FAILURE AFTER FARRELL: VIOLENCE AND INADEQUATE MENTAL HEALTH CARE IN CALIFORNIA'S DIVISION OF JUVENILE JUSTICE



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August 2016 Research Report

Introduction

From its inception in 1891 to present day, California's state youth corrections system has been mired in violence and abuse. In 1914, IQ testing and eugenics at state juvenile facilities resulted in the forced sterilization of poor, primarily non-white youth. In 1939, the suspicious suicide of a 13-year-old boy, the maltreatment of Latino youth, and systemic violence prompted a statewide investigation. In the 1960s, the California Youth Authority's (CYA) own internal studies concluded that their facilities bred violence and failed to keep youth safe (Macallair, 2015).

In 2003, after the media and juvenile justice advocates exposed decades of physical and sexual abuse, dangerous working conditions for staff, capitulation to gangs, and multiple youth suicides, the Prison Law Office (PLO) sued the CYA, which was renamed to the Division of Juvenile Justice (DJJ) in 2005 (CJCJ, 2013). This lawsuit, *Farrell v. Kernan*¹ ("the *Farrell* lawsuit"), forced DJJ to improve conditions within its facilities. As a result of *Farrell*, in 2004, the Alameda County Superior Court of California issued a consent decree that required DJJ to implement six remedial plans² overhauling its safety, health, mental health treatment, sex behavior treatment, disabilities services, and education systems. After twelve years of oversight, in February 2016, the court released DJJ from the lawsuit, stating that it had satisfied a majority of the consent decree's mandates, though acknowledging two remedial plans had not yet been fully implemented.

Despite the dismissal, data show that DJJ is far from reformed: violence, gang culture, and poor mental health care are continuing problems. Analyses of court documents monitoring Farrell's two remaining remedial plans—the Safety and Welfare Remedial Plan and the Mental Health Remedial Plan—reveal that DJJ continues to be a dangerous and traumatic place that fails to provide adequate mental health treatment, therapeutic services, and evidence-based programming for California's young people. Because the court ended its oversight of the additional remedial plans in or before 2013, in order to analyze more recent trends at DJJ prior to the dismissal of the Farrell lawsuit, this report can only examine the implementation of the safety and mental health reforms. However, institutional violence and lack of access to mental health care affect multiple aspects of daily life at DJJ and may be indicative of other problems.

An Overview of DJJ

The state youth corrections system falls under the jurisdiction of the California Department of Corrections and Rehabilitation's (CDCR) Division of Juvenile Justice (DJJ). In 1996, DJJ consisted of 11 facilities that confined approximately 10,000 youth (Krisberg, et al., 2010). As a result of juvenile justice realignment in 2007³ and a 30-year decline in youth crime, DJJ now houses about 700 youth in three correctional facilities and one fire camp as of May

¹ Originally filed as Farrell v. Harper, Case No. RG 03079344 (now Farrell v. Kernan).

² These include the Education Remedial Plan, the Health Care Remedial Plan, the Mental Health Remedial Plan, the Safety and Welfare Remedial Plan, the Sex Behavior Treatment Program Remedial Plan, and the Wards with Disabilities Remedial Plan.

³ Senate Bill (SB) 81 enacted "juvenile justice realignment" in 2007, which limited the offenses for which counties could commit youth to DJJ facilities. This law was chaptered in response to overcrowding in DJJ facilities, and incentivized counties to innovate youth programming at the local level and reduce reliance on the state youth corrections system.

2016 (CJCJ, 2015; CDCR, 2016a). The annual expense of housing an individual youth at DJJ was \$251,751 in the 2014-15 fiscal year, which is estimated to have increased to \$258,566 per youth in 2015-16 (DOF, 2016).

DJJ includes three youth correctional facilities: Ventura Youth Correctional Facility ("Ventura") located in Ventura, CA, and O.H. Close Youth Correctional Facility ("O.H. Close") and N.A. Chaderjian Youth Correctional Facility ("Chad")—both located in Stockton, CA. These facilities were built according to the congregate institutional design—an early 19th century, adult penitentiary model created to efficiently house many people. This model was popularized in an era when maintaining control over a large prison population for minimal costs was prioritized over providing treatment and care to those incarcerated. From its original implementation to present day, the congregate institutional model has created an abusive and chaotic environment for both youth and staff.⁵

After juvenile justice realignment, county commitments to DJJ are limited only to serious offenses outlined in California Welfare and Institutions Code Section 707(b) and Penal Code Section 290. Additionally, most youth who are convicted in adult criminal court are housed at DJJ until they turn 18, at which point they are transferred to adult facilities. Youth in DJJ may range from ages 12 to 25, which includes both youth committed by juvenile court and youth transferred to adult court. As of May 2016, the youngest youth at DJJ are 14 years old, and the oldest are 25 (CDCR, 2016a). The average age of young people at DJJ is 19 years old, with the majority of youth currently age 18 (CDCR, 2016a).

Over the past 30 years, youth crime has dropped dramatically in California (CJCJ, 2015). Young people currently represent California's safest generation in a continuing trend of decreasing crime alongside a plummeting state incarceration rate (Figure 1). From 1985 to 2015, felony arrest rates of youth ages 10-17 decreased by 78 percent, with arrests for violent offenses dropping 54 percent (CJSC, 2016; DRU, 2015; OAG, 2016). From 1995 to 2015, youth arrests for violent offenses saw an even more dramatic decrease of 70 percent (CJSC, 2016; DRU, 2015; OAG, 2016). This large reduction in arrest rates has been instrumental in reducing the DJJ population by approximately 9,000 youth from 1996 to 2015. Moreover, the fact that youth crime has continued to fall even as DJJ's youth incarceration rate has decreased indicates that committing youth to DJJ has not been the impetus for reduced youth crime.

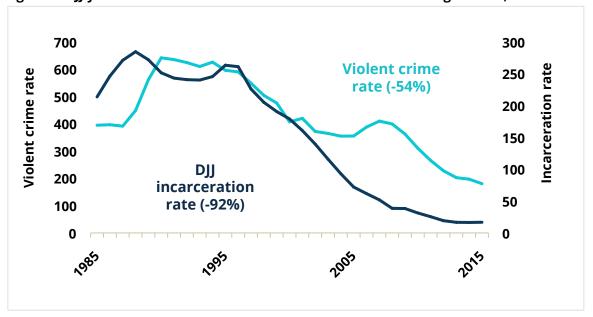


Figure 1. DJJ youth incarceration rates and violent crime rates of ages 10-17, 1985-2015

Sources: CDCR (2015); CJSC (2016); DRU (2015); OAG, (2016). Notes: Rates are calculated per populations of 100,000.

⁴ The most recent data available as of this publication.

⁵ Houses of refuge, reform schools like the San Francisco Industrial School, and the California Youth Authority (CYA) facilities (now DJJ), were all constructed according to the congregate institutional model and have been denounced as failed systems (Macallair, 2015).

Unfulfilled Reforms of the Farrell Lawsuit

The 2004 consent decree, resulting from the *Farrell* lawsuit, required DJJ to implement six remedial plans to be overseen by a court-appointed Special Master and relevant subject matter experts. The Special Master and the designated experts conducted site visits to DJJ facilities and submitted quarterly reports monitoring progress and compliance with the remedial plans. DJJ was also mandated to implement the Integrated Behavior Treatment Model (IBTM)—a framework to facilitate a complete cultural change within the institution, which would shift the focus from punishment to rehabilitation, and motivate behavioral change through a system of positive incentives.

In February 2016, DJJ was released from the consent decree on the grounds that "[a] comprehensive system is now in place to ensure that the DJJ provides for adequate and effective care, treatment and rehabilitative services under the California Constitution and State Law" (Farrell v. Kernan, 2016, p. 2). However, as of February 2016, DJJ was in only 71 percent substantial compliance with the court-ordered IBTM—the cornerstone of the *Farrell* reform efforts—which is below the 85 percent substantial compliance threshold generally used for dismissal (Campbell, 2016).

Additionally, at that time, the court deemed only four remedial plans to have been fulfilled, while two remain in effect: the Safety and Welfare Remedial Plan (SWRP, 2006) and the Mental Health Remedial Plan (MHRP, 2006). Despite the court's determination that these two plans were "substantially satisfied," data show that DJJ continues to struggle to prevent violence, maintain physical safety of youth, and provide adequate mental health care (Farrell v. Kernan, 2016, p. 2). After the dismissal of *Farrell*, there is a substantial need for transparency and escalated monitoring of California's youth corrections system, especially in the areas of safety and mental health. The following sections detail DJJ's ongoing issues in these two fields.

DJJ Fails to Keep Youth Safe

The Safety and Welfare Remedial Plan focused on promoting youth's physical safety and decreasing fear of bodily harm by reducing violence, gang dominance, and staff use of force. The remedial plan recommended that these goals be accomplished through effective programming, case management, and living unit population management. However, these objectives are not being met today, as rates of violence remain high, gang issues persist, and living unit population sizes exceed standards established by the American Correctional Association (ACA), and are therefore too large to operate as effective treatment spaces.

DJJ's prison-like facility design is dangerous and ineffective

The design and operation of DJJ's facilities are based on a congregate institutional model, which, by forcing many youth into large open dormitories or separating them into single cells, is not conducive to safety or effective programming. Two facilities, Ventura and Chad, follow a single cell format, while O.H. Close has an open dormitory, barracks-like setting in which a majority of the beds are bunked in large rooms. The open dormitory format has been shown to be particularly unsafe because it "foster[s] competition, deepen[s] factions, and further[s] gang problems" (CDF, 2013, p.4). These large areas house youth of varying degrees of sophistication, allowing, "the strong and sophisticated youth [to] prey upon the weaker and more vulnerable youth" (Macallair, 2011, p.18). Indeed, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) advised that open dormitories should be eliminated from juvenile correctional facilities altogether (OJJDP, 1994).

The prison-like environment of DJJ's facilities is especially problematic for the predominant majority of confined youth who have been exposed to trauma (JPI, 2009). Research demonstrates that incarceration is a traumatic situation in and of itself and that it re-traumatizes youth who have been previously exposed to violence, abuse, and other types of adverse childhood experiences (ACEs) (JPI, 2010). For example, the experience of being shackled; surrounded by cold, metal or concrete furnishings; being confined in a cell for hours at a time; or being subjected to various use of force tactics can trigger prior traumatic events in a young person's life and cause youth to re-suffer such experiences (Burrell, 2013). The penal environment and violence associated with congregate facilities cannot provide a therapeutic setting in which to treat trauma and, as such, are ineffective interventions for the over 90 percent of youth in juvenile facilities who have experienced at least one traumatic incident (Burrell, 2013; OJJDP,

2013). In fact, juvenile justice experts appointed to advise DJJ reform efforts stated, "none of DJJ's existing facilities meet the long-term programmatic needs set forth in [the Safety and Welfare] plan" (SWRP, 2006, p. 68). Despite these recommendations, DJJ continues to operate prison-like housing units within antiquated facilities, perpetuating the dangers endemic to the congregate institutional model.

Overcrowded living units defy national standards

The Safety and Welfare Remedial Plan notes the importance of small living unit population sizes in ensuring basic safety and providing effective services to youth (SWRP, 2006). Research shows that small, home-like living environments are most conducive to rehabilitation and prosocial development (Macallair, 2011). National standards, including recommendations published by the ACA and the OJJDP, assert that general population living units must not exceed 25 youth, and that specialized units (for example, mental health, sex offender treatment, etc.) should not house more than 16 youth (OJJDP, 1998). The ACA also notes that facilities should not house more than a total of 150 youth (ACA, 2003). However, DJJ operations consistently contradict these best practices and standards.

As of May 31, 2016, the majority of DJJ living units house significantly more youth than nationally recommended maximums. For example, 11 out of 12 core living units have more than 25 youth, and five out of 12 house nearly 40 young people (CDCR, 2016a). Moreover, the two Sex Behavior Treatment Program (SBTP) units at O.H. Close serve 30 and 34 youth (CDCR, 2016a). In addition, May 2016 data show that all DJJ facilities housed over 150 youth: Chad housed a total of 223 youth, O.H. Close confined 173 young people, and Ventura had a population of 231 total youth—including 25 females (CDCR, 2016a). Such high populations, particularly in specialized units where the population should not exceed 16, suggest that DJJ has failed to integrate nationally recognized standards. Overpopulation within the DJJ housing units is exacerbated by periodic staff shortages and a lack of rigorous professional qualifications for Youth Correctional Counselors (YCCs)—the unit guards who manage youth programming (Campbell, 2015).⁶

DJJ has benefitted in the past from lowering the living unit populations to fewer than 25 youth. In fall 2005, Chad began reducing the size of its living units and, by early 2006, all but two living units housed 24 youth (SWRP, 2006). Staff levels were not altered. Notably, during this time period, rates of "serious incidents of youth-on-youth violence went down 17 percent, group disturbances went down more than 80 percent; assaults on staff decreased 76 percent; incidents involving use of force decreased by 24 percent; and use of restraints went down nearly 45 percent" (SWRP, 2006, p.28).

Populations in restrictive units increased after Farrell's dismissal

The Behavioral Treatment Program (BTP) is a specialized living unit at DJJ described in the Safety and Welfare Remedial Plan as "intensive behavior treatment intervention for youth exhibiting violently disruptive behavior" but who do not require mental health care (SWRP, 2006, p. 49). The BTP units allow youth fewer privileges and restrict their movement and out-of-room time. These units have historically been used as punishment for aggressive behavior and, as recently as 2012, youth were held in their cells for 21 hours per day (Campbell, 2012). There have been recent incidents that suggest the BTP units have not been providing effective programming. For example, in 2012, youth in Ventura's BTP unit were forced to remain in their cells during a "lockdown" with most of their personal belongings confiscated, except underwear and a blanket (Campbell, 2012, p.28). The BTP has been one of DJJ's greatest challenges to implement correctly and regularly devolves into a punitive environment.

⁶ The July 2015 Special Master's report noted ongoing staff shortages in DJJ facilities over a time period spanning several quarterly reports. The Special Master states that persistent staff shortages "cause staff fatigue and other conditions that may jeopardize the safety and security of the living units as well as the quality and quantity of services to youth" (Campbell, 2015, p. 2). DJJ's solution to inadequate staffing was to transfer peace officers from the Division of Adult Institutions into the juvenile facilities, rather than recruit individuals with demonstrated professional experience working with youth (Campbell, 2015).

The Safety and Welfare Remedial Plan states that the BTP should have no more than 24 youth in the unit at one time, with the ideal limit of eight to 16 youth, as guided by national standards (SWRP, 2006). As of the last Special Master's report in February 2016, Chad's BTP unit housed six youth, O.H. Close had six, and Ventura had nine (Campbell, 2016). However, as of May 2016, just three months after the court relinquished its oversight, total BTP populations have more than doubled, increasing to 19 youth at Chad, 13 youth at O.H. Close, and 16 youth at Ventura (CDCR, 2016a).

The Safety and Welfare Plan also recommends that stays in the BTP be short term, with youth returning to the general population within days or weeks, and stays of 180 days being a rarity (SWRP, 2006). While DJJ does not report average length of stay for youth in the BTP, the final Special Master's report found that youth were confined in this unit for an average of 52 days at Chad, 69 days at O.H. Close, and 142 days at Ventura (Campbell, 2016). Moreover, as recently as 2014, there were multiple youth who had been housed in BTP units between one and two years (Campbell, 2014). According to data collected and published in the final Special Master's report, youth in the BTP unit spend an average of 61 hours a week out of their rooms, or about 9 hours per day with 15 hours spent in the cell. As recently as September 2015, youth in the BTP unit at Chad were held in their cells for more than 60 percent of their waking hours, which is in violation of DJJ's own policies (Campbell, 2015a).⁷

Since the dismissal of *Farrell*, DJJ is not required to publish crucial information such as length of stay in the BTP or percentage of waking hours youth spend outside their cells. This lack of available data is of particular concern due to the BTP units' recent history of isolating youth in cells for a majority of the day while failing to provide youth with intensive programming and meaningful out-of-room activities (CJCJ, 2013).

Rates of violence have increased from 2011-2015

Despite an almost 30 percent decrease in DJJ's average daily population over the last five years, reported incidents of violence have generally increased, particularly for injuries to youth by other youth (see Table 1). The average rate of injuries to youth by other youth have increased by 86 percent, with overall injury rates, defined as anyone or anything causing an injury to a young person at DJJ, increasing by 54 percent. Rates of batteries on youth, or incidents where one youth attacks another youth and the victim does not fight back, have increased by 40 percent. Mutual combat, defined as two youth engaged in a physical altercation, has increased by 31 percent, while group disturbances, defined as altercations between eight or more youth, increased by 25 percent. Though use of force by staff has decreased overall, particularly in the "more lethal" categories, less lethal tactics, which include the deployment of projectile weaponry commonly used for crowd control, such as sting balls and foam batons, have increased by 75 percent. Additionally, it is troubling to note that, from 2011 to 2015, there were five documented forced sexual acts involving youth at DJJ facilities (CDCR, 2016).

The increased rates of violence on youth by other youth illustrates a chronic problem for congregate institutional facilities: confining large numbers of youth, all committed to DJJ for serious offenses and originating from different communities across the state, creates an environment that facilitates widespread violence. Research makes clear that concentrating a large population of the highest-risk young people in a competitive correctional setting, as is the case with DJJ facilities, creates an environment in which youth either reinforce or learn violent or aggressive behaviors from one another (Dodge, 2006).

⁷ Youth are required to be out of their rooms at least 44 hours a week, or 40 percent of their waking hours (Campbell, 2015a).

Table 1. Annual averages for all three DJJ youth correctional facilities, 2011-2015

	2011	2012	2013	2014	2015	Change 2015 v. 2011
Average Daily Population (ADP)	852	842	668	611	613	-28%
Incidents per youth per year						
Batteries on youth	0.9	0.8	1.0	1.1	1.3	40%
Group disturbances	0.1	0.1	0.1	0.1	0.1	25%
Injuries to youth	1.4	1.2	1.4	1.9	2.2	54%
By other youth	0.6	0.5	0.5	0.9	1.0	86%
Use of force	1.5	1.3	1.2	1.1	1.1	-29%
Physical/chemical/mechanical	2.6	2.0	1.7	1.4	1.4	-45%
Less lethal (sting ball, foam baton)	0.0	0.1	0.0	0.0	0.1	75%
Mutual Combat (physical altercations)	1.1	1.0	1.2	1.4	1.4	31%

Source: CDCR (2016). Note: Average rates are calculated per average daily population per year.

Gang prominence at DJJ is still not being addressed

Despite juvenile justice experts' continued emphasis on the importance of instituting a comprehensive, evidence-based gang intervention program at DJJ, the *Farrell* lawsuit failed to remedy the entrenched influence of gangs within all three DJJ facilities. As appointed experts made clear in the Safety and Welfare Remedial Plan, "If DJJ is to regain control of its facilities and become a truly rehabilitative agency, gang membership must cease to be a dominant factor in DJJ youth culture" (SWRP, 2006, p. 27).

DJJ's own statistics on the issue suggest that a majority of its youth are gang members or gang affiliates. According to a 2012 report by Dr. Cheryl Maxson, a national youth gang expert hired by DJJ to study facility violence and develop policy reform recommendations, "DJJ personnel officially designate 72% of males in the population as gang members," but as high as 84 percent of youth in DJJ custody could be gang involved (Maxson, 2012, p. 13). Dr. Maxson found that youth at DJJ who join institutional gangs are likely to do so "early in their stay," suggesting that DJJ's environment contributes to young people joining gangs or becoming further involved if already affiliated (Maxson, 2012, p. 18). Because of this, she emphasized the "need for focused [gang] prevention at reception centers and within intake units" (Maxson, 2012, p. 51). She also recommended that an existing, evidence-based community gang intervention program, Gang Resistance Education and Training (G.R.E.A.T.), be tailored to DJJ's population. Based on a review of all of the Special Master's reports following Dr. Maxson's 2012 recommendations, however, there is no evidence that DJJ has adopted the expert's recommendations and implemented any configuration of the G.R.E.A.T. program.

As of October 2013, DJJ's Ward Information Network "show[ed] 75% of its youth population are gang members or gang associates" (Campbell, 2013, p.40). In 2014, the Safety and Welfare-appointed expert, Dr. Barry Krisberg, conducted interviews with DJJ staff and reported, "Other of my interviewees suggested that more progress needed to be achieved on reducing the negative influence of gangs in the DJJ. The DJJ is still in the very nascent stages of a revamped gang intervention model" (Krisberg, 2014, p.16). Recent accounts from researchers, staff, and experts make clear that gang dominance persists at DJJ. In failing to heed recommendations from experts and rejecting evidence-based gang intervention strategies, DJJ has allowed gangs to remain powerfully influential.

DJJ is Unable to Provide Mental Health Care

The specific mission of the Mental Health Remedial plan was to create a comprehensive system of forensic mental health services for DJJ youth. These services would include screening and assessment, diagnosis, psychotherapeutic treatment, and mental health care in a variety of settings. Despite the court's conclusion that the Mental Health Remedial Plan was satisfactorily in compliance with the consent decree, expert reports show that

recent deficiencies signal that DJJ's mental health program is unable to meet youth's mental health needs. For example, as of November 2015, three months before the *Farrell* litigation ended, the court-appointed mental health expert, Dr. Bruce Gage, noted in his last audit report that Chad's psychological services were inadequate, stating:

There is again a shortage of psychologists [at Chad] with none assigned to core units. Thus, there are essentially no psychological treatment services being provided to youth on core units. They reportedly get some limited supportive services when transferring out of mental health residential, but this was not well demonstrated in the record. This reflects a significant problem with access to services and must be remedied (Gage, 2015, p.1).

In his final audit, Dr. Gage also found that staff at Chad and O.H. Close did not identify youths' mental health, medical, and dental needs in their initial case plans. For example, he found that the case plans were generic in nature and "continue[d] to lack any formal recognition of behavioral problems and barriers to treatment represented by mental health conditions and health conditions generally" (Gage, 2015, p.4). Because of these issues with the case plans—which had been a repeated concern of Dr. Gage as expressed in his prior audits—he found Chad and O.H. Close to be noncompliant on this matter (Gage, 2014; Gage, 2015).

Furthermore, throughout the *Farrell* litigation, Dr. Gage repeatedly called attention to DJJ's lack of licensed mental health professionals responsible for delivering services to youth. Per the final Special Master's report, DJJ's solution to Dr. Gage's concerns was to transfer youth "under and over 18 years of age who require acute and intermediate care for mental health issues" to California's adult prison system (California Institution for Women⁸ and California Men's Colony) to receive the required treatment (Campbell, 2016, p.6). By failing to implement licensed, system-wide mental health services and instead transferring youth needing such treatment to adult prisons, DJJ has abdicated its responsibility to serve this population of young people within its facilities.

Compounding aforementioned issues with DJJ's mental health program is a shortage of qualified professionals who manage the delivery of programming on a daily basis, including therapeutic services in general population units (MHRP, 2006). Youth Correctional Counselors (YCC) —the unit guards—are charged with leading many of the therapeutic groups and cognitive behavior treatment programs in core units. However, the existing qualifications to become a YCC at DJJ are limited, do not require a college degree, and emphasize a background in corrections instead of, for example, youth development, psychology, or social work (CALHR, 2016).

Recidivism Rates Remain High

The philosophy and congregate institutional model upon which DJJ is based has shown little evidence of success in rehabilitating youth under its care. According to the most recent statistics available, which cover DJJ recidivism rates through 2010, nearly 60 percent of youth released from DJJ returned to state-level custody (DJJ or a California adult prison) within three years of release (CDCR, 2012). The three-year re-arrest rate of youth released from DJJ was 81 percent, and the three-year reconviction rate was 55 percent (CDCR, 2012).

Moreover, when one compares the one-year recidivism rates for 2004-2005 to the one-year recidivism rates for 2009-2010—approximately seven years after *Farrell* was initiated—recidivism rates actually increased slightly (CDCR, 2012). For example, the one-year reconviction rate for youth released from DJJ who committed serious offenses was 21.9 percent in 2004-2005, which increased to 22.3 percent in 2009-2010 (CDCR, 2012). It is evident that, despite a nearly 15-year lawsuit mandating reforms and court oversight, DJJ has not been able to reduce recidivism rates or increase public safety. DJJ has not released recidivism data since 2012, which only measured recidivism rates until 2010. Without such data, DJJ cannot verify any claims of success in rehabilitating young people or improving long-term public safety. DJJ also remains insulated from accountability despite annual costs of over \$258,000 to house a single young person in its facilities.

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⁸ In recent years, the California Institution for Women has seen a surge in suicides and attempted suicides. According to an article by the LA Weekly, "[s]ix women have killed themselves at the prison since the start of 2013, and there have been 73 suicide attempts, according to the California Department of Corrections" (Aron, 2016).

Conclusion

California's history of youth corrections demonstrates the continued failure of large, state-run congregate institutions to address the underlying causes of crime or enhance public safety. Youth in DJJ facilities continue to be subjected to violence and an entrenched gang culture. The growing populations in DJJ's most restrictive living units and the failure to implement key components of the remaining remedial plans suggest that the institution cannot effect lasting reform or abide by the philosophy of the *Farrell* lawsuit. Rates of violence and fighting among youth increased from 2011 to 2015, and the court-appointed mental health expert deemed DJJ's mental health practices to be severely deficient and, in some cases, nonexistent. Though DJJ was dismissed from an over decade-long lawsuit in February 2016, the institution remains a traumatizing, criminogenic, and dangerous place to send California's justice-involved youth.

Without court oversight or required mandates for DJJ to publish comprehensive analyses or statistical data, there is no longer regular reporting on facility conditions or practices. While information about daily life for youth in DJJ facilities remains limited, the available data show troubling signs indicating that the problematic practices precipitating *Farrell* have not been redressed. In this era of plummeting youth crime combined with the precedent set by juvenile justice realignment to develop local alternatives to DJJ, California is in a strong position to reduce reliance on a state system that has consistently failed to rehabilitate young people or improve public safety.

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