

**KIDS, from page 5**

MacLaren, they are allowed out for recreation in the common room for up to four hours a day, as long as circumstances allow for it, says Berger. There's also an hour of exercise each morning.

Spisla says he spent most of his time in isolation sleeping to pass the time, and when he couldn't sleep, he says he read to occupy his mind.

Despite each having at least 10 years experience within OYA, neither Berger, Fultz nor a third official leading Street Roots' tour of MacLaren's campus say they know anything about what MacLaren's isolation practices were just three years ago when Spisla was first sent to the intervention unit. They do say, however, that under Berger's management there's been a shift in many approaches and an effort to minimize the use of isolation. Prior to running MacLaren, Berger was the superintendent at another OYA facility.

Many human rights advocacy groups say isolation needs to be eliminated completely in youth correctional facilities.

"It's the ACLU's recommendation that solitary confinement be outright prohibited for youth under the age of 18. Many think it's concerning enough to see anyone in a corrections facility put in solitary confinement, but all of the issues that exist in that context, whether it be mental health issues or psychological effects of isolation, are exacerbated when we're talking about youth," says Oregon ACLU Legislative Director Becky Straus. "The objective of our corrections system is to promote public safety, and what we know now is that putting adults in solitary confinement could actually increase their chances of recidivism once those people are released from prison. So we're not serving our public safety goal, we are likely causing psychological, or physical or social and developmental harm to those inmates and it's a practice that really needs to be changed," she says.

Straus says isolation contributes to the antisocial behavior and development in inmates in the same way the growing trend of replacing in-person visits with video visiting does. "Putting someone in a situation where they're forced to continue on that path of anti-social behavior, feeling isolated, not feeling like there's connection with other humans in their lives, just is simply the wrong track, and then so when someone is released from prison, they're set up to fail," says Straus.

**D**eena Corso, a senior manager in the Juvenile Services Division of Multnomah County's Department of Community Justice, says when a youth with anxiety or paranoia disorder is placed in isolation, "it could actually make it worse."

She says the county doesn't track how many kids with mental disorders come through Multnomah County's juvenile

**Characteristics of OYA in-custody youth**

	Female	Male
Child abuse or neglect.....	74%	46%
Documented history of trauma includes:		
Sexual abuse.....	50%	16%
Physical abuse.....	61%	27%
Emotional abuse.....	69%	24%
Neglect.....	56%	24%
At least one mental health disorder (excluding conduct disorders).....	89%	70%
Learning disorder.....	37%	16%
Schizophrenia spectrum & psychotic disorders..	30%	3%
Depressive disorders.....	63%	36%
Bipolar and related disorders.....	37%	7%
Anxiety disorders.....	37%	19%
ADHA and ADD.....	46%	37%
Alcohol or drug dependence or abuse.....	71%	63%
Race and ethnicity:		
African American.....	7%	13%
Asian.....	0%	3%
Hispanic.....	17%	29%
Native American.....	13%	5%
Caucasian.....	61%	50%
Other/Unreported.....	2%	1%

*Numbers derived from the 2014 OYA Biopsychosocial Summary and July 2014 OYA Quick Facts Sheet*

justice system, or how many of those kids end up in OYA facilities, but the county's juvenile justice system does handle kids with mental illnesses differently, practicing early intervention and offering residential and outpatient programs aimed at keeping them out of correctional facilities.

"In general I can say we are very attuned that kids get their mental health needs met in the community, and that they don't end up in a correctional facility or even in residential treatment if they don't need to, if they can be effectively served in the community," Corso says.

Corso says she thinks OYA's rates of mental illness are high because "there is a very high correlation between trauma and how that manifests itself - and youth end up in a juvenile justice system and then eventually in a correctional setting. For boys in particular, they tend to externalize trauma, by that I mean act out in ways that are aggressive, and they join gangs. Girls tend to be more internally self-destructive as a reaction to trauma but then at some point that just sort of switches to coping."

For youth across Oregon, the path to becoming incarcerated at an OYA facility varies. Each county has its own juvenile judiciary system and unique ways of dealing with mentally ill and traumatized youth, if it has the resources to deal with them at all.

Oregon Supreme Court Chief Justice

Thomas Balmer established a task force in September to examine how the juvenile justice system in Oregon is dealing with mental illness. The task force includes court personnel, prosecutors, mental health providers, defense lawyers and other stakeholders looking into providing the mental health services currently not available to youths.

Megan Hassen, a law and policy analyst for the Oregon Judicial Department, is a professional consultant with Balmer's task force. She says the group is seeking to understand what's happening across the state in terms of how mental illness is being handled in each county. She says that while some counties, like Multnomah are large and have resources to initiate early intervention with at-risk youth, many smaller counties do not. She says the task force hopes to establish a template for screening that all counties can use when evaluating youths coming into the justice system. She says they hope to issue their recommendations by the end of the year. The task force's next meeting will be at the Multnomah County Courthouse on Jan. 16.

While the state looks at ways of expanding early intervention practices, OYA is looking at ways to make its facilities "softer" and less "correctional" in nature, says Berger. At the request of lawmakers, OYA hired a consultant to draft a 10-year

facilities infrastructure plan, which was introduced in September and is awaiting approval.

In the plan, OYA proposed \$97 million in improvements to six of its facilities and the closure of a seventh, Hillcrest in Salem, over the next 10 years. Renovation plans at MacLaren include the demolition of the Intervention Unit, and the addition of rooms adjacent to living units where kids can go to be alone and decompress when they want to get away from the group. The rooms will also be used for isolation when needed. The new rooms would have a less correctional feel, says Berger. "It's all about changing the outdated infrastructure to align with OYA's mission of achieving "positive human development," he says.

**D**r. Maggie Bennington-Davis is the chief medical and operations officer at Cascadia and co-author of the book, "Restraint and Seclusion: The Model for Eliminating Their Use in Healthcare." She says approaching situations differently can be key in avoiding the need for solitary confinement.

"What we know is that people with serious mental illness who are in places like jails and prisons, and even mental health hospitals, already have a pretty profound history of dealing with violence and trauma and neglect," she says. "People's brains actually develop in such a way as to be uniquely sensitive to threat, and understanding that helps to approach people with that kind of history in ways that don't trigger their flight, fight or freeze response as readily," says Bennington-Davis.

"What I'm suggesting takes a lot of staff, and it takes a lot of highly trained staff, and I think that the public funding that Oregon has allotted is probably insufficient to do those things," says Bennington-Davis.

What Bennington-Davis is describing is known as trauma-informed care, which was introduced to the system by Dr. Whitney Vail, OYA's treatment director.

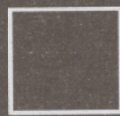
"Historically, there hasn't been a huge focus on mental health needs because that's not what we're designed to do," Vail says. "Trauma-informed care is near and dear to my heart."

Despite his bouts with isolation, Thomas Spisla says MacLaren has helped him become a better person. "I have personally taken a lot from this place," he says. "I've seen a drastic change in my life." He's graduated from alcohol and drug treatment there, participated in leadership training, and he plans to earn a bachelor's degree in communications online before he's released in 2018.

*If you or someone you know has had experience as a youth in solitary confinement, we'd like to hear from you. Please contact Emily Green at emily@streetroots.org*



Dignity



Poverty