



Background:

Youth in the juvenile justice system are a complex and high-risk population. These children often have a history of adverse childhood experiences and enter the system with unmet mental health, physical, and social needs. In addition, minority youth are over-represented in the United States juvenile justice system. Despite an overall decline in juvenile arrest and incarceration rates in Wisconsin, the number of youth of color - Black, Hispanic, and Native American in the system has significantly increased and is among the highest in the United States. Because of the known complex social and medical needs of this population and the disparities that exist between white and minority youth, juvenile justice facilities must be trauma informed, culturally competent, and work to address the root causes of delinquent behavior.

In 2018, the American Academy of Pediatrics (AAP) issued an updated policy statement describing standards for health care services based on the National Commission on Correction Health Care (NCCHC). The AAP recommendations include housing youth in facilities with developmentally appropriate programming, training staff to serve the unique needs of children, and addressing family and community factors associated with delinquency. The abuse and neglect at Lincoln Hills School for Boys and Copper Lake School for Girls is evidence that advocates for Wisconsin's youth need to collaborate to design a juvenile justice system that truly promotes rehabilitation.

The AAP statement discusses the importance of individual and family therapy services to assist with reducing recidivism. These services should include creating small facilities closer to youths' communities. In addition, the state of Wisconsin should support community efforts to explore potential local programs that will help to keep the youth and community safe.

While the AAP policy statement provides a comprehensive list of priorities for health care services, it does not offer specific recommendations about how the juvenile detention facility environment should be structured. One promising approach, The Missouri Model, illustrates a way for juvenile justice systems to address root causes of delinquent behavior that lead to long-lasting changes. The Missouri Model incorporates small programs close to home, humane environments, group systems for therapy that allow for interactions with peers and family, and community engagement. Because the focus of this model is rehabilitation rather than seclusion and punishment, youth in Missouri are better prepared to return to their communities and productively contribute. Missouri's most recent 3-year recidivism rate was 31% - much less than Wisconsin's 3-year rate of roughly 62%. Missouri's juvenile justice system also has fewer incidents of assault towards youth and staff compared to other states, thereby showing that a culture of respect can promote safety better than punitive approaches.



Position:

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) supports the following recommendations:

1. Support research that establishes “best practice” for mental health programming and therapy structure in the juvenile justice system.
2. Require trauma-informed and cultural bias education for staff working at juvenile detention facilities in Wisconsin.
3. Include the voices of youth who are in the juvenile justice system and their families in developing policies and practices
4. Support advocacy efforts that address racial disparities in the Wisconsin juvenile justice system.
5. Encourage all juvenile centers within Wisconsin aim to achieve the standards for health services set by the NCCHC and the AAP.

Resources:

1. American Academy of Pediatrics Policy Statement - Health Care for Youth in the Juvenile Justice System: <http://pediatrics.aappublications.org/content/pediatrics/128/6/1219.full.pdf>
2. American Academy of Pediatrics – Can Juvenile Justice Detention Facilities Meet the Call of the American Academy of Pediatrics and National Commission on Correctional Health Care?: <http://pediatrics.aappublications.org.ezproxy.library.wisc.edu/content/119/4/e991>
3. Mental Health Treatment for Youth in the Juvenile Justice System: https://dhs.iowa.gov/sites/default/files/MH_Treatment_Juvenile_Justice_System.pdf?013120192129
4. Missouri Department of Social Services: <http://static1.1.sqspcdn.com/static/f/658313/23493992/1378998521757/Missouri+DYS+Safety+Building+Blocks.pdf?token=AQUkUH3NIDB3dF%2FC1sS3MiEDSII%3D>
5. The Missouri Model: Results: <http://missouriapproach.org/results/>
6. Implementing a Trauma-Informed Approach in Pediatric Healthcare Networks: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4939592/pdf/nihms-794742.pdf>
7. Race to Equity – The Complex Maze of the Juvenile Justice System in Wisconsin and its Impact on Youth of Color: <http://kidsforward.net/assets/The-Complex-Maze-of-the-Juvenile-Justice-System.pdf>
8. Schaffer, A. (2016). Youth justice study finds prison counterproductive. Harvard Gazette: <https://news.harvard.edu/gazette/story/2016/10/youth-justice-study-finds-prison-counterproductive/>

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