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A Case Study of the Response of the Arizona Department of Juvenile Corrections to the Civil  
Rights of Institutionalized Persons Act Consent Decree

Final Report to the  
National Institute of Justice  
2010-JB-FX-0014

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## Executive Summary

The Civil Rights of Institutionalized Persons Act (CRIPA) of 1980 allows for investigations by the U.S. Department of Justice of correctional facilities (Civil Rights of Institutionalized Persons Summary, 2008). During investigations, the Special Litigation Section of the United States Department of Justice (DOJ) may enter into consent decrees or file motions of contempt in order to gain compliance on the part of a state agency found to be in violation of the CRIPA standards. A total of 430 agencies in 49 states have been investigated for severe misconduct and poor conditions, yet not a single study has examined the process or impact of these decrees. Examinations into the process of federal intervention into state agencies are important because they allow for an understanding of how state institutions respond to and enforce policy recommendations even after investigations have concluded. The study of these changes is even more compelling owing to the recent severe budget cutbacks in many states that may have had an impact on the extent to which compliance has been maintained.

One such state agency experiencing a recent federal intervention is the Arizona Department of Juvenile Corrections (ADJC). Leading up to 2002, numerous reports surfaced that the ADJC was deficient in providing supervision, education, mental health treatment, safety, and suicide prevention to youths in their care. Such deficiencies were highlighted by a multiple suicides occurring within ADJC facilities (CRIPA Investigation Report, 2004). Following a DOJ investigation finding that the “facilities violate[d] the constitutional and federal statutory rights of the youth residents,” a consent decree was entered into between the DOJ and the State of Arizona. Changes were required to safeguard the rights and safety of youths in ADJC custody, including improvements in suicide prevention, numbers of trained direct care staff, mental health services and medical care. The consent decree ended in 2007 after the ADJC made the changes required by the Memorandum of Understanding. The goal was to transform the “organizational culture so as to sustain gains made *during* the implementation period *after* the Department of Justice concluded its work.” A key feature of our work was to examine the organizational culture and to determine if the changes were institutionalized after DOJ involvement.

There is no follow up after correctional facilities are investigated under the CRIPA. An evaluation of the ADJC provided a unique opportunity to examine what happens *after* federal investigations are settled. What was especially concerning was that the department was facing a budget crisis resulting in the layoffs of staff, closures of facilities, and even the possibility of a complete shutdown of the agency or privatization. The loss of valuable resources, which is cause for concern for correctional agencies nationwide, was potentially damaging to changes made at the ADJC following the CRIPA consent decree. The question addressed in the current study was whether formal state intervention resulted in *permanent* changes or if financial or other constraints have allowed the agency to drift back to pre-investigation practices.

The current study examined one state agency’s response to federal oversight. Reviews of documents and interviews of relevant actors (e.g. judges, administrators) contribute to a more in depth understanding of how the ADJC has reacted to federal intervention and how correctional facilities in general are able to adapt to federal pressures for severe organizational changes. The general purpose of this study was to examine how agencies respond to CRIPA lawsuits. The specific purpose of the study was focused on the CRIPA investigation of juvenile correctional facilities in Arizona. There were five aims that fell under this second purpose of the study: 1)

Understand the processes leading to federal intervention; 2) Understand the resulting changes in the *immediate* months after the CRIPA investigation; 3) Understand the status of ADJC's progress prior to the current financial crisis; 4) Understand the status of services and quality of care after a reduction of funding for the agency, and 5) Understand how selected juvenile court jurisdictions perceive and respond to the changes.

We found that significant changes were made in each of the sixteen areas in the CRIPA. This was particularly true of efforts to prevent suicide. The efforts to prevent suicide included both hardware and human responses, suggesting the importance of a broad and integrated approach to this problem. Perhaps more importantly, the changes made initially in response to the CRIPA have been sustained. We believe that the evidence points to the importance of leadership at the very top of the agency as the reason for both the initial changes as well as the ability to sustain them over time. The roles of institutional pressures both internal and external to the agency were also important factors in these changes. It is particularly important to underscore the role of external forces in producing and sustaining change in response to the CRIPA. Holding the ADJC accountable by external stakeholders – sovereigns – was a key to successful and sustained change.

There are significant policy implications to this study. First, this federal intervention allowed us the opportunity to better understand the responses of state agencies when faced with severe pressures to make significant changes to policies and practices. Second, the organizational aspects of reform are quite important, particularly as many states face dire fiscal pressures and will be closing or curtailing many publicly funded criminal justice activities. Because we examined the perceptions of juvenile courts, we also shed light on the perceived nature of changes in the agency by important constituent groups. The one year case study allowed us to better understand how criminal justice agencies respond to federal interventions, organizational changes, and how agencies cope with those changes while facing severe fiscal challenges.

## Introduction

From their onset, secure facilities for juveniles have generated considerable debate. The debates over these institutions have focused on their purpose, function, relation to adult facilities, and legal appropriateness. The development of juvenile corrections in the United States has its roots in the New York House of Refuge, which was developed in 1825. During the 19<sup>th</sup> century many states and cities developed correctional facilities for juveniles (Pisciotta, 1996; Rothman, 1971; Schlossman, 2005). The founding of the first juvenile court in Chicago in 1899 led to the expansion of secure facilities for juveniles across the nation, including other Midwest locations such as St. Louis (Bright, Decker and Burch, 2007) and in the southwest in Tucson in 1907. As the idea that a juvenile correctional facility should treat youth differently than adults spread across the country, many held that the origins of this idea lie in a benevolent commitment to improve the treatment of children and recognize that their needs are different than those of adults (Mack, 1909; Pisciotta, 1996). Platt (1977) argued for a progressive interpretation of the development of the juvenile justice system. Platt suggested that the class-based interests of the upper class groups that developed the court had an interest in controlling the behavior of poor, immigrant youth. According to Platt, the juvenile court and the doctrine of *parens patriae* widened the net of social control to include not just behavior viewed as criminal, but also that which was viewed as undesirable. From this perspective, the juvenile justice system served as a mechanism to facilitate middle-class interests in forcibly changing the lives of working-class, immigrant youths and their families.

Arizona is the site of perhaps the most consequential judicial decision for juveniles, *In re Gault* (1967). This case involved a juvenile who had used obscene language on the telephone, and was held without counsel and questioned without a parent present. Feld (1999) contends that instituting procedural safeguards for youth recognizes the precarious legal position of youth in

the court and tilts the juvenile justice system toward a more punitively oriented institution. These are part of the foundation for his argument that the juvenile court should be eliminated or re-structured. In addition to procedural safeguards in the court system, youth are also protected in juvenile institutions by their civil rights.

### The Civil Rights of Institutionalized Persons Act of 1980 (CRIPA)

In 1980, Congress passed the Civil Rights of Institutionalized Persons Act (CRIPA). This act allows for investigations by the U.S. Department of Justice of correctional facilities (Civil Rights of Institutionalized Persons Summary, 2008). During investigations, the Special Litigation Section of the United States Department of Justice (USDOJ) may enter into consent decrees or file motions of contempt in order to gain compliance on the part of a state agency found to be in violation of the CRIPA standards. This process is initiated pursuant to 42 USC 14141, which reflects Constitutional protections that include the treatment of juveniles. For the purposes of this report we refer to the role of CRIPA rather than 42 USC 14141. We do so to reflect how the process was understood and implemented in Arizona, the setting of our research. Everyone whom we interviewed referred to the legal process as CRIPA, indeed scant reference was made to the legal standard and even less to the Constitutional protections which it is included under. A total of 430 agencies in 49 states have been investigated for severe misconduct and poor conditions, yet not a single follow up study of these consent decrees and lawsuits has yet to occur after they have been resolved. Examinations of the process of federal intervention into state agencies are important because they allow for a deeper understanding of how state institutions respond to and enforce policy recommendations even after investigations have concluded. What makes this even more compelling are the recent severe budget cutbacks in



many states that may have had an impact on the extent to which compliance has been maintained.

All youths housed in state and local correctional facilities are guaranteed civil rights, which are protected under the Civil Rights of Institutionalized Persons Act of 1980 (Civil Rights of Institutionalized Persons Summary, 2008). The CRIPA protects all confined adults and juveniles in jails, prisons, correctional facilities, mental health facilities, and nursing homes from civil rights violations. When government agencies, the media, and institutionalized persons report on rights violations, the Special Litigation Section of the Attorney General investigates these issues (Rosenbaum, 1999). In cases where deprivations of civil rights are confirmed, the DOJ will then either proceed to sue the violating agency or enter into a consent decree with the agency. In most cases, a consent decree is formed that mandates state officials to abide by rules set forth by the Section to improve confinement conditions (Cornwell, 1988). This method is favored as consent decrees are typically cheaper and less confrontational than lawsuits.

A consent decree is “an agreement between [two] parties to end a lawsuit on mutually acceptable terms which the judge agrees to enforce as a judgment” (Kramer, 1988, 325). Such settlements occur between various types of public institutions including law enforcement and corrections agencies. The purpose of consent decrees is to address specific issues without the full involvement of the legal system, resulting in negotiations rather than a formal trial. Once a consent decree is finalized, “if either party fails to live up to the agreement, the other party can obtain contempt sanctions” (Kramer, 1988, 325). This allows the plaintiff to react more quickly if the defendant does not enact the changes specified in the consent decree than if a new lawsuit was filed.

There is little research that examines what happens after CRIPA investigations and consent decrees filed against public agencies have been settled. Those that have examined CRIPA investigations and the response of correctional institutions have been predominantly focused upon CRIPA investigations in general (Barczyk and Davis, 2009), mental health issues (Cornwell, 1988; Dean, 1988; Geller, Fisher, McDermeit, and White, 1998; Rights in Residential Facilities, 1993) and initial changes made to juvenile institutions following consent decrees (Abrams, 2006; Puritz and Scali, 1998). None of these have specifically examined what occurs in institutions once they are no longer monitored by the DOJ.

Nearly 100 juvenile facilities have been investigated in 16 states under CRIPA, with most being resolved without contention (Rosenbaum, 1999). As stated by the chief of the Special Litigation Section, investigations into juvenile facilities are not conducted to place blame and criticize those supervising youth, but are pursued with an understanding of the difficulties in handling at-risk youth. Rosenbaum states that many institutions welcome CRIPA investigations because they encourage better facilities and treatment of youth. Such investigations are also useful because the lawsuit does not seek damages, just improvements in treatment and adherence of constitutional rights. Issues that are commonly cited in CRIPA investigations of youth facilities pertain to crowding, special needs populations, and inadequate education. They also have revealed numerous cases of “staff abusing juveniles, preventable youth-on-youth violence, and excessive use of restraints and isolation” (Juvenile Correctional Facilities, 2008). Of special concern in many CRIPA investigations is the provision of appropriate health care, including examinations, dispensing pharmaceuticals, and monitoring youth for illnesses and injuries.

Few studies have examined the impact of CRIPA investigations on juvenile institutions. Abrams (2006) studied some of the juvenile facilities that have been investigated by the DOJ. It

was suggested that while calls for reform are often strong for a short period of time, lasting reform is oftentimes difficult to achieve. Facilities are investigated after consent decrees are initiated, but such investigations are only temporary and can last for just a few years (Puritz and Scali, 1998). Abrams concluded that “the Department’s threat to sue non-complying states will carry real teeth only if the Department inspects with a close eye and then holds states to stern *post-inspection* bargains” (p. 1092).

Institutionalizing reforms that come as a consequence of a CRIPA investigation is a major issue facing state governments, particularly those facing budget deficits. This is in part because such reforms are not part of a planning process seeking long-term, stable change; but rather reforms initiated through CRIPA are often a consequence of a series of traumatic and unsettling events that resulted in a federal intervention and have been highly publicized in a negative context (Pfeffer, 1982). This can, in turn, result in juvenile correctional facilities responding to their broader institutional environment, which can have unknown consequences to structure, culture, and proposed reforms. Unfortunately, there is little understanding as to whether adaptation to such required reforms is likely, and those factors that might influence lasting reform.

The broader research literature suggests that such mandated reforms are often short lived, and fail to be institutionalized within the cultural framework of the organization (Blau and Scott, 1962; Cohen, 1985; Scott, 2003). It is not until norms, values, and structures consistent with federally mandated reform are incorporated into the daily work ethos of agencies that such changes become permanent (Davis, Ortiz, Henderson, Miller and Massie, 2002; Ikerd and Walker, 2010). Unfortunately, the broader literature on correctional reform generally, and juvenile correctional reform specifically, has failed to examine the impact of CRIPA mandates

on the norms, values, and structures of an agency several years after a memorandum of agreement (MOA). This project takes up that task.

#### The Arizona Department of Juvenile Corrections and CRIPA

The Arizona Department of Corrections (ADC) was established in 1968, and juvenile services, as well as adult corrections, were managed by this department. During the mid-1980s, the department made major changes as a result of a lawsuit pertaining to juvenile conditions within the institution. The lawsuit, *Johnson v. Upchurch* in 1986, came about after a juvenile complained that there was a lack of “special education services... [and] that the conditions of confinement were unsanitary, hazardous, and punitive” (Educational Advocacy for Youth with Disabilities, 1998). In wake of the lawsuit and eventual consent decree, there was greater emphasis on the provision of services and education to juveniles, as well as improving health care and general housing conditions (ADJC History, 2009). Following the lawsuit, the Arizona Department of Juvenile Corrections (ADJC) was formed in 1990.

In April of 2002, July of 2002, and March of 2003, three juveniles committed suicide at a single ADJC facility (Acosta, 2004). Only 2 out of 3,800 other juvenile facilities from 1995 to 1999 had as many suicides in a one year period. In 2002, as a consequence of reports of improper care and the high suicide rate, the Arizona Department of Juvenile Corrections was investigated under the CRIPA for alleged violations of abuse, poor living conditions, inadequate education, poor mental health treatment, insufficient supervision, and failure to prevent suicides of youth in custody (Acosta, 2004).

Between October 2002 and January 2003, the DOJ conducted investigations of ADJC facilities in Phoenix and Tucson. The DOJ reported on the findings of the investigation in January 2004 concluding that “children confined at Adobe, Black Canyon, and Catalina

[institutions] suffer harm or the risk of harm from constitutional deficiencies in the facilities' suicide prevention measures, correctional practices, and medical and mental health care services" (Acosta, 2004, p. 2). Multiple youths who had indicated intentions of suicide were not immediately seen by mental health staff, staff failed to communicate about suicidal juveniles, direct care staff were not making timely checks of suicidal youths, and direct care staff were fraudulently claiming to have performed checks that were not performed.

In addition to improper handling of suicidal youth, ADJC was also found to be non-compliant with the constitutional protections of juveniles (Acosta, 2004). Numerous cases of sexual and physical abuse by staff and other juveniles, improper use of disciplinary confinement, and improper and unsanitary living conditions were reported. During the DOJ investigation, they noted one staff member in particular who had "inappropriate sexual contact" with multiple youths. Other juveniles and staff had complained of the acts, yet no neutral investigation took place, resulting in the DOJ investigators notifying management of the issue. Other incidents of physical assault were never investigated, although it was apparent that staff members allowed and encouraged juveniles to fight one another. As a result of such incidents, the DOJ suggested that the grievance process for youth be improved, as many complaints were not followed up on by management. Furthermore, it was suggested that "appropriately trained investigators" handle cases of abuse against minors.

Further issues that were noted to be lacking in ADJC facilities were special education programs, services for the disabled, proper medical care, and mental health services (Acosta, 2004). It was reported that when youth were screened for education services, they were given the "Test of Adult Basic Education," which was designed to be used for adults to determine grade level. Such a test was insufficient for determining the needs of juveniles. Many youth were also

not identified as being in need of special education services when they should have been.

Numerous deficiencies were also noted in the medical care of juveniles. For example, one youth was reportedly “seeing stars” after being restrained by staff, yet no examinations were done to evaluate his condition. Finally, it was reported that little attention was given to the individual mental health needs of youth. It was suggested that ADJC did not meet the constitutional requirement that youth be provided with individual treatment, resulting in juveniles being “much more likely to become long-term wards of the State” (Acosta, 2004, 32). The DOJ concluded that deficiencies in the areas of education, medical care, and mental health all needed to be addressed to ensure that ADJC meet the constitutional rights of juveniles in their care.

At the close of the investigation, sixteen deficiencies were required to be resolved if ADJC was to protect the rights of youth (Acosta, 2004). Among these were modifications to suicide prevention practices and policies. Facilities were also found to have unsafe housing with construction that was not suicide resistant. In their final report, the DOJ recommended that potentially dangerous situations for suicidal youths be eliminated and that staff members should be properly trained on handling such sensitive issues.

Following the Department of Justice investigation, a lawsuit was filed by the United States Attorney General’s office against the ADJC in September of 2004 due to the issues noted in the DOJ final report (Branham, 2009). Concurrently, the ADJC also entered into a consent decree with the DOJ (Memorandum of Agreement between the United States Department of Justice and the State of Arizona Concerning Adobe Mountain School, Black Canyon School, and Catalina Mountain School, 2004). At the time the MOA was filed, outlining the reforms that had to be made in the agency, it was acknowledged in the report that the ADJC had made significant changes to achieve compliance with the recommendations.

The requirements of the MOA closely mirrored the recommendations from the initial DOJ investigation, including improvements to medical care, mental health treatment, suicide monitoring, special education, and the grievance system. One change required by the MOA was for the ADJC to form a Quality Assurance Team to work with the Inspections and Investigations Unit (I&I) that would be tasked with performing audits to ensure that the agency was following its own policies, procedures, and the MOA. Their duties would be to review documents, conduct interviews with staff and youth, make observations, assess the implementation of services, and report on findings. Random inspections, as well as mandatory inspections after certain incidents (e.g. deaths, use of force), were also required.

#### Changes in the Arizona Department of Juvenile Corrections since CRIPA

In light of the *Johnson v. Upchurch* lawsuit, suicides at ADJC, and federal intervention through the Civil Rights of Institutionalized Persons Act, the agency has had many areas to improve upon. In 2007, the agency was no longer supervised by the DOJ. From 2007 to 2009, the Auditor General began a two year examination of the ADJC, in part, to review the conditions cited in the CRIPA consent decree (Arizona Department of Juvenile Corrections Sunset Factors, 2009). This report found that the ADJC had since been “performing well” in those areas where they had previously been deficient (e.g. suicide prevention and abuse). Changes that had been sustained since the DOJ investigation included: increased training of staff and monitoring of suicidal juveniles, resulting in no deaths after 2003 and fewer suicide attempts; a 53% reduction in youth on youth violence that was partially attributable to the implementation of a “community policing model”; and an improved grievance process for reporting abuses committed by staff and a zero tolerance for abuse policy.

In the Memorandum of Agreement filed in 2004 between the ADJC and DOJ, it was stated that “the State of Arizona enters into this Agreement because it is firmly committed to remedying the deficiencies identified in the United States’ letter of findings and providing legally adequate conditions, by instituting the remedial measures required by this Agreement” (Memorandum of Agreement, 2004, p. 2). While it was clear that the ADJC did in fact improve institutional conditions as was demonstrated by the dismissal of the CRIPA lawsuit in 2007, what remained unclear was how the ADJC *maintained* the remedial measures since 2007. Efforts to adhere to the MOA subsequent to the lawsuit dismissal were also potentially hampered by the severe budget cuts experienced in 2010.

In November 2008, the Arizona Department of Juvenile Corrections issued their Five-Year Strategic Plan for 2010-2014 (Five Year Strategic Plan, 2008). Included in this report were the values, goals, and mission of the department, which included: maintaining public safety, improving education for youth, creating opportunities, and improving offender behaviors. Four strategic issues specified in detail for the future of the department were: continued improvement of the department, further bettering of staff, providing more services for youth, and increased educational services. It was estimated that the maintenance and improvement of ADJC for future fiscal years would cost \$89,474.9 for 2011 and \$89,474.9 in 2014 (figures are in thousands); while the current cost per day to house youth in Arizona is approximately \$182.96 (Know the Facts, 2010). Sustaining such goals was questionable in light of budget reductions.

In early 2010, many of the improvements that were made to the ADJC in the wake of the CRIPA investigation were put in limbo when the Governor of Arizona announced that the agency would be closed and all youths would be returned to county custody or released (Reinhart, 2010). This proposal was met with hostility from counties that claimed that they could



not absorb the cost of so many juveniles and would be unable to provide the mandatory services for them. In December of 2010, it was announced that the proposal to close the ADJC was indeterminately halted and that other solutions would be sought (Rookhuyzen, 2010).

### **Purpose, Goals and Objectives**

The goal of this study was to examine the impact and agency response to the consent decree entered between the state of Arizona and the USDOJ. There is little prior research in this area. Our study began with an examination of the MOA in Arizona. Specifically, we assess whether the changes in organizational culture required in the MOA, and promised by the Arizona Department of Juvenile Corrections, have been met. To accomplish this, we engaged in a review of documents and conducted interviews with relevant actors (e.g. judges, administrators). These perspectives contributed to a more in-depth understanding not only of how the ADJC reacted to federal intervention, but also how correctional facilities in general are able to adapt to federal pressures for severe organizational changes.

There were five specific purposes of the current study. The **first purpose** of this study was to understand the processes leading up to a federal intervention. We accomplished this through a review of historical documents, interviews with key stakeholders in state government in Arizona, and a careful review of the filings by the US Department of Justice. The **second purpose** of this study was to understand the resulting changes in the *immediate* months after the CRIPA investigation. This was accomplished through a series of in-person interviews with representatives of ADJC, juvenile court representatives in the seven Arizona counties that sent the highest number of juveniles to the ADJC, and juvenile justice advocates. We conducted these interviews in the three urban counties in Arizona: Maricopa, Pinal and Pima. Cumulatively these

three counties account for more than seventy-five percent of all juveniles in the ADJC. We conducted similar interviews in Yuma, Coconino, Mohave and Yavapai counties, because of their significant Native American populations, distance from the facilities, and secondary contributions to the ADJC population. The **third purpose** of this study was to understand the status of ADJC's progress prior to the current financial crisis. Specifically, we were interested in determining how ADJC went about meeting the conditions of the MOA under more optimal circumstances (i.e., a more solid state budget and higher level of funding). This was done through an examination of the progress toward fulfilling the mandate of the MOA as filed by the state corrections agency. In addition, we examined each of the specific findings in the MOA as well as the agency response to those findings. We also documented the steps taken by ADJC to change the organizational culture. The **fourth purpose** of this study was to better understand the status of services and quality of care after the recent dramatic reductions in funding. The state of Arizona encountered severe budget shortfalls in recent years, the highest percentage of a state budget of any state in the nation. This resulted in cutbacks in funding for most state agencies; the cutbacks for ADJC were severe and these cutbacks potentially jeopardized progress toward achieving the requirements of the MOA. The **fifth purpose** of this study was to understand how selected juvenile court jurisdictions perceived and responded to the changes.

There are significant policy implications to this study. First, this federal intervention allowed us the opportunity to better understand the responses of state agencies when faced with severe pressures to make significant changes to policies and practices. Second, the organizational aspects of it were quite important, particularly as many states face dire fiscal pressures and will be closing or curtailing many publicly funded criminal justice activities. Because we propose to examine the perceptions of juvenile courts, we can also shed light on the perceived nature of

changes in the agency by important constituent groups. This case study will position us to better understand how criminal justice agencies respond to federal interventions, organizational changes, and how they cope with those changes while facing severe fiscal challenges.

### **Data and Methods**

We conducted a case study of the response of ADJC to the MOA resulting from the CRIPA investigation. The one year case study included an intensive examination of the response to the MOA in Arizona. The case study was primarily qualitative in nature, as Table 1 shows, relying on interviews and official data.

#### **Sources of Data**

The goal of this project is to gain a comprehensive view of the conditions that gave rise to the consent decree, and how ADJC responded to it. In particular this study seeks to bring together multiple sources of data to focus on a single point to help us explain, clarify, and corroborate issues of question (Lincoln and Guba, 1985; Merriam, 1988). These include:

##### **1. In-Depth Interviews**

The interviews asked about the internal and external factors that lead to a federal investigation and how these factors influenced ADJC in the months following the CRIPA investigation. Our interviews focused on the impact of the consent decree on decisions to commit youth to state facilities as well as perceptions of changes in the agency. Our interviews in the juvenile facilities focused on the perceived changes in the conditions of confinement for juveniles, and specifically addressed the sixteen concerns raised in the MOA. We also examined county juvenile courts to better assess their views of the degree of ADJC compliance and the role that the CRIPA agreement played in decisions to send youth to the custody of ADJC. In addition,

we focused specifically on youth at risk for suicide and with mental health, special education, and medical needs, as these were all highlighted as deficiencies in the DOJ's report. Little is known about the effects of downsizing criminal justice agencies, particularly as those agencies respond to consent decrees. This is important policy information in the challenging economic conditions that are faced by most states today.

To explore these issues, we interviewed current and former administrators and line-level staff at ADJC. Additionally, we interviewed juvenile court administrators and judges who send youth to ADJC and who have been impacted by the MOA and state budget cuts. These interviews were conducted in the three urban counties in Arizona (i.e. Maricopa, Pinal and Pima) and four rural counties (i.e. Coconino, Mohave, Yavapai, and Yuma). Finally, we conducted interviews with juvenile justice advocates across Arizona with direct knowledge of ADJC.

## 2. Document Review

Official documents produced by the ADJC, the House and Senate Military Affairs and Public Safety Committees, the Arizona Auditor General, and DOJ legal staff were used for the current study. These include such documents as ADJC Standard Operating Procedures (SOP), annual reports, inter-office communications, training curriculum, grant submissions, booklets produced by the ADJC, and statistics kept by ADJC.

These documents are intended to serve as both primary and secondary research materials. They serve as primary research materials in that they are used to document the factors that lead to CRIPA, and how ADJC staff have been directed to conduct themselves. In other words, the official documents produced by the various parties are expressive of organizational arrangements and may place ADJC in a historical context. For example, ADJC annual reports and SOP's might

serve as sources of data communicating the organization's official mandate and how their mandate may have changed over time as a consequence of CRIPA.

Official documents such as bulletins and circulars distributed by the ADJC served as secondary research materials. Documents such as bulletins and circulars helped shed additional light on the common practices and beliefs of ADJC and illustrated how the ADJC has changed over time. Furthermore, statistics kept by the ADJC were illustrative of the potential issues the ADJC believes are important and assist in constructing the reality, or at least the documented reality, of ADJC. Accordingly, the official documents provide a rich source of support for the findings derived from the interviews (Jorgensen, 1989; Marshall and Rossman, 1995) and will help us track the implementation of changes, especially the sixteen conditions cited in the MOA after the initial period of adjustment. Because there was no central depository for many of these documents at the ADJC or the state, many documents were collected as we became aware of them in interviews or through LEXIS/NEXIS. The majority of the documents were collected as a result of "putting the word out" that we were looking for anything related to the CRIPA. Several documents were also obtained through questioning individuals about a particular area of interest. Occasionally when a question was asked that an individual was unable to answer, both parties would attempt to find a document that may aid in the requested information.

Additionally, the current study made use of articles obtained from local newspapers between January 1990 and December 2011. The newspaper articles not only provided a historical record of the issues and problems associated with the investigation, but also provided additional insight into the various external forces that may have impacted the ADJC's response to the CRIPA complaints. Accordingly, the newspaper articles offer a different view of the problems

faced by ADJC and offered different opinions as to how problems should be approached, as well as how the ADJC should respond to the CRIPA and financial crisis.

### Analytic Plan

We used the qualitative analytic strategies outlined by Schatzman and Strauss (1973). From the inception of the study, data were continually reviewed, coded, and organized both chronologically and categorically. This “analytic cycle” allowed us to test emerging ideas as well as to identify patterns, relationships, and processes. Additionally, the “constant comparative method” was used to analyze the data after the completion of the project. This process involved “unitizing” and “categorizing” information units (Glaser and Strauss, 1967). These categories and units of meaning were identified and coded after carefully reading the field notes, interviews, and documents collected during the study.

Several strategies were employed to ensure that the interpretation of the findings were accurate. First, the proposed research triangulated multiple sources of data. In other words, data from different sources were used to corroborate and clarify the research in question (Lincoln and Guba, 1985; Marshall and Rossman, 1995; Merriam, 1988). Second, the proposed study used an observational mode of research. Third, several experienced researchers served as peer examiners. These individuals periodically reviewed data collected from the field and interviews to provide a check on potential researcher bias.

### Description of the Study Site

As of mid-2009, there were 522 juveniles in the care of the ADJC and 496 juveniles on parole (Annual Report, Final 2009, 2010). This was a 20% reduction from the total number of juveniles in custody as of June of 2008 when 652 youth were housed by the ADJC and a 16.7% increase in the number of juveniles on parole from the previous year. Surprisingly, the average

length of stay increased from June 2008 to June 2009, with a 6.4% increase in number of days served by males for new commitments and a 5.6% increase for females. Such findings are likely attributable to the fact that there were 5.9% more discharges (776 juveniles) in 2008 than there were in 2009 (730 juveniles). Of those discharged in 2009, 11% were transferred to adult facilities.

Demographic information from the past four years shows that the majority of those housed by ADJC were older, male, Hispanic juveniles from Maricopa County (Annual Report, Final 2009, 2010). While the number of housed males has remained relatively constant, the number of females has been steadily decreasing. In 2006 there were 564 males, which increased to 595 in 2009. The number of housed females, however, decreased from 110 in 2006 to 67 in 2009. During this same period, the number of Hispanics has increased, while Caucasians have been continually making up less of the ADJC population. As of 2009, 51.1% of housed juveniles were Hispanic, 28.1% were Caucasian, 10.7% were African American, and 5.3% were Native American. Population data also shows that very few minors (12%) are 14 years old or younger, while 69% are 16 years or older. Finally, an overwhelming majority of juveniles supervised by the ADJC are from Maricopa County (63.1%).

As of 2009, almost 20% of those housed within the ADJC were sentenced to either a class 2 or 3 felony, with maximum sentences of 10 and 7 years respectively. Since 1996, the ADJC has evaluated recidivism rates of juveniles who were housed at ADJC (Annual Report, 2009). Of the 752 juveniles that were released in 2004, nearly 60% had recidivated within four years, with 36.3% entering into the adult system and over 21% having their parole revoked. Of the 766 juveniles released in 2007, 38.2% had recidivated within a year (8.4% to adult and 29.8% to juvenile).

### **Formation of the Arizona Department of Juvenile Corrections**

The Arizona Department of Juvenile Corrections has a long history that sheds light on the agency's response to CRIPA (Appendix 1). The early foundation of the ADJC began in 1901 with the formation of the Territorial Industrial School in Benson, AZ and a school in Fort Grant, AZ in 1927 (ADJC History, 2009). During this period, responsibility for delinquent and criminal juveniles was given to the Superior Courts. With the establishment of the ADC in 1968, juvenile corrections came under the jurisdiction of the adult system. The facilities that would eventually be used by the ADJC to house boys and girls were subsequently built, with Catalina Mountain School of Tucson opening in 1967, Adobe Mountain School of Phoenix in 1972, and Black Canyon School of Phoenix in 1988. These facilities are referred to as "Safe Schools" by the ADJC.

Public reports of misconduct and violence at the juvenile facilities were rare until the late 1980s. The reported mistreatment of a young boy named Matthew Johnson in 1986 brought the Arizona Department of Corrections into a national spotlight for the handling of juveniles (*Johnson v. Upchurch*, 1986). The *Johnson v. Upchurch* suit lodged against the Superintendent of Catalina Mountain and others at the ADC ultimately led to a class action lawsuit. The suit alleged that solitary confinement cells were being used for months at a time, there were poor conditions in the confinement cells, staff denied services and treatment to those in solitary confinement, staff improperly used handcuffs, staff were using cruel and harsh punishments, youths were denied appropriate medical treatment, educational services were inadequate, and youths were inappropriately placed based upon their needs.

It was clear that the agency was going to lose the lawsuit (Bortner and Williams, 1997). One of the solutions brought forth by ADC administrators and the Governor to remedy the



lawsuit was to separate the juvenile system from the ADC, a decision that was eventually approved. The separation from the adult system also occurred, in part, because of the difficulty in providing resources to juveniles when the primary focus of the ADC was that of adult corrections. As was reported by those employed at the ADC and community advocates who were involved with the decision to separate the agencies, both financial and staff resources would frequently be diverted from juveniles to adults. The director of the ADC and the Governor of Arizona, Rose Mofford, were supportive of the decision to separate the agencies.

The events following the separation of the juvenile and adult correctional systems in Arizona contributed to a negative departmental culture. The first director of the agency was appointed from the ADC and many of the officers who had once primarily worked in the adult prisons were allowed to transition to the juvenile system (Christian, 1993). Prior to the formation of the ADJC, all staff received similar training which resulted in juveniles being treated like “mini adults.” Approximately one-fourth of the participants expressed concerns over this practice because they had heard rumors that the bad administrators and officers had been “dumped” on the ADJC “to get them out.” Many felt that the correctional environment of the first officers and administrators of the ADJC had carried over, allowing for a culture where juveniles were readily subjected to abusive conditions. One ADJC employee noted that following the split “it was a strange mixture and some of the clinical staff had begun to buy into what the more crime control staff were putting out there.”

There are currently two schools/facilities where juveniles are housed in Phoenix, including: Adobe Mountain School (AMS) and Black Canyon School (BCS) (ADJC Safe Schools, 2006). AMS is designed to house males from Maricopa County, while BCS houses all females. Prior to data collection, Catalina Mountain School in Tucson and Eagle Point School in

Buckeye were closed as a direct result of budget cuts on the agency (Annual Report, Final 2009, 2010). All of the facilities are secure and provide extensive programming, including: rehabilitative services, psychological counseling, medical and dental services, and education. In June of 2009, there were 211 juveniles at the Adobe Mountain School facility, 91 at the Black Canyon School facility, 92 at the Catalina Mountain School facility, and 128 at the Eagle Point School facility. This was a 20% reduction from the total number of juveniles in custody as of June of 2008 when 652 youth were housed by the ADJC.

### **Understanding the Processes Leading to Federal Intervention**

By the mid-1990s, the direction of the ADJC was questioned by both employees of the agency and counties that placed juveniles there. One issue that many raised concerns about was that the agency changed its name multiple times to reflect either a corrections or rehabilitation orientation. These name changes typically coincided with the ideology of the director at the time. ADJC employees appeared less concerned with the name change and referred to the name as “a window dressing” and stated that the “name doesn’t matter.” In contrast, county and community representatives made statements along the lines of “these changes formally and informally signaled the shift from a rehabilitative to a crime control model” and “a new message was put in place that there was a new way for the department to be run.” One ADJC employee noted that “a number of factors contributed to this including: internal issues with directors, the national outcry against juveniles in the 1990s, partly symbolic, and the newly appointed director, Eugene Moore, had received direction from the governor’s office to bring the agency back to the middle.”

These shifts in both departmental administration and ideologies were occurring as federal monitoring resulting from the *Johnson v. Upchurch* consent decree was playing out. Signed in 1993, changes required under the consent decree included: improvements to risk assessments

instruments, adherence to maximum capacities of institutions, increased programming (e.g. substance abuse, sex offender treatment), implementation of a “continuum of care,” and the evaluation of treatment effectiveness (Christian, 1993). To achieve compliance with the consent decree, the Governor of Arizona diverted resources to the agency, federal monitors evaluated the “safe schools,” and agency administrators began implementing the required changes.

In late 1994, “the monitors said the state ha[d] met population reduction standards in the past 18 months, but they remained concerned about officials’ commitment to provide juveniles with a full range of treatment” (Federal Monitors: State’s Youth Correctional Facilities Improving, 1994, p. 3A). These concerns were not unfounded, as numerous reports during the time the agency was under the consent decree indicated that the agency had failed to resolve the issue of overcrowding. Reports showed that the “safe schools” were so overcrowded that a federal judge announced population caps, fines were imposed on the agency, and the ADJC was eventually forced to begin releasing juveniles to comply with the caps (Cook, 1997; Federal Judge: No More Juveniles to be Put in State’s Juvenile Centers, 1996; Juvenile Corrections Plans to Defy Judge’s Order on Population Cap, 1997; McKinnon, 1997). Less than two months after the department was fined for overcrowding, the population was reduced and the ADJC became compliant with the consent decree (Dougherty, 1996). The consent decree was then allowed to expire in 1997 and the ADJC was no longer under federal monitoring (Rotstein, 1997).

### **Failure to Reform Leads to Federal Investigation**

Immediately following the resolution of the consent decree in 1997, reports surfaced regarding poor conditions at the ADJC. Issues apparently stemmed from overcrowding, as the agency sought alternatives to confining youths in the “safe schools” (Cook, 1998a). One such

alternative that was met with much controversy was housing youths in an adult prison in Tucson (Cook, 1998b; Correction Plan Irks Judge: Proposal Would Temporarily House Juveniles in Prison, 1998). Other reports suggested that the agency was making positive reforms by opening facilities for parole violators to be re-evaluated at the safe schools (ADJC History, 2009) and had reduced recidivism rates (Few Juvenile Delinquents are Back in Custody a Year Later, 1999). During that time, the Arizona Legislature allowed for the elimination of an advisory board that was created during the consent decree to monitor the agency (Silverman, 2001).

Eight months after the *Johnson* consent decree expired, ADJC's Deputy Director, David Gaspar, was appointed as the agency's fourth director in seven years (ADJC History, 2009). At the time of his appointment, Director Gaspar had a 20 year history of working in corrections and had been involved in mental health treatment in Tucson. This experience was lauded as important in an agency that was seeking to reform. As reported by the ADJC, "Director Gaspar continued the ambitious reform agenda that led to completion of *Johnson v. Upchurch*" (ADJC History, 2009).

In contrast to the perspective of Director Gaspar put forth by the ADJC, the overwhelming majority of participants in the current study strongly felt that his leadership harmed the agency. For the most part, current and former ADJC employees, county court representatives, and community advocates perceived Director Gaspar as an ineffective leader who was unaware of what was occurring within the agency. Statements like, "it was rare to see him come out of Central Office," "I would rarely see him," and "it was a big event for the director to go out to the facilities" were typical. Many were hopeful that the Director's experience with rehabilitation and corrections would set the agency on the right path to continue reforming and providing humane conditions for juveniles. Very quickly, perceptions of Gaspar

shifted, as he became viewed quite negatively by one individual who told us “[the Director] was giving the perception he would focus on rehabilitation but was not.”

Opinions were mixed about how much responsibility should have been placed upon Gaspar’s shoulders for the problems leading to the CRIPA investigation. Some believed Gaspar was the primary reason why conditions at the ADJC declined quickly following *Johnson v. Upchurch*, citing the short time between Gaspar being appointed director and juveniles committing suicide. Part of the reason for the disenchantment with Gaspar was that what he was saying publicly about the success of the facilities didn’t always coincide with how juveniles were reportedly being treated behind the fences. Participants felt that they had been “snookered” and “bamboozled” because Gaspar would report that no problems occurred at the ADJC and that it was a model agency. Because Director Gaspar had put so much faith in the leaders of institutions and rarely visited the facilities himself, he too had a limited perception of the institutional conditions. He had assumed that officers would correctly carry out their responsibilities, but the quick decline in conditions indicated this was not occurring.

Gaspar’s lack of knowledge of what was really happening made some participants in this study feel slightly sympathetic towards him because he had good ideas that were never able to get off the ground. Some county representatives also speculated that there was a poor institutional culture that pre-dated Gaspar’s term as director that made it difficult for him to gain the support of his staff. For example, it was speculated that “the majority of the problems [were the result of] the culture, but Gaspar also should shoulder some of the responsibility for the problems that happened under his watch. He did make efforts to change the culture...but Gaspar was faced with a culture that didn’t want to change.”

The lull in reports of abuse and poor conditions at the ADJC was short lived. Four years after the consent decree was lifted and federal oversight ended, countless reports began surfacing of serious problems at the agency. A series of articles published in the *New Times*, a local Arizona newspaper, by Amy Silverman revealed that problems had persisted with little public attention despite a reform that had lasted nearly a decade (Silverman, 2001a, 2001b, 2001c, 2001d, 2001e, 2001f, 2001g, 2002a, 2002b, 2002c, 2003a, 2003b, 2003c, 2004). Silverman (2001b) reported that advocates who had raised concerns previously “assumed all was well under...the latest director, whose extensive background in corrections and mental health treatment made him a natural to lead the agency” (p. 2). Following a lengthy investigation, Silverman found that the “ADJC no longer follows the practices put into place by a federal court order in 1993 that were designed to ensure that proper conditions are maintained for youth in detention” (p. 1). These failures included: youths being held in separation for long periods of time, youths being kept in their rooms for long periods of time, poor mental health services, increased staff-to-youth ratios, improper use of violence by staff upon youths, sexual abuse by staff, and poor supervision. One internal memo uncovered in the investigation revealed that in 1999, less than two years after the consent decree was lifted, a youth rights ombudsman for the agency informed the director of the excessive use of solitary confinement and improper housing. Silverman concluded that “in many cases, children detained in Arizona are treated more harshly than their adult counterparts in the state” (p. 2). Her series of reports once again brought the ADJC to the attention of the Justice Department.

Concurrent to the release of the Silverman articles, many ADJC administrators, legislators, and individuals from the Governor’s office were reporting that the agency was still in compliance with the court order. For example, one member of the AZ Senate Judiciary

Committee had claimed that “nothing’s wrong at the ADJC, [which he knows] because he’s toured Adobe Mountain School” (Silverman, 2001g, p. 3). An ADJC administrator made similar claims, stating that the agency had improved tremendously after *Johnson*, in large part because millions of dollars were invested in the agency, and that the department had continued to experience improvements (Silverman, 2001a). The director of the ADJC in early 2000 further acknowledged the increased use of mental health and substance abuse programming and the hiring of new employees. The positive reforms that were touted by the agency and government even led to the nomination of the director of ADJC for the American Correctional Association Board of Governors, where it was stated that the ADJC was a model for juvenile justice programs (Candidates for the 2002 ACA Election, 2002).

By late 2001, the abuses uncovered in the Silverman articles raised concerns with community advocates and monitors from the *Johnson v. Upchurch* case, with one monitor stating that “I think they need an outside agency to come in once again and review procedure” (Silverman, 2001g, p. 1). The concerns that had been raised since *Johnson* came to a head in April of 2002, when the first of three juveniles, within a one year period, committed suicide at the ADJC. Already on the verge of a federal investigation because of the *New Times* series, the three suicides led to the DOJ investigation under CRIPA (Silverman, 2010a; 2010b; 2010c). Following investigations by consultants in late 2002 and early 2003, the DOJ concluded that “certain serious deficiencies at these facilities violate the constitutional and federal statutory rights of the youth residents” (Memorandum of Understanding, 2004, p. 2). The ADJC subsequently entered into a consent decree with the DOJ to remedy these issues.

The fact that the ADJC was placed under federal monitoring within just a few years after reforms under a previous consent decree suggests that changes were either inadequate or not

effectively institutionalized into the departmental culture. Christian (2010) argued that one reason for the lack of effective reform was because, “the legislation...aimed at treatment...passed in Arizona because we had a lawsuit. We had not changed the hearts and minds of our citizens” (p. 42). Similarly, many ADJC employees reported that the culture of the agency had changed very little. During the initial years of the ADJC, it was evident that institutional silos had developed across the agency. There was reportedly minimal communication occurring between the various service providers in the institutions (e.g. mental health, education, line staff). ADJC employees expressed frustrations that this isolation had developed and remained following the *Johnson* consent decree, but there appeared no remedy to mend the distance between the staff. One potential solution would have been to implement a system of checks and balances to ensure that staff had to comply with changes in policies and practices, but this did not occur.

One ADJC employee stated that reports of abuse began surfacing quickly after the *Johnson* consent decree ended. The reason why the reforms to the agency had been unsuccessful was because the ADJC

Didn't change the culture of the agency. Staff never really accepted a new way of business. Once they stopped being under the monitor, they didn't have a system in place to monitor the agency. Many of the issues would get to the superintendent and were not passed on to inspections and investigations. There were no checks and balances at all and what was happening in the institutions was all a matter of trust that it was going right. There was not a lot of emphasis on procedure.

Additionally, background checks were not being done on incoming employees, leading to a poor quality of officers who were hired to supervise juveniles. In fact, there was reportedly a joke in the department that “you could just tackle someone outside the fence and if they were breathing you could hire them.”



## Reforming the ADJC Following CRIPA Intervention

During the time the CRIPA investigators were conducting tours of the ADJC in October of 2003, Governor Janet Napolitano replaced Director Gaspar. Napolitano was reportedly very concerned about the CRIPA and treatment of juveniles, so she “made it a priority to fix the ADJC.” As a result, she heavily invested resources into the agency and formed a task force of community advocates and correctional experts. The goals of the task force were to “provide oversight to the Department of Juvenile Corrections on the implementation of the recommendations in response to the CRIPA report and advise the Department on broader juvenile justice system issues, including cross system integration, youth reentry into the community, and the possible formation of an external review process for youth committed to ADJC.” She also decided not to fight the CRIPA lawsuit and willingly set about to make the changes within the agency. Multiple administrators were hired from outside of Arizona because of their experience with correctional reforms and juvenile justice.

A search committee made up of ADJC employees and community advocates decided upon hiring Michael Branham as Interim Director and Dianne Gadow as Deputy Director. Although Director Branham had planned on staying with the agency only until a new director was officially appointed, he eventually accepted the position of Director. Director Branham was reported by the ADJC to be “the guiding force behind the department’s organizational culture change. This transformation is the foundation in building a solid organization which provides a safe and secure environment while addressing treatment, education, and rehabilitative needs for youth committed to ADJC” (Arizona Department of Juvenile Corrections, 2011a, p. 6).

Prior to his tenure at ADJC, Director Branham had a career in law enforcement and had minimal correctional experience. The overwhelming perspective among participants for the

current study was that early in his tenure at ADJC, someone so committed to law enforcement would not be able to transition into a correctional setting with juveniles. On the one hand, these fears were confirmed when Director Branham began using law enforcement strategies to gain control of the agency, such as using drug sniffing dogs to search for drugs among juveniles. On the other hand, many participants quickly began changing their perceptions of the Director, as they were able to see positive changes associated with his more punitive methods. For example, he was described as being “a perfect fit at the time to bring structure, organization, and focus to the agency.”

Although Director Branham’s direction was initially questioned, the overall perspective gleaned from interviews was that he had very effectively instilled long term changes within the department and was successful at changing the agency. While some participants were critical of individual aspects of Director Branham’s overall changes, his efforts were generally well received and reportedly led to the elimination of the consent decree in 2007. In multiple instances, participants would give interviews that were highly critical of the decisions Director Branham had made. However, they would then finish with a statement about how they didn’t want to appear overly critical of the Director and that they felt most of the changes were done well and that he was well respected. Extensive reform occurred at the ADJC following CRIPA, which was very much attributable to the direction that was taken by Director Branham.

One decision made by Director Branham that received strong support was the decision to fire staff found to have abused juveniles. As stated earlier, only minimal background checks were done on employees and many line staff had been previously employed in the adult correctional system, resulting in a pattern of abusive and inappropriate staff being tasked with supervising juveniles. It was reported that staff that were hired prior to CRIPA would never have

been hired after CRIPA. In an effort to root out employees who contributed to the negative culture of ADJC, the Director had investigators review all old complaints of abuse. In cases where the abuse was substantiated, the staff were fired. In many cases, staff were prosecuted if they had abused juveniles in the past. One administrator reported that upwards of 200 out of approximately 1,200 employees were fired, and that he eventually stopped counting the number of firings that occurred. A change in staff of this magnitude is one way to produce organizational change.

Over a three year period, staff were fired “for contraband, sex with kids,...a whole spattering of excessive force, and sexual harassment.” Current employees felt that this was the correct step to take in order to reform the culture once and for all because “they had brought in new blood who weren’t tied to the past.” During the previous lawsuit, new policies were implemented, yet the staff implementing the policies remained the same. Furthermore, Director Branham reportedly conducted background checks after the fact on all current employees and fired those that did not meet the appropriate standards.

In contrast to Director Gaspar, Director Branham made frequent visits to the Safe Schools and was more knowledgeable about what was occurring at the institutional level. Some staff were initially concerned that the Director was observing them on these visits and that he was going “overboard.” Because of their experiences with the previous directors, staff “had gotten relaxed thinking the director wouldn’t show up.” These fears subsided over time because “there was a general feeling that he had the right to check on the facilities at any time.” Others reported that Director Branham “was around all the time and would sit and talk to see what was going on.” Director Branham further encouraged communication between administrators and line level

staff by implementing a zero tolerance policy for abuse. It was perceived that Director Branham had an “open door policy,” which allowed for staff to convey any of their problems.

To further improve departmental culture, Director Branham set out to provide greater transparency between the department and the external environment. At the beginning of CRIPA, the lack of transparency was particularly evident in the monitoring done by the Governor’s task force. It was reported that as the CRIPA investigation progressed over time, the “agency was much more open, transparent, and the task force had more access to kids...Mike [Branham] really did open it up and make it a transparent process.” The CRIPA monitors also found this transparency increased across the agency and declared that if the ADJC was to continue the reforms, transparency would have to remain.

Another strategy adopted by Director Branham was improving communication between departments, administrators, and line staff. More specifically, interdepartmental meetings increased in frequency. One administrator noted that “directors of different units (e.g. medical, education, housing, psychology) met together as a team so there was a coordinated effort...Before there had been a lot of autonomy—they shared the same kids, but didn’t share information.” Formal meetings are currently held five days a week where administrators discuss issues about specific juveniles and institutional issues.

Despite all the changes that occurred within the agency, there was some degree of pessimism exhibited among staff about how sustainable the changes would be. Administrators reported that it was relatively easy for the entire department to comply with the CRIPA at the time because “you really have to do your best when being watched.” Department of Justice investigators reported that ADJC was in compliance with all aspects of the Memorandum of Agreement by 2007 and was no longer going to have any official external oversight. One

question that lingered in the minds of many within the ADJC was whether they would be able to maintain the changes when there was no one looking over their shoulders.

In their final report, the CRIPA monitors noted that “the ADJC is much safer now than when this process began. This is due to the outstanding effort of Director Branham and his staff to come into compliance with the MOA provisions and the institutional culture change created by the monitoring of the settlement agreement. The most difficult part of this process is just beginning” (Hayes, Kraus, Leone, Van Vleet, 2007, p. 16). The difficulties of this change were echoed in the responses of participants who were employed by the ADJC and county courts. The overall perspective of participants was that the ADJC had helped changed the culture and had been more focused on sustainability than the agency was during *Johnson v. Upchurch*. Despite this, the degree of satisfaction with reforming the culture varied. In particular, two outlooks stood out—the agency had made sustainable changes because they were focused on the long term outcomes of the agency and the CRIPA changes had been good for the agency but would be difficult to sustain.

Following the end of monitoring, “staff were extremely aware of CRIPA ending,...[but] there was no dramatic change because there was such a focus on the main points of CRIPA.” Although Director Branham himself reportedly felt that it was difficult to change cultures, he took steps to make it possible for the ADJC to reform. Most notable was the improvement in quality of staff employed by the agency. The removal of staff who had physically or sexually abused juveniles or who failed subsequent background checks, along with the hiring of well trained staff who had a greater awareness of the importance of treatment and rehabilitation, signaled a shift in the behaviors of staff overall. Furthermore, modifications in separation

policies have all but eliminated the long term use of separation, which was one of the most concerning issues during CRIPA.

These improvements strongly contributed to the ability of the ADJC to adhere to the requirements of CRIPA following the lifting of the consent decree. However, perceptions of the extent of cultural reform varied across line staff and ADJC administrators. Most notably, administrators pointed to the improvements in communication between departments and staff and how this has eliminated “camps” within the agency. They suggested that openness within the department will prevent future backsliding from CRIPA standards.

In contrast, many line staff remained critical of the agency even after the reforms made because of CRIPA. Many expressed fears that the changes made under CRIPA had not been fully institutionalized into the agency. They also felt it would take longer than four years to have long term meaningful cultural change. In fact, this was one of Director Branham’s biggest concerns of during his time with the agency. Although in some cases this led to frustrations among the staff, Director Branham maintained the perspective that they always needed to be concerned about CRIPA, even after the DOJ left. ADJC employees believed that Director Branham was both “satisfied and dissatisfied with the progress they had made by the end of CRIPA. Branham never believed they were finished...The real push was for fixing the department to make it better and Branham wanted people to think that they would have done the same things even if the feds hadn’t been there.” As a result, he continued to bring in programming for juveniles, continued with investigations of staff who had reportedly abused kids, and remained a consistent presence at the facilities. The efforts that Director Branham made to change the culture were in large part because he did not want the agency to endure a third lawsuit. As a result, Director Branham maintained the perspective that changing the ADJC was a continuing process and they could

never become lax in their roles. The following section will examine lingering concerns of the ADJC including the perseverance of the conflict between rehabilitation and control, harm to the agency culture following severe budget cuts, and a new direction of the agency over the past two years.

### **Understanding the Long Term Reforms following CRIPA**

This section of the report examines the changes at the Arizona Department of Juvenile Corrections that occurred following the consent decree under the CRIPA in 2005. The semi-annual reports by the CRIPA Consultants Committee<sup>1</sup> show that ADJC was compliant with the Memorandum of Understanding within a three year period. In March of 2005, the agency was in substantial compliance<sup>2</sup> with 23 of the identified issues in the MOA and by September of 2007 they were in compliance with all 120 issues that were required to be resolved. The first semi-annual report (Hayes, Kraus, Leone, Van Vleet 2005) demonstrated that the consultants overall were very satisfied with the response of ADJC to the investigation, which continued until their final report in 2007 (Hayes et al., 2007). We review each of the areas where ADJC was required to reform (i.e. suicide prevention, juvenile justice, special education, medical care, and mental health care), noting progress and concerns.

#### **Suicide Prevention and Treatment**

Following the completed suicides at ADJC facilities in 2002 and 2003, the DOJ entered into an MOA with the ADJC to make over 120 specific changes. It is not an overstatement to observe that the concern over the suicides of juveniles in custody drove much of the public and

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<sup>1</sup> The terms CRIPA monitors, investigators, and consultants committee are used interchangeably.

<sup>2</sup> Substantial compliance was defined by the consultants as being in “compliance with all components of the rated provision” (Hayes et al., 2005, p. 2).

legal scrutiny of ADJC and was instrumental in producing the impetus that led to the CRIPA. To satisfy the MOA, the ADJC improved training, building structures, and policies in order to prevent juveniles from committing suicide. The changes included: “all four facilities were retrofitted and remodeled to reduce the opportunity for juvenile suicide, the Department implemented a comprehensive new suicide prevention program,...the Department developed and implemented or revamped virtually all of its secure care operations and programming,...[and the Department] revamped both its Pre-service Academy and the delivery of in service training” (Branham, 2009, pg. 1). Interviewees participating in the present study confirmed that each of these reforms did in fact occur.

The most notable and visible change to preventing future suicides was the retrofitting of the institutions. Specifically, the agency “suicide proofed” lights, doors, vents, and beds to prevent future incidents. Limitations on what juveniles could have in their rooms were also imposed. All of the individuals who were interviewed for this report spoke positively of the retrofitting, with the exception of one community representative.

In addition to modifying building structures, the department also provided more intensive training to prevent suicide and changed how it responded to potentially suicidal juveniles. Following CRIPA, new employees were trained in how to make appropriate room checks, how to identify risk factors for suicides, the importance of starting “red folders” for juveniles (i.e. used to monitor juveniles under suicide watch), and were informed about the history of the agency and the CRIPA intervention. Refresher trainings are also given to all correctional officers each year, as was suggested in the MOA. As a result of CRIPA, the department began closer monitoring of suicidal juveniles through more consistent room checks and better documentation.



Due to changes at the administrative level in quality assurance, the ADJC has maintained a closer adherence to these room checks than it had in previous years. The current supervision levels for juveniles who are a danger to themselves are constant supervision, 10 minute room checks, and 15 minute room checks, depending upon the severity of the threat. The department also improved documentation of suicidal juveniles. Overall, officers and monitors reported a high level of satisfaction with the changes made post-CRIPA and the adherence to the revised policies. Only one issue related to suicide prevention was noted in the final CRIPA report by the DOJ monitors as a lingering concern. The monitors maintained that the Continuous Case Plans (CCPs) for juveniles should be revised to reflect changes in future treatment.

#### Sustaining Reforms in the Treatment of Suicidal Juveniles

The Arizona Auditor General's (AG) audit of the ADJC in September of 2009 concluded that the issues relating to suicide addressed in the CRIPA report (i.e. inadequate training for suicide prevention, inadequate assessments/treatment, inconsistent communication, unsafe facilities, placing suicidal juveniles in isolation, poor interventions, and inadequate follow-ups) improved greatly as a direct result of the investigation. The report noted a number of changes, including: increased training for suicide prevention (e.g. annual trainings, reviews of policies), better monitoring of juveniles, improved communication between units, improvements in rooms to prevent suicides, trainings on how to intervene in potential suicides, and follow up of all suicide attempts. At the time of the report, it was noted that since the three suicides in 2002 and 2003, the ADJC had not had a completed suicide.

Then in December, Amy Silverman published a new article about the ADJC suggesting that despite the lull in suicides, many attempted suicides had nearly resulted in completed suicides (Silverman, 2009). The ADJC experienced a completed suicide in May of 2010, only

five months after that article was published. This juvenile had multiple risk factors for suicide, including family issues, alcoholism, mental health problems, and prior suicide attempts. This incident highlights the point made by the Auditor General that suicidal behaviors were not always addressed in treatment plans. The suicide produced many long term effects on the agency. Most importantly, it demonstrated to staff that they always needed to be alert for suicide attempts. Other long term changes include: juveniles now must see a psychologist before and after they visit court, staff meetings must occur if a juvenile is going to be moved from one unit, superintendents can no longer move juveniles to a different unit without first consulting with clinicians or mental health professionals, staff have high end flashlights to observe juveniles through windows, staff must see juveniles moving under their blankets, juveniles can no longer have anything over their necks at nighttime, glass on the windows was changed, managers and security now do occasional room checks during the third shift, juveniles cannot have plastic bags, and lights in the hallways are now kept on. One ADJC employee noted that many of these policies after the suicide weren't necessarily new, but that they hadn't always been followed after CRIPA. As a result, "the suicide really opened our eyes again."

### Juvenile Justice

At the close of the CRIPA investigation in 2007, the CRIPA investigators appeared very satisfied with how the department responded to the recommendations to improve juvenile justice in the facility (i.e. grievances, sexual abuse, physical abuse, supervision, abuse investigations, disciplinary confinement, and unsanitary living conditions). In their final report, the investigators declared that "ADJC has developed an administrative infrastructure that would allow the agency to provide services to youth while protecting them from harm. The development of this infrastructure, over the last 3 years, has been very impressive and is a major accomplishment for

Director Michael Branham, his leadership team, and all staff throughout the agency” (Hayes et al., 2007, p. 14). In every juvenile justice issue where civil rights were deprived prior to CRIPA, the ADJC was in substantial compliance with each required change by the end of the consent decree. These issues included: grievances, sexual and physical abuse, confinement, education, mental health, and physical health. The following section will examine each of the aspects of juvenile justice in more depth.

*Grievances.* During the initial investigation, the CRIPA investigators found so many issues with the juvenile grievance system that they categorized the grievance process as “dysfunctional,” while the juveniles described it as “a joke.” Two specific issues were noted about how the ADJC handled juvenile grievances. The first was that grievances made by juveniles are reviewed by the cottage supervisor where the juvenile is housed. This meant that “many grievances include allegations of abuse against the very cottage staff for whom the supervisors are responsible” (Acosta, 2004, p. 15). This process resulted in many juveniles being unwilling to report issues to staff. Second, many juveniles were either not allowed to submit grievances or the grievances they filed were responded to slowly. In fact, the investigators found that one-third of grievances over a three month period at one facility had not been resolved.

During their first semi-annual review in 2005, the DOJ investigators noted that the agency was in partial compliance with the majority of recommendations for grievances. Although a grievance system had been implemented and efforts were made to inform juveniles of the new process, some criticisms remained. The department acted quickly to remedy the grievance issues noted in the investigator’s report. In fact, in the sixth semi-annual review in 2007, the CRIPA monitors did not address any inadequacies in the grievance system. Because

the agency had been in full compliance in all grievance related areas for an 18 month period, monitoring had been terminated.

Interviews with ADJC employees for the current project demonstrated the agency has remained in compliance in this area and has continued to make improvements. Although participants suggested that prior conditions and the use of grievances prior to CRIPA were poor, they had improved significantly as a result of CRIPA. They noted that as a result of the grievance system that was put in place, juveniles can report if staff misconduct is ever a problem. The grievances are also now numbered, so staff can no longer just rip up grievances that they did not agree with. The Auditor General's 2009 Sunset report confirmed the progress made in the grievance process, reporting that 98% of juveniles "felt satisfied with the outcome" of the grievance. The department is currently working on further improving the grievance system to make it more automated, suggesting the continued commitment to this area.

*Sexual and Physical Abuse.* The CRIPA investigation found numerous incidents of alleged physical and sexual abuse. It was found that "sexual abuse by staff and other juveniles occurs with incredibly disturbing frequency at Adobe, and that ADJC management does not effectively address this serious problem" (Acosta, 2004, p. 11). The physical abuses occurring from staff were highlighted when a juvenile was hit in front of the DOJ investigators. Despite these incidents of abuse noted in the investigation, the DOJ monitors noted difficulties in obtaining the full scope of abuses because of poor monitoring and investigations of abuse.

In the first CRIPA report on the status of the agency changes, the consultants found the ADJC had made significant improvements to protect incarcerated juveniles from harm. They concluded that the "State has made significant efforts to improve the policies, procedures, and practices for the reporting and investigation of allegations of abuse of a youth made by any

person, including youth” (Hayes et al., 2005, p. 20). Overall the investigators were satisfied with the steps the ADJC was taking to improve the agency. There were a few notable exceptions where the department was reported to have only partial compliance with the changes. In the final report by the CRIPA monitors in 2007, it was reported that the ADJC was in substantial compliance with all recommended suggestions to protect juveniles from physical harm. The monitors found that allegations of abuse were being effectively investigated by the I&I division and they believed incidents of abuse would decrease as the agency continued changing.

The AG report found that juvenile on juvenile assaults have continued to decrease following the consent decree and ADJC employees for the current project felt violence has continued to remain low. The AG report further indicated that the ADJC has continued to monitor, investigate, and take action against employees that physically or sexually harm incarcerated juveniles. For example, in 2008, 13% of the 78 employees who were fired from the ADJC were found to have either sexually or physically abused juveniles. While all ADJC employees reported that sexual violence against juveniles has been rare following CRIPA, the National Survey of Youth in Custody in 2008 suggests that sexual violence may be more frequent than was acknowledged by the participants (Beck and Harrison, 2010). Nationwide the survey found an average of 12% of juveniles in custody reported some form of sexual victimization, but in ADJC facilities—Adobe Mountain School (17%), Catalina Mountain School (24%), and Eagle Point School (24%)—sexual victimization was reported at much higher rates.

*Confinement.* When the CRIPA monitors investigated the ADJC in 2004, they found that officers had confined juveniles inappropriately. This was particularly true of the use of solitary confinement. Many of these lockdowns and separations were done without reason or

documentation and in some cases led to juveniles “engaging in sexual behavior[s] and fights” (Acosta, 2004, p. 18).

In the first semi-annual report in 2005, the CRIPA monitors found that the agency was in significant compliance with the recommendation to have a due process hearing within 24 hours of a juvenile being placed in separation. They also determined that the majority of juveniles placed in separation are there for less than 24 hours. However, the agency was only in partial compliance of the requirement to implement best practices in separation and the development of policies that do not harm youth. By the time of the sixth semi-annual report in 2007, the ADJC had come into substantial compliance with all requirements of the MOA regarding confinement. The investigators noted that visits to the separation units showed the officers were now following proper protocols and procedures. They further believed that the adherence to these policies was now plausible because of the efforts to now monitor separation.

Overall respondents for the current project expressed satisfaction for how the agency has maintained separation practices that protect the civil rights of juveniles. Most notably, all participants felt that juveniles are no longer held in separation for long periods of time, as had been done prior to CRIPA. Staff report that most juveniles are in separation for less than 24 hours and that it is a time for juveniles to calm down. However, some did acknowledge the issue of juvenile “frequent fliers,” who were repeatedly going back to separation. This means that even though the duration of separation has been significantly reduced, some juveniles continued to be placed in separation frequently. One issue that was raised by the Auditor General was that suicidal juveniles are inappropriately placed in separation. However, some ADJC employees feel this is an appropriate practice because they receive more intensive monitoring.

## Education

The CRIPA monitors' investigation of the ADJC in 2004 determined that "the facilities are in clear violation of the statutory rights of residents with disabilities by failing to provide these juveniles adequate special education instruction and resources" (Acosta, 2004, p. 20). Six specific issues were noted: poor screening of juveniles with special education needs, failure to provide individualized education plans, an insufficient number of special education teachers, related services were not provided (e.g. speech therapy), accommodation plans are not given to juveniles with mental impairments as is required by the Rehabilitation Act of 1973, and the department did not accommodate for the reading levels of special education youths in treatment programming.

In the first semi-annual report, the monitors reported that the ADJC had "made great strides to improve special education" and was in substantial compliance with multiple parts of the Memorandum of Agreement. The department made significant steps to hire special education staff and assist teachers in obtaining special education certificates, but by the first report there remained over 30 vacancies for special education positions. By the final report in 2007, the CRIPA monitors found that the department had been committed to creating sustainable changes and that the department had successfully hired an adequate number of staff, had developed and improved policies, and was better able to communicate with schools for the exchange of records. The issue of maintaining an appropriate level of staff was highlighted throughout the CRIPA agreement, and the monitors concluded that "sustaining compliance in this area requires on-going vigilance by central office administrators as well as school principals. ADJC education staff has demonstrated good attention to this provision of the Settlement Agreement" (Hayes et al., 2007, p. 30).

Participants for the current project expressed some lingering concerns about classroom sizes and ratios. These ratios particularly have impacted special education juveniles. For example, there are over 100 special education juveniles at the facilities, but only four teachers to provide special education to them. Because resources are spread thin, special education teachers are typically only available in math and English classes. Others report more general issues with class sizes. For example, one participant noted that some classrooms are so crowded that it is difficult to walk through them, which raises concerns for teachers about safety and student engagement. Previously, the small classroom sizes allowed for mentorship and a true focus on teaching, but some classes now have up to 30 juveniles at one time.

## Mental Health

Providing mental health treatment at ADJC has been a challenge, as noted in *Johnson v. Upchurch* and CRIPA. During the initial DOJ investigation at the ADJC, numerous inadequacies in mental health care included “inadequate group and individual therapy, interventions, interdisciplinary communication, and discharge planning” (Acosta, 2004, p. 31). Most notably, the investigators found that individualized treatment of juveniles was neglected in favor of group therapy. This was even more concerning when it was “painfully apparent that, while the facilities’ staff were well meaning, they did not have sufficient training to lead groups in a therapeutic manner” (p. 32). The limited staff and resources resulted in a “one size fits all” method that had been very ineffective. A second issue was that the agency was not providing a therapeutic milieu (i.e. “staff deliberately plan and structure a youth’s interpersonal and physical environment” (p.33)), as had been claimed. The failure of staff to recognize suicidal behaviors, and, in some cases the encouragement of suicidal behaviors, suggested that the therapeutic approach had not been implemented. Third, these issues were exacerbated by poor



communication between staff responsible for treatment. Fourth, discharge planning documentation was very limited and did not include “information regarding a youth’s mental status, educational level, placement, or progress summary” (p. 34).

The first semi-annual report showed that the ADJC was in substantial compliance with only one area of the mental health requirements of the MOA—hiring a Deputy Director tasked with overseeing mental health treatment. The investigators determined that the ADJC was in partial compliance with the three remaining areas and that the department failed to implement appropriate mental health and treatment for juveniles. The investigators remained concerned because officers with little to no experience in mental health care were running therapy groups, there was a lack of Spanish speakers to provide therapy to Spanish speaking juveniles, therapy sessions were rarely conducted because staff were given too many responsibilities, separation was being used improperly, mental health professionals were being supervised by those with no mental health experience, there was poor documentation, and juveniles in restraints were not assessed by nurses. Nevertheless, the CRIPA monitors recognized that the ADJC was making important steps to remedy many of these issues.

By the final semi-annual report in 2007, the CRIPA monitors determined that the ADJC was in substantial compliance with all of the previous recommendations made regarding mental health treatment and rehabilitation. The department was able to come into compliance with the requirements of the MOA because of new staff being hired, improved intakes and assessments, and better monitoring of juveniles on psychotropic medications. The monitors concluded that “the current plans are currently going in that direction” (Hayes et al., 2007, p. 44).

Shortly after the consent decree was lifted, the Recession of 2008 occurred. As a result, multiple staff, especially those in more specialized positions (e.g. therapists, clinical staff,

psychologists), either quit or were laid off. It is important to note that the loss of certain positions made it difficult for the agency to provide services mandated by the CRIPA. For example, substance abuse treatment had “languished for a bit” when they lost a key staff member that provided services. These budgetary constraints may also be impacting treatment for females as well. One participant noted that the “mental health girls are getting lost in the shuffle” mostly because the boys are getting more resources. Related to this issue, multiple respondents noted that the training of staff in the mental health unit is inadequate. Furthermore, the Auditor General noted that many of the treatment materials for the mental health programs were not being used in therapy and that the housing units were not “providing the expected, customized core treatment” (Office of the Auditor General, 2009a, p. 14). Although this was confirmed by many of the participants, ADJC employees felt that by not strictly adhering to the materials they were able to provide more effective treatment.

### Physical Health

The CRIPA investigators’ initial investigation revealed that the ADJC did not provide adequate medical care to confined juveniles. Medical treatment was described as “grossly deficient and exposes youth to significant risks of harm” (Acosta, 2004, p. 25). The investigators found that nurses were inadequately documenting vital signs and basic information regarding health, which are standard nursing practices. Medical staff were also not available for seven hours during the night shift, with the director of the medical staff being “on call” during that time. The monitors concluded that “the absence of medical staff during the overnight shift, coupled with the lack of training for unit staff, places youth at serious risk” (Acosta, 2004, p. 28). The monitors also found that the distribution of medicine had been “woefully inadequate.” In numerous cases, juveniles were not observed swallowing their medications by nurses, which

made it possible for them to “cheek” their medications. Poor documentation of medication distribution made it difficult to determine what medicines had or had not been given out.

By the first semi-annual report in 2005, the monitors determined that the medical system was in substantial compliance in half of the noted issues in their investigation. The monitors appeared highly satisfied with the direction the medical staff was taking in ensuring proper documentation. The department had also reportedly implemented a system “for the pharmacist to document alerts to the physicians regarding information about any youth’s medication issues” (Hayes et al., 2005, p. 54). By the final report, the monitors had declared the ADJC was in substantial compliance with all of the required changes to medical care. The review of the progress made in medical care was positive. They found that “after interviewing a multitude of staff, reviewing pertinent files, reviewing policies and procedures, there has been wonderful growth and stability regarding medical service and service delivery. There are some staffing concerns which continue to be addressed in a consistent manner” (Hayes et al., 2007, p. 36). These problems had been somewhat remedied by the end of the consent decree.<sup>3</sup>

Research participants had overwhelmingly glowing reviews of the medical treatment of juveniles at ADJC. In fact, participants could only point to relatively minor issues with medical care (e.g. juveniles are removed from class for medical treatment), and none pointed to the serious issues that had been identified during CRIPA. Nurses are now available 24 hours a day, 7 days a week, as was suggested in the MOA. When asked about the quality of medical treatment, typical statements were: “medical is doing a good job,” “nurses do a good job and see kids quickly after they have a sick call,” and “I have no concerns over medical care.”

The current section has examined five general areas that were reformed in response to the CRIPA intervention at the ADJC. Since the consent decree was lifted in 2007, the department

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<sup>3</sup> The Auditor General did not address issues of medical treatment of confined juveniles in their 2009 report.

has overwhelmingly been able to comply with most of the reforms required under the MOA. Despite the positive reform over the past ten years, noted deficiencies included sexual abuses by staff and juveniles and a completed suicide in 2010. The next section will explore how and why the ADJC has had so much success in maintaining these changes.

### **Why Does Change Occur?**

The sections of this report that follow examine why ADJC has been able to maintain these changes, with direct comparisons made between the first consent decree in 1990 and the second in 2004. Specific issues to be discussed will how the recent fiscal crisis has impacted the agency, and the current direction of the ADJC.

#### **Responding to Budget Cuts**

Following the end of the consent decree between the ADJC and DOJ in 2007, the future of the ADJC was once again questioned in 2010, as budget cuts began to severely impact the agency. In 2007, the Arizona Executive Budget for ADJC reached its peak with nearly \$80 million being allocated to the ADJC. By 2011, only \$51 million was given to the ADJC in the Executive Budget. The 36% reduction in budget resulted in the layoffs of both line level and administrative staff, the closure of two safe schools, and the consolidation of resources in the department (e.g. boys and girls began to attend school together). The strains of the budget cuts reached a critical point in 2010 when the Governor of Arizona, Jan Brewer, announced that the ADJC would be closing and juveniles in state care would be released back to their respective counties. This would result in the layoffs of all ADJC employees. The effect of this announcement had a direct impact on the roles of employees in the agency. The following

section will examine this issue in more depth, as the budget cuts had the potential to eliminate the progress made at the ADJC during the CRIPA intervention.

Two repercussions of the budget cuts have been the loss of valuable staff and employees being forced to adopt multiple roles in the institutions and Central Office. In the Arizona Legislature's performance audit of the ADJC in 2009, concerns were raised regarding the adherence to the staff-to-juvenile ratios that had been outlined in the CRIPA MOA (Office of the Auditor General, 2009b). In order to come into compliance with CRIPA, the ADJC had to maintain a staff-to-juvenile ratio of 1:12 in the mornings and night and a 1:8 ratio in the afternoons. However, the QA report reveals that staffing ratios for the night shift reached as high as 1:33 and exceeded the 1:12 ratio 45% of the time during a two week period in 2009. The report suggested that ADJC needed to either hire more staff or use other means to avoid staff shortages.

Interviews in 2011 and 2012 suggest that the ADJC followed both of these suggestions, albeit at the expense of staff and juveniles. Institutional employees expressed concerns that their time is being stretched too thin, and as a result, are unable to provide appropriate care for juveniles. Caseworkers and other institutional staff report that they were pulled from their duties to fill in for line level officers. This prevents them from building solid relationships with the juveniles, which in turn causes difficulties when they need to provide treatment. Many members of the staff reported that time previously used to get to know juveniles had been replaced with paperwork and supervision. One ADJC employee stated that "staff are expected to be line staff and expected to be caseworkers and expected to be unit managers. Too many things get in the way of me doing my actual job." In contrast, a couple of staff reported they enjoyed the opportunity to work line level positions because this gave them time to observe the juveniles,

which could be beneficial when providing casework. Attempts to make the agency more efficient (e.g. layoffs, elimination of overtime) have made it increasingly difficult to have enough line officers to cover officers who call in sick to work, resulting in other strategies to ensure enough officers are supervising the juveniles.

Nearly all individuals in administrative positions at the ADJC reported they have had to take on the responsibilities of employees who were laid off. In many cases, the adopted roles were dissimilar to the original responsibilities. In contrast to the perspectives of institutional employees reported above, employees at Central Office appeared more accepting of their newly adopted roles. For example, one employee reported that the department is “now doing more with a lot less,... [but] they are still focused on doing the right thing with kids.” The reductions in budget have reportedly made jobs more difficult, but the implementation of the Investigations and Inspections unit, continued training of line staff, reminders of staff and juvenile boundaries, a focus on efficiency, holding employees accountable, and the continued focus on culture change among staff have made this possible.

#### Current Direction of the Arizona Department of Juvenile Corrections

As a direct result of the budget cuts and the departure of Director Branham in 2011, the agency has once again been experiencing change. In July of 2011, Arizona Governor Jan Brewer appointed Charles Flanagan to be the Director of the ADJC. Prior to his appointment, Director Flanagan was the Deputy Director of the Arizona Department of Corrections (ADC). This was of concern to both ADJC employees and county court representatives because of the problems that resulted when ADC officers were transferred to work with juveniles during the first consent decree. Perceptions of the direction taken by Director Flanagan have been mixed, as some

perceive him as a welcome change from Director Branham and others strongly disagree with the new direction he is taking the agency.

For example, one participant reported that Flanagan has been transparent and inviting. As a result, the employee felt that Flanagan was less likely to fire staff who reported problems in the agency, as had been feared under Director Branham. Other line staff praised Flanagan because of his experience in corrections. One facility employee noted that “it is refreshing to have someone who knows something about corrections in charge...he’s really helping us. It is good to talk to someone who has the same language as you...I also like that he is cutting down on Central Office people and getting us staff.” This statement was reflected by many line staff who had been fearful of losing their jobs during the budget cuts, but saw Director Flanagan as someone who wanted to downsize Central Office instead of line staff.

Juvenile justice advocates and county court representatives also had a somewhat positive perspective of Flanagan because he has been more focused on providing treatment to juveniles in the community. It was reported that due to the budget cuts across Arizona, Flanagan was hired because he had experience with keeping correctional costs low. One way that he has been able to accomplish this has been by investing more resources into community corrections than those in the institutions. Furthermore, some juvenile justice advocates felt that Flanagan was very oriented towards programming, so it would be unlikely that he would make severe cuts to this part of the ADJC.

In contrast to the few ADJC employees who were optimistic about Flanagan’s appointment, many have become concerned over his treatment of staff. Multiple participants reported being fearful of being laid off, that the director was overly critical, and does not value all staff. One area in particular where ADJC employees note that Director Flanagan has been

particularly harsh is his handling of education for juveniles. Generally, most reported that the agency has been effective at maintaining compliance with the CRIPA requirements, in spite of recent budget cuts, but that education programming has been hurt by the budget cuts. While part of the concern in education has to do with the budget cuts causing class sizes to increase, another aspect directly involves the management of the schools.

These concerns about how education is viewed at the ADJC have persisted with the hiring of Director Flanagan. For example, one employee reported that Flanagan is “tearing people apart with the negative environment. He says the things we are doing are wrong. This has created a negative environment for some staff... He is always saying that we are slacking, not doing a good job of directing kids, and our appearance is poor.” At the same time that he is being critical of staff, many report that he has yet to observe the schools fully, so they feel as if they are being unfairly judged. This judgment of staff so early on in the director’s tenure has reportedly made some staff feel insecure that they are not doing anything right, so they are “walking on eggshells” around the new director. Furthermore, concerns of layoffs have instilled fears that Central Office staff can paint the employees at the Safe Schools in a poor light to avoid being laid off themselves. Some ADJC employees believe that educators are now being pushed to the brink and will eventually start quitting as a result.

#### Why Did the Agency Change and is it Sustainable?

There is clear evidence that after the second lawsuit, the agency changed numerous aspects of management and culture. The question is now: why did the agency and culture change? One possibility is that the agency reformed for either rational reasons or because of a desire to maintain legitimacy by the institutional environment. On the one hand, the agency could have reformed management and culture because employees realized the changes would be



beneficial to the treatment of juveniles and keeping them safe (e.g. suicide prevention, rehabilitative programs). On the other hand, institutional theory suggests that when organizations depend on their external environments for resources, they will reform to avoid losing critical resources. In the case of the ADJC, the agency may have reformed because of a dependency on external agencies for resources (e.g. financial, juveniles). Because they could potentially have lost those resources if the agency failed to reform, this may have led to the institutionalization of changes. Related to this issue, is a review of how counties and community advocates perceived the ADJC.

A second possibility is that the agency reformed because of the implementation of a formal checks and balances system. Prior to CRIPA, investigations of staff were inconsistently conducted and were minimally investigated. In response to this issue, Director Branham developed a more thorough and active Investigations and Inspections (I & I) unit. This unit served to investigate both staff and juvenile issues. Here we examine whether employees reformed for rational reasons or to maintain legitimacy. Then we explore how counties and juvenile justice agencies around the state responded to the CRIPA investigation. From there we move to an examination of the original I & I unit, the impact that it has had on the agency, and perceptions of staff of the unit to determine if the CRIPA reforms have been maintained because of punitive and preventive controls placed on the agency.

### **Reforming the ADJC**

There are a variety of motivations for an agency to reform. Reforming to improve the treatment of juveniles and reforming to maintain resources are the two primary categories examined here.

## Reforming the ADJC is Necessary to Improve the Treatment of Juveniles

The overwhelming majority of ADJC employees interviewed in this study acknowledged that the practices at the ADJC prior to CRIPA were harmful to juveniles and that the CRIPA was justified. The agency had reportedly been cutting corners, had been hiring staff who were abusive to juveniles, had a high turnover rate, was unable to provide effective programming and education, was unable to prevent suicide, and was not conducting background checks. The facilities were described by many as being “prison like,” as opposed to providing the treatment expected of a juvenile facility. However, many administrators seemed unaware of problems occurring within the agency until public and media scrutiny began to document abuse.

Despite the recognition that abuse, deprivation of civil rights, and policy violations were pervasive, virtually no ADJC employees indicated that this was their impetus for reforming the agency. Most felt that their hands were tied because of agency policies and procedures, so they made no effort to make any changes to practices until they were forced to do so because of CRIPA. Of course such a response is often made in retrospect as an excuse or explanation for not taking action in the face of obvious negative conditions. “Separation” (i.e. solitary confinement) was one area in particular where the ADJC was found to have abusive policies. When asked about this, one employee was troubled that “people bring that up as a way to say officers were doing their jobs incorrectly. Separation was used the way the policy was read.” Similarly, another employee stated that he felt the use of separation prior to CRIPA was appropriate, but “that was because I never thought there was another way. I didn’t know punishment to change behaviors was a bad idea.” This failure to recognize abusive policies was a likely contributor to the failure of many line staff to seek alternative means of treating juveniles. That being said, it takes some fortitude to stand up to official policies.

Educational reforms were the exception to this overall pattern. Multiple ADJC employees suggested that reforms were occurring in education a few years prior to the CRIPA investigation. With the exception of these changes in the area of education, it was apparent that few changes were made just because they were best practices for juveniles. An alternative explanation, that the reforms occurred because staff feared they would lose valuable resources if they continued in the same direction, is explored below.

#### Reforming the ADJC is Necessary to Maintain Resources

Few respondents suggested that the agency began to reform for rational reasons, however some did make direct links between the changes made at ADJC because of CRIPA and concerns over “organizational legitimacy”. Institutional theory outlines how organizations that are perceived as illegitimate in their institutional environments are forced to adopt accepted norms into their organizational structures. If an organization fails to adopt the norms that are valued by the institutional environment, they could potentially lose valuable resources. The loss of legitimacy in the institutional environment was evident at the ADJC during the time of CRIPA. One ADJC administrator felt that the agency changed because Governor Napolitano was particularly concerned about the agency. During CRIPA, “they got a lot of attention from Napolitano and there were a lot of eyes on the agency. They were all motivated to do well and Napolitano was vested in the lawsuit. Many new staff were hired because they wanted to get out of the CRIPA.” The fact that the Governor was responsible for determining the bulk of the ADJC budget suggests that there was a large financial motivation for ensuring the reforms occurred.

Concerns at the ADJC over maintaining legitimacy in the institutional environment were also expressed by employees who recognized that they were dependent on a steady flow of juveniles being sent to the agency. As a direct result of the conditions at ADJC and the

investigation, some counties began sending fewer juveniles to the state. In 2004 and 2005, the ADJC had the lowest number of commitments in its history. As a result, the new ADJC administration grew concerned that counties did not perceive the ADJC facilities as safe and intervened to prevent any more resources being lost (i.e. juveniles being sent to ADJC). This practice was confirmed by various county representatives. One who was particularly pleased with the director's response following CRIPA stated:

He [Branham] did a great job talking with the counties about what they had been able to do, so Maricopa County judges really believed ADJC was a great place. This became problematic because counties began sending inappropriate kids, as judges believed they could get better treatment at ADJC. Eventually the director had to start talking to judges and telling them not to send over inappropriate kids, especially those who were misdemeanants.

It is evident that Director Branham recognized that unless he was able to reestablish the confidence of the county courts that the ADJC was a safe and rehabilitative place for juveniles, they would find other ways to take care of juveniles.

Another method of promoting agency legitimacy was maintaining the Catalina Mountain School (CMS) in Tucson, but this facility ultimately proved too costly to maintain. As a direct result of the fiscal crisis in 2011, the decision was finally made to close CMS and relocate some of the juveniles and staff to the Safe Schools in Phoenix. During a public meeting outlining the closure, ADJC staff argued that the most cost efficient and best decision for juveniles was to close CMS. Part of this related to the supposed misinformation that had been given to the public regarding the cost per day of incarcerating juveniles at ADJC. While it was publicly stated that it only cost about \$250 per day for each juvenile to be housed at ADJC, compared to the national average of \$150 per day, the administration in 2011 claimed that it cost over \$300 per day per juvenile. It was further argued that maintaining CMS was not "sound fiscal or correctional practice" because it was the most costly facility at ADJC and resulted in the decentralization of

services for juveniles. Coupled with the declining population of incarcerated juveniles in the state, maintaining the facility had grown to be an unnecessary expense.

### Responses of Counties to an Illegitimate Agency

Although only a few ADJC employees suggested that reforms occurred because of pressures to maintain legitimacy, those outside the agency believed that this one of the reasons why the agency reformed. It is important to examine perceptions of ADJC by the counties, because they have a direct influence on the management of ADJC. More specifically, it became obvious through interviews with representatives from the seven counties that sent the largest number of juveniles to ADJC that there were serious concerns over how juveniles were being treated at the ADJC. The following section examines how these concerns changed as a direct result of the CRIPA intervention.

Prior to the CRIPA, practically no court representatives painted the ADJC as a legitimate institution where juveniles could be reformed and receive treatment. Instead, the overall view by juvenile justice officials in the large counties before the CRIPA was that ADJC was failing for multiple reasons, including: the staff, the lack of a clear focus on rehabilitation or punishment, and the mistreatment of juveniles. One of the biggest concerns of external agencies was who was being employed at the ADJC. Juvenile court employees were concerned about the staffing of the agency following the *Johnson v. Upchurch* consent decree. More specifically, many employees believed that ADC staff carried with them punitive attitudes that did not mesh well with the generally rehabilitative stance of juvenile corrections. They also felt that the shifting focus of the agency from control to rehabilitation made it difficult for those internal and external to the agency to determine what the overall goal of the organization was.

In multiple interviews, representatives from county courts suggested that during the suicides and start of the CRIPA investigation, judges from numerous counties sent fewer youth to ADJC because they were fearful for the juveniles' safety. Statements such as, "many judges stopped sending kids there because they were being sent to die," "there was almost like an informal agreement between the courts that they were not going to send kids to ADJC," and "prior to the CRIPA there was a higher rate of commitment, but this has been decreasing in recent years because of reports of harm and fighting" suggest that as a direct result of counties becoming more aware of abuses, their perspective that ADJC was a legitimate resource had completely diminished.

Overall, it appears that many of the counties that had previously sent the most juveniles to ADJC had fewer commitments following the reports of abuses and suicide risks in 2002 and 2003 (Figure 1a and 1b). Figure 1a shows that Maricopa, Mohave, Pima, and Coconino counties were already sending fewer juveniles to the ADJC prior to the CRIPA. Pima County was the most concerned county and actively sent investigators to the facilities because of concerns over the safety of juveniles sent to ADJC custody. These responses were confirmed with the data because in 2002 Pima County committed about 11 juveniles per 10,000 juveniles in the county, but when the CRIPA investigation occurred, they were only committing about 5 juveniles per 10,000. Figure 1b shows that Pinal, Yavapai, and Yuma Counties also committed considerably fewer juveniles beginning in 2002. The total rate of commitments for these seven counties further demonstrates that there were in fact fewer juveniles being sent to the ADJC following CRIPA.

An examination of the number of commitments to ADJC from the seven largest counties (Maricopa, Pima, Pinal, Yuma, Yavapai, Coconino, and Mohave) lends support to the conclusion

that courts were concerned about the conditions at the ADJC. Although ADJC had been experiencing a decline in commitments and county courts were dealing with fewer cases of juvenile delinquency since 1997, the decrease in the number of commitments to ADJC was more severe. This suggests that both the conscious decision by judges across Arizona to send fewer juveniles because of reported abuse and suicide risks and the overall decline in juvenile offending contributed to a lower population. These counties were responding rationally, as they perceived the ADJC to be an illegitimate agency that was unsafe for juveniles and was failing to accomplish its goals. As discussed above, in direct response to these decisions, the ADJC had to make reforms and reestablish trust with counties in order for them to continue committing juveniles.

Juvenile justice advocates and groups that make funding decisions for ADJC expressed similar concerns over CRIPA. Many of these concerns centered on the rhetoric that Director Gaspar portrayed to the public. The director gave the impression to staff and the outside world that the department was running well when the evidence to the contrary was quite strong and visible. Another advocate stated that “[the director] had been putting money into education, cultural diversity, etc., so we thought that all of these things were working. ADJC would positively report on the treatment, partly because we decided on the money they would receive. [The director] had been reporting that... ADJC was reducing recidivism to about 15%.” Despite the relative “invisibility” of ADJC in many areas, the issue of suicide was very much public knowledge due to the *New Times* articles detailing each of the suicides. In order to excuse the fact that three juveniles had committed suicide while confined in the “Safe Schools,” the director reportedly gave off the perception that the suicides weren’t “that big of a deal” because suicides do occur in that type of population. In hindsight it became clear, as one participant stated, that

“we had been clowned. [They] had been sitting there telling us that the agency was running great when it wasn’t.” To demonstrate the success of the agency, the director would cite reports from external agencies and awards the agency was receiving in the early 2000s. During one site visit, one award was on display for the “Innovations in American Government Award” for ADJC’s success in “Performance Standards in Juvenile Corrections” from 2004—the same year that the CRIPA investigation began.

As a direct result of the changes made through CRIPA, the perceptions of those in the environment improved. As noted by one respondent, “department policies, practices, and culture appear to have improved above and beyond the first lawsuit.” This suggests that the changes that should have been institutionalized during the first lawsuit had been able to stick following the second lawsuit. Another stated that “the ADJC was willing to let us take tours...and would encourage us to come out.” For the most part, those from the counties viewed the changes made during and after CRIPA to be positive for the agency and juveniles. Most perceived the ADJC as being safer, providing more services to juveniles, and having an improved departmental culture. This is not to say that relations between counties and the ADJC are always amicable, but in the areas addressed by CRIPA, it does appear that there is more satisfaction with the agency than there had been prior to CRIPA.

Despite the improved perceptions of the ADJC in several counties, many remained concerned. These concerns directly relate back to the fact that ADJC was formed under a lawsuit, was forced to improve the quality of care of juveniles, improved this care for many years, and then following the end of the consent decree in 1997, endured a second lawsuit in just a few short years. This led to much cynicism as to whether the agency was capable of long-term reforms. In other words, many had the perspective that they had seen these changes before. One



participant raised concerns that the changes were only going to last a short period because they were not required after CRIPA ended. He stated that Director Branham had good intentions, but “a lot of changes were made that would look good on paper and satisfy the requirements of CRIPA.” Pima County had remained concerned that the changes were not made after CRIPA, so they entered into an informal agreement with the ADJC that would allow court representatives to observe the ADJC facilities at any time. As a result, they still send court representatives to the facilities to ensure that staff are not abusing the juveniles sent to the facilities.

Others met the reforms with cynicism because they did not agree with the direction the director was taking the agency. Director Branham was from a law enforcement background and had limited experience with juveniles or corrections. This meant that some of the methods he used to institutionalize change were perceived to be from the perspective of law enforcement, not juvenile corrections. Many complained that the “director brought in his ‘law enforcement friends’ and they kept track of incidents.” Furthermore, many of those external to the agency did not view the investigative focus the agency was taking as legitimate. This was evidenced by numerous court representatives being critical of the director bringing in drug sniffing dogs, which was viewed as being a practice that does not lead to juvenile rehabilitation. The conflict between custodial and rehabilitative ideologies and practices is at the heart of 200 years of debate about American corrections. When these conflict, the result is often neglect or worse.

In sum, it is apparent that some of the reforms of the agency can partially be attributed to a desire of the agency to appear legitimate. Although some internal to the ADJC acknowledged that the CRIPA investigation was fully justified because of the harms that were occurring to the juveniles, it is difficult to go so far as to claim the organization initially changed because of rational reasons. If this were the case, it would have been evident that changes were being made

long before the CRIPA investigation began. It appears as if the *Johnson* lawsuit was able to remedy the problems during the time they were being monitored, but this changed quickly after the consent decree ended. When the suicides and reports of poor conditions began around 2002, the agency demonstrated that it had failed to reform for rational reasons. It was only when the CRIPA investigation occurred and there was a decline in resources to the agency, did they step up and make attempts to reform. One of these reform efforts was the implementation of punitive and preventive controls. The following section will examine how these controls have influenced the agency to determine if they too have impacted the sustainability of agency reforms.

### **Implementing Punitive and Preventive Controls at the ADJC**

Following the CRIPA consent decree, ADJC administrators developed a strategic plan to guide the organizational changes over a three year period (Strategic Plan, 2007). Two specific areas of change were outlined as being critical to the reform: achieving a continuum of services and having an organizational culture change. One aspect of cultural reforms that was required by the CRIPA monitors was the implementation a Quality Assurance Team (QA) and the revamping of the Investigations and Inspections Unit (I&I) in the agency. The following section will examine how these units were created, how they have been received by administrators and line level staff, and will conclude with the current situation in these units following budget cuts in 2010.

#### **Creation of QA and I&I Units at the ADJC**

Prior to CRIPA, the ADJC had no Quality Assurance unit and the previous investigative unit was found to be lacking. Many ADJC employees pointed to this issue as a primary contributor to the agency enduring a second federal lawsuit. Following the *Johnson v. Upchurch*

lawsuit, the agency was not committed to providing “checks and balances” to ensure policies were adhered to and that discipline was carried out. Further contributing to the lack of investigations in the agency, many employees reported that information was not free flowing in the agency. More specifically, “before the CRIPA and Branham, the information in the agency was controlled primarily at the facility level, which meant that the administration wasn’t always aware of problems. The flow of information used to be from the superintendent determining if the report should go higher up.” Staff misconduct was also frequently handled by the same staff who had been involved in the incident itself. When issues did reach the Investigations unit, the investigators had no experience in corrections, which further harmed the investigations.

As a direct result of CRIPA, the agency became more committed to providing QA and professionalizing the practice of Investigations and Inspections to monitor both juveniles and staff. To head the revamped I&I Division, Director Branham hired a law enforcement consultant (Arizona Department of Juvenile Corrections, 2003). The unit was responsible for “investigat[ing] all allegations of staff and youth misconduct and audit[ing] all agency operations to ensure compliance with departmental policy and procedure” (27). In contrast to the reporting practices following the *Johnson* consent decree, specific types of issues are automatically reported to I&I (e.g. threatening or intimidating remarks) who report directly to the Director. This prevents the director from being out of the loop, as occurred previously in the agency. The Investigations branch of the unit is responsible for criminal investigations, professional standards, and the canine unit, while the Inspections branch is responsible for ensuring compliance with “departmental and national standards, procedures, and policies” (27).

In June of 2007, the ADJC began using a new method of monitoring the institutions through a police management tool. By adopting Computer Aided Statistics (COMPSTAT), the

department has been better able to monitor the QA issues outlined by the MOA (Office of the Auditor General, 2009b). Using this tool, the I&I unit is able to identify “hotspots” of violence within the facilities. Every two weeks departmental administrators meet to discuss issues that were identified in the COMPSTAT that are related to juvenile violence and staff misconduct. One ADJC report describes these meetings as follows: “During the Central Office COMPSTAT meeting each facility Superintendent presents his or her top problem areas as well as successes...Applause and congratulations are regularly given to unit staff who have reduced violence. Current and proposed intervention strategies to reduce assaults are discussed and input is provided by all disciplines” (Dempsey and Vivian, 2009, p.2).

#### Reception of Reforms in QA and I&I

Although the ADJC revamped its I&I and QA units to comply with the consent decree, not all ADJC employees were supportive of how these units were created. As reported above, Director Branham had previously been a law enforcement officer, so part of his strategy to reform the agency was to bring in investigators with law enforcement experience, some of whom he had known previously. Many criticized this move because they felt that a law enforcement perspective would not necessarily translate into effective management of a juvenile correctional facility. The following section examines how both administrators and line staff at the ADJC responded to the reforms that placed stronger preventive controls on the agency. First, the response to cameras being installed in the units will be examined. Then the section will address how improvements in I&I and the adoption of COMPSTAT have helped the agency sustain the CRIPA changes. Finally the section will address multiple critiques of the reforms in preventive controls including how the agency has become focused on minor issues, has led to attacks

against line staff, has prevented them from doing their jobs, and the challenges that will be faced in the unit as a result of budget cuts.

Overall, ADJC staff working in the facilities and Central Office both reported that the cameras have been a positive addition to the facilities that have made them safer and ensured staff was not abusing the system. These include allowing teachers and line staff to corroborate stories of fights, “flashers,” and vandalism. The general perspective about the monitoring of staff was that it was really only those employees who needed to have increased supervision that raised concerns that the cameras were an invasion of privacy. In contrast to the support that was expressed by facility and Central Office employees for the installation of cameras, the perspectives of I&I, QA, and COMPSTAT were quite negative. More specifically, Central Office employees expressed an overall positive sentiment towards the preventive controls, while facility employees tended to express dissatisfaction with the level and types of controls that were brought to the agency. The methods of control adopted by Director Branham (e.g. hiring police officers, strong investigative focus) were reportedly rarely used in other juvenile correctional agencies, but were necessary for the ADJC during the time of CRIPA. As a result of I&I, QA, and COMPSTAT, the agency is now able to tackle important problems before they occur. Agency accountability was increased by these procedures both in the internal and external environments.

Despite the acceptance of preventive controls by administrators, those working in the facilities were much less tolerant of the changes in control. First, many facility staff were cynical about the praise given to I&I and COMPSTAT following the CRIPA. Criticisms were levied against the COMPSTAT program because many staff didn’t feel that it was a revolutionary tool that had changed the agency. Many felt that there was a program very similar to COMPSTAT

prior to its implementation, but that it was just less sophisticated. A second criticism made by numerous line staff was that the COMPSTAT and I&I have forced the department to be focused on very minor issues. The third and most prevalent issue that arose among line staff and a few Central Office staff was the direction that the COMPSTAT had taken. Initially, the COMPSTAT had “meant not to target specific employees but it was going that way because by the process of elimination they could figure it out.” Line staff feel that even when they are performing their jobs correctly, misbehaviors among juveniles can occur that make them look poorly in the COMPSTAT. As a direct result of the attention given to policy violators in the COMPSTAT, some staff are fearful to report incidents.

#### Implementation of Punitive Controls at the ADJC

As a result of the preventive controls that were implemented following CRIPA, it has been easier for the department to identify and punish staff misbehaviors. Prior to the CRIPA investigation, it was reported that there was little follow up on discipline. Director Branham disagreed with this practice and would make sure that investigations were followed through or would punish employees when he felt they were misbehaving.

The reporting of abuse and misconduct was made easier following the CRIPA. In fact, the “ADJC has policies, procedures, and 24-hour management team members in place to render immediate assistance to employees and juveniles who report harassment, discrimination, retaliation, misconduct, and other incidents that poses a threat to a safe and secure working and living environment” (Arizona Department of Juvenile Corrections, 2011, p. 2). There are multiple policies and procedures by which reporting can be reported under. Most notably is “Project Zero Tolerance,” which was started by Director Branham. Through the use of an email address and phone number, employees, family members, or others who are aware of abuses are

encouraged to report them to the director. Other departmental policies have been adopted to ensure equal opportunities for employees, protection from sexual harassment, allow for employee grievances, investigations of all complaints, protection of juveniles from sexual abuse, incident reporting, juvenile rights, and juvenile grievances.

Following the hiring of Director Branham, the number of cases investigated by the Investigations and Inspections Unit tripled. In the four years prior to the CRIPA consent decree, there was an average of 122 cases investigated per year. In 2004, there were over 350 cases that were investigated, which included investigations into past misconduct. Director Branham reportedly felt it was crucial to conduct investigations and remove abusive staff in order to reform the culture of the agency. After the implementation of the I&I unit, one ADJC employee noted that there has been an increase in disciplinary issues in the agency. However, this is likely the result of the agency now having the tools to confirm problems and reports of abuse.

Another form of punitive controls that have been placed on the agency following the CRIPA investigation was the firing of abusive staff. Director Branham fired officers who were found to have abused juveniles in the past and had them prosecuted. This included abuses against juveniles that had been made in the initial *New Times* articles. This practice continued for the duration of Director Branham's term with the agency, suggesting that abuse was no longer going to be tolerated in the agency. In other words, after the CRIPA monitoring ended, firings for abusive behaviors were still going to be the norm in the agency. In addition to abuses, employees who were inadequately doing their jobs (e.g. letting juveniles color in class) were also fired from the agency. These practices set a tone in the agency that employees who were abusing juveniles or not doing their jobs would face serious repercussions. Staff who committed the most egregious forms of abuse were formally prosecuted. The knowledge that staff will face

punishments has made employees more likely to report problems, as they believe their complaints will be responded to. It is likely that individuals in custody also have more confidence that their concerns will be taken seriously.

### **Conclusion**

The CRIPA in Arizona led to a large number of corrective measures in juvenile facilities, measures that were sustained over time. It is apparent that there are two likely reasons why the ADJC has sustained many of the requirements of the CRIPA consent decree, even when confronted with drastic budget cuts. First, counties expressed grave concerns that juveniles were being placed in abusive conditions while at the ADJC. In response, the counties committed fewer juveniles to the agency and instead treated them in their communities. If this practice had continued over a long period of time, the ADJC would have been faced with even more severe budget reductions by the governor who was particularly interested in reforming the agency. Second, as Director Branham recognized that the agency was losing legitimacy in the eyes of various agencies across the state, he implemented both punitive and preventive controls that would finally prevent the deprivation of juveniles' civil rights. While administrators have found these to be effective in ensuring the safety and security of juveniles, line staff feel that these controls have attacked them and prevented them from providing rehabilitation.

Four potential limitations should be noted before the interpretation of our findings is complete. First, the findings of the present study should not necessarily be generalized to other communities or departments of correction. A number of studies have demonstrated that many organizational problems are unique and may not be similar to another's. Accordingly, an agency's response to civil rights violations might be highly reflective of the nature of problems



faced by the agency, or might be the result of unique cultural-political issue that exists within a given community or agency. Second, while the findings presented here appear to reflect an accurate account of ADJC's response to CRIPA in Arizona, it is possible that the data were contaminated by the presence of the investigator. Specifically, interviewees may not have provided truthful responses during conversations, interviews, and debriefings, which in turn may have had an impact on the information presented in this study. However, it should be noted that the validity of the present study was increased through repeated interviews with personnel over an extended period of time, and by bringing together multiple sources of data. Third, and related, because our study was retrospective, it is possible that our findings could be biased due to sample selection bias, recall bias (i.e. memory loss), and the homogenization of perceptions over time. Last, our design was necessarily limited because of the exclusion of youth who could participate in the study. We requested (on several occasions) to interview youth who had been incarcerated at ADJC before, during, and after CRIPA, however, our request was not accepted.

### **Policy Recommendations**

We found that court appointed monitors played an important role in defining institutional objectives and goals as well as developing measures of whether those objectives and goals were being met. Their mandate was not to punish ADJC but rather was to re-orient the organization. They did so through reviewing policies and making recommendations for policy change. While each individual policy change in and of itself might have been minimal (or large), together they had the cumulative impact of comprehensive institutional reform. The reform not only led to greater organizational accountability at the line, management, and leadership levels, but it also resulted in the organization becoming more accepting of input from those outside of ADJC. This

speaks to the role of changing the culture, something that was necessary to affect and institutionalize change. Similar results have been observed from the establishment of police citizen oversight boards (Walker, 2001). In the section below we discuss the major policy implications of the present study.

One of the principal contributions of the present study is the impact of the external environment on juvenile corrections. The media, state legislature, civil rights organizations, DOJ, and others had a profound impact on institutional reform. The impetus for reform was not driven by insiders but rather by external stakeholders who exposed (or who were exposed to) a series of serious problems within ADJC that were not being addressed by the institution. Many of the reforms made, including the CRIPA, were a direct result of local investigative journalism. Sovereigns, such as the local media, have the capacity to bestow and withdraw legitimacy on public institutions such as ADJC, and can single-handedly expose severe institutional problems that are not being addressed by the agency or the state. In the case of ADJC, the end result was the loss of organizational legitimacy. Counties and the state reacted by withdrawing (real and perceived) resources, and the Department of Justice instituted CRIPA. Prior to this, ADJC staff, managers and leadership were uninterested, if not resistant, to organizational change and reform. Our findings suggest that juvenile corrections institutions can avoid organizational failure (i.e., lose legitimacy) by instituting formal mechanisms that allow them to obtain feedback and learn from their external environment on a regular basis. This does not necessarily require the organization to engage in a formal “bargaining” process with external stakeholders. Rather, it suggests that organizations such as ADJC should engage in purposive and formal forms of reflection and incorporate what they learn into the organization. An additional form of external supervision for Departments of Juvenile Correction is to create a Civilian Volunteer Monitoring

Board. Such Boards can provide accountability in addition to external review and an additional source of expertise. Such “reality checks” may help stem problems before they escalate and require federal intervention. A further source of external review can be found in the Office of Juvenile Justice and Delinquency Prevention (OJJDP). OJJDP operates a Performance Based Standards Project ([http://www.in.gov/idoc/dys/files/PbS\\_InfoPacket.pdf](http://www.in.gov/idoc/dys/files/PbS_InfoPacket.pdf)) that details standards for safety and accountability in Juvenile Correctional facilities. Participating in this process on a routine basis may help departments of juvenile correction to identify problems early and implement solutions proactively. OJJDP provides training and technical assistance for staff that focuses on methods of care. In addition, OJJDP operates the National Center for Youth in Custody (<https://www.ncjrs.gov/pdffiles1/ojjdp/235770.pdf>), another resource for state departments of juvenile corrections. Technical assistance is also available through OJJDP and participating in such endeavors may provide states with contacts with other jurisdictions that have struggled with similar problems.

Another implication of our findings is that while the external environment played a major role in initiating reform (e.g., media), it is not necessarily sufficient for meaningful change. In the case of ADJC, years of neglect and mismanagement led to chronic levels of misconduct and the development of an organization that looked away and tolerated misbehavior. It was only through formalized external control and oversight through CRIPA that deep organizational reform was even possible. CRIPA mandated the deployment of outside experts to come in and review policies and mandate policy change. They had the authority to investigate matters, require change, and mandate institutional transparency that would allow them to determine whether their recommendation was implemented. CRIPA mandated transparency through required data collection, site visits, and public reports by outside experts. This provided much needed

information to the public, key stakeholders, state legislators, Department of Justice, and others who would not normally be permitted a detailed inside view of the juvenile institution and its problems. It was only after the outside experts gave their approval, and external stakeholders agreed with their positive assessment, did ADJC regain legitimacy. It is clear from the present study, and much prior research, that providing increased transparency to institutional practices necessarily increases accountability. Increased transparency can come through a variety of strategies such as annual reports, effective and efficient handling of public information requests, and encouraging and facilitating research by outside groups. Our findings strongly support the notion that promoting and instilling a culture of transparency is an important component to maintaining long term and sustainable organizational change. This points to the role of institutional culture at two levels: 1) institutional, and 2) among youth in custody. Creating a culture among youth in custody that provides support and fosters the belief that the institution runs in a fair manner may contribute to a safer environment.

While the CRIPA was an effective mechanism for starting the reform process, sustainability was only achieved through improved organizational leadership. Prior to Director Branham there was little in the form of strong supervision and leadership over facilities. Prior directors rarely made site visits and were far removed from the daily practices employed by officers, supervisors, and leaders. Consistent with prior research, we found that maintaining professional standards requires routine monitoring and evaluation. Misconduct is much more prevalent in organizations where there is little in the way of supervision. When officers learn that their daily behavior is not monitored, or that they are not going to be disciplined for minor or serious infractions, discipline and professional conduct breaks down. Over time, a culture of

tolerance for misconduct can emerge. As tolerance for misconduct increases it can penetrate the higher levels of the organization.

It was only after a strong leader, Director Branham, was appointed that sustained changes began to take root. Director Branham was a former law enforcement agency executive and former Director for the Arizona Criminal Justice Commission. His prior work not only afforded him the opportunity to work with many criminal justice leaders, thereby increasing his social networks and legitimacy in the criminal justice community, but also provided him with insights and experiences outside of ADJC before his arrival. While promoting leaders from within offers a number of advantages such as increased knowledge about the organization, prior demonstrations of loyalty and dedication, enhanced political wisdom, and enhanced technical proficiency, it comes with limitations and costs. Those promoted from within may have reduced management skills (when compared to others outside of the organization) to lead an organization and they may have reduced vision of what is possible to accomplish (Penegor and Peak, 1992). Director Branham was not constrained by prior organizational arrangements and was not embedded within the existing ADJC cultural framework that might have limited his outlook for change. His ability to draw on a wider range of experiences contributed to the change in the organization.

It appears that best practices pertaining to officer accountability were implemented and ultimately changed the culture of ADJC. First, the Director communicated to officers that misconduct was no longer to be tolerated. Second, this message was then followed up by the Director by his mobilizing a massive amount of resources dedicated toward the internal investigation of officer misconduct. The Director created an internal affairs unit that was staffed with a large number of investigators. Third, the Investigations and Inspections unit reported

directly to the Director and was socially and culturally de-coupled from most staff and administrators at ADJC. This allowed the investigators to be unfettered from the larger organization that had developed a skewed understanding of misconduct and lacked the organizational or social capacity to appropriately respond to misconduct. Fourth, the internal affairs unit was staffed with retired law enforcement officers who had experience and training in investigations. This increased ADJC's ability to effectively document and respond to problem incidents and officers alike. Fifth, the ADJC investigators did not have strong ties to officers and staff, and as a result did not face the same hostility that might have occurred if these internal investigators had come from inside ADJC. Their independence from personal relationships and the history of the organization contributed to their success in investigating and carrying out the results of those investigations. Lastly, because of the above, ADJC's capacity to carry out consistent and fair discipline to those officers that engaged in misconduct was enhanced. It is clear that the firings contributed to the change in the organization, both by the individuals who were removed as well as the message sent by those terminations about appropriate lines of conduct.

As problems with officer misconduct dissipated and resources became scarcer, ADJC began to scale back on resources directed toward the investigation of officer misconduct. This would seem to be a rational response to a reduced problem. However, as this takes place it will be important for ADJC to fill the void through alternative mechanisms of accountability. One strategy might be the creation of a state civilian volunteer monitoring board to monitor facility conditions. Much prior research has demonstrated the value of such an approach (Brickman, 2010; Walker, 2001). Citizen volunteers can influence key stakeholders, provide outside advice, and can increase accountability and legitimacy with few financial resources. The board also has

the capacity to provide “cover” to leaders who wish to make changes, and provides the mechanism for which endorsements can be made to help legitimize policies and practices (Brickman, 2010). Additionally, they have the capacity to scan and analyze for problems that might otherwise go unnoticed. Such a board would need to be provided with independent authority, full investigative power, and the right to make investigative findings public.

It should be emphasized that the present study was not a formal impact evaluation of ADJC’s CRIPA. The case study was intended to shed light on the factors that lead to the initiation of the CRIPA, those factors that appeared to have influenced and were responsible for its implementation, and the causes and correlates of ADJC’s response to federal oversight. It is only by understanding these factors that policymakers and researchers will recognize the challenges that institutions face in implementing reform and those elements that are necessary to sustain it.

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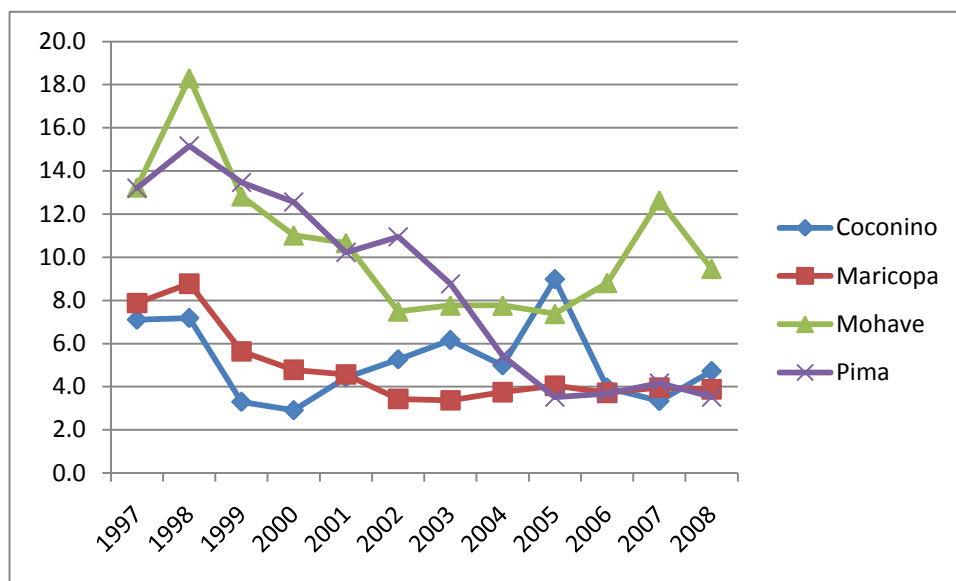
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Table 1. Data Collection

Type of Data	# of Interviews/ Documents	Date of Interview	Document Dates
<i>Interviews</i>			
Current ADJC Employees	23	10/2011-3/2012	
Former ADJC Employees	4	9/2011-12/2011	
Community Advocates	7	6/2011-11/2011	
Court Representatives	12	7/2011-10/2011	
<i>Documents</i>			
ADJC Documents	43		1/2003-8/2012
Newspapers	96		7/1990-8/2011
Government Documents	41		12/1989-9/2012

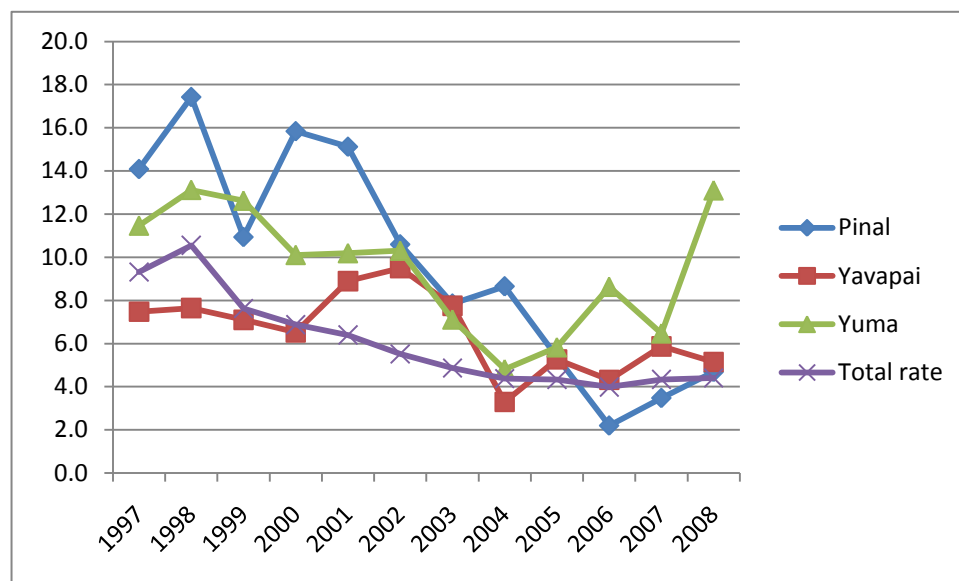
Figure 1a. Number of Commitments to ADJC per 10,000 Juveniles in County



Source: ADJC Annual Report (2008; 2007; 2006; 2005; 2004; 2003; 2002; 2001; 2000; 1999; 1998; 1997)



Figure 1b. Number of Commitments to ADJC per 10,000 Juveniles in County



Source: ADJC Annual Report (2008; 2007; 2006; 2005; 2004; 2003; 2002; 2001; 2000; 1999; 1998; 1997)

## Appendix 1. Historical Timeline for the Arizona Department of Juvenile Corrections

### 1901

- Territorial Industrial School created in Benson, AZ to confine juveniles

### 1927

- Fort Grant School was formed

### 1967

- Arizona Youth Center opened in Tucson (Renamed Catalina Mountain in 1980)

### 1968

- Arizona Department of Corrections takes over jurisdiction of juveniles

### 1972

- Adobe Mountain opens for girls

### 1974

- Adobe Mountain begins to house boys and girls

### 1975

- A correctional officer is killed at Adobe Mountain by juveniles

### 1986

- *Johnson v. Upchurch* lawsuit filed (April, 6)

### 1987

- *Johnson v. Upchurch* becomes a class action lawsuit (July, 27)

### 1988

- Catalina Mountain opens

### 1989

- Governor Mofford creates a commission to examine the agency (September, 22)

### 1990

- The ADJC is formed after separating from the ADC (July, 1)
- The first director, Carol Hurtt, is appointed from the ADC
- Fifteen juveniles escaped from the ADJC; One is killed after crashing a stolen car (July)

### 1991

- Name of agency changed from the ADJC to the Department of Youth Treatment and Rehabilitation
- The director reports that the agency is facing challenges with the budget and is trying to focus money on the most troubled juveniles (April, 5)

- Director Hurtt resigns and Eugene Moore is hired as interim Director
- John Arredondo from the Texas Youth Commission is appointed director (October 30)

### **1993**

- The state enters into a consent decree to resolve *Johnson v. Upchurch*; is required to make 109 reforms throughout the agency (May, 5)
- A play using real guns was performed at Black Canyon School (November, 13)

### **1994**

- A guard is suspended after writing a complaint to the director and Governor about the play stating that the play was inappropriate (January, 3)
- Governor of Arizona fires Director Arredondo and he is replaced by Eugene Moore (January, 6)
- Federal monitors for *Johnson v. Upchurch* consent decree report that the state is coming into compliance, but believe the agency may not be able to provide adequate treatment to juveniles (December 11)

### **1995**

- Department changes its name back to the ADJC (January, 19)

### **1996**

- Federal Judge Bilby orders that the ADJC cannot accept any more juveniles because they are over capacity (April, 10)

### **1997**

- Bilby again orders the ADJC to comply with population caps (January 17)
- The ADJC announces that they will not comply with the population caps set by the federal judge (January 19)
- Bilby sets a hearing to examine the ADJC being in contempt of the *Johnson* consent decree (February 7)
- ADJC begins to release juveniles to comply with population caps (February 15)
- ADJC continues to release juveniles to comply with population caps (February 19)
- ADJC receives nearly half a million dollars in fines because of overcrowding (March 21)
- Judge Bilby agrees to postpone the fine (April 1)
- Judge Bilby allows the consent decree to expire and does not require the agency to pay fines (May 5)
- A grand jury reports the ADJC released 13 dangerous juveniles early (October 3)
- Director Eugene Moore retires and Deputy Director David Gaspar is appointed director (December)

### **1998**

- The ADJC proposes to have juveniles housed at the Arizona State Prison Complex in Tucson (March 25)
- Bilby criticizes ADJC's attempt to house juveniles in state prison facility (April 1998)
- ADJC begins to house 15 boys at the prison facility (June, 9)

**1999**

- ADJC reports their recidivism rates has been decreasing (May, 13)
- A youth rights ombudsman at the ADJC writes a memo to the ADJC director that conditions for juveniles were unsanitary and unsafe (May, 19)

**2000**

- Black Canyon is used solely to house the female ADJC population; Units are opened that are specifically designed for parole violators (March)

**2001**

- A juvenile at the ADJC was reportedly punched by an officer (January)
- The *New Times* releases the article “The Kids are Not Alright”; Arizona community leaders ask Governor Hull to create a task force to review conditions at the ADJC (July, 5)
- The parent of the juvenile who was punched by an officer write a letter of complaint to Governor Hull (October)
- The *New Times* releases the article “Learning Disorder” documenting the failing education system at the ADJC (December, 13)
- The *New Times* releases the article “The Kids are Still not Alright” where one of the *Johnson* monitors says that another investigation of the agency is needed and that the agency is hiding its problems (December, 20)

**2002**

- Freedom and Hope cottages at the ADJC are on lockdown for over one week; A youth rights advocate reports that the juveniles are being deprived of their civil rights in numerous ways (e.g. not providing juveniles with exercise, overcrowding, high temperatures) (March)
- Director Gaspar is a candidate for the 2002 American Correctional Association Director election (April, 1)
- A male juvenile commits suicide at the ADJC; The juvenile had been in his cell for a week and made reports about inappropriate touching by staff (April, 11)
- The Department of Justice informs Arizona that it will be investigating the ADJC (June, 2)
- Director Gaspar informs staff that they will be investigated (June, 18)
- The *New Times* releases the article “Federal Inquiry: Justice Department Examines Conditions At State Youth Facilities” (June, 22)
- The Tempe chapter of Amnesty International met to discuss violations at the ADJC (June, 26)
- A second male juvenile commits suicide (July)
- Governor Hull reports that the ADJC may receive a 10% budget cut (August, 30)
- DOJ consultants conducted on-site investigations of ADJC facilities (October, 1-4)
- Janet Napolitano is elected as the Governor of Arizona (November, 5)
- Director Gaspar reports that the proposed budget cut to the ADJC of 5% will result in the early release of juveniles and failure to provide them with community care (November, 15)

**2003**

- DOJ consultants conducted on-site investigations of ADJC facilities (January, 13)
- A third male juvenile commits suicide at the ADJC (March, 23)
- The *New Times* releases the article “Suicide Watch” about the dangers of suicide at the agency and the DOJ investigation (April, 3)
- The Girl Scouts and Catholic Social Service DIGNITY Programs partnered with ADJC to provide programs for girls on prostitution and drug diversion (July, 9)
- Director Gaspar retires and is replaced by Interim Director Michael Branham (September, 30)
- DOJ consultants conducted on-site investigations of ADJC facilities (October, 22-25)
- DOJ consultants conducted on-site investigations of ADJC facilities (December 3-6 and 17-20)

**2004**

- The DOJ releases its findings letter to Governor Napolitano outlining the deprivations of civil rights at the ADJC (January, 23)
- The *New Times* releases the article “Juvenile Offenses” about the findings of the CRIPA report (January, 29)
- An ADJC officer is arrested for having sexual relations with a juvenile inmate (February, 26)
- Napolitano wrote a letter to Alexander Acosta, the Assistant Attorney General. In it she states that she is committed to reforming the ADJC. She states how they are currently making changes and she has formed a task force to provide oversight. (March, 10)
- Michael Branham is named as director (March, 11)
- Governor Napolitano and CRIPA monitors tour ADJC to review changes (March, 22)
- A former ADJC officer pleads guilty to having sexual relations with a juvenile inmate (July)
- The Governor of Arizona tours Catalina Mountain School (August, 16)
- Governor Napolitano suggests she wants to avoid a lawsuit with the federal government (August, 17)
- Arizona negotiates with the DOJ over consent decree (September)
- Memorandum of Agreement to reform the ADJC is signed (September, 15)
- A second officers if found guilty of sexual assault (October)

**2005**

- The first semi-annual CRIPA report finds that the ADJC is in substantial compliance with 23 provisions, partial compliance with 91 provision, non-compliance with 9 provisions, and did not rate 13 provisions (March, 15)
- Dateline runs a story on the ADJC, with a partial focus on the CRIPA (August, 4)
- The second semi-annual CRIPA report finds that the ADJC is in substantial compliance with 55 provisions, partial compliance with 70 provision, and non-compliance with 1 provision (September, 15)

**2006**

- The third semi-annual CRIPA report finds that the ADJC is in substantial compliance with 107 provisions, partial compliance with 19 provision, and non-compliance with 0 provisions (March, 15)
- The ADJC is sued by a juvenile who was solicited by an officer (April, 12)
- The fourth semi-annual CRIPA report finds that the ADJC is in substantial compliance with 118 provisions, partial compliance with 10 provision, and non-compliance with 0 provisions (September, 15)
- The *New Times* releases the article “Teenage Wasteland” about the potential for a permanent oversight committee

**2007**

- Juvenile Detention Task Force established to review AZ Auditor General’s Performance Audit Report (February, 13)
- The fifth semi-annual CRIPA report finds that the ADJC is in substantial compliance with 120 provisions, partial compliance with 3 provision, and non-compliance with 0 provisions (March, 15)
- The American Friends Service Committee in Arizona released “Buried Alive: Solitary Confinement in Arizona’s Prisons and Jails.” This report strongly criticized the ADJC for their use of solitary confinement. (May)
- The ADJC responded to the “Buried Alive” report, claiming that many of the allegations made in the report were either false, or no longer true, as their policies had changed.
- The DOJ files to dismiss the consent decree with the ADJC (September, 14)
- The sixth semi-annual CRIPA report finds that the ADJC is in substantial compliance with 60 provisions, partial compliance with 0 provision, and non-compliance with 0 provisions (September, 15)
- DOJ announces that the ADJC is now in full compliance with CRIPA (September, 21)

**2008**

- Representatives from the National Associations for Child and Teenage Protection in France visited ADJC to learn how they can be successful at providing a tough on crime approach along with rehabilitation. (February, 7)
- An ADJC employee is assaulted by juveniles trying to escape the safe schools (September, 4)
- Therapy dogs are being used in the mental health unit at Black Canyon (September, 17)

**2009**

- A male juvenile at Adobe is found unconscious while trying to hang himself (February, 14)
- A female juvenile at Black Canyon was found trying to commit suicide by strangling herself with a shirt, but was prevented from doing so by staff intervention (April, 3)
- A male juvenile tried to commit suicide by tying a towel to his feet and neck, but was prevented from doing so by staff intervention (April, 4)
- A female juvenile is found cutting herself with staples (April, 14)

- A male juvenile is found cutting himself with a staple and hitting his head against bars (May, 17)
- Mental health unit for juveniles at the Arizona State Hospital is closed because it was reportedly being used less frequently (September, 11)
- Auditor General releases performance report about the ADJC (September, 17)
- A female juvenile left in the bathroom alone is found with severe cuts (September, 21)
- The Arizona Republic releases the article “Arizona’s Juvenile Jails Free of Suicides Since ‘03” (September, 29)
- Eagle Point School and units at Adobe Mountain and Catalina Mountain are closed (December, 30)

## **2010**

- Arizona Governor Jan Brewer announces proposal to close the ADJC (January)
- Arizona counties report that closing the ADJC would make it difficult for them to provide services to juveniles (March)
- An ADJC officer commits suicide (May)
- A male juvenile at the ADJC commits suicide after being transferred from a mental health unit to a unit for violent juveniles (May, 25)
- At an Arizona Juvenile Justice Commission meeting it is announced that the ADJC will likely not be closing, but could still be privatized (September, 16)
- Joint House-Senate hearing resulted in the recommendation to keep ADJC open (December, 6)

## **2011**

- A boy at Catalina Mountain School was ordered released after he was reportedly assaulted while in custody (March, 5)
- Brewer announced that Branham was stepping down and that the Deputy Director of the Arizona Department of Corrections, Charles Flanagan, would be appointed as Director (June 10)
- Director Flanagan announces that Catalina Mountain School will be closing in an effort to cut down on costs (July, 12)