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**FOR IMMEDIATE RELEASE**

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**METRO EAST HUMAN RIGHTS AUTHORITY  
REPORT OF FINDINGS  
HRA CASE # 15-070-9024  
MADISON COUNTY JUVENILE DETENTION CENTER**

**INTRODUCTION**

The Metro East Regional Human Rights Authority (HRA) has concluded its investigation of a complaint involving the Madison County Juvenile Detention Center (Center). The Center is a Division of the Madison County Probation Department; the Illinois Department of Corrections licenses the Center, and Juvenile Justice Standards are followed. The Center is located in Edwardsville, Illinois, and houses both male and female juveniles, ages 10-18, who have been charged with a crime in Juvenile Court, typically a felony. The maximum amount of juvenile detainees is 35, although this number is often exceeded. The average length of stay is 22-28 days, and can be extended due to the seriousness of the crime and by the determination of the court. The catchment area for the center is Madison County and approximately 30 surrounding counties.

The allegation being investigated is: The facility violates the juvenile detainees' rights to receive mental health care when it denies certain types of mental health services. If substantiated, the allegation would represent violations of mandates (20 Ill. Admin. Code 2602) that govern juvenile detention homes.

**METHODOLOGY**

To pursue the investigation, an HRA team interviewed the Center's Superintendent during a site visit to the Center, toured the facility, and obtained and reviewed policies and procedures. The Superintendent also attended an HRA meeting, at which time he provided information about the Center and answered questions posed by the HRA team. Additionally, the HRA Coordinator reviewed the Information Handbook that is provided to each juvenile upon arrival at the Center, reviewed staff training logs and researched rules and regulations that govern Juvenile Detention Centers. The HRA Coordinator also interviewed a community mental health center's Director of Access and Clinical Manager regarding their 24-hour Cares Line and SASS (Screening and Assessment Supportive Services) program.

**FINDINGS**

The complaint alleges that juveniles detained at the Center are denied access to mental health services. Because a specific juvenile's name was not provided, the HRA elected to review the policies regarding access to mental health services while at the center.

According to the Illinois General Assembly, an estimated 70% of youth arrested in the United States have a mental health disorder which may, in many cases, contribute to the cause of their arrest or they may remain undiagnosed as they progress through the juvenile justice system.

Each juvenile booked into the Center is screened for mental health concerns via the Mental Health Juvenile Justice Screening form. This form, provided to the HRA, consists of a yes or no checklist of possible symptoms such as prior diagnosis of a mental illness, irritability, sleep difficulty, nightmares, rapid or pressured speech and inability to control self. The form states the following: "A 'yes' answer to any of the questions on the screening would suggest a referral to the Liaison for possible involvement in the Mental Health Juvenile Justice Initiative." According to the Illinois Department of Human Services' Division of Mental Health, "a range of services is available, depending on a person's needs. The care process generally begins with an assessment, followed by recommendations, treatment, and support."

The Center's policy L-400, Mental Health Care Program, states that "Mental Health Services are provided to youth in need of such services by licensed/mental health professionals....Mental Health Screenings and referrals are done by the physician; mental health services shall be provided by mental health professionals who meet educational and/or licensure/certification criteria specified by their professional disciplines. The following services shall be made available: review of admission screenings with mental health recommendations, review of data from staff observations, evaluation of individual interviews and tests to assess intellect and coping capabilities, and make recommendations regarding need for treatment, resources for treatment and/or transfer to a facility qualified to provide the required services."

The Center's policy 6-410, Counseling Services, states that "Juvenciles will receive counseling upon request and in response to observation of the need. Counseling is readily available in routine and emergency circumstances. Mental Health Counseling and crisis intervention services are available as is counseling and assistance for pregnant juveniles." The Superintendent told the HRA in an interview that counseling services can be initiated by the court, that a detainee can continue to receive the services that were being provided in the community and that community providers have access to the juveniles while they are in the Center. The Center's staff transport and accompany the juveniles to appointments in the community and if an emergency mental health need arises, the 24 hour SASS hotline is called. If the phone intake worker determines that a crisis screening is warranted, a licensed clinical social worker is sent out to the location of the person in crisis. According to the Clinical Manager at the community mental health center, a crisis screening is done at the Center approximately 12-15 times per year. The person in crisis is then eligible for 90 days of SASS services which include counseling and other support services. The community mental health center's Clinical Manager explained that she personally trains the Center staff on when to call the crisis line and educates the staff on mental health related topics. The HRA was provided with a mental health training schedule that details five trainings that were held in 2015 for the Center's staff that included speakers from the community mental health provider, a regional hospital and a center for Autism. The trainings included Mental Health Training, Mental Health Training (Suicide), SASS Training, Autism Training and Prescription Drug Training.

The Superintendent explained to the HRA that in accordance to the Center's Visitation Policy (which also aligns with the Illinois Administrative Code), no restrictions are placed on visits by attorneys, clergy, social workers, probation officers or other persons professionally associated with a juvenile.

## MANDATES/REGULATIONS

**Madison County Detention Home Policy on Mental Health Care, Number L-400 States the following about Mental Health evaluations and services:**

### ***Policy***

*Mental Health services are provided to youth in need of such services by licensed/certified mental health professionals.*

### ***Procedure***

- 1. *Screening Services:*** *Screening, care and/or referral for care of youth in need of mental health or mental retardation service will be provided. The screening and referral of youth will be done by the physician.*
- 2. *Mental Health Transfer:*** *Any youth whose condition is beyond the range of services available in this facility may be transferred to a specialized facility which may more effectively meet his/her needs.*
- 3. *Mental Health Services:*** *Mental Health services shall be provided by mental health professionals who meet educational and/or licensure/certification criteria specified by their professional disciplines. The following services shall be made available:*
  - A.** *Review of admission screenings with mental health recommendations.*
  - B.** *Review of data from staff observations*
  - C.** *Evaluation of individual interviews and tests to assess intellect and coping capabilities.*
  - D.** *Make recommendations regarding need for treatment, resources for treatment and/or transfer to a facility equipped to provide the required services.*
- 4. *Psychiatric Emergencies:*** *Evaluations shall be performed on youth when a youth exhibits behavior which may be suicidal or otherwise extremely inappropriate.*
  - A.** *Youth exhibiting suicidal behavior shall be placed on suicidal observation status and observed by at least one detention officer. The medical personnel or shift supervisor will notify administrators and the SASS Crisis Unit when a youth is placed on suicidal observation status. This watch shall be on a continuous basis until evaluation can be performed by the SASS Crisis Unit.*
    - 1.** *Youth exhibiting psychotic behavior shall be assessed by the SASS Crisis Unit.*
  - B.** *If a psychiatric emergency arises which is likely to require transfer to a facility for evaluation and/or treatment:*
    - 1.** *Youth is referred to the appropriate mental health professional for initial evaluation. In the event that further evaluation and/or treatment is required the youth will be transported to the appropriate facility.*

2. *The Probation Department in the county of venue (for out-of-the-county borders) should be notified in advance of the transfer of their youth to a mental health facility.*
3. *The medical staff shall prepare a medical consult to accompany the youth to the facility. The consult shall include:*
  - a. *Emergency date, time and nature*
  - b. *Description of the youth's behavior*
  - c. *C. youth's current medication(s)*
4. *A signed permission for treatment form will also accompany the youth to the facility.*
5. *In event youth is admitted to a facility, the court must be notified the next court day.*
6. *Youth with Mental Disabilities or Retardation*  
*In the event that a youth who requires special assistance (of the mental health variety), staff will make every effort to obtain related information from the referral source. The support services in place for other mental health emergencies are also available for assistance in the screening, care, and for any necessary referral for special care.*

**Madison County Detention Home Policy on Mental Health Care, Number L-400 States the following about counseling services:**

***Policy***

*Juveniles will receive counseling upon request and in response to observation of the need. Counseling is readily available in routine and emergency circumstances. Mental Health Counseling and crisis intervention services are available as is counseling and assistance for pregnant juveniles.*

***Procedure***

1. *Detention Officers and Supervisors*

*Detention officers and shift supervisors will make themselves available to discuss any matter of concern or question by juveniles at the earliest opportunity available, In addition, if staff become aware of circumstances that require counseling beyond their abilities, they will report that need to an Administrator as soon as is practical.*

2. *Mental Health Counseling*

*The Center contracts with a licensed therapist who provides group counseling sessions as well as individual counseling with juveniles whom the therapist identifies as in need or who request this service, or who are identified by detention staff as in need of these services.*

3. *Crisis Intervention*

*The Center contracts with Screening with Screening Assessment and Support Services for the services of their Crisis Unit. The Crisis Team will be summoned whenever there is a crisis which goes beyond the abilities of the present staff and*

*for which there needs to be an assessment done for possible hospitalization/psychiatric services. The Superintendent should be notified when the need arises to contact the SASS Crisis Unit to provide services to a youth.*

**4. Pregnant Juveniles**

*When there is a pregnant juvenile in detention, the nurse will provide them with counseling and educational instruction as to their pregnancy and related matters/concerns/options. No attempt or effort will be made to dissuade the juvenile from their chosen course in these matters, rather, the effort is toward helping the juvenile make informed decisions by providing or facilitating them receiving necessary information.*

*In addition, Planned Parenthood staff will be asked to counsel the juvenile in those cases that the nurse deems appropriate. The nurse may also choose to request services for the juvenile from the County Health Department, as needed.*

**The Illinois Administrative Code (20 Ill. Admin. Code 2602.50.) states the following about admission procedures at juvenile detention facilities:**

***Admission Procedures 2602.50.***

***a) Introduction***

*1) The legal authority for detention admissions is the juvenile court judge or his designated representative. A thoroughly planned and well-organized admission process is an indispensable prerequisite to good detention management.*

*2) Admission to a detention facility can be a traumatic experience. A feeling of abandonment is easily developed due to separation from home and familiar surroundings.*

***b) Minimum Standards***

***1) Posting of Rights***

*A Notice of Rights, in Spanish and English, available from the Bureau of Detention Standards and Services, shall be conspicuously posted in all areas, other than detention rooms, where youth are held in custody.*

***2) Legal Confinement Authority***

*The staff member accepting youth for detention must determine that each is being detained under proper legal authority.*

***3) Identity***

*Identity of the person being admitted must be verified.*

***4) Injuries***

*Any seriously injured, seriously ill or unconscious youth must not be admitted to the detention facility until a medical examination has been conducted by a licensed physician. A written record of diagnosis, treatment, and medication prescribed shall accompany the youth if detention admission approval prevails.*

***5) Parental Notification***

*Detention staff shall notify the parents, guardian or other responsible person of the youth's admission within one hour after arrival. Date and time of such call and name of person contacted shall be recorded...*

9) *Medical Screening*

*The admitting staff member shall observe the youth for any obvious injuries or illnesses requiring immediate emergency medical care, rashes, unusual cough, high temperature, body pests, and general mental status. The officer shall determine by questioning whether the youth has medical conditions such as dependence on drugs or alcohol, diabetes, epilepsy, past treatment for mental disorders or allergies; whether the youth is on medication; and if female, whether she is pregnant. The person performing the examination shall be trained to identify medical and mental problems.*

*A) The admitting staff member shall question the parents, guardian or other responsible person, at the time of the first visit, regarding the medical history of the youth.*

*B) Any youth showing signs of or reports physical or mental distress, drug or alcohol abuse shall be referred to health care personnel immediately.*

10) *Medication*

*Any medication in the possession of a youth at admission shall be labeled for identification and withheld until a medical doctor determines the disposition. This determination shall be made at the earliest possible time, but in no instance shall it exceed eight hours after admission or within the time interval specified for administration of the medication on the prescription container, whichever is less.*

11) *Face Sheet and Personal Record Information*

*A record for each youth shall be established at admission and maintained throughout the period of confinement. Such record shall include:*

*A) Name.*

*B) AKA and nicknames.*

*C) Address.*

*D) Age, date of birth, and sex.*

*E) Parents, guardian or responsible person to notify in case of emergency, including address and telephone number.*

*F) Physical description and characteristic marks.*

*G) Occupation.*

*H) Education level and name and address of school now attending.*

*I) Religion or religious affiliation.*

*J) Alleged charge.*

*K) Date and time of police custody.*

*L) Date and time of admission and authority.*

*M) Name and title of officers presenting and receiving youth, as well as law enforcement jurisdiction by name.*

*N) Name and telephone number of youth's attorney.*

*O) Dates of previous admissions and releases.*

*P) Legal status.*

*Q) Medical record of health and physical condition at admission; during confinement, including treatment and medication administered; and condition at discharge. Medical records shall be kept separately, subject to court order.*

**The Illinois Administrative Code (20 Ill. Admin. Code 2602.210 (b)) makes the following statement regarding counseling services:**

*Psychiatric, social services, and counseling services shall be provided, as required by a physician or mental health professional, in individual cases.*

**The Illinois Administrative Code (20 Ill. Admin. Code 2602.200.) states the following in regard to visitation at juvenile detention facilities:**

***Visiting 2602.200.***

*a) Introduction*

*Visits provide a direct and valuable link of communication between the youth and his family. The assurance of family ties is reinforced and relieves the feeling of loss and insecurity.*

*b) Minimum Standards*

*1) Visit Regulations*

*The superintendent shall establish written procedures relative to visits.*

*A) A liberal visiting schedule shall be established identifying no fewer than two visiting days each week, one of which must be during the weekday evening hours and one during the weekend. Additionally, visiting shall be allowed on all legal holidays.*

*B) No restriction shall be placed on visits by attorney, clergy, social workers, probation officers or other persons professionally associated with a youth's case at reasonable non-scheduled hours. These visits shall not count against any limitation which may be placed on the number of visits allowed.*

*C) Youth shall be authorized at least 30 minutes for each visit.*

*D) Visits shall be supervised only to the extent that privacy is assured.*

*2) Interviews*

*An area for private interviews between youth and attorney, religious advisor or other professional person shall be provided and arranged so as to ensure privacy...*

**CONCLUSION**

The allegation that the facility violates the juvenile detainees' rights to receive mental health care when it denies certain types of mental health services is **unsubstantiated**. Based on the information obtained in the policies, interviews, and the statutes, the HRA concludes that the policies are in compliance with the requirements of the mandates that govern juvenile detention homes.