

# **Division of Juvenile Corrections**

## **Juvenile Correctional Facility Population Characteristics**

### **Table of Contents**

Executive Summary.....	2
Commitment Types.....	3
Demographics .....	5
Risk Scores.....	8
Offenses Committed .....	10
Treatment and Programming .....	12
Assaults on Staff.....	15

## Executive Summary

- This report provides descriptive information about youth in the state's Type 1 secure juvenile correctional facilities (JCFs) (Lincoln Hills School, Copper Lake School, and Mendota Juvenile Treatment Center). These youth will be the primary population in the new state-run Type 1 facilities and the new county-run Secure Residential Care Centers for Children and Youth (SRCCCYs).
- The Division of Juvenile Corrections (DJC's) primary population can be categorized by the youth's underlying commitment: Adult, Serious Juvenile Offender (SJO), or juvenile commitment. Although there has been a decline in commitments, the decline is not uniform across commitment types.
- DJC serves a very small percentage of Wisconsin youth. During 2017, DJC received 162 new youth to its facilities, or an estimated 0.03% of Wisconsin youth between the ages of 10 and 17.
- Youth vary in age. Over the past five years, the largest daily range between the youngest and oldest youth at a JCF was 9 years.
- Youth are disproportionately black. During CY 2018, the majority, or 75.2%, of new commitments were black.
- The majority of JCF youth come from Milwaukee County. During CY 2018, the majority, or 56.5% came from Milwaukee County.
- Across all types of commitments, violent offenses are the most serious offense for the majority of our youth, committed by 87% of SJO commitments, 69.5% of adult commitments, and 54.3% of juvenile commitments.
- Most youth (over 90%) score as medium or high risk on DOC's risk assessment tool, and a higher percentage of juvenile commitments than SJO commitments score as high risk (62.9% versus 46.9%).
- The majority of youth at LHS/CLS are receiving services for mental health conditions, with female youth having higher mental health severity codes than males.
- Youth have significant levels of trauma history, medical need, and educational needs, with nearly half enrolled in special education.
- Youth with juvenile commitments accounted for a greater share of the assaults on staff than their percentage in the overall facility population during CY 2017-18.

## Commitment Types

### **Key Points:**

- DJC's primary population can be categorized by the youth's underlying commitment: Adult, Serious Juvenile Offender, or juvenile commitment.
- Judges have some discretion on the type of commitment a youth receives.
- Although there has been an overall decline in commitments, the decline is not uniform across commitment types.

### **Methodology:**

This report provides descriptive information about youth in the state's Type 1 secure juvenile correctional facilities (Lincoln Hills School, Copper Lake School, and Mendota Juvenile Treatment Center), who will be the primary population of youth in the new state-run Type 1 facilities and the new county-run Secure Residential Care Centers for Children and Youth (SRCCCYs). Which type of new facility a youth is initially placed at will be determined primarily by his or her commitment type.

Because youth may have multiple concurrent commitments, DJC uses the following classification hierarchy:

- Adult Commitments: Youth convicted in adult court who are under the age of 18.
- Serious Juvenile Offender Commitments: Typically 5 year commitments (facility and community time). SJO youth are adjudicated delinquent for committing one or more of a certain list of serious offenses designated in statute (generally Class A, B, or C felonies).
- Juvenile Commitments: Typically one year commitments (facility and community time).

*DJC also houses a small number of youth that may be sent to Lincoln Hills (LHS) and Copper Lake (CLS) schools under a contract with counties to use the facility as short term detention, or for short-term sanctions from an authorized Type 2 residential care center (RCC). DJC's ADP during CY 2018 for this population was less than 1 youth, or a 0.65 ADP.*

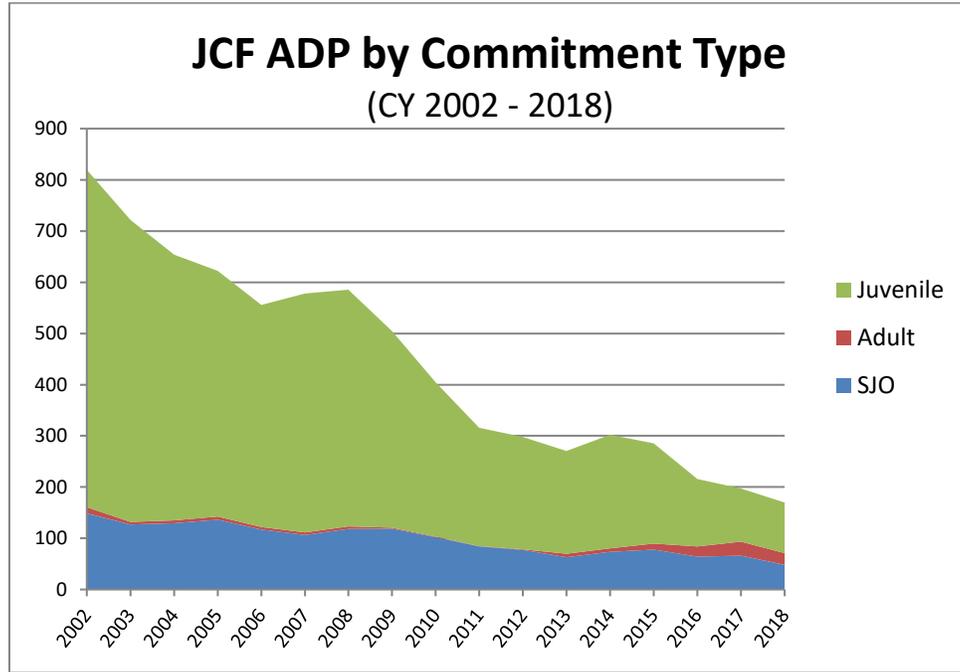
### **Analysis:**

Judges have some discretion on the type of commitment a youth receives. For example, approximately 15% of youth with new juvenile commitments committed an offense that would have made them eligible for an SJO disposition.

Juvenile commitments have declined more rapidly than SJO commitments while adult commitments to DJC have increased, primarily as a result of policy changes.

- Juvenile commitments decreased from 384 in CY 2009 to 108 in CY 2018, or a 71.8% decrease.
- SJO commitments decreased from 44 in CY 2009 to 18 in CY 2018, or a 59.1% decrease.

- Adult commitments increased from 6 in CY 2009 to 51 in CY 2018, or a 850% increase. This increase is attributed to changes in policy under the Prison Rape Elimination Act.



Annual changes in new commitments vary widely, particularly for SJOs.

### Commitments by Year and Type (CY 2009 – 2018)

CY	Juvenile	Change over Previous CY	SJO	Change over Previous CY	Adult	Change over Previous CY
2009	384	-	44	-	6	-
2010	312	-19%	32	-27%	8	33%
2011	288	-8%	46	44%	5	-38%
2012	243	-16%	29	-37%	12	140%
2013	231	-5%	39	34%	12	0%
2014	261	13%	48	23%	15	25%
2015	206	-21%	44	-8%	22	47%
2016	139	-33%	26	-41%	43	95%
2017	169	22%	29	12%	56	30%
2018	108	-36%	18	-38%	51	-9%

## Demographics

### Key Points:

- JCF youth vary in age. Over the past five years, the largest daily range between the youngest and oldest youth at a JCF was 9 years.
- JCF populations are disproportionately black. During CY 2018, the majority, or 75.2%, of new commitments were black.
- The majority of JCF youth come from Milwaukee County. During CY 2018, the majority, or 56.9% came from Milwaukee County.

### Analysis:

Average age at commitment is around 16 years old, with slightly higher averages for youth with adult commitments.

**Average Age at Commitment by Type and Sex<sup>1</sup>**  
(CY 2009 – 2018)

CY	Males				Females			
	Juvenile	SJO	Adult	All Males	Juvenile	SJO	Adult	All Females
2009	16.2	16.1	17.6	16.2	16.1	16.4		16.1
2010	16.1	16.4	17.9	16.2	16.2	14.2		16.1
2011	16.3	16.4	19.0	16.3	16.0	16.2		16.0
2012	16.2	16.3	17.7	16.3	16.0			16.0
2013	16.1	16.2	16.8	16.2	16.0		17.9	16.0
2014	15.9	16.3	17.6	16.1	16.3	16.6	17.9	16.4
2015	16.0	16.1	16.9	16.1	15.9	16.6	17.0	16.0
2016	16.2	16.6	17.6	16.6	15.9	16.7	17.1	16.3
2017	16.1	16.4	17.7	16.5	15.5	15.5		15.5
2018	16.2	16.3	17.6	16.6	15.8	15.7	19.3	16.7

1. Table includes each new commitment during the reporting period. Youth with multiple commitments will be represented multiple times.

Facilities serve youth with a considerable age range. During the past five years the minimum range of years between the youngest and oldest on a given day included a minimum of 2.6 years to a maximum range of 9.0 years (for example, ages 13 to 22). These varying ages require a number of programmatic and operational considerations.

## JCF Daily Age Range, by Facility

(CY 2013 – 2018)

	Minimum Age Range on a Single Day	Maximum Age Range on a Single Day
CLS	3.0	8.2
LHS	4.8	8.8
MJTC	2.6	9.0

### Race

Youth in JCFs are disproportionately black including the majority, or 75.2%, of new commitments in CY 2018.

## JCF Youth by Race and Commitment<sup>1</sup>

(CY 2018)

Race	Commitment Type	Youth	Percent of Total
<b>Black</b>	Juvenile	70	43.5%
	SJO	13	8.1%
	Adult	38	23.6%
<b>Subtotal</b>		<b>121</b>	<b>75.2%</b>
<b>White</b>	Juvenile	20	12.4%
	SJO	5	3.1%
	Adult	9	5.6%
<b>Subtotal</b>		<b>34</b>	<b>21.1%</b>
<b>Native American</b>	Juvenile	5	3.1%
	Adult	1	0.6%
<b>Subtotal</b>		<b>6</b>	<b>3.7%</b>
<b>Total</b>		<b>161</b>	<b>100.0%</b>

1. Reflects unique youth based on the commitment hierarchy of adult, SJO, juvenile.

## Committing County

Most JCF youth come from Milwaukee County, which represents 56.5% of DJC youth over the most recent five year reporting period. *See DJC Population Data Report for additional detail, including maps, on the geographic distribution and breakdown by commitment type.*

The top ten counties sending youth to DJC account for over 80.0% of the population.

### JCF Youth ADP, Top 10 Counties (% State Total)

(CY 2014 - 2018)

County	2014	2015	2016	2017	2018	Average (2014-18)
<b>Milwaukee Co</b>	56.0%	57.0%	55.6%	54.3%	56.9%	56.0%
<b>Dane Co</b>	6.5%	6.1%	6.1%	2.9%	4.0%	5.4%
<b>Racine Co</b>	5.6%	5.5%	4.2%	3.2%	5.0%	4.9%
<b>Brown Co</b>	4.7%	3.9%	4.5%	5.1%	5.2%	4.6%
<b>Kenosha Co</b>	2.7%	3.0%	4.8%	5.9%	5.7%	4.1%
<b>Fond du Lac Co</b>	1.5%	2.0%	2.2%	2.0%	2.6%	2.0%
<b>Outagamie Co</b>	1.4%	2.0%	2.6%	2.3%	1.0%	1.8%
<b>Rock Co</b>	0.6%	1.8%	1.6%	1.9%	1.3%	1.4%
<b>Waukesha Co</b>	0.4%	1.0%	1.0%	3.2%	2.3%	1.4%
<b>Marathon Co</b>	1.9%	1.0%	0.9%	1.1%	0.2%	1.1%
<b>Total</b>	<b>81.2%</b>	<b>83.3%</b>	<b>83.4%</b>	<b>81.8%</b>	<b>84.2%</b>	<b>82.7%</b>

## Risk Scores

### Key Points:

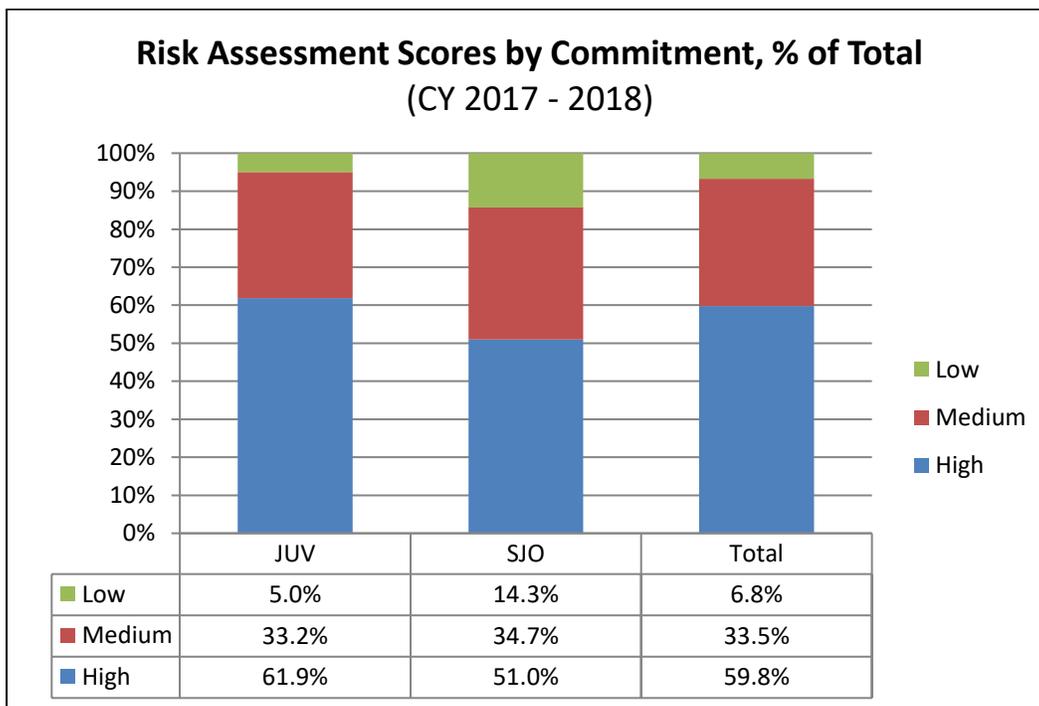
- Most youth (over 90%) score as medium or high risk.
- A somewhat higher percentage of juvenile commitments than SJO commitments score as high risk (61.9% versus 51.0%)

### Methodology:

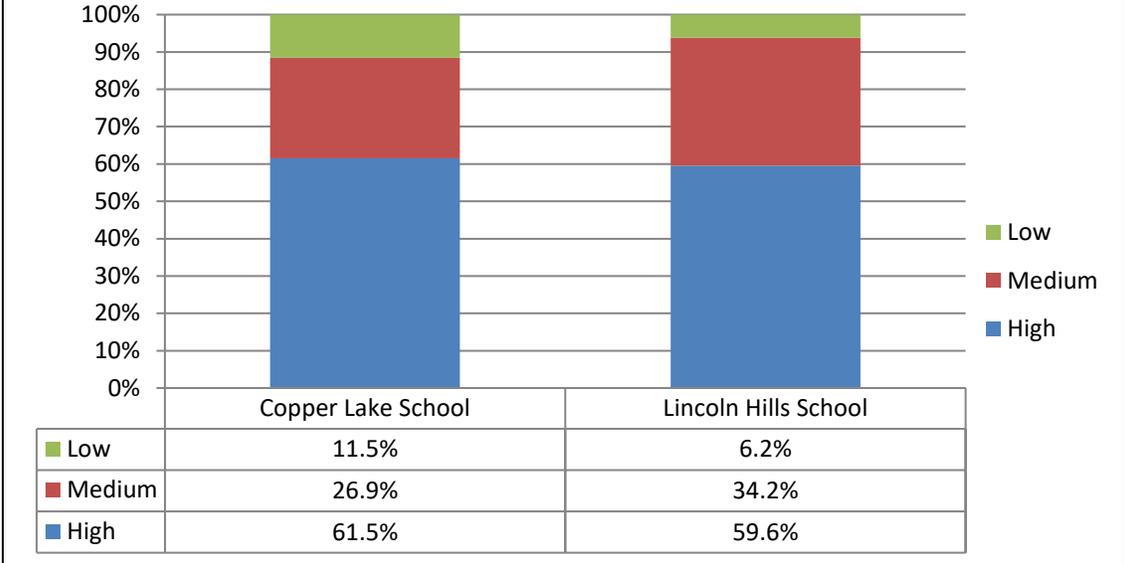
DJC currently uses the COMPAS Youth Version 2 (V2) to assess risk for youth that enter a JCF.

The COMPAS V2 assessment tool was implemented in late 2016 and is a revision of the COMPAS Youth V1. According to Northpoint, Inc., “the Recidivism Risk V2 scale was developed to predict a new misdemeanor or felony offense arrest within one year of assessment in the community. “

### Analysis:



**Risk Assessment Scores by Facility, % of Total**  
(CY 2017 - 2018)



*Note: Due to the relatively small sample size, caution should be used in generalizing to other populations.*

## Offenses Committed

### **Key Points:**

- Across all types of commitments, violent offenses are the most serious offense for the majority of our youth, committed by 87.0% of SJO commitments, 69.5% of adult commitments, and 54.3% of juvenile commitments.
- There are some differences in the most common specific committing offenses, corresponding with the legal requirements for the SJO disposition.

### **Methodology:**

All analyses consider the most serious adjudicated offense; youth may have been adjudicated for multiple offenses. All offense statutes are categorized according to both the Association of State Correctional Administrators (ASCA) Performance-Based Measures System (PBMS) standards and the FBI's Uniform Crime Reporting Program (UCR) standards.

DJC youth are classified into the following ASCA categories:

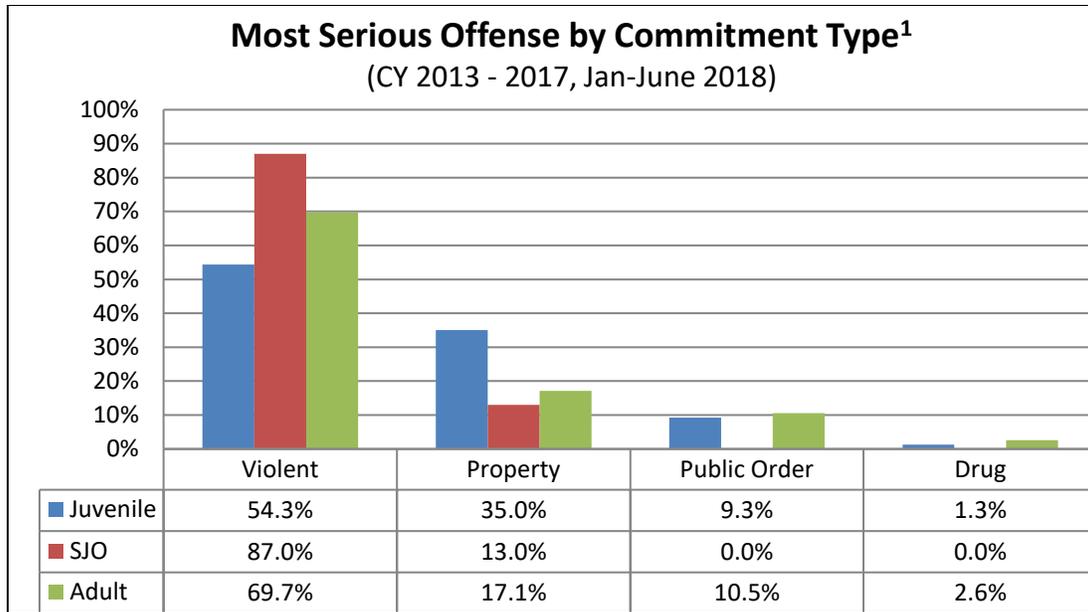
- Violent Crime: Robbery, battery, sexual assault, negligent manslaughter, and recklessly endangering safety.
- Property: Motor vehicle theft, burglary, stolen property (including receiving, transporting, possessing, concealing, and selling stolen property), damage to property, arson, and other miscellaneous property crimes.
- Drug Offense: Drug trafficking, drug manufacturing, and drug possession.
- Other Public Order Offense: Weapons offenses (including unlawful sale, distribution, manufacture, alteration, transportation, possession, or use of a deadly or dangerous weapon), resisting/obstructing officers, fleeing traffic officers, and non-violent sex offenses.

DOC also utilizes UCR categorization to further group offenses into more specific categories.

### **Analysis:**

Across all types of commitments, violent offenses are the most serious offense for the majority of our youth.

Compared to other commitment types, youth with SJO dispositions have the highest percentage of committing violent offenses, or 87.0%.



1. Based on ASCA categories.

Based on UCR categorization, the most serious offense for the majority of JCF youth, or 74.1%, include either robbery, battery, operating a vehicle without owner’s consent, or sexual assault.

### Most Serious Offense by Commitment<sup>1</sup> (Point in Time, 1/16/2019)

Offense Category	Juvenile		SJO		Adult	
	Youth	% of Total	Youth	% of Total	Youth	% of Total
Robbery	20	19.8%	25	58.1%	4	18.2%
Battery	23	22.8%	1	2.3%	5	22.7%
Operating Vehicle W/O Owner's Consent	26	25.7%	-	-	1	4.5%
Sexual Assault	4	4.0%	11	25.6%	3	13.6%
Burglary	13	12.9%	4	9.3%	-	-
Recklessly Endangering Safety	7	6.9%	-	-	5	22.7%
Possession of Dangerous Weapon	2	2.0%	-	-	2	9.1%
Negligent Homicide	-	-	1	2.3%	1	4.5%
Theft	2	2.0%	-	-	-	-
Damage to Property	2	2.0%	-	-	-	-
Drug Offense	1	1.0%	-	-	-	-
Murder & Non-negligent Manslaughter	-	-	1	2.3%	-	-
Other Offense	1	1.0%	-	-	-	-
Sex Offense	-	-	-	-	1	4.5%
<b>Total</b>	<b>101</b>	<b>100.0%</b>	<b>43</b>	<b>100.0%</b>	<b>22</b>	<b>100.0%</b>

1. Categorization based off of UCR.

## Treatment and Programming

### **Key Points:**

- The majority of youth at LHS/CLS are receiving services for mental health conditions.
- Females have higher prevalence of mental health needs than males.
- Youth receive treatment for a variety of medical needs, including chronic conditions.
- Nearly 90% of youth are identified as having one or more adverse childhood experiences (ACEs).
- Almost half of youth at CLS/LHS are enrolled in special education.

### **Methodology:**

A variety of screenings and assessments are conducted to assess youth's treatment and programming needs, including health, mental health, education, risk, and needs.

DJC mental health staff screen each youth and classify them based on the following categorizations:

MH-0 – There is no current mental health need. The youth does not need a scheduled follow-up visit with PSU and is not seeing a psychiatrist for any reason.

MH-1 – The youth is receiving mental health services but does not have a serious mental illness. Examples may include youth with diagnoses of Adjustment Disorder, Insomnia, V-codes, Attention Deficit Hyperactivity Disorder, Intellectual Disabilities, and Developmental Disabilities.

MH-2a – The youth has a current diagnosis of, or being in remission from, one or more of the following conditions: Schizophrenia, Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Other Specified (and Unspecified) Schizophrenia Spectrum and Other Psychotic Disorder, Major Depressive Disorder, Bipolar Disorder. MH-2a also includes youth with current or recent symptoms of the following conditions: Brief Psychotic Disorder, Substance / Medication-Induced Psychotic Disorder, head injury or other neurological impairments that result in behavioral or emotional dyscontrol, chronic and persistent mood or anxiety disorders (including PTSD, particularly if severe and/or accompanied by auditory or visual hallucinations), and other conditions that lead to significant functional impairment.

MH-2b – If the youth is diagnosed with any of the following: Disruptive Mood Dysregulation Disorder, Conduct Disorder, Oppositional Defiant Disorder, Impulse Control Disorder, or maladaptive personality traits that are accompanied by significant functional impairment, and may be subject to periodic decompensation such as depression and/or suicidality. MH-2b also includes youth, with a primary personality disorder that is severe, accompanied by significant functional impairment, which may be subject to periodic decompensation such as depression and/or suicidality.

### **Analysis:**

As of 1/23/2019:

- The majority of youth at LHS/CLS, or 77.8% were receiving services for a mental health condition (MH-1, MH-2a, MH-2b);

- 100% of females were receiving mental health services, including 73.3% that were classified with a serious mental health condition (MH-2a, MH-2b); and
- 75.2% of males were receiving mental health services, including 27.1% classified with a serious mental health condition (MH2a/MH2b).
  - 74.7% of males with juvenile commitments were receiving mental health services, including 29.1% classified with a serious mental health condition.
  - 81.3% of males with SJO commitments were receiving mental health services, including 34.4% classified with a serious mental health condition.
  - 66.7% of males with adult commitments were receiving mental health services, including 5.5% classified with a serious mental health condition.

Note that these percentages do not include male youth receiving services at the Mendota Juvenile Treatment Center.

### Mental Health Coding

(Point in Time, 1/23/2019)

Mental Health Code	CLS				LHS				LHS/CLS Total	% of LHS/CLS Total
	Juvenile	SJO	Adult	Total	Juvenile	SJO	Adult	Total		
MH-0	-	-	-	-	20	6	6	32	32	22.2%
MH-1	4	-	-	4	36	15	11	62	66	45.8%
MH-2A	5	-	1	6	15	6	1	22	28	19.4%
MH-2B	4	1	-	5	8	5	-	13	18	12.5%
<b>Total</b>	<b>13</b>	<b>1</b>	<b>1</b>	<b>15</b>	<b>79</b>	<b>32</b>	<b>18</b>	<b>129</b>	<b>144</b>	<b>100.0%</b>

Many youth at CLS/LHS have experienced trauma. Nearly 90% of youth at CLS/LHS are identified as having had one or more adverse childhood experiences (ACEs), and approximately a third are identified as having four or more.

Youth at CLS/LHS also have a variety of health care needs. For example:

- During March 2019, the most common chronic conditions were asthma (20.6% of youth) and hypertension (10.6% of youth). Although the percentage of youth with serious health issues is typically relatively low, chronic health conditions among youth at CLS/LHS have included diabetes, HBV (Hepatitis B), HCV (Hepatitis C), HIV, paraplegia, and traumatic orthopedic injuries most often caused by a history of motor vehicle accidents or violence.
- During March 2019, of the 180 youth at the facilities, an identified 158 diagnosed problems were medically treated. In addition to well-adolescent visits, some of the most common treatment provided was for acne, asthma, conduct disorder, constipation, environmental

allergies, injuries, insomnia, joint or muscle pain, other skin problems, and STDs identified upon intake.

- As of February 2019, approximately 80% of female youth and approximately 50% of male youth were prescribed or pending psychotropic medications through psychiatric care.
- The health staff focus a great deal on preventative health measures during youth encounters such as educational visits, immunizations, and other wellness activities that promote improved self-care measures.

Youth at CLS/LHS also have significant educational needs. During 2018, the average percentage of male youth enrolled in special education was 45% and the average percentage of female youth enrolled in special education was 36%. The most common primary identified disability was emotional behavioral disabilities, followed by “other health conditions”. To be identified as having an emotional behavior disability, the behavioral pattern must be severe, chronic, and frequent and occur across settings (e.g., home, school, community). To be identified under the “other health conditions” criteria, the student must have a health condition that affects strength, vitality or alertness; examples include ADD, ADHD, asthma, heart conditions, and diabetes).

## Assaults on Staff

### Key Points:

- During FY18 (July 1, 2017 – June 30, 2018), there were 25 attempted assaults committed by 19 unique youth and 104 completed assaults committed by 59 unique youth.
- Youth with juvenile commitments accounted for a somewhat greater share of the assaults than their percentage in the overall facility population.

### Methodology:

Data are drawn from DOC’s staff assault tracking system, with methodology as described in the annual Staff Assault and Injury Report. The figures below include both attempted and completed assaults but do not include instances of physical injury by contact.

### Analysis:

During FY18 (July 1, 2017 – June 30, 2018), there were 25 attempted assaults committed by 19 unique youth and 104 completed assaults committed by 59 unique youth. The table below shows the commitments for those youth. For comparison purposes, a point in time commitment breakdown during the period is also shown.

### **Assaults on Staff at CLS/LHS** (July 1, 2017 – June 30, 2018)

Commitment Type	Attempted Assaults		Completed Assaults		Population as of January 2018 (point in time)	
	Unique Youth	% of Total	Unique Youth <sup>1</sup>	% of Total	Unique Youth	% of Total
Juvenile	15	79%	40	68%	97	59%
Serious Juvenile Offender	1	5%	9	15%	38	23%
Adult Prison	2	11%	6	10%	17	10%
Multiple Commitment Types	1	5%	4	7%	13	8%
<b>Total Youth</b>	<b>19</b>	<b>100.0%</b>	<b>59</b>	<b>100.0%</b>	<b>165</b>	<b>100.0%</b>

<b>Number of Assaults</b>	<b>25</b>	<b>104</b>
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1. Does not include 12 completed assault incidents involving multiple youth for which youth commitment data could not be tabulated.