Introduction

The Voices for Ohio’s Children Juvenile Justice Initiative (JJI) is dedicated to improving the juvenile justice system in Ohio. The JJI is comprised of a broad-based group of individuals and organizations from Ohio committed to advocating for transformation of Ohio’s juvenile justice system. As part of this effort, JJI recognizes the importance of articulating its vision of an effective juvenile justice system. Because the Ohio Department of Youth Services (ODYS) is responsible for the care and custody of the most serious youth in the juvenile justice system statewide, and reducing institutionalization through the expansion of effective community-based alternatives is a top priority of the JJI, this framework is focused on this target population of adjudicated youth. The following document reflects the process, rationale, and recommendations for a model ODYS care continuum.

Background & Methodology

A “model juvenile justice system” has as a “consistent set of goals, characteristics, practices, and specific outcomes that follow from certain broadly accepted core values relating to youth.” According to national experts and research, such a system is committed to the following key principles: (1) Fundamental fairness; (2) Individual, community and system accountability; and (3) Recognition of young people’s individuality and potential. These principles are further articulated in the nine tenets of the Blueprint for Juvenile Justice Reform adopted by JJI.

The JJI identified a subset of workgroup members to research and develop a draft framework of guiding principles and core attributes for an effective care continuum for youth adjudicated delinquent and committed to ODYS. Each of the participating workgroup members had visited at least one, if not several, existing ODYS state facilities over the last year. The group chose to tour and meet at the Lighthouse Youth Center – Paint Creek in order to gain a better understanding of how best practices might most realistically be implemented in a juvenile “correctional” setting.

To be clear, the workgroup deliberately focused on the deep-end part of the juvenile justice system—not the entire JJ continuum (i.e. from point of arrest, diversion, detention, court, disposition, probation/parole, re-entry, etc.)—and the group did so with an understanding that a fundamental objective must be to avoid or mitigate youth involvement in the juvenile justice system overall. Diverting inappropriately placed youth from the system is paramount.

Using the key principles and nine tenets discussed above as guides, together with other research regarding fundamental characteristics of an effective juvenile justice system, the workgroup met to discuss how these principles, and best practice experiences from Paint Creek and other juvenile facilities, should inform JJI’s vision for a reformed system of care (care continuum) for youth committed to ODYS.

Attributes of a Model ODYS Care Consortium

At the outset, it should be noted that this care continuum implicitly, and where appropriate explicitly, embodies the principles of restorative justice and fairness for all youth. Central to the practice of restorative justice is a conception of crime as harm to the community. Restorative practices go beyond accountability and restitution by actively seeking ways to assist juveniles to build the competencies that will help them develop into responsible, contributing members of the community. The goals of restorative justice balance the concerns of the victim, offender, and community by holding the youth...
In January 2008, independent fact finder Fred Cohen issued an investigative report sustaining the complaints of a broad class action suit against Ohio’s Department of Youth Services (ODYS). In short, the Cohen report found ODYS facilities to be “overcrowded, understaffed and underserved,” with grave misuse of excessive force and isolation.

In a balanced and restorative system, all young people should be treated fairly and equitably for delinquent acts and should have equal access to culturally appropriate services to meet their needs and to prevent future harm.

The following is a proposed list of characteristics identified as essential to achieving an effective ODYS continuum of care.

- **Accountability** of public and private systems – which includes transparency between those responsible for oversight of youth safety and care and the courts, community, policymakers, advocates, lawyers, and other affected stakeholders.

- **Qualified staff** – which includes hiring, training, and ongoing management of personnel to build adolescent development expertise, cultural competence, and a genuine sense of caring and concern for the youth. Quality programming depends on the recruitment and retention of quality staff.

- **Safe environment** – physical and emotional safety—for both youth and staff—is paramount; without feeling safe, no youth can learn to change their behavior.

- An **overarching comprehensive system** that includes community interventions, residential placement, and secure care, through a mixture of contracting and direct services, with opportunities to step down—or up—as appropriate in a continuum of care for each youth. Such a system should capitalize on the capacity of non-profit agencies to secure other sources of funding (i.e., Medicaid and Title IV-E) to complement state funding for the delivery of services. With strong quality assurance systems in place, the state can extend its capacity to effectively serve youth through well-managed contractual relationships with private agencies. In addition, use of community resources within facilities should be maximized.

- **Smaller regional facilities** for residential and/or secure placement located in proximity to centers of population (with approximately 30, and no more than 60, youth per facility), with a network of small, secure backup facilities for short-term, intensive programming and re-evaluation of the appropriateness of placement for non-engaging youth. Ideally, classification efforts would ensure that youth are placed in a regional facility located no more than 100 miles from their families, in order to encourage family visits and other forms of engagement.

- **Effective and consistent admissions and screening, and ongoing assessments** to ensure: youth are diverted to the least-restrictive environment where appropriate; the needs of those remaining match the program; and, that the use of secure care is limited to only serious and violent youth.

- **Engagement of families**—or some “lifetime adult”—at all levels of intervention. Such engagement requires a commitment by the agency/facility to actively involve families and maintain ongoing, family-friendly, and open communications regarding a youth throughout the stay. This also includes a family-centered philosophy for youth offenders who are themselves parents and seek to be a caregiver in their child’s life.

- **Appropriate discipline and intervention strategies** with graduated levels of response and accountability.
within a restorative justice framework, incorporating verbal de-escalation and conflict resolution techniques, trauma-informed care, and principles of adolescent development. Seclusion and restraint replaced with monitored time-outs and “handle with care” techniques.

- **Quality behavioral health treatment** that incorporate appropriate professional standards of care and, if not evidence-based and/or best practices, include an evaluation and research component to measure outcomes and demonstrate effectiveness. Research and reporting outcomes should include quality control measures that are translated to the public and used to engage “outsiders.”

- **Individualized, dynamic treatment planning** and programming informed by principles of adolescent development and facilitated through active youth involvement (where youth truly “own” their plans and revise as needed).

- **Application of skill-building in daily living activities with therapeutic milieu** – treatment happens everywhere with all staff (youth workers, administrators, cooks, janitors, etc.) trained and invested in positive outcomes for each youth.

- **Appropriate education** with opportunities for continued education and/or vocational training. Educational component designed with appropriate assessments at intake and opportunities to advance students at their own pace, consistent with special educational needs and protections.

- **Strong re-entry efforts**, facilitated by a fair and effective release process, which begins at the time of admission and consists of a wrap-around case management function and includes residential options for kids who cannot return home to their families.

- **Access to competent and committed advocates/lawyers** and an effective grievance and monitoring process that youth can access confidentially with any questions or concerns about their case and/or placement.

- **Systemic flexibility** – a system that is able to adapt to new, proven, and effective programming in treatment and/or changing demographics in the population.

- **Shared responsibilities through collaborative partnerships** with state agencies—in particular the Department of Mental Health, the Department of Alcohol and Drug Addiction Services, the Department of Mental Retardation and Developmental Disabilities, and the Department of Job and Family Services—to address specific challenges of severely mentally ill youth and mentally retarded or developmentally disabled youth in ODYS. If such a need is demonstrated, the appropriate state agency should take the lead in coordinating an appropriate intervention with ODYS as a partner.

---

**Conclusion**

In order to achieve this vision for an effective ODYS care continuum, commitment from policy-makers at all levels of government, coupled with adequate funding for transforming the system, is key. A strategy for adequate funding consists of several elements, including: initial up-front dollars to support “bridging” from the current system into a transformed system; a planned, phased-in approach to reallocation of existing funds from large, institutional facilities to this model continuum of care; and a reinvestment strategy that ensures cost-savings realized through the transformation are reinvested into delinquency prevention and diversion efforts.
Voices for Ohio's Children is the non-partisan voice of Ohio's nearly 3 million children. With more than 100 collaborative partners, we impact changes in public policy that improve the health, safety, education, family stability and childcare of all Ohio children and their families.

ENDNOTES

i See the “Voices for Ohio’s Children Juvenile Justice Initiative” sign-on statement of support for a more detailed description of the JJI and its priorities and activities.


iii Ibid.

iv Blueprint for Juvenile Justice Reform, Youth Transition Funders Group (2005), presenting nine tenets.

v This memorandum is based on a 9/10/07 Paint Creek visit and brainstorm with: Amy Borror, Linda Julian, Renee Hagan, Bob Mecum and Gabriella Celeste; it was subsequently revised and adopted by the JJI Steering Committee on 11/8/07 and shared with the entire JJI membership for review and approval.

vi For more information, go to http://ojjdp.ncjrs.org/PUBS/implementing/contents.html for a sample guideline to implementation of the balanced and restorative justice model. For a faith-based example of restorative practices, see http://www.restorejustice.com/index.php.

vii Note of caution: step up should not be used as punishment for non-engagement, but instead for a removal and time-out period in order to re-evaluate the initial placement and determine its appropriateness in light of any youth-specific issues. A youth, for example, may not be able to engage in the program because of an undiagnosed or misdiagnosed mental illness or disability that was not readily apparent when he was first placed in the program.