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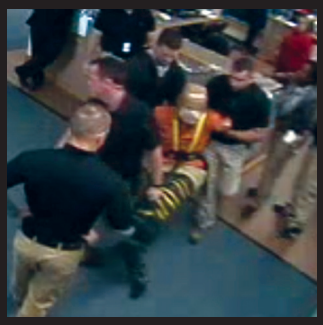

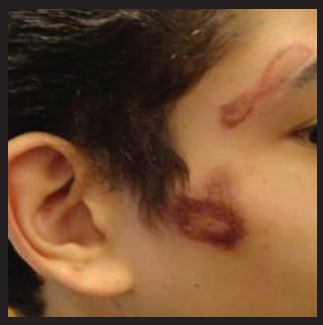

HOW DYC'S CULTURE OF VIOLENCE IS HURTING COLORADO KIDS AND WHAT TO DO ABOUT IT

A REPORT BY THE COLORADO CHILD SAFETY COALITION • FEBRUARY 2017

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PRESENTED BY THE COLORADO CHILD SAFETY COALITION

Young people incarcerated in Colorado are in crisis. Violence in Colorado's Division of Youth Corrections (DYC) facilities has risen dramatically in recent years, leaving youth and staff feeling unsafe and afraid. Colorado's youth correctional facilities have higher rates of fights and assaults than other states, and youth and staff are commonly injured during these incidents. In this chaotic and violent environment, children cannot thrive.

42%
increase in fights and assaults in DYC facilities, 2013-2016

108%
increase in critical incidents in DYC facilities, 2013-2016

3611
times DYC staff physically restrained kids, Jan 2016-2017

2240
times DYC staff placed youth in solitary confinement, Jan 2016-17

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CJDC COLORADO JUVENILE DEFENDER CENTER WE BELIEVE IN YOUTH

FRONT COVER (FROM LEFT TO RIGHT): 1) Child in WRAP restraint in DYC's Lookout Mountain Youth Services Center.
2) Isolation cell at DYC's Lookout Mountain Youth Services Center, photo credit to © Richard Ross, www.juvenile-in-justice.com.
3) Child injured by staff during physical restraint at DYC's Lookout Mountain Youth Services Center.

Table of Contents

Executive Summary

Despite a mission of rehabilitation rather than punishment, the culture of the Colorado Division of Youth Corrections (DYC) is plagued by punitive practices that cause physical and emotional harm to the young people in its care. DYC's culture of violence makes facilities unsafe for both children and staff and deters rehabilitation. This report draws on interviews with 21 young people who are or have been incarcerated in eleven of DYC's thirteen state-owned facilities, as well as a review of over 1,000 pages of internal DYC documents, videos and medical reports regarding incidents that occurred between 2013 and 2016. The report concludes that DYC staff used physical pain, isolation and verbal degradation against vulnerable young people, most of whom suffer from past abuse and mental illness. Knee strikes, painful pressure points and the WRAP – a full body straitjacket – are common currency in DYC's culture.

There is a better way. In Missouri, juvenile facilities focus on true internalized change for kids by building strong relationships between youth and their peers and between youth and staff. Staff never use isolation, restraints like the WRAP, or pain compliance, because these punitive measures hurt children and prohibit development of trusting relationships with staff. Statistics show that Missouri kids and staff are safer. The "Missouri Approach" has become the gold standard for the care of juveniles and has been exported to other states with success. A pilot program in Colorado could change the culture of violence at DYC to keep kids and staff safe while promoting rehabilitation.

Key Facts and Findings

1. Violence has been escalating in DYC facilities. External and internal measures confirm a dramatic increase in the number of documented fights and assaults, and complaints about violence from youth and staff to outside agencies have skyrocketed.

2. Young people and staff consistently report feeling unsafe in DYC facilities.

3. Most young people in DYC have experienced trauma. When youth with a history of trauma feel unsafe, they are less likely to be rehabilitated.

4. DYC staff routinely use physical force and pain to control young people.

    - DYC staff physically restrained youth at least 3,611 times between January 2016 and January 2017. Of those restraints, over sixty percent resulted in the use of mechanical restraints, such as handcuffs, shackles, or the WRAP.

    - **The WRAP:** DYC sanctions use of the WRAP, a full-body restraint banned in Arkansas after it was described as "torture" by the Juvenile Ombudsman. DYC placed children in the WRAP 253 times between January 2016 and January 2017.

    - **Pain Compliance:** DYC staff commonly use pain compliance techniques, whereby staff strike or put pressure on sensitive parts of the child's body to purposely cause pain and gain compliance with staff directives. The U.S. Department of justice found pain

compliance techniques violate children's constitutional rights.

- DYC staff use force against youth who refuse to follow staff directives, even when those youth pose no immediate threat to safety.
- These punitive techniques injure both youth and staff. According to DYC's own records, rates of injury to both young people and DYC staff are consistently higher than the national average and DYC's internal goals.

5. **Solitary Confinement:** DYC placed young people in solitary confinement 2,240 times between January 2016 and January 2017.
6. DYC's own data shows that increased staffing alone, without changing DYC's punitive culture, will not ensure reduction of violence.
7. The Missouri Youth Services Institute, a non-profit dedicated to exporting the Missouri Approach, can bring a pilot program to Colorado and provide a template for broad cultural change within DYC, for a fraction of the cost of the funding requested this year by DYC.

Policy Recommendations

To start transforming the culture of violence at DYC into a culture of caring and rehabilitation, and to make young people and staff safer, the Colorado Child Safety Coalition makes the following recommendations.

1. Bring a Missouri Approach pilot program to DYC, under the guidance of Missouri Youth Services Institute, to begin within six months. Colorado's children cannot wait.
2. Prohibit physical management methods that harm and re-traumatize children.
    - Prohibit the WRAP.
    - Prohibit pain compliance techniques.
    - Prohibit the use of leg irons and wrist-to-waist restraints.
    - Prohibit staff from physical contact with disobedient youth who pose no immediate threat of harm to self or others.
3. End the practice of isolating children who act out.
4. Provide intensive training and retraining to all staff in the provision of trauma-informed care and build a positive culture based on relationships, not punishment or control.
5. Provide staff the tools they need to de-escalate and, when necessary, physically manage escalated youth in a manner that does not harm youth or staff, such as the methods taught in Safe Crisis Management.
6. Increase transparency at DYC. The public has a right to know the circumstances under which DYC uses force on the youth in its care. The legislature should amend Colorado Revised Statutes § 19-1-304(8) to require DYC to provide such information.

Introduction

Young people incarcerated in Colorado are in crisis. Violence in Colorado's Division of Youth Corrections (DYC) facilities has risen dramatically in recent years, leaving youth and staff feeling unsafe and afraid. Colorado's correctional facilities have higher rates of fights and assaults than other states, and youth and staff are commonly injured during these incidents. In this chaotic and violent environment, children cannot thrive.

DYC is charged with rehabilitating the troubled young people in its care, to fulfill Colorado's promise that the juvenile justice system will "provid[e] appropriate treatment..." and help each young person become "a productive member of society."[1] The young people in DYC's care, most of whom have experienced trauma or violence in their childhood and struggle with mental illness, need treatment and tools that prepare them to safely rejoin our communities, not exposure to violence that traumatizes them and inhibits rehabilitation.

While DYC's leadership publicly promotes rehabilitative care that addresses the trauma suffered by at-risk youth, in practice DYC facilities are plagued by a punitive and damaging culture that makes it extremely difficult to build the positive relationships necessary for effective treatment. This culture is characterized by practices that physically and emotionally harm the children in DYC's care.

Specifically, DYC authorizes staff to:

- **Place young people in the "WRAP," a full body restraint akin to a straitjacket that causes numbing, pain, and psychological damage;**
- **Place young people in solitary confinement, sometimes in barren isolation cells with only a metal toilet and bed frame;**
- **Use pain compliance techniques by purposely manipulating nerve pressure points to cause pain to youth and knee striking young people in thighs, buttocks, and ribs; and**
- **Respond to disobedient youth who are non-violent, and often seated, with physical force.**

As a result of these practices, many children suffer bruises, scratches, rug burns, separated joints and closed head injuries. These practices also make youth scared, angry, and resentful; feelings that stymie rehabilitation. Several DYC staff members have been charged with crimes for harming young people. In just the past three months, at least two DYC staff members have been charged in court, including a staff member charged with felony assault and child abuse in February of 2017.[2] Staff members have also suffered serious injuries and young people have been charged with crimes for assaulting staff.

There is a better way. The "Missouri Approach" is a relationship-based, wholly therapeutic

group treatment approach toward incarcerated youth devised and implemented over the course of the past three decades by the Missouri Division of Youth Services. Missouri Youth Services wholly rejects punitive practices that harm children, including the WRAP, solitary confinement, pain compliance, and shackles. Even so, Missouri institutions have far *fewer* assaults against both staff and young people, while maintaining low recidivism rates and high education outcomes.[3] In stark contrast to Colorado, children and staff in Missouri report a sense of safety and well-being in Youth Services facilities, as well as extremely strong and caring relationships between young people and staff.

The Missouri Youth Services Institute (MYSI), a non-profit dedicated to implementing the Missouri Approach in other states, can bring a pilot program to Colorado to provide a template for broad cultural change within DYC, for a fraction of the cost of the additional funding requested this year by DYC. The most critical aspect of MYSI's services is the aspect most needed in Colorado: "culture change" that transforms a punitive correctional environment into a safe, rehabilitative treatment program based on positive peer and staff relationships.

Investigation

The Child Safety Coalition, which includes the American Civil Liberties Union of Colorado, Disability Law Colorado, the Office of the Colorado State Public Defender, and the Colorado Juvenile Defender Center, interviewed 21 young people who have been incarcerated in eleven of DYC's thirteen state owned facilities.[4] The attorneys and social workers in our coalition have collectively represented more than 100 young people housed in DYC facilities, and the information collected during this investigation is consistent with dozens of other reports from young people and parents received during past representation. Many incarcerated children spoke to our coalition despite their limited access to telephones. Several children were fearful of retaliation from DYC staff for speaking out. For some young people, sharing their stories meant revisiting past trauma and re-traumatization caused by DYC's punitive practices.

The stories and quotes from the young people presented in this report reflect the accounts of multiple youth spread across different facilities throughout the state. Young people who did not know each other and were held in facilities hundreds of miles apart repeatedly provided extraordinarily similar accounts of the punitive culture within DYC and use of force techniques by DYC staff, including the WRAP, pain compliance, and knee strikes.

The Coalition reviewed over a thousand pages of DYC documents regarding use of force in these facilities, including Incident Reports and medical records, as well as several videos of incidents inside DYC facilities. These materials provided support for the information given by young people and confirmed the use of the punitive techniques described below. The incidents described in this report occurred between 2013-2016.

Finally, the Coalition reviewed voluminous information about the "Missouri Approach" and visited Missouri facilities in February 2017 to speak with youth and staff and observe the Missouri Approach in action.

Obstruction by DYC

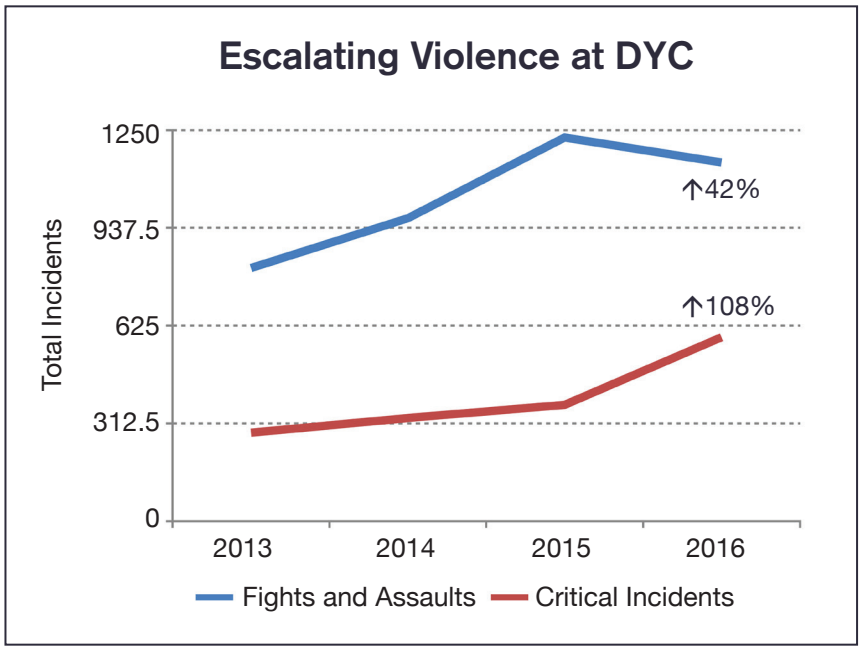
Despite repeated requests for the information from DYC, the Coalition was unable to review certain documents reflecting staff accounts of use of force on young people, called "use of force reports." When provided with appropriate releases, DYC readily agreed to disclose to the Coalition staff accounts of *young people's* actions leading up to restraints and discipline, but refused to provide staff accounts of *staff's* actions during the course of restraints, even when *young people* were injured by *staff*. Similarly, in records requests made by lawmakers pursuant to a recently enacted law that requires DYC to provide information about "critical incidents," DYC stated it would provide only information about the actions of young people during the critical incident, and refused to provide information about the conduct of staff, including staff use of force such as knee strikes, pain compliance, the WRAP, or other mechanical restraints. This lack of transparency shields DYC and its staff at the expense of public knowledge.

Increased Violence at DYC

In 2014, an investigation revealed that DYC violated Colorado law and national best practices by keeping children in long-term solitary confinement and relying heavily on pain compliance techniques—causing pain by applying pressure and force to specific sensitive areas of a child's body—to discipline and manage children.[5] Since then, DYC leadership has publicly expressed both its willingness to reduce the use of solitary confinement and force, and a desire to provide non-punitive, trauma-informed care to young people. Unfortunately, DYC policy and practice are not consistent with this vision, and the culture at DYC remains punitive and broken.[6]

Over the last two and a half years, complaints of violence at DYC and injury to both young people and staff have skyrocketed. In the three months preceding this report, our coalition received over 28 complaints of abuse. Children, unable to trust DYC, are contacting outside organizations for help. Staff, unable to gain support within DYC, are calling legislators and the media to express fear of violence in the facilities. Some staff are so fearful and undertrained that they are asking for pepper spray and stun guns to use on children in their care.[7]

Both external and internal measures confirm escalating violence at DYC facilities. The Office of the State Auditor completed an audit in September of 2016, finding that the number of fights, assaults, and critical incidents[8] increased dramatically between 2013 and 2016:[9]



DYC's own data confirm increased violence. DYC admits that between fiscal year 2012-13 and fiscal year 2015-16, "the overall trend is that fights and assaults have increased."[10] DYC data also show that rates of injury to both young people and staff consistently exceed the national average and DYC's internal goals.[11]

Violence persists despite increases in staff and funding for DYC.

The increases in violence and injury described above have occurred despite:

1. A decrease in the number of young people committed to DYC's care;[12]
2. Consistency in the age of young people in secure care;[13]
3. Consistency in the percentage of violent young people in secure care;[14]
4. Consistency in the percentage of young people with prior involvement with law enforcement in secure care;[15] and
5. Significant increases in staffing and funding for DYC.[16]

While good staff-to-young people ratios are important, DYC's data demonstrate that unless increased staffing is accompanied by culture change, violence will not abate. For example, between fiscal years 2014-15 and 2015-16, staff to youth ratios improved by 13.2%, 16.4 %, and 17.6% at Platte Valley Youth Services Center, Spring Creek Youth Services Center, and Pueblo Youth Services Center, but those facilities saw an *increase* in fights and assaults by 22.5%, 35.3%, and 3.3 %, respectively.[17]

Kids and Staff Feel Unsafe

"This is not safe to me."[18]

Both young people and staff consistently report feeling unsafe in DYC facilities. One youth commented, "This is a place that is supposed to keep us safe because we can't be in the community. But if I was in the community, I wouldn't be getting bruises every day and be being beat up on by grown people." She explained, "I never know what might happen. I never know if staff is going to grab me up, or I never know if I'm going to be put on seclusion for something."[19] Many young people echoed these sentiments, expressing fear of staff and uncertainty about when staff would engage with them physically.

Staff have also expressed fear. One staff member sought whistle-blower protection to file complaints about what she said was a dangerous environment for staff and young people.[20] She reported that staff "were struggling with these kids and were working long hours at their breaking point," complaining that conditions at one facility had deteriorated to the point of constituting child abuse and neglect.[21]

"This is a place that is supposed to keep us safe because we can't be in the community. But if I was in the community, I wouldn't be getting bruises every day and be being beat up on by grown people."

It is clear to the Coalition that most DYC staff do not want to hurt young people. In interviews, young people reported staff reactions that reflected staff's desire for tools and training to avoid use of force. One youth noted that after staff use of force, staff "will apologize and say 'it's not what we want to do, we don't want to put hands on you guys, but when you put us in a situation like that there's no other options.'"[22] This youth reported a specific time when a staff member who had used his knee to strike the youth "came to my unit the next day and was tearing up and said I'm so sorry, that's not what I wanted to do. I actually really care about all you kids...."[23] Staff feel powerless because the methods they have to manage youth behavior are harmful tools that they do not want to use. DYC staff need a different set of tools to manage behavior without causing harm and injury.

Safety is Required to Rehabilitate Traumatized Children

"A fundamental goal in developing trauma-informed care in juvenile custodial situations is to provide an environment in which youth are safe and perceive themselves to be safe."

—Sue Burrell, Youth Law Center.[24]

Children must feel safe to engage in treatment and rehabilitation. If the environment around them is free of danger, young people are more likely to let down their guard and open themselves up to a positive relationship with staff and with their treatment team. If children feel unsafe, their fear of danger keeps them from building relationships and engaging in treatment.

Creating this sense of safety is difficult in juvenile facilities because most young people detained in those facilities have extensive histories of exposure to psychological trauma.[25] In one study, over 90% of juvenile detainees reported at least one prior traumatic incident.[26] These children may have been beaten by their parents, sexually abused, abandoned, witnessed violence in the home, been exposed to street violence, or forced to grieve for lost family members and friends at a very young age.[27] For these youth, isolation, pain, physical touch, or even the threat of physical touch may trigger memories of prior victimization, betrayal, or abandonment.[28] When these traumas are re-experienced in the juvenile facility, they may reinforce the child's mistrust and hypervigilance, which prevents rehabilitation. It is also likely that such a youth may engage in self-destructive or aggressive behavior to distract, soothe, avoid, or otherwise reduce the feelings triggered through trauma response.[29] Re-traumatizing children makes them more defensive, more aggressive, and less likely to be rehabilitated.

Nationally accepted studies demonstrate that trauma-informed programs are more likely to rehabilitate young people than punitive measures.[30] These programs make facilities safer, reduce threats to staff, reduce physical management and seclusion of young people, and improve mental health.[31] Trauma-informed programs ensure that staff are trained to understand and expect trauma in the young people being served,[32] to resist the re-traumatization of clients and to recognize how organizational practices may trigger painful memories that traumatize youth.[33] "For example, they recognize that using restraints on a person who has been sexually abused or placing a child who has been neglected and abandoned in a seclusion room may be re-traumatizing and interfere with healing and recovery."[34] A sense of physical and psychological safety and trust between clients and staff are key to trauma-informed care.[35]

"Perhaps the most potentially damaging way youth may be re-traumatized is in the use of force or solitary confinement."

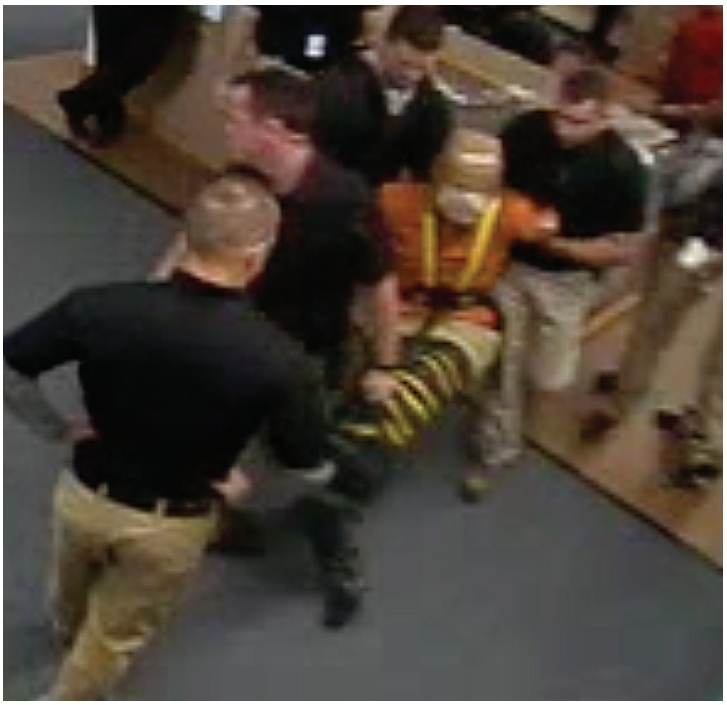
—Sue Burrell, Youth Law Center[36]

Because pain and fear re-traumatize already traumatized young people and impede the rehabilitation process, DYC's punitive culture must be altered to provide a safe and therapeutic environment where meaningful, trusting relationships can grow between young people and staff.

DYC's Punitive Practices

"It's... it's like rival gangs, that's how bad it is, between staff and youth."[37]

The punitive practices used by DYC produce and reflect a violent culture, and are obstacles to rehabilitation.[38] DYC staff use the WRAP restraint, solitary confinement, and force against children, including purposeful manipulation of nerve pressure points to cause pain, striking young people with staff's knees, and using physical force against disobedient but non-violent young people who do not pose a threat. While youth reports and DYC documents strongly suggest that staff commonly use pain compliance as part of physical management, there is currently no publicly available information regarding how frequently DYC uses this technique. However, recently released DYC data provide some information regarding the frequency with which staff use force on youth. During a thirteen month period between January 2016 and January 2017, DYC staff physically restrained young people at least 3,611 times, which is an average of 277 incidents per month.[39] Of those physical restraints, over sixty percent resulted in the use of handcuffs, shackles, and/or the WRAP.[40] This data almost certainly underreports the number of incidents of use of force, because it likely excludes or undercounts data from DYC's three state owned, privately operated facilities.[41] Based on our Coalition's past knowledge, interviews of youth, and review of documents regarding use of force at two of these facilities, Ridge View Youth Services Center and Betty Marler Youth Services Center, we believe there is a strong inference that staff frequently physically restrain youth in these facilities, often by using pain compliance.



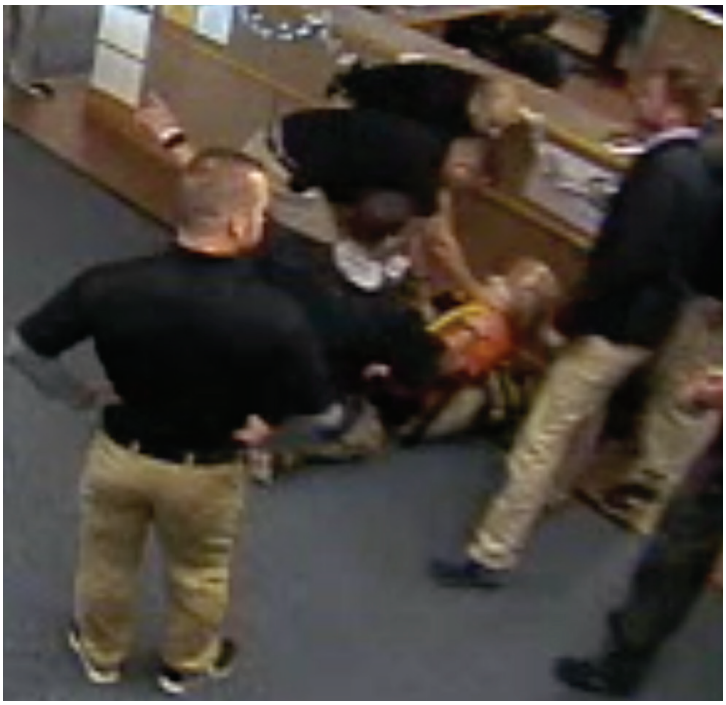
Child being placed in WRAP, spit mask and helmet at DYC facility.

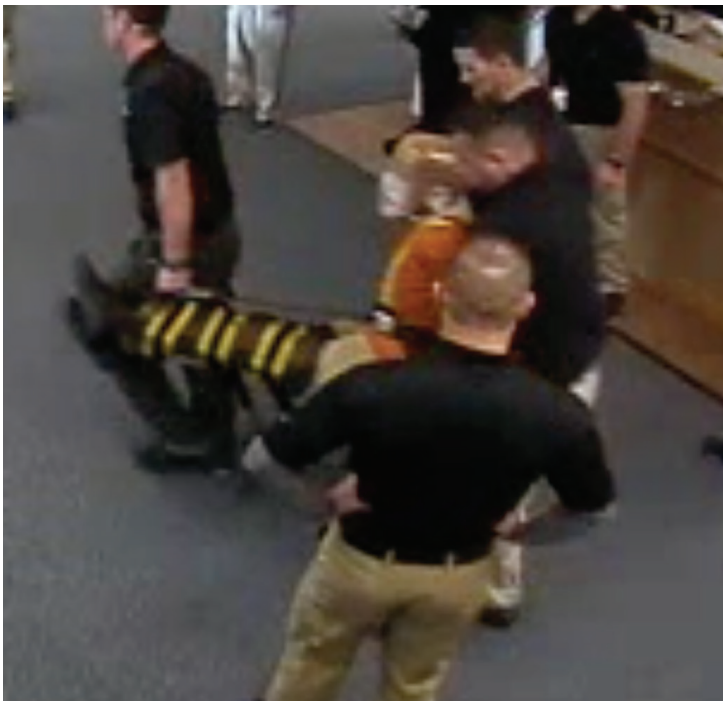
The WRAP

"I can't breathe, I can't breathe."[42]

The WRAP physical restraint device is used in at least nine of the twelve secure DYC facilities.[43] The device is a full body restraint akin to a straitjacket.[44] To place a young person in the WRAP, DYC staff put the youth in handcuffs, bind the youth's legs together, and then wrap the youth in the full body restraint. A strap placed between the chest and legs forces the youth into a seated position. DYC facilities sometimes apply a "spit mask," a cloth that covers the child's head and face, and a helmet while the child is in the WRAP restraint. DYC reports that during the thirteen month period from January 2016 through January 2017, DYC staff have placed a young person in the WRAP at least 253 times. [45]

Colorado is one of the few juvenile justice systems in the country that uses the WRAP restraint. Colorado's nine DYC facilities that utilize the WRAP account for almost a quarter of all the juvenile justice facilities in the country which have contracted to use this restraint.[46] Other jurisdictions have recognized the harm that the WRAP causes to children: in 2014, the Arkansas Juvenile Ombudsman investigated the use of the WRAP in the Yell County Juvenile Detention Center, and called the device "torture."[47] During his investigation, the Ombudsman subjected himself to the device and helmet, finding it was difficult to breath and that it increased anxiety.[48] Less than two weeks after receiving the Ombudsman's letter, the Arkansas Division of Youth Services banned the use of the WRAP, commenting that the WRAP has "no known therapeutic uses," exposes youth to ridicule and humiliation, and presents a serious risk of harm to youth.[49]





DYC staff use the WRAP in at least nine of its twelve secure facilities.[50] More than half of the young people we interviewed reported being placed in the WRAP, most of them more than once.[51] DYC records document that one youth was placed in the WRAP at least 17 times while in DYC custody, and two young people reported being placed in the WRAP in excess of ten times.[52] One young person explained that, at her facility, "They go straight to the WRAP. That's what they do."[53]

Young people reported being in the WRAP for anywhere from minutes to hours; multiple youth described being kept in the WRAP for 1-3 hours. DYC refused to provide "use of force" reports that would document the amount of time youth remained in the WRAP restraint. However, the Coalition was able to locate DYC records that document five instances where young people remained in the WRAP for 30 minutes,[54] 47 minutes,[55] over an hour,[56] over an hour and a half,[57] and over two hours.[58]

Reports from young people about their experiences while in the WRAP were remarkably consistent: they universally found that being in the WRAP was frightening, anxiety provoking and painful. Multiple youth noted that the WRAP caused them to feel like they could not breathe or were being "asphyxiated."[59] Those feelings are amplified when staff choose to place a "spit mask" on the youth, which obscures vision and further impedes breathing.

Multiple young people also described how the WRAP caused their extremities to go numb, reporting that their entire legs were numb within 10 minutes.[60] One youth reported that when he was released from the WRAP he was so numb that he could not walk.[61]

The WRAP also causes pain.[62] Once a youth is placed in the WRAP, a strap that connects the chest to the legs is tightened, locking the youth in a seated position. When that strap is not adjusted correctly the youth is forced to lean in a "v" or "c curve" position, which several young people reported to be extremely painful.[63]

DYC staff have held deeply sad and even suicidal children in the WRAP. Records from one child shows he was placed in the WRAP twice in one day, the second time "for his own safety" after staff found him with a shirt wrapped around his neck and his head bowed.[64] The same youth was placed in the WRAP again after a later suicide attempt.[65] Another DYC record documents that a young person who had been placed in the WRAP was "sitting quietly while tears streaming down face." Instead of releasing this youth, staff kept him in the WRAP for 40 additional minutes.[66]

The WRAP is traumatizing and painful, has no therapeutic purpose, and should never be used on children. DYC's commitment to using the WRAP in nine of its twelve secure facilities is evidence of the Division's punitive culture at its clearest.

Placing injured youth in the WRAP

Several youth reported being placed in the WRAP while injured, including a youth with facial injuries, a youth with a bleeding hand, and a youth who had an active bloody nose and reported spitting blood onto the floor. This youth recalled: "I was trying to breathe to talk to them and say 'stop, stop, stop.' They wouldn't listen so they put the spit mask on me. I was trying to breathe and blood was filling up in my mouth and coming up in my nose. And I was trying to spit it out but I couldn't. And I was crying."[67]

Solitary Confinement

Isolation is "like being treated like an animal. You're doing bad, go to your cage." [68]

Young people in DYC facilities spend a great of deal of time locked alone in a small, barren room. Sometimes staff isolate youth for disciplinary reasons; other times for administrative convenience. Either way, the time in isolation has no therapeutic purpose and is often experienced by young people, especially those who have past trauma, as punishment, abuse, or neglect.[69]

DYC staff commonly use solitary confinement to address misbehavior by young people, even in the wake of irrefutable evidence that isolation hurts children. Between January 2016 and Junuary 2017, DYC staff placed a young people in isolation 2,240 times.[70] While in isolation, children are locked in a tiny, completely barren cell with only a metal toilet, a metal bedframe, a sleeping mat, a blanket, and a roll of toilet paper. Data from March to August 2016 reflects that average stays in isolation ranged from .8–5.7 hours,[71] with some children spending days in isolation. Most of the children placed in isolation were 15–17 years old, but DYC also isolated one 11-year-old, two 12-year-olds, and nine 13-year-olds.[72] These isolation statistics do not account for the many times that staff sent young people into a locked room for a "time out," used special management plans to isolate youth from their peers, or locked youth alone in their rooms for "administrative" convenience, as discussed below.

Solitary confinement fosters stress and anxiety. Young people have even fewer psychological resources than adults to manage this stress.[73] In the DYC population, this developmental immaturity is often compounded by mental disabilities and histories of trauma, abuse, and neglect. These factors can dramatically exacerbate the negative mental health effects of solitary confinement, and they at least partially explain why "the majority of suicides in juvenile correctional facilities occur when the individual is isolated or in solitary confinement."[74] In recognition of the vulnerabilities of youth, psychiatrists support international standards for the care of incarcerated youth that prohibit the isolation of children.[75]

"The majority of suicides in juvenile correctional facilities occur when the individual is isolated or in solitary confinement."

Isolation cell at Lookout Mountain Youth Services Center. Photo credit © Richard Ross, www.juvenile-in-justice.com

All of the young people interviewed, who were subjected to punitive isolation, reported suffering while in isolation. For example, a DYC Incident Report reflects staff's account of one young person who was crying, angry, frustrated, and screaming after over 45 minutes in isolation. Staff continued to keep the youth in isolation, and discovered him an hour later in the isolation cell with his shirt around his neck. The youth had to be placed on suicide watch.[76] Another youth explained that he hated isolation because it reminded him of abuse from home: "My dad had put a lock on the outside of my door. He purposely got a doorknob with a lock on the outside so he could lock me in there. He would lock me up for a couple hours."[77]

In 2016, the Colorado Legislature passed a law to curb the use of isolation by DYC after it came to light that DYC had an official policy and persistent practice of illegally holding children in long-term solitary confinement.[78] Even with this law in place, recent trends in DYC's use of isolation are alarming: both the number of isolation incidents and average lengths of isolation are on the rise.[79]

"Time Outs": Isolation by another name

Staff commonly ask or order youth to take a "time out," which requires a youth to be locked alone in either their own room or an isolation cell. Failure to follow a staff directive to take a time out can lead to physical management, restraint, and further isolation, as discussed below. The Office of the State Auditor recently raised concerns with the use of these "time outs" in DYC facilities, noting that a "time out" was just as restrictive as seclusion, because children were locked alone in a room at the direction of staff.[80] The Auditor pointed out that DYC did not track the use of "time outs" and therefore was unable to quantify or monitor their use.

Youth room at Lookout Mountain Youth Services Center.
Photo credit © Richard Ross, www.juvenile-in-justice.com

Special Management Plans that Isolate Youth

DYC also imposes isolation from programming and peers through "special management plans," raising concerns that DYC has replaced its past pattern of illegally holding children in long-term in-room solitary confinement with similarly isolating practices in empty pods. Two youth reported being on such a plan. DYC records document these isolating special management plans. One Incident Report confirmed that a youth was being "programmed" in the control area and was required to "sit at his desk facing the wall" and not communicate with any peers.[81] A written DYC special management plan required the youth to sleep in an isolation cell, complete morning hygiene alone in his isolation cell, complete schoolwork and lunch alone in an empty classroom, eat meals on the unit alone with one staff member present, have no contact with peers, and take recreation "one on one with staff on the pod."[82]

Administrative Isolation

Young people held by DYC spend significant periods of time locked alone in their rooms for "administrative reasons," such as cleaning the pod, staff meetings, and shower time. Additionally, children are locked in their room for at least 10 hours each weeknight and 12 hours on weekends for what DYC calls "sleeping hours."[83] DYC records indicate that, at some DYC facilities, sleeping hours begin at 8:30 pm. DYC does not track its use of administrative seclusion, so it is impossible to quantify the amount of time children are isolated for administrative convenience. Several youth, however, reported being locked in their rooms for several hours during each day.[84]

Young people reported that during these lengthy periods of administrative isolation and "sleeping hours", staff often refused to let them out of their locked rooms to use the restroom. (Unlike isolation cells, youth rooms do not have toilets.) As a result, these young people had no choice but to urinate in their cups, on their clothing, or on the floor of their rooms.[85] A DYC grievance also documents a complaint that a youth was not permitted to leave his locked room for a drink of water; another confirms that staff placed a youth in a locked room and refused to provide him with his evening medication.[86]

Pain Compliance and Pressure Points

"It hurts, it's like they're pushing too hard,
I don't know what's right there but it just hurts."[87]

DYC sanctions the use of pain compliance techniques, including placing pressure on nerve points to purposefully cause pain and thereby force children to comply with staff directives.[88] For example, staff may put pressure behind the ear, on the neck, or may bend a child's wrist backwards to induce pain, forcing them to the ground in submission. **The Department of Justice has found that pressure point control tactics are "neither designed, nor developmentally appropriate, for use with children and adolescents," and that "use of pressure point control tactics violates children's constitutional rights."**[89]

DYC staff commonly use pressure points and pain compliance on young people. DYC records document the use of the "tibia pressure point," "straight arm bar take down,"[90] "Tibial Nerve Motor Point to right nerve,"[91] "pressure to the mandibular angle,"[92] "arm bar takedown,"[93] "mandibular angle touch pressure," and "knee on right calf."[94] Over half of the young people interviewed by the Coalition experienced pressure points and pain compliance in DYC facilities.[95] These young people reflexively reached toward their necks when pressure points were mentioned during interviews. They described how staff used fingers, fists, and knees to cause pain to the ear, behind the ear, the neck, the nose, the chin, the calf, the shoulder blades, and the arm.[96] Multiple youth reported that pressure points would cause bruising, and that sometimes staff would dig their fingernails into the skin when applying the pressure point.[97]

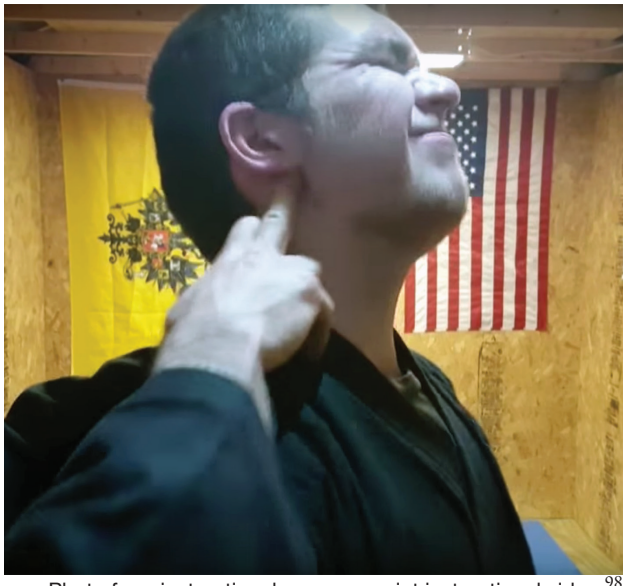


Photo from instructional pressure point instructional video.[98]

Staff use pain compliance techniques during restraints to try to force the youth to stop moving or resisting. This is often ineffective, however, because the sharp pain causes young people to move reflexively, making

it impossible for the child to follow staff instructions to remain still. One youth stated, "When it hurts, it's hard not to move. Then once you move, they hit you more."[99] Another reported that, while he was on the ground in handcuffs and shackles, he moved away from staff who were putting pressure on his neck because he could not breathe. In response, "they picked me up and slammed me down and started pressure pointing my neck again."[100]

Things may become dangerous when staff place hands on passive youth in part because young people with prior trauma react instinctually when touched.

A 2015 incident illustrates how responding physically to young people engaged in passive disobedience can be dangerous to both staff and young people. When youth Roger became disrespectful during community group, he was asked to take a "timeout," which would require him to go into an isolation cell. Roger refused to go to the isolation cell. Video of the incident shows that, as Roger and the staff member argue verbally, Roger walks away from the staff member to the other side of the room. Staff and Roger continue to exchange words across the room, and the staff member again moves toward Roger and lays hands on him. When the staff member grabs Roger's arm, Roger swings at the staff member and the two become physically engaged. The staff member was hit multiple times in the face.

Knee Strikes

DYC staff also use their knees to strike young people. Youth accounts and DYC records indicate that young people have been struck this way by staff in the legs, ribcage, and head. Though staff are instructed not to hit children in the head, the practice of using the knee to strike children on other parts of the body is sanctioned by DYC. Staff document the use of knee strikes in Incident Reports, including strikes to the "femoral nerve point" and the "common peroneal."[101]

"When it hurts, it's hard not to move. Then once you move, they hit you more."

Over half of the young people interviewed reported experiencing or observing staff strike young people with their knees.[102] Five young people reported being struck in the head or the face by a staff member's knee.[103] Youth also reported being struck in the side, leg, and stomach.[104] One youth reported that staff accidentally knee struck her in "her private part."[105] Another reported that staff continued to knee strike him in the thighs and ribs after he was in handcuffs,[106] causing him to limp the next day. Multiple DYC medical records also contain reports from young people of being struck by staff with a knee.[107]

Use of force on disobedient but passive youth

"All the times I get restrained, I don't want to go to my room. Then they call a code and they have people come and then they throw you to the ground."[108]

Even when a youth is not following a staff directive—for example, an order to go into isolation—but is not posing a threat to self or others, DYC staff often escalate the situation by putting hands on youth. When staff transform such non-physical situations into physical ones, young people often escalate, and both staff and youth can be injured. Young people reported that staff placed hands on them when they refused to move from a chair, refused to give staff a drawing pencil, refused to hand staff a book, and reached over the staff counter for juice and milk.[109]

Multiple DYC records from different facilities document incidents in which a young person was seated at the time that staff put hands on the youth; multiple youth similarly described staff putting hands on them while they were seated. One youth who refused to go to an isolation cell said, "I went and sat in the chair. My intention of sitting in the chair was I thought that maybe they wouldn't restrain me in the chair. If I was sitting down not looking violent just sitting in a chair I thought 'they can't really restrain me like this.'" The youth reported that when he continued to refuse to go to isolation, staff threw him to the ground, and multiple staff used pressure points and knee strikes before he was picked up and taken to an isolation room.[111] **The available staff account in a DYC Incident Report confirms that staff were first to lay hands on this youth, noting that when "verbal processing" became "repetitive," "physical response was initiated."**[112] DYC refused to provide the use of force report that would document the type of physical force used in this incident.

"If you leave the classroom without permission there are like 5-6 [staff] out there...They will throw you to the ground, smash your face in the ground, and knee strike...I've seen it happen to kids that walk out of class."[110]

Our investigation revealed many instances of young people being physically managed by staff when youth passively refuse to go into isolation.[113] Multiple DYC records document incidents in which youth refused to go into a locked room alone, and staff responded physically[114]—one staff member used a "straight arm bar" to bring a youth to the ground, others began a "physical management" when youth struggled after staff put hands on the youth to force the youth into isolation.[115] These "physical managements" can include anything from physically forcing a child into an isolation cell to taking a child to the ground and using knee strikes to force compliance. The child is at risk of injury, and if the child responds by fighting back, staff are at risk as well.

Things may become dangerous when staff place hands on passive youth in part because young people with prior trauma react instinctually when touched.[116] Young people with prior trauma may enter "fight or flight" mode when touched by staff, flinch away, attempt to move away from staff, or react with violence. One youth explained that unwanted touching from "someone I don't know or don't like...I can get really triggered. The reason why I get triggered is my stepdad used to abuse

me, so when people are rough with me I get really triggered and I'll get pissed off or really sad."[117] Another youth explained that because of prior abuse, "I just don't like people putting their hands on me ...I start having a panic attack...every time I get restrained I get a panic attack. Sometimes before I get restrained, and that's what leads up to the restraint." Youth reported that as a result, they often instinctively pull away when staff touch them, which can lead staff to use more aggressive force to control the child, which can result to injury of both staff and youth.[118] Videos of incidents in DYC facilities, showing staff attempting to grab young people, young people pulling away, and a resulting physical restraint, corroborate these youth accounts.[119]

David's Story: Why Children Refuse to Go into Isolation

It is not hard to understand why a child would want to avoid being locked in a barren cell. But for some children currently in DYC custody, placement in a locked room is especially traumatic because DYC has previously held them in solitary confinement for long periods of time.

Some young people currently held in DYC facilities were previously subjected to illegal DYC "Special Management Plans" that allowed children to be held in isolation for up to 23 hours a day, for weeks or even months at a time. These plans were in place at DYC facilities as recently as 2015. Youth subjected to these plans are likely to refuse further attempts to place them alone in a locked room. When staff then lay hands on the youth to force him or her into an isolation cell, a physical altercation can result, putting young people and staff in danger.

For example, David was previously placed on a DYC plan that required isolation for 23 hours per day, allowing David out of his locked cell only for "one hour out" and to shower. In his isolation cell, David had only his bed mat, a blanket, one book, one roll of toilet paper, one crayon, and a single sheet of paper. He was not permitted to attend school, and only received an occasional packet of school work. If he completed the packet, and it was actually collected, he would not get it back, so he did not know if he had done the work correctly. At times, David "progressed" on his special management plan and was allowed to leave his cell in wrist to waist restraints—hands in handcuffs, connected to a belt around his middle. When he had not earned these "extra hours out" through good behavior, David was returned to "23 and 1" status. **David was in isolation for 23 hours a day for weeks and sometimes months at a time, on and off, for over two years.** David reports that he would become frustrated in isolation, but when he yelled at staff that he wanted to be let out, staff would simply cover the window of his cell.

David was in isolation for 23 hours a day for weeks and sometimes months at a time, on and off, for over two years.

After an investigation revealed that DYC was illegally placing youth like David in isolation, DYC finally removed David from the plan. David remembers that he then learned for the first time that he was being held in was on a campus with a school and dining hall.

***David's isolation is documented in special management plans from three different DYC facilities. The terms of his plan were documented in writing, and David described his experience during his interview.*

Use of Force at Lookout Mountain Youth Services Center

"They say they don't have to show us respect cause we're inmates. I don't think we're inmates, were just juveniles."[120]

Lookout Mountain Youth Services Center is a boys-only facility for young people who have been found guilty and sentenced, or "committed," to DYC's care. Four different young people from this facility separately described a practice called "DEF" or "ALE," occurring between 2013 and 2016. Their descriptions of DEF are similar to descriptions provided by other youth to members of the Coalition over the last several years. During DEF, security staff bring a group of children into the auditorium rather than sending them to school for the day. One youth explained, "They call you 'uninvested youth.'...Anyone who is not doing good can go into DEF."[121] Youth explained that they are required to sit in the auditorium,[122] are provided with an assignment packet, and are told to sit facing forward in silence.[123] Three young people reported that if youth break these rules in any way, for example, by speaking to a peer, staff will "throw you on your face,"[124] "pick you up and start slamming and knee striking you,"[125] or "dump kids on their face and start 'free wheeling' on them, as if they are like street fighting or something."[126] Another stated that staff took a peer into the hallway and "you could just hear him screaming."[127] This youth articulated exactly how these practices can pose a risk to staff as well as youth, stating, "I don't want to go to DEF 'cause I'll catch cases in DEF. If you restrain me for sneezing I'll fight you back."[128]

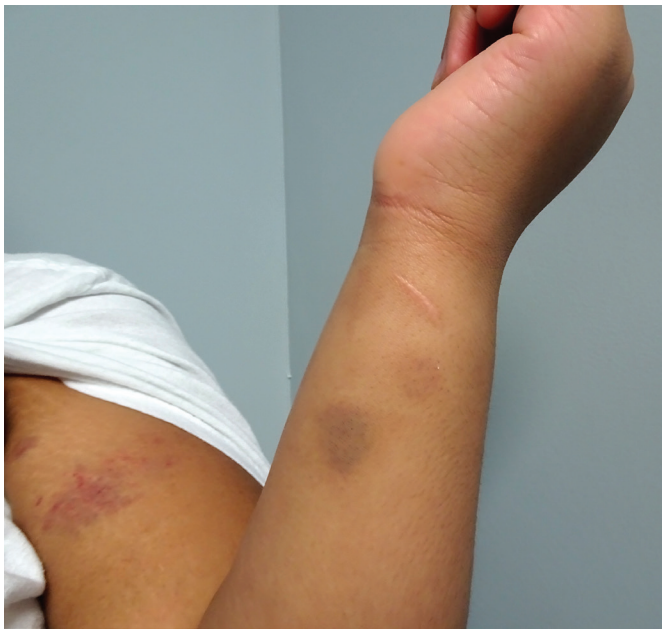


Photo of injury to young person taken after physical management by DYC staff.

Youth from Lookout Mountain also universally confirmed the numerous complaints previously received by the Coalition regarding excessive force by "day programming" staff, who provide security at the school. Five different young people reported that some of these staff are "MMA" or "mixed martial arts" fighters and stated that this is "common knowledge."[129] One youth reported that staff "showed us video of their fights."[130] Another reported that two different staff members spoke to him about their training in fighting.[131] Young people reported that these staff had "anger issues,"[132] went "way overboard,"[133] and "basically use us as punching bags, as practice."[134]

Several young people noted that staff are free to use excessive force at the school because there are no cameras there. One youth said, "All my restraints on the unit have been 'proper' but in the school they have no cameras. They do what they're not supposed to. They take it further."[135] A second youth confirmed that "If you're going to be restrained, you'd rather have it happen on the unit than at school...because school staff will [mess] you up because there are no cameras. When there's no cameras, staff are...grimy."[136]

Injury to Youth and Staff

The punitive techniques used in DYC result in injury to both young people and staff. DYC records confirm that, after being physical managed by staff, youth suffered from head injuries, concussions, rug burns, shoulder separation, bruises, bleeding, and more.[137] One medical record documented bruising and pain to the buttocks, where the staff struck the youth with their knees.[138] The same record documented pain behind the right ear from the use of pressure points by staff.[139] Another record documents injuries to the "medial portion of the upper arm" and the back of the neck, both locations where DYC staff are trained to use pressure points. [140]

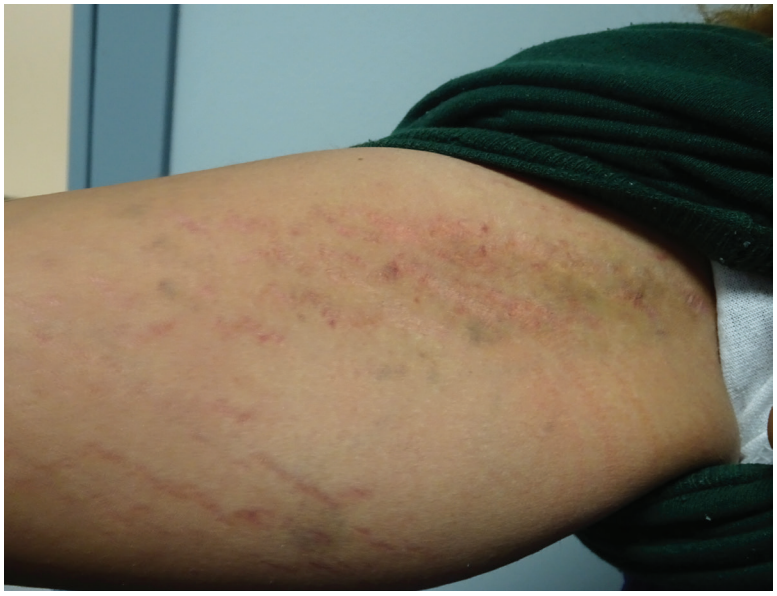


Photo of injury to young person taken after physical management by DYC staff.

Closed head injuries to young people during staff restraints pose a major concern. DYC records repeatedly document head injuries, including visible bumps on the head and concussion symptoms like dizziness and nausea.[141] These records repeatedly note that young people were placed on concussion protocol after staff restraints.[142] Of the youth our coalition interviewed, nine reported having their heads slammed by staff into the ground, a wall, or furniture; five reported losing consciousness.[143] One youth reported being taken to the emergency room after throwing up and reporting dizziness; multiple other youth also reported being put on "concussion protocol."[144]

One youth explained, "When [staff] see how much damage they do, they say, 'Can I clean your face? Can I get you a new shirt?' When they see how much they actually hurt you."

Young people explained that after causing injury, staff would often treat them nicely. One youth explained, "When [staff] see how much damage they do, they say, 'Can I clean your face? Can I get you a new shirt?' When they see how much they actually hurt you." He went on to explain, "When they are nice to you I feel like it's because they don't want you to tell anyone."[145] Another youth reported that after the use of force staff "just try to kiss your ass. They will give you food or just like talk to you, treat you different from all the other kids, to try to make it seem like they are your friend, but they really are just trying to cover up what they did so you don't tell on them."[146] This youth reported a staff member bringing him McDonalds in isolation after using force

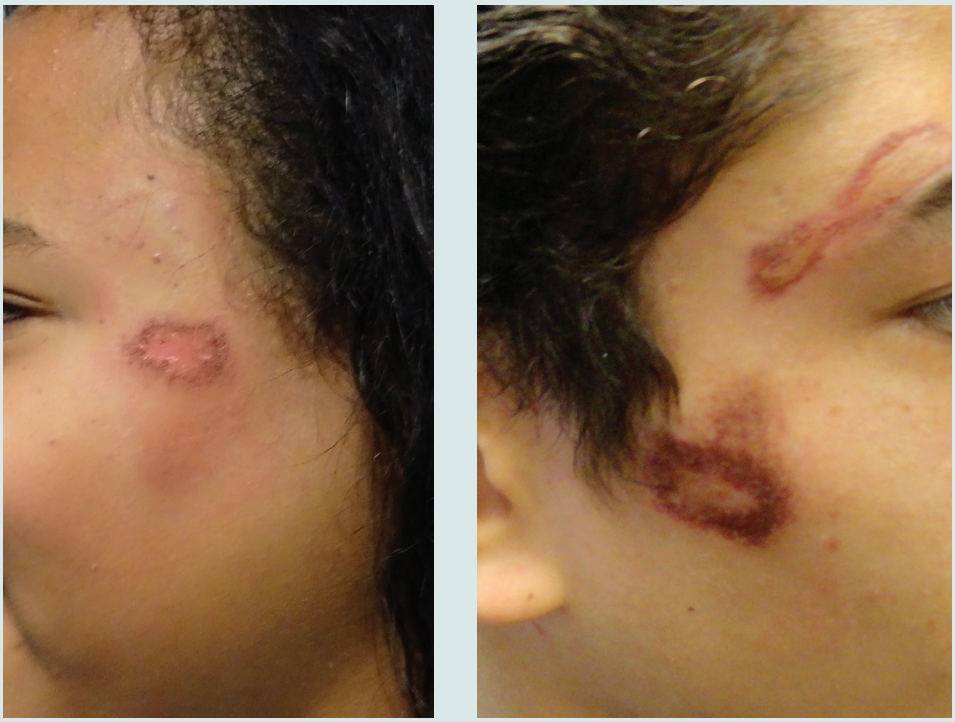
against him.[147] A different youth at a different facility also reported that upon her return from the hospital after a physical management, the staff member involved brought her food that was considered "contraband."[148]

The violent culture in DYC facilities also causes injury to staff. While our Coalition did not have access to staff medical records, it is clear from some Incident Reports that staff were struck by young people prior to and during some physical managements. One Incident Report noted that photographs were taken of injury to staff.[149] After some physical managements, children were charged with crimes for causing injury to staff. The rate of injury to staff in DYC facilities is consistently much higher than the goal set by DYC leadership, and the rate of staff injury increased between 2015 and 2016.[150]

Rug Burns

"I think rubbing the face against the carpet to give you a burn is a little reminder of what happened and who did this to you."

Multiple young people reported that staff would purposely rub their faces on carpet to cause rug burn injuries. One youth stated, "The staff members intentionally rug burn youth."[151] Another reported that staff pushed her head into the ground and "slid my head on the carpet and I started screaming. I had a big circle on my cheek from that."[152] Of the youth interviewed, eight reported suffering from rug burns or observing them on a peer. One concluded, "If I see a kid with rug burn on their face, I assume they got restrained."[153]



Photos of rug burn injuries to young people taken after physical management by staff.

Dante's Story

Dante Jones was in class and left the book his mother had given him on his desk when he went to ask the teacher a question. When he returned, the book was missing. Dante's teacher called security staff to see if they could help find the book. Dante recalls the staff member saying, "I'm not going to search the class just because Dante lost his fucking book." Dante admits that he got angry, and he began to accuse another youth of taking the book. The staff member then ordered Dante to go to isolation for a "time out." Dante responded by swearing at the staff member, and calling him a "punk."

Next, as Dante's teacher puts it, staff "just took him down." Dante remembers other staff members coming in the room to restrain him, and staff members striking him in the face with their knees. Dante was put into handcuffs. A classmate remembers that staff picked Dante up and threw him down on the floor on his back, "and his shoes fell off his feet. And his shoes were tied too. Both shoes came off, one flew in the air....We were all talking about it because his shoes came off and no one had seen that happen before."

Dante's teacher remembers that Dante was in handcuffs when he said he was going to have staff fired. Staff responded by throwing Dante on his face. Dante was cuffed with his hands behind his back, so he could not brace his fall.

Dante recalls that staff then took him to a "time out" room in the school, which does not have cameras, and started hitting and choking him and pushed his head into the wall. Staff members then put a jacket over Dante's head, "so the teachers couldn't see my head," and took him to an isolation room on a unit. Dante remembers crusted blood on the back of his head, blood above his eye, bruises, and a swollen eye and face. When Dante's therapist saw him and his injuries, she asked him what happened, took him into her office, and called for medical assistance.

Dante's classmate saw him later and recalls, "he came back and was all bruised up. Had bruises on his face...it didn't seem like that could have happened in the class. It must have happened in the iso room." Dante's teacher saw Dante later that day and recalls that Dante had a black eye and "looked pretty banged up and he was upset that they did that to him because he was already cuffed up."

Medical records confirm that Dante was injured, documenting that during the restraint Dante hit his head on the wall, lost consciousness, and had a headache and nausea immediately after hitting his head. The doctor observed a bruise-like abrasion on Dante's right cheek, a carpet burn on the left side of the forehead, a swollen right cheek, a mark on the upper neck near the collarbone, and a silver dollar sized bump to the head. Dante's wounds were cleaned and he was placed on concussion protocol; an excessive force claim was reported to the county Department of Human Services.

***This account reflects facts reported by Dante, his teacher, his classmate, and medical records. It also includes facts reported by DYC staff in the Incident Report. Though the Incident Report completed by staff contains no information about the type of force used against Dante, it confirms that staff laid hands on Dante because he verbally refused their directions and called the staff member a "punk." The Incident Report then states, "See use of force." Our coalition requested the "use of force" form referred to in the report, but DYC refused to provide it.*

"It's like, is this a treatment center, or a prison?"[154]

Because of DYC's punitive approach, many young people are not forming rehabilitative relationships with DYC staff. Though some of the youth we interviewed were able to form an isolated positive relationship with a specific staff member, young people universally reported negative impressions of DYC staff as a whole. One youth simply stated, "they didn't like me."[155] Another commented that DYC staff are "angry all the time. I don't know how to explain it, they're in a bad mood all the time. They are like 'Grr' you know....They are like bullies."[156] Young people specifically felt that DYC staff showed their lack of care through physical force; one youth stated, "The ones that hurt me or restrain me...I know they do it on purpose. They just think they can do whatever they want to kids."[157]

Many defeated and demoralized young people reported feeling a lack of self-worth because they felt that staff did not like them or believe in them. One youth stated, "I feel like DYC was out to get me. I feel like DYC don't want me."[158] Youth overwhelmingly reported that DYC staff would insult them and swear at them, noting that staff called them, "a bitch," "fat asses," "worthless," "a piece of shit," a "cry baby," and "unwanted."[159] One youth reported crying after staff physically restrained him; the following day a staff member "looked at me and smirked and said, 'we're not crying today, are we?'"

"Here everyone hates me, I hate myself; I'm just not a good person here."[160]

"There was a period where I was doing well and the therapist said, 'this is just his honeymoon period.' They assumed I would do bad again."[161] Rehabilitation is not possible when young people feel that the staff members who are supposed to care for them don't like them and believe that they are worthless.

DYC Staff Who Help Youth Heal

Some young people were able to describe times that DYC staff took another approach: building relationships rather than using physical force. One youth, who described multiple instances of physical management, injury, and being placed in the WRAP, noted "It's not really all the staff. It's most of the staff but not all of them. Cause I mean Coach, every time someone's getting restrained he don't put his hands on nobody." The same youth identified a second staff member who "actually talks to people and listens," noting, "When she works, I never get in trouble."[162]

Another youth was able to describe a specific time that staff refrained from using physical force. The youth explained that he was upset because he was supposed to be allowed to make a phone call and was not permitted to do so for several days. On the fourth day, when the youth saw a peer get to make a phone call, he became angry. He threw a cooler, threw furniture, and punched the wall. This would usually result in a restraint and/or isolation, but the youth reports that a staff member who "had been there for a while, he knew how to talk to me...he said come for a walk

and my hand's bleeding and I go on a walk with him. They don't put me in a holding cell though." Another staff member acknowledged that the youth was probably upset because he didn't get his phone call, admitting that the youth had been asking for his call all week. Staff and the young person walked to another unit together, talked, and no one was physically managed or injured. It is possible to bring this relational approach to DYC to make facilities safer and effectively rehabilitate children.

The Missouri Miracle
A Path to Reform

"To change a system, you must change the culture."
—Missouri Division of Youth Services[163]

The "Missouri Approach," recognized nationally as the gold standard for humane and effective treatment of incarcerated youth, is a trauma-informed therapeutic group treatment approach toward incarcerated youth devised and implemented by the Missouri Division of Youth Services over the course of the past three decades. Like Colorado, Missouri houses youth up to the age of 21 with the rest of its juvenile population,[164] and works with youth who have been found guilty of serious crimes, are gang involved, have demonstrated violent behavior, and have significant histories of trauma.[165]

"If you treat a kid like an inmate, he's going to act like an inmate."
—Statement by youth during MDYS facility tour.

The Missouri approach relies on a culture of caring that builds strong relationships between youth and their peers and between youth and staff. Children are treated like children and placed in home-like environments that promote safety so youth can let their guard down and engage in treatment. In Missouri, young people sleep in dorm style rooms with comforters, wear their own clothing, decorate their personal spaces with items from home. The common spaces are attractive and comfortable. This stands in stark contrast to the prison-like atmosphere in Colorado DYC facilities, where youth wear institutional scrubs or uniforms, are placed in locked cells with prison blankets, and gather in bleak and institutional common areas.

In Missouri, the goal is change, not punishment. Instead of "behavioral compliance," Missouri staff focus on "internalized change."[166] Young people join a closely supervised group of 10 to 12 peers, with two dedicated staff called "youth specialists." Youth spend virtually all day with their group—sleeping, eating, studying, and exercising together. When youth engage in disruptive, disrespectful, or destructive behavior, they are called upon to explain their thoughts and feelings to the group and reflect on how their actions impact others. [167]

The foundation of this supportive and effective environment is safety. Missouri DYS teaches its staff that "Safety and structure are the foundation of treatment—Meeting youth's basic needs and providing physical and emotional safety is the foundation of treatment. Youth need to know that staff cares enough about them to expect them to succeed."[168]

Colorado

Isolation cell at Lookout Mountain Youth Services Center. Photo credit © Richard Ross, www.juvenile-in-justice.com.

Youth room at Lookout Mountain Youth Services Center. Photo credit © Richard Ross, www.juvenile-in-justice.com.

Still from Spring Creek Youth Services Center, Colorado Springs Gazette.

Missouri

MDYS bunk room.

MDYS common area.

MDYS group meeting room.

In February 2017, DYC leadership, along with a representative of this Coalition and Colorado State Representative Pete Lee, spent two days touring MDYS, speaking with MDYS leadership, staff and youth. The following information was shared and learned during the course of that tour.

"Missouri staff are trained to build positive safe relationships with kids by keepings, 'eyes on, ears on, hearts on.'"

—Missouri Division of Youth Services, "Safety Building Blocks."

A mainstay of the Missouri Approach is that staff must never do anything that hurts a child. Thus, Missouri never uses pain compliance techniques, knee strikes, or the WRAP restraint. Missouri DYS staff do not use any mechanical restraints other than handcuffs, and Missouri leadership estimates that handcuffs were last used on a young person in their care six years ago.

Missouri DYS also completely repudiates the use of isolation. Children in MDYS are never placed alone behind a locked door. Missouri leadership reject isolation because it hurts children, is nontherapeutic, and does nothing to help address the issues driving a child's misbehavior. Missouri youth have a saying: "Change doesn't happen in isolation." As one Missouri youth explained during the tour: "You might be giving staff a break when you put a kid in isolation, but that kid is hurting in there. When he comes out of isolation, he's just going to be angrier and more isolated from the group. Then, it will just be harder to figure out what the real problem is."

Missouri believes in the power of relationships amongst peers and between youth and staff to address virtually any problem that arises in the facility. Although restraints do happen in Missouri, children in Missouri universally reported during a recent visit that they have never been hurt during those restraints and that the restraints do not feel punitive. Instead, children expressed feeling guilt over having engaged in behavior that led to the restraint, and feeling closer to the group because of what happened after the restraint. Unlike in Colorado, where restrained children are typically sent to isolation for some period of time and then suffer a punishment such as loss of privileges, children who are restrained in Missouri are urged to consider what was behind their misbehavior immediately after the restraint. As the children in Missouri repeatedly stated during the tour: "Anger is a secondary emotion." Instead of being punished, youth in Missouri are required to do the hard work of taking responsibility before the group for their actions in anger, and then investigating with the group the root causes of that anger so that the youth can begin fundamentally changing that behavior.

"True understanding is built on genuine empathy and care... Demonstrating respect and appreciation for the worth of youth and families is essential."

—Missouri Division of Youth Services, "Safety Building Blocks."

Missouri is one of only two states that utilizes staff-led, *youth assisted* restraints. Missouri does not recommend other states with long-embedded correctional cultures adopt this approach to restraints. Other jurisdictions that have adopted Missouri's approach do *not* use youth assisted restraints. Instead, staff are taught non-punitive, non-harmful restraint techniques that do not involve pain compliance, isolation, or mechanical restraints, such as those utilized in Safe Crisis Management.[169]

Children in Missouri consistently reported a sense of well-being and self-confidence that came from the support of their group, particularly including staff. Staff likewise reported a deep sense of satisfaction in their jobs and connection with the kids. Although MDYS reports that its staff are some of the lowest paid in the country, many nonetheless stay for decades because of the positive, warm culture and the success of the Missouri's approach.

This cultural environment of respect and care, without the painful and isolating "tools" that DYC staff use to control children, actually results in *safer* facilities. Missouri institutions have far fewer assaults against both staff and youth.[170] Colorado incarcerated youth are more than twice as likely to be assaulted compared to Missouri incarcerated youth.[171]

Compared to other states, Missouri incarcerated youth are:

- 4 ½ times less likely to be assaulted;
- 17 times less likely to be placed in mechanical restraints;
- 200 times less likely to be placed in solitary confinement.

Missouri staff are also safer. Compared to other states, Missouri youth corrections staff are 13 times less likely to be assaulted.[172]

While DYC leadership publicly promotes trauma-informed care based on positive reinforcement and relationship based care for youth,[173] DYC policy and practice are not consistent with that vision. Trauma-informed approaches do not use pain compliance, WRAP restraints, or solitary confinement, and do not allow physical management when children are passively non-compliant. The Missouri Division of Youth Services has wholeheartedly rejected these methods because they hurt children, are not trauma-informed, and deter rehabilitation.

Bringing the Missouri Approach to Colorado

There is way to bring the Missouri Approach to Colorado. The Missouri Youth Services Institute (MYSI), a non-profit dedicated to exporting the Missouri Approach to other states, can bring a pilot program to Colorado and provide a template for broad cultural change within DYC.[174] MYSI's founder and director is Mark Steward, the 17 year former head of the Missouri Division of Youth Services, who pioneered the Missouri Approach. MYSI has successfully partnered with 10 juvenile justice jurisdictions across the country, including Washington DC, to deliver on the promise of trauma-informed care for youth,[175] including increased safety for staff and youth and reduced youth recidivism. MYSI has worked with youth up to age 21, including violent and gang-involved youth, youth who have suffered significant trauma, and youth with mental illness.[176]

MYSI is dedicated to what DYC facilities need most: transforming a correctional culture into a rehabilitative one.

MYSI specializes in meeting local correctional staff and leadership where they are, and then helping transform culture from within by teaching staff a non-punitive, relational, trauma-informed approach to care for incarcerated children. This model can incorporate existing treatment programs in DYC, including the Sanctuary Model and other positive behavior reinforcement systems.[177] MYSI can help DYC leadership finally deliver on its promise to provide effective, trauma-informed care to Colorado's youth, and can do so while keeping youth and staff safer.

Policy Recommendations

To start transforming the culture of violence at DYC into a culture of caring and rehabilitation, and to make young people and staff safer, the Colorado Child Safety Coalition makes the following recommendations.

1. Bring a Missouri Approach pilot program to DYC, under the guidance of Missouri Youth Services Institute, to begin within six months. Colorado's children cannot wait.

2. Prohibit physical management methods that harm and re-traumatize children.
    - Prohibit the WRAP.
    - Prohibit pain compliance techniques.
    - Prohibit the use of leg irons and wrist-to-waist restraints.
    - Prohibit staff from physical contact with disobedient youth who pose no immediate threat of harm to self or others.

3. End the practice of isolating children who act out.

4. Provide intensive training and retraining to all staff in the provision of trauma-informed care and build a positive culture based on relationships, not punishment or control.

5. Provide staff the tools they need to de-escalate and, when necessary, physically manage escalated youth in a manner that does not harm youth or staff, such as the methods taught in Safe Crisis Management.

6. Increase transparency of DYC. The public has a right to know the circumstances under which DYC uses force on the youth in its care. Even with the passage of the DYC transparency law,[178] DYC refuses to provide such information. Should DYC persist in its refusal to disclose information about use of force, the legislature should amend the law to require DYC to provide such information in response to a public information request, without divulging confidential information about individual young people.

Conclusion

The children incarcerated in DYC facilities, as well as staff, are in crisis. They are literally pleading for help. Colorado's current approach is not working. Violence in facilities is increasing, children and staff feel unsafe, and this environment prevents traumatized and vulnerable young people from engaging in the treatment they need. DYC's deeply embedded punitive culture embraces practices that are causing pain and injury to children, increasing risk to staff, and decreasing the likelihood of rehabilitation.

There is an opportunity to implement a better model that makes facilities safer, so that Colorado can fulfill its promise to youth, families and communities: a system that "provid[es] appropriate treatment…" and helps each young person become "a productive member of society."[179] The Missouri Approach is not soft: it's science. Data show that it works to decrease violence and injury while maintaining low recidivism rates and high education outcomes.[180] As one Missouri youth said to DYC leadership and a member of this coalition during a recent Missouri Division of Youth Services tour: "The kids in Colorado deserve as good as the kids in Missouri."

ENDNOTES

[1] Colorado Revised Statutes § 19-2-102(1).

[2] Colorado Department of Human Services (CDHS) press release, "CDHS Releases Statement on Arrest of Spring Creek Youth Services Center Employee," February 10, 2017, available at https://docs.google.com/viewer?a=v&pid=sites&srcid=c3RhdGUuY28udXN8Y2Rocy1jb21tfGd4OjJiMjRiNzQwM2VlNzQ1NjE; *see also* "Youth Corrections Worker Charged With Sexual Assault on Children," December 20, 2016, available at http://kdvr.com/2016/12/20/youth-corrections-officer-charged-with-sexual-assault-children/.

[3] *See* http://missouriapproach.org/approach/; *see also* http://missouriapproach.org/results.

[4] The young people interviewed had been incarcerated at ten of the twelve secure detention facilities in Colorado: the Gilliam Youth Services Center, Lookout Mountain Youth Services Center, Platte Valley Youth Services Center, Spring Creek Youth Services Center, Grand Mesa Youth Services Center, Mount View Youth Services Center, Marvin W. Foote Youth Services Center, Adams Youth Services Center, Zebulon Pike Youth Services Center, and Betty K. Marler Youth Services Center. We also interviewed youth at Ridge View Youth Services Center, a 500 bed open campus facility. The Coalition did not interview youth held at only two state owned DYC facilities, Robert E. Denier Denier Youth Services Center or Pueblo Youth Services Center. The Gilliam, Adams, Pueblo, and Marvin W. Foote Youth Service Centers are state owned and operated detention facilities. The Platte Valley, Grand Mesa, Spring Creek, and Mount View Youth Services Centers are state owned and operated facilities for both detained (pre-trial) and committed (sentenced) youth. The Lookout Mountain and Zebulon Pike Youth Services Centers are state owned and operated facilities that serve committed (sentenced) boys. The Ridge View, Betty K. Marler, and Robert E. Denier Youth Services Centers are state owned facilities operated by private contractors. The average daily population in secure DYC facilities in 2014-15 was 663 youth (including youth held prior to trial and youth committed to sentences in DYC facilities).

[5] *See* Letter to CDHS Director Reggie Bicha from ACLU of Colorado, Colorado Juvenile Defender Center, and Disability Law Colorado (CJDC), June 18, 2014, available at http://static.aclu-co.org/wp-content/uploads/2017/02/2014-06-18-Letter-to-DHS-Executive-Director-Bicha.pdf.

[6] *See* Letter to CDHS Director of Office of Child, Youth and Families Robert Werthwein from Disability Law Colorado, ACLU of Colorado, and CJDC, Nov. 2, 2016, available at: http://static.aclu-co.org/wp-content/uploads/2017/02/2016-11-02-Werthwein-DLC-ACLU-CJDC-physical-management.pdf.

[7] "Colorado Springs youth service center workers ask for stun guns, pepper stray to counter violence amid release of new video," *The Gazette,* October 31, 2016, available at: http://gazette.com/spring-creek-workers-ask-for-stun-guns-pepper-spray-to-counter-violence/article/1589109

[8] Critical incidents are serious incidents that include an escape from a secure facility, suicide attempts, transporting a juvenile to a

hospital, police being called to the facility, assaults that may result in police contact, an allegation of child abuse, or a facility lock down for more than 4 hours. Colorado Office of the State Auditor, Division of Youth Corrections Performance Audit, September 2016, p. 33, available at: https://leg.colorado.gov/sites/default/files/documents/audits/1557p_division_of_young people_corrections_performance_audit_september_2016.pdf

[9] Colorado Office of the State Auditor, Division of Youth Corrections Performance Audit, September 2016, p. 32, available at: https://leg.colorado.gov/sites/default/files/documents/audits/1557p_division_of_young people_corrections_performance_audit_september_2016.pdf

[10] CDHS FY 2017-18 Joint Budget Committee Hearing Agenda, January 4, 2017, pp. 10-11, available at https://leg.colorado.gov/sites/default/files/fy2017-18_humhrg2_0.pdf

[11] *Id*., pp. 9- 10.

[12] DYC Management Reference Manual, Fiscal Year 2014-15, published March 2016, pp 5, 17, and 20, available at https://drive.google.com/file/d/0B2XNXJqGVfP6Y3k2cmlLbnBHZGc/view. The average daily population of pre-trial youth in secure facilities declined from 353 to 282 between fiscal years 2010-11 and 2014-15; the average daily population of sentenced youth in secure facilities declined from 494 to 381 in the same time period.

[13] The average age of youth at the time of detention has been either 16.0 or 16.1 since fiscal year 2010-11. The average age of youth at the time of commitment to DYC has been either 16.7 or 16.8 since fiscal year 2007-08. *Id*., pp. 11, 23; Division of Corrections Management Reference Manual, Fiscal Year 2010-11, published October 2012, pp. vii, 11; Division of Corrections Management Reference Manual, Fiscal Year 2011-12, published March 2013, pp. 11, 24; all available at https://sites.google.com/a/state.co.us/cdhs-dyc/home/resources-publications/reports-and-evaluations.

[14] The number of young men sentenced to DYC for committing a felony against a person was 20.2%, 17.8%, 21.0%, 22.2%, and 22.3% from fiscal years 2010-11 to 2014-15. The number of young women committed for a felony against a person was 14.6%, 11%, 14.5%, 12.5%, and 13.1%. DYC Management Reference Manual, Fiscal Year 2014-15, published March 2016, p. 26; Division of Corrections Management Reference Manual, Fiscal Year 2011-12, published March 2013, p. 26; both available at https://sites.google.com/a/state.co.us/cdhs-dyc/home/resources-publications/reports-and-evaluations.

[15] The number of youth sentenced to DYC with previous probation involvement has been 83%, 88%, 83%, 81%, 82%, DYC Management Reference Manual, Fiscal Year 2014-15, published March 2016, p. 19, available at https://drive.google.com/file/d/0B2XNXJqGVfP6Y3k2cmlLbnBHZGc/view

[16] *See* note 10, *supra* at p. 16; Budget Package and Long Bill Narrative, State of Colorado, Joint Budget Committee, FY 2016-17, p. 100, available at https://leg.colorado.gov/sites/default/files/16lbnarrative_0.pdf; Budget Package and Long Bill Narrative, State of Colorado, Joint Budget Committee, FY 2015-16, p. 95, available at http://leg.colorado.gov/sites/default/files/15lbnarrative.pdf

[17] *See* note 10, *supra* at p. 16. While other facilities did report reduced violence from fiscal year 2014-15 to 2015-16, the reductions in violence were highly variable (ranging from 9-53% reduction) and independent of staffing improvements. For example, two facilities experienced no change in staffing but reduced violence over 20%. On the contrary, Lookout Mountain improved their staff-to-young people ratio by 18% (12.6:1 vs. 10.3:1) in fiscal year 2015-16, the second largest improvement of all facilities; however, Lookout Mountain was the least improved in violent activity, reporting only a 9% reduction in fights and assaults.

[18] Interview with Lataya. *To protect the identities of the young people in this Report, a unique pseudonym has been assigned to each youth.*

[19] *Id*.

[20] *See* note 7, *supra*.

[21] *Id*.; *see also* Max Siegelbaum, "Colorado Youth Corrections boss leaves after allegations of riots, assaults and sex," Sept. 14, 2016, available at:
http://www.denverpost.com/2016/09/14/colorado-youth-corrections-charles-chuck-parkins-departs/.

[22] Interview with Elijah.

[23] *Id*.

[24] Sue Burrell, "Trauma and the Environment of Care in Juvenile Institutions," Youth Law Center, The National Child Traumatic Stress Network, Aug. 2013, p. 3, available at: http://www.njjn.org/uploads/digital-library/NCTSN_trauma-and-environment-of-juvenile-care-institutions_Sue-Burrell_September-2013.pdf.

[25] Thomas Grisso, "Progress and Perils in the Juvenile Justice and Mental Health Movement," Journal of the American Academy of Psychiatry and the Law, 35, 2007, pp. 158–167, available at: http://www.njjn.org/uploads/digital-library/perils.pdf.

[26] Julian D. Ford, John F. Chapman, Josephine Hawke, and David Albert, "Trauma Among Young people in the Juvenile Justice System: Critical Issues and New Directions," Research and Program Brief, National Center for Mental Health and Juvenile Justice, June 2007, available at: http://www.ncmhjj.com/wp-content/uploads/2013/10/2007_Trauma-Among-Young people-in-the-Juvenile-Justice-System.pdf

[27] *See* note 24, *supra* at p. 1.

[28] *Id*., p. 4.

[29] *Id*., p. 1.

[30] Elwyn LJ, Esaki N, Smith CA, "Safety at a girls' secure juvenile justice facility," Therapeutic Communities: The International Journal of Therapeutic Communities, 2015, available at: http://www.emeraldinsight.com/doi/abs/10.1108/TC-11-2014-0038?journalCode=tc; Marrow MT, Knudsen KJ, Olafson E, Bucher SE, "The value of implementing TARGET within a trauma-informed juvenile justice setting," Journal of Child & Adolescent Trauma, 2012, available at: http://www.tandfonline.com/doi/abs/10.1080/19361521.2012.697105.

[31] *Id*.

[32] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014, p. 9-10, available at: http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf.

[33] *Id*.

[34] *Id*.

[35] *Id*., p. 11.

[36] *See* note 24, *supra* at p. 4.

[37] Interview with John.

[38] The National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint (NCTIC) supports the elimination of the use of seclusion, restraints, and other coercive practices, as the use of seclusion, restraint, and other violent interventions actually re-traumatize people and pose a barrier to recovery. See National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint (NCTIC) available at https://www.samhsa.gov/nctic

[39] CDHS OCYF-27 DYC Questions Regarding the Missouri Approach, Seclusion and Training, Feb. 22, 2017, p. 3.

[40] *Id*.

[41] The document reporting DYC physical management data does not reflect from what facilities the data was derived. *Id*. However, this Coalition understands from recent conversations with DYC leadership that, until very recently, DYC's three state-owned, privately run facilities were not consistently collecting or reporting data regarding staff actions toward youth. For example, in the January 25, 2017 Youth Seclusion Work Group Semi-Annual Report, DYC reported no solitary data on Ridge View Youth Services Center and noted that "Betty Marler and Robert Denier have recently implemented data quality improvement processes; data accuracy prior this implementation is questionable." *See* CDHS Youth Seclusion Working Group, Semi-Annual Report, Jan. 25, 2017, p. 1 n.2, available at: http://static.aclu-co.org/wp-content/uploads/2017/02/Seclusion_COMMITTEE_Mar-Aug16_Report-FINAL_Revised_1-17-17.pdf.

[42] Interview with Julian.

[43] *See WRAP customer list, available at:* http://www.saferestraints.com/site/

[44] *See* http://www.saferestraints.com.

[45] *See* note 39, *supra* at p. 3.

[46] *See* http://www.saferestraints.com/site/CustomerListUSA?Custlist%5Bagency%5D=Juvenile&Custlist%5Blocation%5D=&yt0=Search+US+Customers; http://www.saferestraints.com/site/CustomerListUSA?Custlist%5Bagency%5D=Youth&Custlist%5Blocation%5D=&yt0=Search+US+Customers.

[47] Chad Day, "Youth unit told to scrap restraint, taped helmet." *The Northwest Arkansas Democrat Gazette*, October 9, 2014, available at: http://www.nwaonline.com/news/2014/oct/09/youth-unit-told-to-scrap-restraint-tape/; see also http://www.policestateusa.com/2014/juvenile-detainees-locked-in-controversial-device/

[48] Letter from Juvenile Ombudsman Division to Yell County Juvenile Detention Center, September 18, 2014, available at http://media.arkansasonline.com/news/documents/2014/10/08/letter_from_ombudsman.pdf

[49] Letter from Arkansas Division of Youth Services to Director of Yell County Juvenile Detention Center, September 29, 2014, available at http://media.arkansasonline.com/news/documents/2014/10/08/lettertoYellCojdc.pdf.

[50] *See* note 43, *supra*.

[51] Interviews with Elijah, Dante, Sebastian, Julian, Chris, David, John, Lataya, Alejandro, Camila, Isabella, and Roger. A thirteenth youth, Alice, reported seeing a peer placed in the WRAP.

[52] Interviews with David (17 times), Lataya, and Camila.

[53] *See* note 18, *supra*.

[54] Adams Youth Services Center Incident Report. *Many youth reported credible fear of retaliation should DYC staff know of their complaints about violence in the facilities. To address this fear, when citing to DYC records throughout this Report, we exclude any information that may reveal the identity of the reporter to DYC staff with knowledge.*

[55] Lookout Mountain Youth Services Center Seclusion/Restraint Check Sheet.

[56] *Id.*

[57] *Id*.

[58] *Id*.

[59] Interviews with Elijah, Julian, Dante, Chris, Alejandro, and Camila.

[60] Interviews with Elijah, Dante, Chris, David, John, and Lataya. One youth reported, "It starts at the feet. Your feet go numb. Your legs go numb. Your thighs go numb."

[61] Interview with David.

[62] Interviews with Elijah, Sebastian, Dante, Chris, and Alejandro.

[63] Sebastian stated that this "c curve" created "tons of pain in my back." John reported pain to his hamstring, the back of his thighs, his lower back, his calves, and the bottom of his feet, saying, "it hurts bad."

[64] Lookout Mountain Youth Services Center Incident Reports.

[65] *Id*.

[66] Lookout Mountain Youth Services Center Medical Record.

[67] Interview with Chris.

[68] Interview with John.

[69] *See* note 24, *supra* at p. 4.

[70] *See* note 39, *supra* at p. 2.

[71] See CDHS Youth Seclusion Working Group, Semi-Annual Report, Jan. 25, 2017, p. 2, available at: available at: http://static.aclu-co.org/wp-content/uploads/2017/02/Seclusion_COMMITTEE_Mar-Aug16_Report-FINAL_Revised_1-17-17.pdf;

[72] *Id*., pp. 3-4.

[73] "Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States," Human Rights Watch and American Civil Liberties Union, October 2012, pp. 23-37, *available* at http://www.aclu.org/blog/criminal-law-reform-prisoners-rights/growing-locked-down-youth-solitary-confinement.

[74] Dep't of Justice Office of Juvenile Justice and Delinquency Prevention, Juvenile Suicide in Confinement: A National Survey (2009), pp. 11-12, *available at* https://www.ncjrs.gov/pdffiles1/ojjdp/213691.pdf.

[75] *See, e.g.*, Policy Statements: Solitary Confinement of Juvenile Offenders, American Academy of Child & Adolescent Psychiatry, approved April 2012, *available* at http://www.aacap.org/AACAP/Policy_Statements/2012/Solitary_Confinement_of_Juvenile_Offenders.aspx.

[76] *See* note 64, *supra*.

[77] *See* note 37, *supra*.

[78] *See* https://legiscan.com/CO/text/HB1328/id/1418368/Colorado-2016-HB1328-Enrolled.pdf; *see also* note 5, *supra*.

[79] *See* note 71, *supra*, at pp. 5-6.

[80] *See* note 9, *supra*, at pp. 27-32.

[81] *See* note 64, *supra*.

[82] Lookout Mountain Youth Services Center written Special Management Plan.

[83] Verbal report from DYC administration to Coalition.

[84] Interviews with Sebastian, Tony, and John.

[85] Interviews with Julian, John, and Lataya.

[86] Lookout Mountain Youth Services Center Grievances.

[87] *See* note 18, *supra*.

[88] Letter to Robert Werthwein from ACLU of Colorado, Colorado Juvenile Defender Center, and Disability Law Colorado, November 2, 2016, available at: http://static.aclu-co.org/wp-content/uploads/2017/02/2016-11-02-Werthwein-DLC-ACLU-CJDC-physical-management.pdf.

[89] Investigation of the Shelby County Juvenile Court, U.S. Dep't of Justice Civil Rights Div., pp. 56-58, 65 (Apr. 2012), available at: https://www.justice.gov/sites/default/files/crt/legacy/2012/04/26/shelbycountyjuv_findingsrpt_4-26-12.pdf.

[90] *See* note 64, *supra*.

[91] *Id*.

[92] *Id*.

[93] *Id*.

[94] *Id*.

[95] Interviews with Elijah, Julian, Sebastian, Dante, Alice, Brandon, Chris, Jamie, Justin, Alejandro, Lataya, John, Isabella.

[96] Interview with Alice, Brandon.

[97] Interview with Brandon (bruised ears) and Chris (fingernails).

[98] "Pressure Points for Law Enforcement: Control and Compliance," published by the Snake Pit: Combat Arts, February 16, 2016, available at https://www.youtube.com/watch?v=3YNRSFYVb5A

[99] *See* note 67, *supra*.

[100] Interview with Sebastian.

[101] Two Lookout Mountain Youth Services Center Incident Reports. (One staff member documents three knee strikes to the femoral nerve point, another staff member documents knee strike to the common peroneal).

[102] Interviews with Elijah, Dante, Sebastian, Alice, Julian, Chris, David, Alejandro, John, Jamie, Anderson.

[103] Interviews with Sebastian, Dante, Chris, Jamie, and Anderson.

[104] Interviews with Elijah, Sebastian, Dante, Chris, and John.

[105] *See* note 96, *supra*.

[106] *See* note 66, *supra*.

[107] DYC Medical records.

[108] Interview with Camila.

[109] Interviews with Dante (staff put hands on youth when he refused to hand them his drawing pencil), Elijah (restraint occurred when youth was sitting down reading, staff told him to move, and he refused to move), Jamie (staff restrained seated peer when peer refused to give staff his book, resulting in knee strikes and rub burn injuries), and Camila (during breakfast "they had took my juice and milk so I went to go get it from the staff desk and I reached across the staff desk to get it and they restrained me").

[110] *See* note 67, *supra*.

[111] Interview with Jaime.

[112] Mount View Youth Services Center Incident Report.

[113] Interviews with Roger and John.

[114] *See* note 64, *supra*.

[115] *Id*. (when youth refused to take a time out, staff attempted to transport youth, "youth physically struggled with transition which resulted in physical management"; Mount View Youth Services Incident Report (physical management when youth refused to go into his room).

[116] *See* Shantel D. West, "Student perspectives on how trauma experiences manifest in a classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum," Children and Youth Services Review 38 2014, p. 62(noting traumatized youth can be triggered by "certain sights, sounds, words, physical touch").

[117] Interview with Alice.

[118] Interview with Sebastian, Dante.

[119] Two DYC videos recording incidents at Lookout Mountain Youth Services Center.

[120] *See* note 18, *supra*.

[121] Interview with Dante.

[122] *Id*.

[123] Interview with Alejandro.

[124] *See* note 121, *supra*.

[125] *See* note 123, *supra*.

[126] *See* note 67, *supra*.

[127] *See* note 121, *supra*.

[128] *Id*.

[129] Interviews with David, Alejandro, Chris, Dante, and Elijah.

[130] *See* note 121, *supra*.

[131] *See* note 67, *supra*.

[132] *See* note 61, *supra*.

[133] *Id*.

[134] *See* note 120, *supra*.

[135] *See* note 100, *supra*.

[136] *See* note 123, *supra*.

[137] DYC medical records.

[138] *Id.*

[139] *Id.*

[140] *Id.*

[141] *Id.*

[142] *Id.*

[143] Interviews with Elijah (reporting being knocked out staff slammed him to the ground), Sebastian (reporting five knee strikes to the face and having his face pushed into the carpet, then seeing black), Dante (reporting that staff banged his head on a tile floor), Chris (reporting blacking out after staff threw him to the ground), Ashley (who recalling being picked up and thrown on the ground by staff, she later went to the ER), and Elias (reporting being thrown onto the metal bed frame in an isolation room after being thrown to the ground on a hard cement floor),Brandon (reporting that staff slammed his head on tile),Camila (reporting that staff banged her head into the floor and she was put on concussion protocol), and Isabella (reporting her head was banged to the floor and she lost consciousness).

[144] Interviews with Brandon, Chris, and Camila.

[145] Interview with Elijah.

[146] *See* note 67, *supra*.

[147] *Id.*

[148] Interview with Ashley.

[149] Lookout Mountain Incident Report.

[150] *See* note 10, *supra* at p. 10.

[151] *See* note 61, *supra*.

[152] *See* note 117, *supra*.

[153] *See* note 123, *supra*.

[154] *See* note 67, *supra*.

[155] *Id.*

[156] *See* note 121, *supra*.

[157] *See* note 109, *supra*.

[158] *See* note 121, *supra*.

[159] Interviews with Alice, Lataya, Roger, and Camila.

[160] *See* note 121, *supra*.

[161] *See* note 37, *supra*.

[162] *See* note 108, *supra*.

[163] "Missouri Approach," Powerpoint by Missouri Division of Youth Services, p. 5.

[164] *Id*., p. 1.

[165] "The Missouri Model: Reinventing the Practice or Rehabilitating Youthful Offenders," Richard A. Mendel, The Annie E. Casey Foundation, Baltimore, MD, 2010, pp. 8, 19, available at: :http://www.aecf.org/m/resourcedoc/aecf-MissouriModelFullreport-2010.pdf; Missouri Department of Social Services, Division of Youth Services Annual Report Fiscal Year 2015, p. 1, available at: https://dss.mo.gov/re/pdf/dys/youth-services-annual-report-fy15.pdf.
166 *See* http://missouriapproach.org/approach/.

[167] *Id*.., p. 7.

[168] Missouri Division of Youth Services Treatment Beliefs, January 1, 2010.

[169] *See* http://www.safecrisismanagement.com/paypal/. This information was confirmed in conversations between ACLU of Colorado Staff Attorney & Policy Counsel Rebecca Wallace with Phyllis Becker, Director of Missouri Division of Youth Services and Mark Steward, Executive Director of Missouri Youth Services Institute during a February 2, 2017 MDYS site visit; during a January 31, 2017 conversation with Dr. Mary Livers, former 12 year head of Louisiana's Office of Juvenile Justice who oversaw implementation of the Missouri Approach; and during a January 31, 2017 conversation with Professor Vincent Schiraldi, former head of juvenile corrections in Washington, DC who oversaw implementation of the Missouri approach.

[170] *See* http://missouriapproach.org/approach/.

[171] While the rate of assaults in DYC facilities per 100 bed days fluctuated between 0.42 and 0.58 in 2016, Missouri's rate was 0.21 for fiscal year 2016. *Compare* CDHS FY 2017-18 Joint Budget Committee Hearing Agenda, January 4, 2017, p. 8, available at: https://leg.colorado.gov/sites/default/files/fy2017-18_humhrg2_0.pdf; *with* data from Phyllis Becker, Director of Missouri Division of Youth Services, received January 11, 2017. The average assault rate at PbS facilities, a comparison group including over 200 which are a mix of above-average facilities seeking to optimize results and more problematic facilities seeking to address safety issues and other serious problems, is 0.42 per 100 bed days.

[172] *See* note 166, supra at p. 9. This data was compiled in 2008-09 for the Council of Juvenile Correctional Administrators' Performance-based Standards (PbS) project. The comparison group includes over 200 PbS facilities, which are a mix of above-average facilities seeking to optimize results and more problematic facilities seeking to address safety issues and other serious problems.

[173] CDHS FY 2017-18 Joint Budget Committee Hearing Agenda, January 4, 2017, pp. 21-24, available at: https://leg.colorado.gov/sites/default/files/fy2017-18_humhrg2_0.pdf.

[174] *See* http://www.mysiconsulting.org/.

[175] "The Missouri Youth Services Institute (MYSI) Approach for Positive Juvenile Justice System Outcomes," Mark Steward, January 13, 2017.

[176] Statements by Mark Steward during Feb. 2017 MDYS site visit.

[177] *Id.*

[178] Colorado Revised Statutes § 19-1-304(8).

[179] *See* note 1, *supra*.

[180] *See* http://missouriapproach.org/approach/

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The principal drafter and lead researcher is Elizabeth Logemann, ACLU of Colorado Child Safety Attorney. Other contributing researchers, drafters and editors include: Rebecca Wallace, ACLU of Colorado Staff Attorney and Policy Counsel; Mark Ivandick, Managing Attorney of Disability Law Colorado; Kelsey Lesco, Facilities Staff Attorney for Disability Law Colorado; Ivy Palu, Juvenile Social Worker with the Office of the Colorado State Public Defender; and Ann Roan, State Training Director for Juvenile Defense and Complex Litigation for the Office of the Colorado State Public Defender.

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American Civil Liberties Union of Colorado
aclu-co.org

Disability Law Colorado
disabilitylawco.org

Office of the Colorado State Public Defender
coloradodefenders.us

Colorado Juvenile Defender Center
cjdc.org

A PATH FORWARD

There is a path forward to transform DYC's punitive culture into a rehabilitative one — by embracing the Missouri Approach to incarcerated youth.

MISSOURI APPROACH: SAFETY BUILDING BLOCKS

"Missouri staff are trained to build positive safe relationships with kids by keepings, 'eyes on, ears on, hearts on.' "

—Missouri Division of Youth Services

"True understanding is built on genuine empathy and care... Demonstrating respect and appreciation for the worth of youth and families is essential."

—Missouri Division of Youth Services

Learn more about the Missouri Model at:
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