapists providing services to Special Ed students.⁴⁰

Improvements in staffing and classroom space. Students are no longer missing classes because of teacher absenteeism and vacancies. DYS's staffing plan provides for a principal and assistant principal

³⁶ *Id.*, at pp. 101, 105-107, 121-122, 129.

³⁷ *Id.*, at pp. 113-114, 131-132.

³⁸ *Id.*, at pp. 101, 103-105, 108-113.

³⁹ Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (June 2011), pp. 1-2; Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), p. 2; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 7-9; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), pp. 5, 21, 34-35; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 56.

⁴⁰ See Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (June 2011), p. 19; Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), p. 15.

at each school, two guidance counselors, three administrative assistants, a librarian, two teachers in each of the four core classes, an art teacher, a teacher for P.E. and health, a permanent substitute and five intermittent substitutes, a Title I teacher, as well as career tech positions. Because of the smaller youth population, the current complement of staff is sufficient to provide all core subjects, vocational courses, and electives even when vacancies arise. Virtually all students are now receiving a full school day with no repeating classes due to short staffing. Sufficient space now also exists at all DYS facilities to ensure that no students are deprived of a full school day due to lack of classroom space.⁴¹

Improvements in classroom management and school safety. Teachers in DYS schools now receive professional development in classroom management and behavioral intervention with challenging students. DYS has contracted with a behavioral analyst to mentor and provide one-to-one modeling with teachers who are having difficulty. School principals also now conduct frequent walk-throughs to observe teaching staff and become familiar with their strengths and weaknesses. They utilize improvement plans and face-to-face conferences as part of their efforts to supervise faculty and improve teacher performance. In the past, youth who exhibited non-compliant behavior in the classroom could be suspended from school and returned to their living units where they did not receive education services of any kind. DYS stopped this practice in June 2011, and now relies instead on its in-school suspension room, the Academic Behavior Classroom (the ABC room), where youth have an opportunity to regain control of their behavior, work on an assignment, and return to their regular classroom after a short period of time. Assistant principals have placed increased emphasis on following appropriate protocol for referring students to the ABC room. Moreover, teachers across the board have shown marked improvement in classroom management. Students are more actively engaged in learning activities, more youth are remaining in the classroom, and fewer youth are being sent to the ABC room. Teachers differentiate their instruction so that some students may be working on a computer-generated assignment while others in the same classroom are engaged in a teacher-generated assignment. They provide instruction and walk around assisting students both on the computer and on other assignments. Student achievement and good behavior is also recognized in the classrooms, and in special assemblies and award ceremonies.⁴²

Each school is well-staffed with Youth Specialists and an Operations Manager who work with teachers to anticipate and prevent gang activity in the school, and who respond to any fights quickly and with little or no disruption to the normal course of the day. On a monthly basis, the school principals also analyze violence reduction data and develop plans to address increases in violence. At Scioto JCF, for example, cooperative efforts between school staff and facility staff to adjust the school schedule,

⁴¹ Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (June 2011), pp. 3, 5; Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), p. 3; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 10, 12, 15; Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (Sept. 2012), pp. 8-9; Ava Crow & Anne Flynn, CJCF site visit report, Ralph E. Starkey High School (Aug. 2011); Orlando Martinez & David Roush, CHJCF site visit report (Aug. 2012); Kelly Dedel, et al., Monitor's Fourth Report (June 2013), pp. 56-57.

⁴² Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (June 2011), pp. 12, 16, 19-20; Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), pp. 2, 13-14; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 8-9, 18-20; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), pp. 18, 20-23; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), pp. 56-57.

increase the number of staff posted in the school building, and change some physical features of the classrooms reduced violence and disruption in the school building.⁴³

Compliance with Special Education law. DYS now provides Special Education services that are responsive to individual student's needs and that are compliant with the IDEA. The Special Education program is overseen by well-qualified assistant principals at each facility and by central office. DYS has implemented Special Ed policies and procedures, developed an excellent Special Ed manual, and provided teaching staff with relevant professional development. DYS's "child find" process is conducted by Intervention Assistance Teams at each facility that meet regularly and seek out students in need of additional interventions related to behavioral, academic, and attendance issues. These teams make referrals for special education evaluations as needed.⁴⁴

All Individualized Education Programs (IEPs) are developed and implemented in a timely manner, and appropriate representatives attend IEP meetings. DYS has created checklists and tools for teaching staff that assist with drafting IEP goals and measuring progress toward those goals. Students' IEPs are individualized, and contain measurable, achievable goals. IEP teams consider a broad range of services and arrangements to meet the students' needs. Teachers have also made significant improvements in using data to track students' progress toward IEP goals. All Special Ed teachers are Highly Qualified Teachers, and all teachers' caseloads are under the state-mandated cap of 12. Vocational programs are available to all Special Ed students, and related services are provided by occupational therapists, speech therapists, and school psychologists.⁴⁵

Providing education to youth on specialty housing units and youth in seclusion. Special Education teachers serve all specialty units, and unit classrooms are wired for computer learning. These teachers also get weekly reports from medical staff on any medication changes that may affect the students' behavior or alertness during school hours. Educational placement decisions for Special Ed students housed on specialty units are dictated by the terms of their IEPs, and even students with the most severe impairments and disabilities are provided with at least one class in the school building.⁴⁶

⁴³ Ava Crow & Anne Flynn, Status of Quality Assurance Program, Buckeye United School District (May 2013), p. 3; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 8-9, 18; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), pp. 7, 21; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 56.

⁴⁴ Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (June 2011), p. 10; Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), pp. 7-8; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 28-29; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), pp. 63-64.

⁴⁵ Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (June 2011), pp. 9, 12; Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), pp. 7-8; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 28, 30-33; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School (Sept. 2012), pp. 17-18; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), pp. 61-64.

⁴⁶ Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 17, 25; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), pp. 17, 35.

DYS no longer suspends students from school. Students who commit acts of violence and are placed in seclusion are provided with education on the unit. At the time that monitoring of education was terminated, hearing officers who imposed seclusion as a disciplinary sanction for violent behavior often limited seclusion hours to the weekend in order to minimize the impact of the sanction on the student's education. For those secluded during the week, teachers visited them on the housing units four times per day and offered unit instruction for at least 30 minutes during each visit. They were also available to assist students on the unit during all six school periods. These students got individualized assignments from their regular teachers, were counted as present, and receive credit for completed work. Instruction for students on the housing units was closely monitored by the school's administrators for compliance with agency policy.⁴⁷

More vocational training, college courses, and transition planning. Each DYS school has a transition team that guides every student through an array of reentry skills, beginning at least six weeks before they return to their home communities. The team consists of the transition coordinator, the transition class teacher, the Career Based Instruction (CBI) teacher, and teachers to supervise online college classes or industry certification classes. CBI students spend two hours each day doing class work on job skills and career exploration. This is followed by work experience on campus for which the youth interviews. The transition coordinator continues reentry services after release by working with the parole officer, home schools and potential employers. The program tracks the transition of DYS youth at 30, 60, and 90 day intervals after release.⁴⁸

Youth are given a career interest assessment and allowed to transfer to other DYS facilities that have vocational programming of interest to them. These programs include graphic design; horticulture; auto technology; healthy living, which offers a ServSafe certificate recognized by the restaurant industry; and administrative office technology, which offers an industry-recognized Microsoft Office certificate. DYS secured a grant that offers off-campus training and work experience for students returning to Franklin County. This initiative is focused on solar energy, and computer and electrical skills. Students in all grade levels are allowed to participate in and receive credit for vocational programming, and a very large percentage of students do in fact participate. At Scioto JCF, for example, more than 70 percent of students participated in vocational education.⁴⁹

Through a partnership with Ashland University, DYS offers college courses in English, History, Business, Financial Literacy, Entrepreneurship, Sociology, and Psychology. These online courses are team-taught

⁴⁷ Ava Crow & Anne Flynn, CHJCF site visit report, Luther E. Ball High School (June 2011), p. 3; Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), p. 3, n. 4; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 9, 11-12, 17, 25; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), pp. 9-11; 17-18, 35; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), pp. 57-58.

⁴⁸ Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), pp. 21-22; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), p. 25.

⁴⁹ Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), p. 24; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), pp. 8, 26-28, 30; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), pp. 65-67.

by DYS teachers and Ashland professors. DYS has also taken youth off campus for visits to colleges and for community service projects.⁵⁰ Another course provided intermittently through a partnership with Wooster college combines DYS students and free world college students in a criminal justice course taught on-site at Indian River JCF.⁵¹ Students and teachers involved in this course, called the Inside-Out Program, are featured in the video segment below.

Internal quality assurance monitoring for education. The quality assurance system developed by DYS to review their Special Education program is unique and impressive. Because there are few, if any, national models or tools that measure the quality and effectiveness of Special Education services, DYS's practices now serve as a model for schools both in correctional facilities and in the community. The individual schools and central office conduct monthly and quarterly reviews of Individualized Education Programs (IEPs) to identify whether the goals and objectives are appropriate for the student and whether they incorporate positive behavioral strategies to assist the student. The schools and central office also conduct monthly and quarterly compliance reviews to monitor a host of other Special Education issues, identifying problems that might otherwise be missed and remedying those concerns both for individual students and systemically. Teachers whose paperwork requires frequent correction are placed on performance improvement plans and provided with coaching. Principals also submit monthly reports to central office that address staffing, violence reduction, and other administrative issues. Each school is also audited annually by DYS and by the Ohio Standards Committee, as well as tri-annually by the Ohio Department of Education.⁵²

Video segment: [Click here](#) to hear from youth about improvements in educational services.

Video segment: [Click here](#) to learn more about the Inside-Out program.

Medical and Dental Care

Conditions in 2007. Initial medical assessments for youth coming into DYS facilities were incomplete, lacked any conclusions about the health or medical problems of the youth, and contained no documentation of follow-up by a physician. The 2007 investigation found abnormal vital signs that were not reported to or assessed by the physician, and lab results that were delayed and inaccurate. The problems with health assessments and documentation resulted in delays in treatment and delays in recognizing chronic disease. In 2007, there was no chronic care program at all. Youth with chronic

⁵⁰ Ava Crow & Anne Flynn, IRJCF site visit report, Indian River High School (Feb. 2011), p. 14; Ava Crow & Anne Flynn, site visit report, Scioto William K. Willis High School & Circleville Ralph C. Starkey High School (Jan. 2013), p. 22; Ava Crow & Anne Flynn, site visit report, Cuyahoga Hills Luther E. Ball High School & Indian River High School (Sept. 2012), pp. 25, 27-28.

⁵¹ See Anne M. Nurse, Juveniles and College: Inside Out as a Way Forward 93 *The Prison Journal* 234-247 (Jan. 2013), available at <http://tpj.sagepub.com/content/93/2/234.full.pdf+html>; Orlando Martinez & David Roush, IRJCF site visit report (Dec. 2011), pp. 20-21; Orlando Martinez & David Roush, IRJCF site visit report (Aug. 2012), p. 17.

⁵² Ava Crow & Anne Flynn, Status of Quality Assurance Program, Buckeye United School District (May 2013), pp. 1-6; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 62.

diseases were not seen regularly for status checks, which led to episodic treatment at higher levels than might otherwise have been avoided. Medical information was not shared when youth were transferred between facilities or sent off-site for scheduled or emergency medical treatment. Youth were also not properly assessed for injuries following fights or applications of force by staff. Medical and mental health information was not integrated. This, plus incomplete medical documentation generally compromised the quality of care being provided to youth. DYS did not monitor medical records and data for quality or completeness. There was no tracking of clinical outcomes or peer review process to ensure that doctors and nurses were meeting medical practice standards. There was also no peer review process for dentists providing services to DYS youth. Youth with dental pain were not being seen and stabilized in a timely manner. Cavities were not always treated and documented, and there was no system for triaging care. Dental staffing was inadequate, as was dental treatment planning, documentation, x-rays, and infection control.⁵³

Improvements in medical assessments. Initial health screens, physical exams, hearing and vision exams, lab testing, and review of immunization status are now timely and complete. Parents are contacted to provide information relevant to initial medical assessments. Intake information is integrated by care providers into a comprehensive assessment and plan, and physicians now follow up on problems and abnormal findings in a timely manner. Care providers respond appropriately to abnormal vital signs. They provide information to youth in a manner that the youth can understand, and have increased efforts to involve family members throughout the youth's stay in the provision of care.⁵⁴

Improvements in medication, chronic care, and emergency care. DYS's administering of medications has improved. Meds come in pharmacy-prepared blister packs, are checked against the doctor's order and the pharmacy manifest, and are checked again when given to the youth. The medication is recorded as given only after the youth has taken it, or it is recorded as refused or missed. "As needed" medications are available at meal times and at other times if directed by the physician. DYS has developed chronic care clinics consistent with national guidelines. Patients enrolled in the chronic care clinics receive timely, appropriate care. A database has also been developed that allows tracking of chronic disease encounters. Nurses assessing youth for injuries following fights or applications of force are now taking appropriate histories, and performing complete physical exams in the clinic rather than through the youth's door. Additionally, the transfer of information and the continuity of care for youth receiving off-site medical services are much improved.⁵⁵

⁵³ Fred Cohen, Final Fact-Finding Report, *S.H. v. Stickrath* (Jan. 2008), pp. 139-173.

⁵⁴ Barb Peterson & Ron Shansky, CJCF site visit report (Jan. 2013), pp. 2, 4, 6; Barb Peterson & Ron Shansky, SJCF site visit report (Jan. 2013), pp. 3-4; Barb Peterson & Ron Shansky, CHJCF site visit report (Sept. 2012), p. 11; Barb Peterson & Ron Shansky, IRJCF site visit report (Sept. 2012), p. 10; Barb Peterson & Ron Shansky, SJCF site visit report (Dec. 2010), p. 2; Barb Peterson & Ron Shansky, IRJCF site visit report (Dec. 2011); Michelle Staples-Horne, et al., Monitor's Fourth Report, *U.S. Department of Justice v. The State of Ohio* (June 2013), p. 49 [hereinafter referred to as "Monitor's Fourth Report"].

⁵⁵ Barb Peterson & Ron Shansky, CJCF site visit report (Jan. 2013), pp. 1, 7; Barb Peterson & Ron Shansky, SJCF site visit report (Jan. 2013), p. 4; Barb Peterson & Ron Shansky, CHJCF site visit report (Sept. 2012), pp. 1, 4, 6-7; Barb Peterson & Ron Shansky, IRJCF site visit report (Sept. 2012), pp. 1, 5; Barb Peterson & Ron Shansky, CJCF site visit report (Aug. 2011), p. 1; Barb Peterson & Ron Shansky, IRJCF site visit report (Dec. 2011), Michelle Staples-Horne, et al., Monitor's Fourth Report (June 2013), pp. 49-50, 53.

Improvements in medical records. Medical records are now chronological, organized into clearly identified sections, have easy-to-find and up-to-date problem lists, and thorough notes on clinical findings, treatment plans, patient encounters, and responses to treatment. Medical records contain both medical and mental health diagnoses. Physical plant renovations in the medical and mental health service areas have improved collaboration and access to information among providers. At the time monitoring of medical services was terminated, DYS was also rolling out an electronic medical record that would combine medical and dental files, mental health and psychiatry files, and social work files into a single integrated system. This would allow for more collaborative treatment planning. It would also be able to interface with community providers and pharmacies, which will improve continuity of health care for youth upon release.⁵⁶

Continuous Quality Improvement and peer review of doctors and nurses. Both the on-site Health Services Administrator and the central office Medical and Nursing Directors now monitor a variety of health services provided. The Continuous Quality Improvement (CQI) system includes paper monitoring tools and an electronic database. It gathers both quantitative and qualitative information on patient intake, lab and diagnostic services, vital sign monitoring, chronic care programs, medication management, sick call, youth injury assessments, specialty and emergency services, intra-system transfers, and parental notifications. Data is analyzed for trends at the institution level and across institutions. The central office Nursing Director also meets with the on-site Health Services Administrator at each facility to ensure consistency in compliance monitoring. Peer review is now routinely conducted for nurses and physicians. This process identifies areas in need of improvement and provides action plans and increased monitoring until the provider's performance has improved.⁵⁷

Improvements in dental care. Dental staffing has improved, and all DYS youth now have complete dental exams, initial cleanings, routine preventative and restorative dental care, and oral hygiene instruction. Youth receive radiographs adequate to diagnose carious lesions (cavities), and are provided with individualized treatment plans for sealants and other services. Youth who have complaints of dental pain are assessed and stabilized within one day. Youth in need of crowns, dentures, or oral surgery all have access to these services as well. DYS has hired a Dental Director who has implemented a Continuous Quality Improvement (CQI) program, and who conducts peer review of

⁵⁶ Barb Peterson & Ron Shansky, SJCF site visit report (Jan. 2013), p. 6; Barb Peterson & Ron Shansky, CHJCF site visit report (Sept. 2012), pp. 1-2, 8; Barb Peterson & Ron Shansky, IRJCF site visit report (Sept. 2012), pp. 5, 7; Barb Peterson & Ron Shansky, SJCF site visit report (Dec. 2010), p. 5; Barb Peterson & Ron Shansky, IRJCF site visit report (Dec. 2011), p. 9; John Bradley, Jacqueline Carter, Barb Peterson & Ron Shansky, ODYS Fifth Year Plan for Medical Care (Oct. 2012), pp. 1-2; Email from John Bradley to Terry Schuster (Dec. 20, 2013); Michelle Staples-Horne, et al., Monitor's Fourth Report (June 2013), pp. 49, 53.

⁵⁷ John Bradley, Medical Program Compliance Progress Report (April 2013); Jacqueline Carter, Quality Assurance Review / Report (April 2013), pp. 1-8; John Bradley, Jacqueline Carter, Barb Peterson & Ron Shansky, ODYS Fifth Year Plan for Medical Care (Oct. 2012), p. 1; Barb Peterson & Ron Shansky, CJCF site visit report (Jan. 2013), pp. 4, 6; Barb Peterson & Ron Shansky, SJCF site visit report (Jan. 2013), pp. 4, 9; Barb Peterson & Ron Shansky, CHJCF site visit report (Sept. 2012), pp. 3, 5; Barb Peterson & Ron Shansky, IRJCF site visit report (Sept. 2012), pp. 1-2, 4, 7-9; Barb Peterson & Ron Shansky, IRJCF site visit report (Dec. 2011), p. 6.

the facility dentists. His oversight and guidance have significantly improved the quality and timeliness of dental care in DYS facilities.⁵⁸

Cultural and Environmental Changes

Conditions in 2007. The 2007 investigation found that direct care staff, at the time called Juvenile Correctional Officers (JCOs), functioned almost exclusively as guards. They did not participate in or lead youth programming or activities, and there was no mention in their performance objectives of encouraging youth, reinforcing behavior, or being a role model for youth in DYS custody. Rather staff were trained to find problems and to sanction them. This confrontational approach created a hostile and violent culture in the facilities and negatively affected youth behavioral outcomes.⁵⁹

Changing the role of direct care staff. In 2009, DYS changed the title of the direct care staff position to Youth Specialist. The agency expanded Youth Specialist job duties to include participating in and leading recreation activities, group discussions and treatment sessions; mentoring youth; mediating conflicts; acting as a member of the youth's treatment team; implementing a strength-based behavior management system; and serving as a pro-social role model for youth. DYS expanded and improved training for Youth Specialists. These staff members are now highly involved in programming and treatment teams. At each facility, there are a core group of Youth Specialists who have good relationships with a wide range of youth. Youth are enthusiastic about naming and describing those staff members who they like and respect, and who they believe are genuinely trying to help them. Youth perceptions of safety in the facilities are also significantly improved, in large part because they believe there are people on staff who listen to them, look out for their best interests, and take action to protect them from harm. Each facility has implemented mentoring programs in which staff members adopt a youth as a mentee and meet with that youth regularly for informal and structured activities. These mentoring programs have provided an opportunity for youth to build a relationship with a special adult, which improves their confidence and helps them aim for and achieve higher aspirations. Importantly, mentor relationships have also helped change the attitudes and approaches of staff toward youth who are exhibiting problem behavior. Their interventions, framed within trusting relationships and an understanding of what motivates the youth, are more likely to de-escalate volatile situations than those based solely on correctional security and control.⁶⁰

More activities, more staff, and fewer youth. A new Program Administrator position was created at each facility to expand the range of programs and services for youth. The facilities have seen a marked

⁵⁸ Don Sauter, CJCF site visit report (June 2011), pp. 2-4, 7-10, 12, 14; Don Sauter & Nick Makrides, CJCF site visit report (Apr. 2012), pp. 2-9; Don Sauter & Nick Makrides, IRJCF site visit report (Apr. 2012), pp. 2, 4, 9; Don Sauter & Nick Makrides, CHJCF site visit report (Dec. 2011), pp. 2, 4, 6.

⁵⁹ Fred Cohen, Final Fact-Finding Report, *S.H. v. Stickrath* (Jan. 2008), pp. 25, 38, 73, 96-97, 133-135.

⁶⁰ Orlando Martinez, CJCF & SJCF site visit report (Jan. 2013), pp. 3, 6; Orlando Martinez & David Roush, IRJCF site visit report (Aug. 2012), pp. 7, 14, 16-17, 19, 23; Orlando Martinez & David Roush, CHJCF site visit report (Aug. 2012), pp. 13-14, 18, 20; Orlando Martinez & David Roush, CJCF site visit report (Feb. 2012), pp. 13, 16, 18, 28-29, 37-38; David Roush, Report on DYS Bureau of Professional and Organizational Excellence and Human Resources (Sept. 2011), pp. 5-6.

increase in the quantity and quality of programming and activities, particularly on weekends and during school intersessions. In addition to programming focused on anger management and victim awareness, DYS facilities now offer a wide range of recreational activities (fitness activities, gardening, movie nights, concerts, game rooms, etc.), youth empowerment activities (Youth Council, house meetings, etc.), and community service activities. The Youth Council, which offers youth a meaningful role in facility decision-making, is particularly noteworthy. DYS has implemented an outstanding teen-parenting program (the Baby Elmo project) designed to help incarcerated youth develop parenting skills and bond with their infants and toddlers. DYS has also expanded the work program for youth who have graduated from high school to constructively occupy the portion of their day that other youth spend in school. Youth interview for positions in the cafeteria, school, storeroom, with the maintenance staff, or with programming and recreation staff, and are paid by the hour. The ability to participate in activities and work opportunities incentivizes positive behavior. The reduction in youths' idle time has also helped curtail gang activity. DYS sets benchmarks for participation in programming and recreation, and has recently begun auditing facilities to measure the quality and quantity of activities measured against those performance benchmarks.⁶¹

The increase in activities is paired with an incentive program in which youth earn points for engaging in positive behavior. They can spend those points on commissary items, additional phone calls, or entry into special events. The reduction in DYS's youth population has allowed staff more time to interact with youth, and has made it easier for staff to engage youth in programming. It has also allowed for greater surveillance of youth, a safer climate on the housing units, and better opportunities to address gang-related issues before they escalate. Fewer staff call off work due to stress or injuries. The reduced population and more positive environment have thus helped alleviate the chronic staffing shortages experienced by DYS in the past.⁶²

Identifying and addressing youths' criminogenic needs. The Ohio Youth Assessment System (OYAS), which the State has used to divert low- and moderate-risk youth away from secure confinement, also provides a tool for use inside DYS facilities. The facility-based OYAS tool helps DYS staff determine the types of interventions that will be most effective with youth, based on their risk to reoffend and their criminogenic treatment needs. This assessment along with various others (educational, medical, psychological, etc.) provide staff with the information needed to develop individualized treatment plans for youth. Cognitive Behavioral Therapy (CBT), DYS's treatment modality, targets these criminogenic factors and helps to restructure or change the way youth think and respond in various situations. This is accomplished through learning and practicing pro-social skills and behaviors. The introduction of CBT has provided a uniform language for Youth Specialists and behavioral health staff, and has helped to increase positive interactions between staff and youth. DYS has also adopted a promising gang intervention program and created a Security Threat Group Coordinator staff position at

⁶¹ Kelly Dedel, Compliance Review, Quality Assurance for Safe Living Conditions and Structured Programming (May 2013), pp. 2, 4-5, 8-11; Orlando Martinez & David Roush, IRJCF site visit report (Aug. 2012), p. 16; Orlando Martinez & David Roush, CHJCF site visit report (Aug. 2012), pp. 15-16; Orlando Martinez & David Roush, CJCF site visit report (Feb. 2012), pp. 19-20, 28; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), pp. 40-44.

⁶² Orlando Martinez & David Roush, IRJCF site visit report (Aug. 2012), pp. 10, 14, 16, 22; Orlando Martinez & David Roush, CHJCF site visit report (Aug. 2012), pp. 14, 19; Orlando Martinez & David Roush, CJCF site visit report (Feb. 2012), pp. 13, 24, 27, 29; Kelly Dedel, et al., Monitor's Fourth Report (June 2013), p. 14.

each facility. The program creates a major shift in approach to gang-involved youth. Rather than attempting to simply sanction all gang-related behavior, which has not been successful in the past, the program aims to disengage youth from gang activity by understanding why they are getting involved in the first place. The program and the coordinator manage gang problems by creating a safe place for youth to talk about them; and providing alternatives, incentives, and supports for youth who want to disengage. At one DYS facility a survey to assess the perceived needs of gang members has gone even further to shift staff responses away from labelling these youth as troublemakers, and toward interventions that are based on their criminogenic needs.⁶³

Family Engagement

Finding new and innovative ways to engage family members during a youth's stay at DYS. In February 2010, DYS began the Families as Partners program with the Vera Institute of Justice. The project sought to promote better outcomes for youth in DYS custody by encouraging visits and correspondence between youth and their families and increasing family involvement in youth's treatment and reentry plans. Staff have been trained in using the Vera Institute's Juvenile Relational Inquiry Tool (JRIT) to recognize and reinforce the connections youth have to family members, mentors, and other supportive people in their social networks during and after incarceration. The State now provides free bus transportation every month to DYS facilities to promote family visitation. This is a remarkable development that has helped families overcome distance and transportation barriers that previously prevented them from visiting. In Ohio, increased family visitation led to improved youth outcomes. A study conducted by the Vera Institute, for example, found that more frequent family visitation was associated with fewer rule violation incidents and improved grade point average (controlling for race, age, school attendance and other variables). Facility staff members and juvenile parole officers (JPOs) also use video conferencing technology to conduct family visits, reentry conferences, and inter-agency staffings. Video conferencing capability has expanded to all parole regions in the state and has helped youth stay in more frequent contact with supportive family and community members. Additionally, family members often participate by phone in youths' monthly treatment team meetings. DYS has trained JPOs to conduct family coaching sessions, and continues to contract with monitoring team member Shay Bilchik to enhance JPOs' family engagement efforts. The agency also adopted a Family Finder tool that has vastly increased the agency's ability to identify family members who may serve as post-release placement alternatives for youth, or as supportive individuals to help youth transition back into the community.⁶⁴

⁶³ Orlando Martinez, CJCF & SJCF site visit report (Jan. 2013), pp. 2, 4; Orlando Martinez & David Roush, IRJCF site visit report (Aug. 2012), pp. 9, 14, 18, 24-26; Orlando Martinez & David Roush, CHJCF site visit report (Aug. 2012), pp. 13, 21; Orlando Martinez & David Roush, CJCF site visit report (Feb. 2012), p. 11; Orlando Martinez & David Roush, SJCF site visit report (Jan. 2012), p. 8.

⁶⁴ Shay Bilchik, Regionalization and Reentry Monitoring Report (Jan. 2012), p. 5; Shay Bilchik, Regionalization and Reentry Monitoring Report (Dec. 2012), pp. 7-9; *see also* Orlando Martinez & David Roush, CHJCF site visit report (Aug. 2012), p. 13; Vera Institute of Justice, Tools and Methods Used by the Family Justice Program, *available at* <http://www.vera.org/centers/family-justice-program/tools-and-methods-used-family-justice-program>; Vera Institute of Justice, Issue Brief, The Impact of Family Visitation on Incarcerated Youth's Behavior and School

Video segment: [Click here](#) to hear from youth about improvements in family engagement.

Mental Health and Psychiatry Services

Conditions in 2007. The 2007 investigation found that DYS facilities lacked even rudimentary mental health care and basic rehabilitation efforts. In most major areas of mental health service delivery, DYS lacked adequate policies and protocols. The agency had no core curriculum, no special training for clinical staff, and no unifying model of psychotherapeutic intervention. Mental health services were profoundly understaffed given the prevalence and severity of mental health disorders present in the youth population. Staffing levels did not permit opportunities for adequate assessment or regular group and individual therapy because of the frequency and urgency of crisis interventions. Mental health needs went largely undiagnosed and untreated, and related risks (preventable deterioration, self-harm, etc.) increased due to the understaffing. The investigation found virtually no proactive mental health services. Treatment was essentially “on demand” through verbalizing intent to harm oneself or actually engaging in self-injurious behavior. Youth used the threat of suicide simply to get an opportunity to speak with a psychologist, and the relatively few clinical staff members spent most of their time responding to crises.⁶⁵

Access to inpatient psychiatric care was not available for youth under the age of 18, meaning those who experienced acute psychiatric symptoms were managed in DYS facilities rather than in the hospital. In the facilities, youth remained on suicide watch for unreasonably long periods of time (weeks or months) without clear behavioral plans to intensify or modify treatment interventions in order to get them off watch and back to routine activities. The agency’s intensive Mental Health Units were little more than housing units. There was essentially no mental health program above that available to any other youth housed in the general population. Staff on those specialty units had no additional mental health training, and services for those with the most serious levels of mental health need were grossly inadequate.⁶⁶

Staff members of the various disciplines (social work, psychology, psychiatry) did not function as a team or provide consistent direction for youth treatment. There was no single mental health clinical treatment plan. Fragmented documentation and communication impeded the sharing of information needed to address youths’ symptoms and behaviors. Psychiatric services were extremely limited and did not include much more than medication monitoring every 30 days. Youth were subjected to inappropriate and harmful punishments for behaviors driven by mental health disorders. Special Management Plans for youth exhibiting disruptive behavior were not developed or approved by clinical staff, and involved excessive seclusion. The plans provided no defined goals that the youth should

Performance: Findings from the Families as Partners Project (Apr. 2013), *available at* <http://www.vera.org/pubs/impact-of-family-visitation-on-incarcerated-youth>.

⁶⁵ Fred Cohen, Final Fact-Finding Report, *S.H. v. Stickrath* (Jan. 2008), pp. 44-45, 47-52, 54, 58-59, 61, 64, 66-68, 74, 76, 84, 97-99, 152, 155-156.

⁶⁶ *Id.*, at pp. 50, 52, 55, 57-58, 62, 65, 76, 83.

work toward, or acceptable behaviors the youth should engage in as alternatives to disruptive behaviors. The quality of mental health care and psychiatry was not monitored internally. DYS did not have the capacity to identify and address problems with service delivery in a systematic manner, nor did they assess the performance of clinical staff members.⁶⁷

Providing proactive rather than reactive mental health services. Since 2007, DYS has drafted and revised a comprehensive set of policies and procedures governing mental health and psychiatry services. The reduced youth population and increased clinical staffing has allowed for more than adequate behavioral health coverage. Clinical staff-to-youth ratios at the remaining DYS facilities range from 1:9 to 1:11. Clinical staff also work evenings and weekends, and psychologists are available after hours when necessary. Social workers, psychologists, occupational therapists, and psychiatric nurses now work as an integrated behavioral health team at each facility. Both social workers and psychologists work out of offices on the housing units, which has dramatically increased youths' access to treatment providers. Youth are also now thoroughly screened and assessed at intake for treatment needs related to mental health and trauma symptoms. An individualized treatment plan is developed for each youth in DYS custody, and clinical staff meet monthly with Unit Managers, direct care staff, and the youth to review the youth's progress in meeting treatment goals. The agency has also increased efforts to involve family members and other staff disciplines (medical, education, recreation) in these treatment team meetings. Clinical staff and direct care staff now engage youth in group sessions nearly every day (cognitive behavioral therapy, substance abuse treatment, sexual behavior treatment, occupational therapy, victim awareness, managing anger and violence, etc.), and have improved over time in their group facilitation skills. Social workers, psychologists, and psychiatrists also meet individually with youth as needed.⁶⁸

Improved care for youth with the most serious mental health symptoms. DYS adopted appropriate suicide prevention policies and practices, and developed a plan to conduct relevant quality assurance monitoring and data analysis around suicidal incidents. The Mental Health Units now provide intensive treatment services for youth according to a well-articulated trauma informed program. The roles and responsibilities of direct care staff and clinical staff are clearly defined, and all staff working on these units as well as the Life Skills Units (for youth with developmental disabilities) receive additional training to work with these special needs populations. The program includes meaningful leadership roles for youth, including the opportunity to serve as peer mentors. The efforts of staff and administrators overseeing services on the Mental Health and Life Skills Units have resulted in fewer fights and assaults, and dramatically less disciplinary seclusion. Youth on these specialty units also show improvement in symptoms related to trauma and depression, as measured by pre- and post-tests on various assessment tools. Any youth needing inpatient psychiatric care can now be hospitalized and

⁶⁷ *Id.*, at pp. 29, 31, 45, 53, 61, 66-67, 74-75, 78, 153.

⁶⁸ Andi Weisman, CJCF site visit report (Jan. 2013), pp. 2, 4; Andi Weisman, SJCF site visit report (Jan. 2013), pp. 14, 18; Daphne Glindmeyer, Monitor's Fourth Report, Addendum – Mental Health Provisions, *U.S. Department of Justice v. The State of Ohio* (June 2013), pp. 5, 7, 9, 11, 13-14, 18-22, 25 [hereinafter "Monitor's Fourth Report, Addendum"]; Andi Weisman, CHJCF & IRJCF site visit report (Sept. 2012), pp. 26-27, 32, 36, 43, 45-46.

treated for acute symptoms, and DYS is exploring alternative placement options for youth who need long-term residential treatment.⁶⁹

Treatment-based interventions for youth with disruptive behavior. Having determined that the use of seclusion as a disciplinary sanction was ineffective and harmful to both youth and staff, DYS created a more intensive clinical process for youth who engage in acts of violence (AOVs). In collaboration with the subject matter experts and other stakeholders, DYS committed to two essential clinical requirements following AOVs. The first was a review and potential revision of the individual treatment plan following each AOV. The second requirement was a formalized process to address the mental health needs of youth who engage in repeated AOVs. Within DYS secure facilities for boys, youth who engage in repeated AOVs are managed by Special Review Teams (SRTs) consisting of the youth, his primary clinician, Unit Manager, and social worker. The purpose of the SRT is to identify the causes and functions of the AOVs, to prescribe more intensive interventions aimed at addressing the root causes of the behavior, and to recommend updates to the Individualized Treatment Plan (ISP). The SRT meets with the youth until his challenges have been resolved.⁷⁰

The girls' contract facilities are not enjoined in the lawsuit and their practices and documentation are not obligated to mirror the processes in place in facilities operated by DYS. However the subject matter experts' review of practice and documentation for the contract facilities makes clear that they are all functionally equivalent to what is provided within DYS. The partnership DYS has established with the girls' contract programs is exemplary. Girls are now served in softer, more resource-rich environments. The collaboration among the facilities and with the Department's central office has led to robust clinical oversight of the treatment girls are receiving.⁷¹

Improved psychiatry services. Psychiatrists in DYS facilities conduct extensive reviews of available clinical information in preparation for psychiatry clinic. They meet regularly with youth who are treated with psychotropic medications and monitor for treatment efficacy and side effects. The clinicians appropriately document the plan and rationale for treatment interventions. Youth who require treatment with psychotropic medications are identified, with medications prescribed as necessary. Medication regimens are appropriate and do not include excessive dosing or polypharmacy. The psychiatrists are supported by psychiatric nurses at each facility who assist with the informed consent process, and who conduct chronic care monitoring (weight, body mass index, vital signs, lab results, etc.) for prescribed psychotropic medications.⁷²

⁶⁹ Daphne Glindmeyer, CJCF site visit report (Jan. 2013), p. 5; Daphne Glindmeyer, Monitor's Fourth Report, Addendum (June 2013), p. 7; Andi Weisman, CHJCF & IRJCF sit visit report (Sept. 2012), pp. 16, 18-21, 28, 34; Daphne Glindmeyer, Report on DYS Compliance with Psychiatry Provisions of *S.H.* Consent Order (Dec. 2013), pp. 4, 6.

⁷⁰ Kelly Dedel, et al., Monitors' 6-Month Report on Compliance with The Grid (June 2015).

⁷¹ Kelly Dedel, et al., Monitors' Review of DYS' Contracted Programs for Girls (Nov. 2015).

⁷² Daphne Glindmeyer, CJCF site visit report (Jan. 2013), pp. 1-3, 6, 9-10, 13; Daphne Glindmeyer, IRJCF site visit report (Sept. 2012), pp. 1-4, 6-7, 10; Daphne Glindmeyer, Monitor's Fourth Report, Addendum (June 2013), p. 32; Daphne Glindmeyer, Report on DYS Compliance with Psychiatry Provisions of *S.H.* Consent Order (Dec. 2013), p. 8 (revised Jan. 2014).

Quality assurance monitoring and peer review. DYS has improved its internal quality assurance monitoring since the 2007 fact-finding investigation. Supervisors now observe behavioral health staff leading group sessions and conducting treatment team meetings. They provide feedback based on their observations and reviews of clinical documentation. Psychologists now conduct peer review for one another, and DYS's administrative psychiatrist conducts peer review for facility psychiatrists. DYS has used this quality assurance monitoring and peer review system to place clinical staff on Performance Improvement Plans and to terminate staff when appropriate.⁷³

DYS is now able to identify and respond to issues within the system, determining whether additional staff training, alterations to policy, or increased clinical supervision for a provider is necessary. Their quality assurance monitoring creates a structure to assure and maintain the clinical quality of mental health services provided to the youth in their care, and has been expanded to include reviews of the mental health treatment provided to girls in contract facilities. The contract facilities have been open to the quality assurance monitoring by DYS and receptive to technical assistance when necessary. Their collaborative relationship has been evidenced by improvements in documentation of the treatment occurring at contract facilities. Mental health services for girls in the contracted facilities are commensurate with those services provided to boys in DYS facilities.⁷⁴

More continuity of care for youth returning home. For youth returning to their home communities, DYS now provides documentation summarizing their diagnoses, course of treatment while in custody, medications and dosages, and any notes on need for follow-up treatment in the community. Youth return home with a 30-day supply of medications, and are now presumptively eligible for Medicaid coverage, because of a policy change recommended by Ohio's Interagency Task Force on Mental Health and Juvenile Justice. This change in state Medicaid law has helped countless youth overcome financial barriers to treatment upon reentry, which in turn has contributed to lower recidivism rates.⁷⁵

Video segment: [Click here](#) to hear from youth about improvement in mental health services.

Release from Secure Custody

Release practices in 2007. Youth and staff in 2007 expressed confusion and exasperation over the release decision process. Decisions made by the Release Authority were inconsistent with one another. They were made without clear-cut criteria for releasing youth back to their communities or extending their stays in DYS custody. The fact that youth did not know when they were going home or how that decision was being made undermined the effectiveness of DYS's behavioral incentive system and rehabilitative efforts. Youth stays were also extended because of factors beyond their control, like

⁷³ Andi Weisman, SJCF site visit report (Jan. 2013), pp. 17-18; Andi Weisman, CHJCF & IRJCF site visit report (Sept. 2012), pp. 48-50; Daphne Glindmeyer, CJCF site visit report (Jan. 2013), p. 15; Daphne Glindmeyer, Report on DYS Compliance with Psychiatry Provisions of S.H. Consent Order (Dec. 2013), p. 3 (revised Jan. 2014).

⁷⁴ Kelly Dedel, et al., Monitors' Review of DYS' Contracted Programs for Girls (Nov. 2015).

⁷⁵ Daphne Glindmeyer, Monitor's Fourth Report, Addendum (June 2013), p. 43; Ohio Interagency Task Force on Mental Health and Juvenile Justice, Report and Recommendations (Sept. 2012), p. 8.

delays in programming or staff members' failure to complete paperwork. Extensions like these made the release process seem not only arbitrary, but unfair.⁷⁶

Clear-cut criteria for denying release. DYS developed a Standard Operating Procedure that directs the Release Authority to release youth at their minimum sentence or parole eligibility date unless the panel members determine that one or more barriers to release exist. The procedure narrowly defines three specific barriers. Youth may be denied release when a clinical assessment and risk assessment provide sufficient evidence that the youth, if released, will present a risk to public safety. They may be denied release if they have recently engaged in serious (usually violent) rule violations in the institution. And they may be denied release if they have not completed necessary treatment. This third barrier may only be applied if the treatment is known to be effective, is available in the institution, and cannot be provided safely in the community. For situations that do not fit into one of the defined barriers, but that do warrant denial of release (for example, an alleged assault on a staff member without sufficient time to investigate before a youth's release date), the procedure allows for the rare use of administrative overrides. Some problems persisted with implementation of this release procedure into 2011. For example, the Release Authority continued to deny release without sufficient facts to support any of the defined barriers, or concluded that there was a treatment barrier to release even though alternative treatment was available in the community. These problems have since been corrected, and the Release Authority now consistently follows the Standard Operating Procedure. Barriers to release are invoked sparingly, and each quarter between 70 and 90 percent of youth reviewed are released on their minimum sentence expiration date. Both youth and staff now increasingly report that the release process is fair and consistent. Youth also have a meaningful process now to appeal denials of release.⁷⁷

Conducting internal quality assurance monitoring. DYS collects and analyzes a significant amount of data related to the activities of the Release Authority. This monitoring ensures that release plans are developed in a timely manner, that release reviews are timely and follow procedural requirements, that youth and their family members are present for reviews, and that the panel complies with the rules regarding release denials. Decisions of the Release Authority are monitored monthly to identify and correct problems with individual panel members and to address systemic issues. Panel members have received training on communicating with youth who have mental health disorders. DYS facilities and the youth's treatment team are assessed for their compliance with procedures, their assistance to youth during release reviews, and the quality of their documentation. DYS also monitors treatment teams to ensure that they offer youth assistance with appeals.⁷⁸

⁷⁶ Fred Cohen, Final Fact-Finding Report, *S.H. v. Stickrath* (Jan. 2008), pp. 19-20, 98, 174-176, 178-179, 183.

⁷⁷ Vince Nathan, First Report on Requirements Relating to the Release Authority (June 2011), pp. 17-18, 22-23, 28, 40, 55; Vince Nathan, Supplemental Report on Requirements Relating to the Release Authority (Aug. 2011), pp. 2, 6; Vince Nathan, Third Report on Requirements Relating to the Release Authority (Jan. 2013), pp. 4-5, 8-12, 16-17; ODYS Standard Operating Procedure 704.01.04.

⁷⁸ Vince Nathan, Report on the Quality Assurance Plan for the Release Authority (Apr. 2013), pp. 3-4; ODYS Release Authority Quality Assurance Plan Narrative (Apr. 2013), pp. 1-4.

Reducing the Incarcerated Population

Downsizing the juvenile prison system by increasing effective local alternatives. Drawing significant national attention for its efforts, Ohio safely downsized its juvenile prison population from over 2000 youth several years ago to less than 500 today. DYS partnered with juvenile courts throughout the state to increase the capacity at the county level to effectively supervise and serve youth. The project expanded the availability of local treatment options (residential and non-residential) and the use of small (12-24 bed) community-based facilities. The state provided counties with financial incentives to use those dispositional alternatives rather than commit youth to state-run correctional facilities. This initiative, called RECLAIM Ohio, was bolstered by the Targeted RECLAIM initiative, which expanded evidence-based disposition alternatives in the state's six largest counties. Targeted RECLAIM has been extremely successful, and has since been broadened to include an additional eight counties. DYS also partnered with the largest counties on a similar project – the Behavioral Health / Juvenile Justice Initiative – focused on increasing local mental health resources for youth whose involvement in the juvenile justice system stems from underlying mental health disorders. This initiative has recently been expanded to six additional counties. Ohio's downsizing efforts have succeeded in large part due to extensive advanced planning between DYS and local courts, a level of collaboration which is unique among states with bifurcated (local and state) juvenile justice authority.⁷⁹

Risk assessment tools used to inform placement decisions. DYS and the University of Cincinnati developed and implemented a risk assessment tool (the Ohio Youth Assessment System) state-wide, dividing youth into low-, moderate-, and high-risk categories. Tracking outcomes for each category of youth, DYS and its partners found that placement in secure facilities increased recidivism rates for low- and moderate-risk youth. These youth reoffended at far lower rates when they were served in evidence-based community alternatives. Armed with this data, juvenile justice practitioners in Ohio have been better able to push for deinstitutionalization of low- and moderate-risk youth as a public safety measure.⁸⁰

JDAI and DMC initiatives. DYS has provided support to five of the state's biggest counties as they have become involved in the Juvenile Detention Alternatives Initiative (JDAI). The JDAI methodology has been proven to reduce the unnecessary detention of youth without increasing pre-trial offending, and has also helped reduce commitments to DYS facilities. Additionally, with the support of federal funding, DYS joined forces with 24 county courts to address the over-representation of minority youth in the state's juvenile justice system. Working in concert with the Ohio State University, DYS assisted with the planning and implementation of strategies to reduce disproportionate minority confinement

⁷⁹ Shay Bilchik, Report on Stipulations 13, 14, and 15 of the *S.H.* Stipulation (May 2011), pp. 1-3, 6; Shay Bilchik, Regionalization and Reentry Monitoring Report (Jan. 2012), pp. 2, 4; Shay Bilchik, Regionalization and Reentry Monitoring Report (Dec. 2012), pp. 2-4, 13; Ohio Department of Youth Services, Message from Director Harvey Reed (Jan. 22, 2014).

⁸⁰ See Comments of Ed Latessa, Director of the University of Cincinnati School of Criminal Justice, at the DYS Annual Stakeholder Retreat (Sept. 25, 2013); Ed Latessa, et al., The Ohio Youth Assessment System, Final Report (July 2009), available at http://www.uc.edu/content/dam/uc/ccjr/docs/reports/project_reports/OYAS_final_report.pdf.

(DMC). Independent evaluations confirm that these projects have been effective at reducing disparities, diverting youth away from the juvenile justice system, and lowering rates of re-offending.⁸¹

Improvements to parole and reentry efforts. In response to data analyses showing that low- and moderate-risk youth were not benefitting from lengthy periods of parole, DYS shortened parole terms. This left the agency adequate time to help youth transition back to the community, while not keeping youth on parole for such long periods that they would likely incur technical violations. This change, plus the reduced facility population, has led to a decline in Juvenile Parole Officer (JPO) caseloads. DYS continues to contract with subject matter expert Shay Bilchik to ensure that with these smaller caseloads, JPOs engage more productively with youth and their families before and after release, spend more time in joint case management with facility staff, and partner with community resources to improve reentry services.⁸²

Dramatically improved outcomes and cost savings. Formal program evaluations found that youth who were diverted away from state-run juvenile facilities had lower recidivism rates, less school interruption, more family engagement in treatment, and better behavioral health outcomes. Numerous *S.H.* monitoring reports support the assertion that the lower institutional population has helped to decrease violence in the facilities. One cost-benefit analysis found that every dollar spent on RECLAIM Ohio saved the state between \$11 and \$45 in confinement and recidivism costs (depending on youth risk levels). Additionally, the closure of five state-operated facilities saves the state millions of dollars each year in operational costs.⁸³

Additional Accomplishments

Despite its length, this report cannot and has not captured all of the Department's accomplishments during the last eight years. Whether outside the scope of monitoring, or occurring after the termination of monitoring in a particular subject area, these additional accomplishments are part of the Department's culture, operations, and legacy, and are worthy of special mention. They include: providing apprenticeships that combine work-based learning with related classroom instruction, as well as other advancements in educational and employment programs;⁸⁴ establishing the Office of

⁸¹ Shay Bilchik, Report on Stipulations 13, 14, and 15 of the *S.H.* Stipulation (May 2011), p. 5; Shay Bilchik, Regionalization and Reentry Monitoring Report (Dec. 2012), pp. 15-16.

⁸² Shay Bilchik, Report on Stipulations 13, 14, and 15 of the *S.H.* Stipulation (May 2011), p. 3; Shay Bilchik, Regionalization and Reentry Monitoring Report (Dec. 2012), pp. 9-10.

⁸³ See Shay Bilchik, Report on Stipulations 13, 14, and 15 of the *S.H.* Stipulation (May 2011), p. 2; Shay Bilchik, Regionalization and Reentry Monitoring Report (Dec. 2012), p. 3; Ohio Department of Youth Services, Targeted RECLAIM, available at <http://www.dys.ohio.gov/dnn/Community/TargetedRECLAIM/tabid/211/Default.aspx>.

⁸⁴ See Ohio Department of Youth Services Fiscal Year 2015 Annual Report, available at <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=F%2bdUC7lbbw%3d&tabid=102&mid=544>; Ohio Department of Youth Services, Message from DYS Director Harvey Reed, *Apprenticeships Prepare Youth for Workforce* (Nov. 2015), available at <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=pFVSDI%2bySgE%3d&tabid=176&mid=897>.

Quality Assurance & Improvement to increase accountability and improve processes and outcomes;⁸⁵ adopting the performance-driven grant program, Competitive RECLAIM, to incentivize local communities in Ohio to develop evidence-based services to meet the needs of youth and their families;⁸⁶ expanding the Juvenile Detention Alternatives Initiative to additional counties to create alternatives to the use of secure detention and reduce the disproportionate confinement of youth of color;⁸⁷ implementing the Baby Elmo Visitation Program to help youth who have children of their own build relationships with, and learn to care for, those children;⁸⁸ participating in new violence prevention efforts, including the 40-day Power of Peace Project;⁸⁹ creating virtual tour videos to allow youth and families to see facilities prior to a youth's arrival, and expanding efforts to encourage family involvement in youth's treatment and programming;⁹⁰ establishing core values for the Department through a series of town hall meetings with Department staff on all shifts;⁹¹ and many more.

Conclusion

The State of Ohio has accomplished a transformational change in the culture and daily operations of their juvenile corrections system. The toxic conditions that once existed in DYS facilities are not uncommon in juvenile corrections systems across the country. But they should be. This model system – the Ohio Model – came about because state leaders and stakeholders committed to reinventing a system based on the best research and practices in the field. The Department's administration and line staff could have become trapped in the whirlpool of fears about abandoning old practices, particularly the use of disciplinary seclusion and notions about punishing juvenile offenders. Instead they demonstrated courage, resolve, and compassion to create a more humane and safe environment for both youth and staff. Furthermore, the monitoring model that offered up technical assistance from national experts opened up the possibility of tracking progress and outcomes across a variety of measures. As the Court withdraws its oversight, the Department is well equipped to monitor itself through quality assurance processes and to work with

⁸⁵ See Ohio Department of Youth Services Fiscal Year 2014 Annual Report, *available at* <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=RcOcYya1FM8%3d&tabid=102&mid=544>; Department of Youth Services Office of Quality Assurance and Improvement, <http://www.dys.ohio.gov/dnn/InsideDYS/OfficeofQualityAssuranceandImprovement/tabid/219/Default.aspx>.

⁸⁶ See Ohio Department of Youth Services, Director's Monthly Brief (Feb. 2015), *available at* <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=QRzTgx6ignw%3d&tabid=80&mid=540>.

⁸⁷ See Ohio Department of Youth Services, Director's Monthly Brief, *Juvenile Detention Alternatives Initiative Expands* (Mar. 2014), *available at* <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=1UeYmDu7zkQ%3d&tabid=80&mid=540>.

⁸⁸ See Incarcerated Fathers Learn How To Be Better Parents, WKYC (June 2015), *available at* <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=s9Va3pukgYQ%3d&tabid=78&mid=542>.

⁸⁹ See Ohio Department of Youth Services, Director's Monthly Brief, *Teaching Youth to Pursue Peace* (Apr. 2015), *available at* <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=o9YKpfBH1L0%3d&tabid=80&mid=540>.

⁹⁰ See Ohio Department of Youth Services, Message from DYS Director Harvey Reed, *Virtual Tour of DYS Facilities* (Nov. 12, 2014), *available at* <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=WJhHYwlpL8c%3d&tabid=176&mid=897>.

⁹¹ See Ohio Department of Youth Services, Director's Monthly Brief, *Rising to the Next Level with DYS Core Values* (May 2015), *available at* <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=eTwHNJRJ0Mo%3d&tabid=80&mid=540>.

stakeholders, youths' families, and advocates to continually improve. Ohio is now a model not just for other states facing litigation, but for all jurisdictions examining the best practices in the field of juvenile corrections.

To those who have put years of hard work into these systemic reforms, we applaud you. You've accomplished an immense change. Sustaining this change – this legacy – will require your ongoing commitment. We know you take great pride in this work. On behalf of the Court, we take great pride in this work too. Thank you and congratulations.