CORRECTIONS

SEPARATION FROM ADULTS

Youth who are detained or incarcerated before, during, or pursuant to, proceedings in the criminal justice system should be held in separate detention or correctional facilities from adults.47 This should be the goal for all correctional systems that hold persons under eighteen years of age. Whether or not jurisdictions have achieved complete separation of youths from adults, compliance with all of the following is essential.

ADMINISTRATION

Staff and Training

Administrative staff and people in policy making positions dealing with youth in the adult system should have education, training, and experience regarding the distinctive characteristics of children and adolescents.48 Staff hired to supervise youth should be trained to understand both the physical and psychological components of adolescence.49 Pre-service and in-service training should be provided to all staff, and those hired should have an understanding of treatment and rehabilitation. Additional areas of training include the special needs of female offenders, minority offenders, offenders with gender identity issues, and youth who are sex offenders or the victims of sexual assault or other abuse. Staff should be sensitive to issues of sexual harassment of inmates.

Classification

Of primary concern in facilities housing youthful offenders, either pretrial or in a correctional setting, is the need for a definitive classification and screening system to assist in the placement and handling of children and adolescents, including those with special needs. This system should be designed


48 The American Association for Correctional Psychology (AACP) Standards for Psychology Services in Jails, Prisons, Correctional Facilities, and Agencies (2d ed 1999) require that at least one staff member per shift “within sight or sound of all inmates” has sufficient training to recognize symptoms of mental disturbance common to the facility and knows how to contact psychological services staff quickly. (Standard 25)

49 The American Jail Association is “opposed in concept to housing juveniles in any jail unless that facility is specifically designed for juvenile detention and staffed with specially trained personnel.” American Jail Association Resolutions, visited March 17, 2000 at <http://www.corrections.com/aja/resolutions/resolutions.html>. 
to deal with both initial intake into the facility and periodic reassessment and reclassification of the youthful detainees and inmates. It should also have available a range of placements and facilities for youth, including juvenile facilities, youth correctional programs, intermediate institutions for youth alone, community based programs, and intensive probation.

Because the safety of youth in the adult system is of overriding concern, institutions that house either detained and/or sentenced offenders must take special steps to protect this population. Appropriate individual classification is imperative to achieve this end. However, current classifications instruments are inadequate for the youth population. Therefore, new classification instruments must be designed that recognize and take into account developmental and age related issues. Among the factors that should be considered when classification decisions are made regarding what facility should house youthful offenders, and where within a facility a youth should be placed are the following: age, social history, institutional history, previous record, physical and mental development, and the charged offense. Staff responsible for classification of youth should be specially trained in the classification process.

Initial classification, which should be conducted as soon as possible, must take into account suicide risk, medical needs, including a determination of the existence of communicable and/or chronic illness, and medication needs, include mental health and substance abuse screening, and consider special education requirements as essential ingredients. There should be a meaningful period of time for full classification to take place, with an accelerated ability to assess substance abuse, and physical and behavioral

50The adult system has the responsibility to keep youth safe from adults and to keep youth safe from other youth.


52AACP Standards, Standard 28 states that the collection of psychological evaluation/screening data is to be performed only by psychological services staff personnel or staff trained by them. Neither the filing of psychological data nor the administration of tests or their scoring should be done by inmates.

53When a youth arrives at a facility with valid prescriptions, these medications should be administered by qualified personnel in accordance with the prescription directions until such time as a physician has fully assessed the youths medical needs and either changed or terminated the prescriptions.

54AACP Standards, Standard 29 calls for reception screening before an inmate is placed in the general population or housing area to identify mental health problems. The screening will inquire into past and present mental health difficulties, suicide ideation, suicide attempts, psychiatric hospitalizations and psychotropic medications. It should include behavioral observations, stressors and measures of daily function such as appetite, activity level, and sleeping.

55AACP Standards, Standard 31 calls for a comprehensive psychological evaluation to be completed within 14 days if such an assessment is deemed necessary. The MAYSI evaluation would trigger earlier next steps and should take precedence. See footnote 26.
needs, especially where a youth may be suicidal. The classification process should allow for regular, consistent, periodic and meaningful reclassification, in light of the changing development of children and adolescents, especially with regard to physical and mental health, education, and behavior.

Appropriate classification decisions can only be made when staff have complete information about a youth and the ability to thoroughly assess it. Therefore, procedures should be in place to allow intake staff to expeditiously secure all relevant medical, psychological, educational, treatment and correctional records concerning the youth as part of the classification process. Communication with the creators of these records is essential if there is any ambiguity about the meaning of any information contained in the records.

Architectural Issues

The design and modification of both pre-trial and post conviction correctional facilities for youth must take into account the special needs of children and adolescents. These include the need for sufficient space for adequate physical exercise, provision of regular, special and vocational education, therapeutic programming including individual and group counseling, and contact visitation. Small, community based facilities for youth are preferable to larger facilities located far from the families and support base of incarcerated youth.

Video camera surveillance of halls, dining areas, and other common areas is to be encouraged. Because this surveillance should be designed to promote the safety and protection of youth, not to invade privacy, it should not be present in individual rooms. Intercom systems to monitor conversations should not be used in individual rooms or areas designed for attorney-client conferences.

It would be desirable for persons with social work or psychological training or background to make these decisions as they would be more likely to adequately assess a youth’s record and history.


The JJ Architecture Standards recommend a gymnasium area. See commentary to Standard 5.11 at p. 63.

The JJ Architecture Standards recommend that secure detention centers be limited to 12 to 20 residents (Standard 6.3) and that secure facilities for adjudicated youth be limited to 20 youth (Standard 5.3). The comment to Standard 5.3 notes that there is little hard data on facility size, although generalizations favor “smallness” and reject “bigness.” The comment also acknowledges that smallness should be a goal and suggests the possibility of intermediate goals for facilities of 100 beds. It also describes the importance of taking into account institutional purpose and management factors when determining size. Importantly, the comment notes that research supports small living unit size as a means to avoid regimentation, but that small living units only partially offset size problems. See Comment at p. 54-55.

The JJ Architecture Standards, Standard 5.4 supports the location of secure facilities to facilitate the use of community based services and continued contact between the institutionalized person and family and friends.
Discipline and Grievance

Any disciplinary system established for youth in correctional facilities should take into account the fact that adolescence is a period in which youths typically challenge authority. This knowledge is relevant to determining whether verbal conflicts with staff actually threaten institutional security. The disciplinary system should reflect the basic fundamentals of due process and such considerations should be tailored to take into account appropriate sanctions for children and adolescents. This includes recognition that youth perceive time differently than do adults and youth perceptions should guide the length of time for isolation and other time-based disciplinary measures for youth. Discipline should: (1) be proportionate to disciplinary infractions; (2) only be imposed consistent with clearly defined standards that are clearly known to both youth and correctional staff; and (3) be enforced consistently. Solitary confinement should be prohibited, although room or cell confinement should be permitted for the time needed for an agitated youth to regain calm or as a disciplinary sanction for a major infraction. In no event should room confinement exceed ten days for a single incident. Preference should be given to loss of privilege rather than confinement for disciplinary infractions.

61 See Standards for Adult Correctional Institutions (ACA, 1990), Part Three, Section C. Rule 3-4214. The comment to this rule notes that "rules should prohibit only observed behavior that can be shown clearly to have a direct, adverse effect on an inmate or on institutional order and security."

62 See IJA-ABA Juvenile Justice Standards Relating to Corrections Administration (1980), Standards 8.1 - 8.9. These standards recommend regular but relatively informal procedures with rudimentary due process, including written notice of the rule violated, a description of the alleged conduct, the date, time, and place it occurred, and the time of the hearing. The youth is also allowed to select a representative for the hearing who can be a staff person, another resident, a volunteer, or an attorney. At the hearing, if the youth denies the charge, the person making the charge should be called and questioned by the person presiding, along with the juvenile and any other material witnesses. The youth or the youth's representative should have the opportunity to cross-examine any witness subject to the discretion of correctional facility officials, to inspect physical or documentary evidence, and to introduce evidence when this would not be unduly hazardous to institutional safety or correctional goals. Decisions are to be written and made within a brief period of time.

63 See also Standards for Adult Correctional Institutions (ACA, 1990). The governing principle of the ACA standards on Rules and Discipline is that "rules of conduct and sanctions and procedures for violations are defined in writing and communicated to all inmates and staff. Disciplinary procedures are carried out promptly and with respect for due process." Part Three, Section C.

64 See Standards for Adult Correctional Institutions (ACA, 1990), Part Three, Section C. Rule 3-4214. The comment to this rule notes that "rules should prohibit only observed behavior that can be shown clearly to have a direct, adverse effect on an inmate or on institutional order and security."

65 See IJA-ABA Juvenile Justice Standards Relating to Corrections Administration (1980), Standard 8.3 defines major infractions as offenses committed within a facility that would be felonies under the criminal law. See also IJA-ABA Juvenile Justice Standards Relating to Corrections Administration (1980), Standard 8.7 which permits up to [10] days room confinement, the loss of or prohibition from accrual of any or all good time credits for a period of no more than [30] days, and the suspension of designated privileges for the same period.
Chemical and physical restraints should be used only as a last resort, and only under strictly monitored circumstances. Such restraints may not be used for punishment or for the convenience of staff.66

Every institution should have in place a clear, easily understandable grievance procedure that allows youths to raise complaints about institutional programs, care, policies, conditions, personnel, and procedures. The grievance procedure should: (1) be available to all youth on an equal basis; (2) be simple to activate and follow; (3) provide for assistance or representation for youth who seek to use the process; (4) provide for independent review of a decision by someone from outside the department; and (5) assure that there are no reprisals against youth for raising a grievance.67

Privatization

The use of private for-profit facilities for detained and convicted youth should be approached carefully and with caution.68 This approach has been urged by the American Bar Association in a resolution approved by the ABA House of Delegates in February, 1990.69 Private for-profit and non-profit facilities and programs should be subject to enhanced oversight because of the risk of abuse and should be held to at least the same standards as public institutions.70

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69The ABA resolution addresses the issue of jurisdictions contracting with private corporations or other entities to operate jails and prisons. It makes no distinction based on age of the population served. It does however focus on the primary areas of concern that arise when correctional functions are privatized. It notes that the implementation of a criminal sentence is a core function of government. It also reminds that there is a strong public interest in having prison and jail systems in which lines of accountability are clear and in which proper care and treatment of inmates are provided. These should always meet minimum standards for the operation and maintenance of prisons and jails. The resolution disapproves privatization undertaken by a jurisdiction to avoid questions about sentencing policy, the use of incarceration as a sanction, or conditions of confinement. ABA Resolution 115B.

70Evidence of the abuses that can occur with privately run institutions is amply illustrated in Louisiana where juvenile correctional facilities in both Tallulah and Jena, operated by private contractors, were investigated by the U.S. Department of Justice. At Tallulah, the result was transfer of management back to the state in 1998. In early 2000, the state similarly took control of Jena. According to an April 27, 2000 article by Steve Ritea in the Times-Picayune, all juvenile inmates at Jena were to be transferred to other institutions.

See also Milonas v. Williams, 691 F.2d 931, 939-940 (10th Cir. 1982), cert denied, 460 U.S. 1069 (1983) (operators of the Provo Canyon School were acting under color of state law, and so subject to a § 1983 suit, when they contracted with the state to provide services to youth. The state was a joint participant in the offending actions which included monitoring and censoring of mail, use of isolation rooms, and use of excessive physical force, in violation of the plaintiffs’ first and fourteenth amendment rights).
SERVICES

Studies show that youth transferred to the adult system recidivate at higher rates and with more serious offenses than youth who have committed similar offenses but are retained in the juvenile justice system. Therefore, notwithstanding the punishment goal of incarceration in the adult system, public safety requires that youth in that system be provided certain services essential to reducing recidivism.

Data show that about 61 percent of the approximately 7,400 persons under eighteen admitted to a state prison in 1997 were violent offenders. In that same year, the mean maximum sentence of all persons under eighteen committed to a state prison was 82 months, and the mean minimum time to be served was about 44 months. The 61 percent of these youth who had committed violent offenses had a mean maximum sentence length of 98 months, and a mean minimum time to be served of 59 months. Thus, many youths in adult correctional facilities -- including some youths convicted of violent crimes -- will be released from incarceration while they are still young adults and in the peak years for offending, and a growing number are released unconditionally at the end of their prison term. Consequently, a major focus in the development of correctional programs must be on equipping these youths to be productive, self-sufficient, and law-abiding citizens after their release from incarceration, and enabling them to resist re-offending once they have returned to the communities from which they were removed.

Gender Equity

There should be equity in developing programs and facilities for male and female youth with equal opportunity for participation in beneficial and effective treatment, educational and vocational programs. This should include access to work release and other community based programs, as well as to trustee opportunities and pre-release programs.


72 See Profile of State Prisoners under Age 18, 1985-97, 1 (Bureau of Justice Statistics Special Report, U.S. Department of Justice, Office of Justice Programs, February, 2000). “Violent offenses” include murder, non-negligent manslaughter, rape, sexual assault, robbery, and assault.

73 Ibid at 7.

74 Ibid.

75 Ibid at 8.
Educational Services

In the population in general, youth under the age of eighteen are, for the most part, expected to be in school for a significant portion of each day. School is deemed vital as a means of preparing youth for their roles and responsibilities as adults. Further, youth who are educated are more likely to be gainfully employed, contributing members of society than those who are not. Conversely, youth who drop out of high school are at risk for unemployment and arrest. Communities that have recognized this work actively to reduce truancy and drop-out rates while fostering high school graduation rates.

Typically youth incarcerated as juveniles or as adults fail to return to school when they are released. This may be attributable, in part, to delays and complications regarding the transfer of records and to schools’ reluctance to re-enroll these youth.

Many incarcerated youth are functioning below grade level, and there is a disproportionate number of youth in need of special education. Education should be compulsory for all incarcerated youth under the age of eighteen who have not received a regular high school diploma or a GED. This education must be available for youth in disciplinary segregation as well, although educational services in segregation may be modified to take into account legitimate security needs. Basic education services should be delivered to students at an appropriate grade level, for the number of hours equivalent to those required by state law for the public schools, and in accordance with public school standards. Teacher-pupil ratios must meet state standards. Pretrial youth should be provided education, including special education services, in order to enable them to maintain their current grade level.

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76 See the Introduction to this White Paper for a discussion of the high number of youth under the age of eighteen handled in the adult system.

77 In 1996, 46.5% of all jail inmates in the United States had less than a high school education. See Correctional Populations in the United States, 1996 (Bureau of Justice Statistics).

78 A recent study of youth committed to the Virginia Department of Juvenile Justice between 1993 and 1998 found that 18% of youth had math achievement scores that were 6 years or more behind chronological age (CA), 23% scored 6 years or more below CA in reading achievement, and 50% scored 6 years or more below CA on written language achievement. Thirty-three percent (33%) had math achievement scores that were 48 to 71 months below CA, 22% scored 48 to 71 months below CA in reading achievement, and 28% scored 48 to 71 months below CA on written language achievement. Virginia Department of Juvenile Justice, Profiles of Incarcerated Youth in Virginia p. 53-59 (1999) [hereinafter Profiles].

79 Of youth committed to the Virginia Department of Juvenile Justice between 1993 and 1998, between 39.6% and 43.9% had identified special education needs. See Profiles at 61.

80 Under the Individuals with Disabilities Education Act, 20 U.S.C. § 1414(d)(6); 34 C.F.R. § 300.311(c)(1), children with disabilities in adult jails and prisons who are eligible for services may have their Individualized Educational Programs (IEPs) modified to take into account “bona fide security or compelling penological interest that cannot otherwise be accommodated.”
All youth who qualify for special education and related services pursuant to the Individuals with Disabilities Education Act (IDEA) must be provided an appropriate education. All youth should be screened for educational disabilities and an Individualized Education Program developed for those not previously identified or served.

Vocational education and job training should also be provided for all youth. Independent living skills should be provided for youth likely to be on their own after release. Vocational programs should be relevant and designed to meet the realistic demands of the economy.

GED programs should be offered in addition to the high school and college level programs; however, GED programs should not be encouraged for youths with the ability to meet the requirements for a regular high school diploma. Further, incarcerated youth should be given the opportunity to be take the GED and other standardized tests with a regularity similar to that offered in the community.

Students should have reasonable access to age-appropriate educational and other reading materials. Strategies should be developed to allow youth to have appropriate reading materials in their rooms or cells.

Where there are non-English speaking students, facilities should have in place strategies to assure that state educational requirements can be met.

Religious Services and Advisors

Youth in the adult system should have access to religious services and advisors but participation shall never be mandatory.

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81 While the Individuals with Disabilities Education Act exempts educational agencies charged with providing educational services to children with disabilities who are convicted as adults and incarcerated in adult prisons from some of the Act’s requirements, it does not exempt them from the duty to provide a free appropriate education to these youth. Youth, however, may not be permitted to participate in state or district wide assessments or in transition planning if their eligibility for services ends before they will be released from prison. See 20 USC § 1414(d)(6); 34 CFR § 300.311.

82 The Individuals with Disabilities Education Act does not require the provision of special education services to youths eighteen through twenty-one "to the extent that State law does not require" services for those youth who were not identified as having a disability and who did not have an IEP in the last educational placement prior to their incarceration. 20 USC § 1412(a)(1); 34 CFR § 330, 311 (a).

83 College-level and technical school course work should be available for the small number of youth who complete their high school education before reaching eighteen and who have the aptitude and skills. Where appropriate in these cases, long distance learning programs should be made available. Provision should also be made for students interested in the Scholastic Aptitude Test to take it.

84 As the demographic face of America changes, inmates will increasingly reflect the diverse populations that make up the population. Increasingly non-English speaking inmates are likely to constitute a higher proportion of the correctional population.
Physical Activities

The developmental stages of a youthful offender require that physical activities be available to maintain good health and physical development. Physical activities are necessary to reduce the incidence of violent behavior and to assist in maintaining good order and discipline. Physical conditioning should take into account the particular needs of older youth. Such programs should be available in detention as well as correctional facilities. The ability to participate in group activities is particularly important for youthful offenders who need to learn to interact appropriately with others.

Physical and Behavioral Health Care

Each detained or incarcerated youth should be provided a health assessment to detect problems needing immediate attention as well as to meet ongoing health needs. This assessment should screen for sexually transmitted and communicable diseases and other diseases. This assessment should be done

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85 Guidelines for physical activity for adolescents recommend daily or nearly daily physical activity. This should include three or more sessions of at least 20 minutes of moderate to vigorous exertion per session each week. See Rowland, Thomas W. "Adolescence: A 'Risk Factor' for Physical Inactivity," President's Council on Physical Fitness and Sports, Research Digest, Series 3, No. 6 (June, 1999). Physical activity is particularly important during these years as adolescence is a key time for the development of risk factors for life. This is a peak time for developing bone mineral density and initial lesions of coronary artery disease. (See id.)

86 Meta-analyses have found that exercise is "significantly related" to reduction in anxiety with larger effects shown when: (1) exercise is aerobic, (2) the aerobic training program is at least 10 weeks in length, and (3) subjects have initially lower levels of fitness or higher levels of anxiety. See Landers, Daniel M. "The Influence of Exercise on Mental Health," President's Council on Physical Fitness and Sports, Research Digest, Series 2, No. 12 (Dec. 1997). Since juveniles housed in adult facilities are likely to experience high levels of anxiety, appropriate physical exercise is very important. Meta-analytic reviews also show exercise significantly reduces depression in subjects classified as nondepressed, clinically depressed, or mentally ill. Larger anti-depressant effects resulted from exercise programs longer than nine weeks that included longer and more frequent sessions. Further, exercise decreased depression more than relaxation training or engaging in enjoyable activities and had an impact similar to psychotherapy, behavioral interventions, and social contact. See id. Exercise also has demonstrated positive impact on self-esteem and on restful sleep. See id.


88 American Academy of Pediatrics Policy recommends that this assessment include an age appropriate medical history, physical examination, and laboratory assessments and screening components indicated by historical and/or physical findings. See supra note 51.

89 In 1998, 5.9% of males and 23.5% of females committed to the Virginia Department of Juvenile Justice tested positive for sexually transmitted diseases. See Profiles at 99.

90 See Id. See also American Jail Association Resolution on Aids (visited March 17, 2000 at <http://www.corrections.com/aja/resolutions/resolutions.html>) resolving that jails adopt procedures for screening for HIV. In 1997, 3.5% of women in state jails and prisons were HIV+ compared with 2.2% of males. Bureau of Justice Statistics Report on Women Offenders (1999) [hereinafter Women Offenders].
in connection with the classification process.\footnote{See above discussion of "Classification" under this section of the White Paper.}

When a youth taking prescription medication is initially admitted to a facility, all such medications should be continued in accordance with directions until a youth’s medical needs have been fully assessed by a physician.\footnote{This is not meant to imply that youth who arrive at a facility with unidentified medications should be permitted to keep them.} Only if prescription requirements are altered by a physician after full assessment may staff deviate from the original medication requirements.

Appropriate confidentiality should be provided for youth who are screened for HIV or sexually transmitted diseases and who are determined to be HIV-positive or otherwise suffering from a sexually transmitted disease.\footnote{According to \textit{American Bar Association Policies Regarding AIDS & HIV}, adopted February, 1989:}

Gender appropriate medical care should be provided for female offenders including pregnancy screening\footnote{In 1996, 11.5\% of females committed to the Virginia Department of Juvenile Justice were pregnant. In 1998, 5.3\% were pregnant. See \textit{Profiles} at 98. Typically, between 5-6\% of females admitted to state jails and prisons are pregnant. See \textit{Women Offenders}.} and appropriate prenatal care where needed.

Each institution should develop policies to address youth who are at risk for suicide or other infliction of harm to themselves.\footnote{Approximately one third of adolescents report they have contemplated suicide. "From 1980 to 1992, the rate of suicide among young adolescents increased 120 percent, and increased most dramatically among young black males (300 percent) and young white females (233 percent). Suicide rates for ten- to fourteen-year-old American Indians are four times higher than those for ten- to fourteen-year olds of all races." \textit{Carnegie Corporation of New York, Preparing Adolescents for a New Century} (Executive Summary). This document is available at <http://www.carnegie.org/sub/pubs/reports/great_transitions/gr_exec.html>.} Other mental health programs should be in place to deal with the disproportionate incidence of mental health and emotional problems among incarcerated youth.\footnote{In a letter in support of the Mental Health Juvenile Justice Act, American Psychiatric Association President Rodrigo A. Munoz, M.D wrote "[a]s psychiatric physicians, we are very concerned about the nearly 60\% of juvenile offenders who have emotional, behavioral, or mental disorders." \textit{Psychiatric News}, March 19, 1999. This document is available at <http://www.psych.org/psychhtdocs/pnews/99-03-19/juvenile.html>. According to \textit{The Criminalization of People with Mental Illness}, published by the National Alliance for the Mentally Ill, 16\% of inmates in state jails and prisons suffer schizophrenia, bipolar disorder, major depression, or another severe mental illness. \textit{See also Correctional Populations in the United States}, 1996 (Bureau of Justice Statistics) which reports that nearly 26\% of all jail inmates had received mental health services and approximately 10\% had previously been admitted to a mental health facility.} There should be general mental health screening and assessment for all youth upon admis-
Detention and correctional programs should have in place substance abuse treatment programs that are appropriate for children and adolescents. They should provide specialized treatment for youth who are the victims of abuse or neglect, and especially the victims of sexual abuse. There should also be treatment available for youth who are sex offenders.

Institutional medical professionals who deal with youth should be trained in adolescent health care. There should be stability and continuity of care by physical and mental health providers. Procedures should be developed to enable the facilities to communicate with a youth’s prior health care providers to allow for continuity in treatment. Further, procedures should be developed to facilitate the transfer of medical records along with the youth from facility to facility.

Nutrition

Nutritional planning should be in place that is specific to the dietetic needs of children and adolescents. Such planning should assure that daily meals meet the Recommended Dietary Allowances and the Dietary Guidelines for Americans. Planning should also take into account that energy needs change during the life cycle, but are particularly high during periods of growth such as those experienced by children and youth. Further, appropriate nutritional planning prevents long-term health problems such as coronary heart disease, cancer, stroke, and osteoporosis.

Visitation

Frequent visitation with family members, including siblings, step-parents, and children, as well as with friends should be encouraged. This should include assisting with transportation for family members if practicable. This is particularly important when youth are in out-of-state or remote institutions. When visitors are from out of state or live remote from the

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97 See AAP Policy.


100 See “Position of the American Dietetic Association and the Canadian Dietetic Association: Nutrition for physical fitness and athletic performance for adults” (visited March 17, 2000 at <http://eatright.org/afitperform.html>). Institutions should provide meals and snacks in sufficient quantity to meet the dietary needs of youth.

101 Adult institutions permit more frequent visits with friends than is typically common in juvenile institutions. However, visitation “lists” are routinely used to regulate such visits and to address security concerns.
institution, special visitation policies should be in place to accommodate these visitors. Telephone contact at reasonable cost should also be available. Contact visits are to be encouraged.

Correctional agencies should have policies in place to allow for reasonable access to counsel and inmate advocates. Confidentiality of communications between attorney and client is essential and should be assured whether communication is by mail, by telephone or in person. Adequate space should be made available for confidential communications.

Volunteers

The use of volunteers to visit and work with youth is to be promoted and encouraged. Volunteer mentors are particularly important for youth who have little contact with family or who have few or no visitors. Volunteer groups willing to enter institutions play a valuable role both in bringing services to youth and in monitoring the operation of facilities. Such services often include religious instruction and development of support services in the community.

Parole and Transitional Services

Correctional agencies should have in place transitional services for youth to assist them in returning to their communities. A youth committed to the adult system while under eighteen is likely to have few independent living skills. For example, these youth may never have looked for a job, contacted an employment service, had a job interview, held a job, gotten a driver's license, arranged transportation, had a bank account, rented a room or an apartment, managed a budget, or paid bills. These "adult" experiences will pose challenges that may predispose the person to failure unless good transition services are in place. In states that have abolished parole, the need to establish transition services is greatest.

102 See American Correctional Association, Standards for Adult Correctional Institutions (3rd ed. 1990), Part 5, Section D, 3-4442 which recommends policies and procedures to govern special visits from people who have come long distances.

103 See, e.g., Wolff v. McDonnell, 418 U.S. 539 (1974) (assuring confidentiality of attorney-client mail); Bounds v. Smith, 430 U.S. 817 (1977) (fundamental constitutional right of access to courts requires prison authorities to assist inmates in preparation and filing of legal papers by providing access to adequate law libraries or persons trained in the law); John L. v. Adams, 969 F.2d 228 (6th Cir. 1992) (constitutional right of access to the courts is guaranteed; access to a law library is not meaningful for a juvenile absent access to a lawyer for those treatment and educational issues of constitutional magnitude); Lewis v. Casey, 518 U.S. 343 (1996) (prisoner must show actual injury to show a violation in a Bounds v. Smith action alleging inadequacy of library services and materials). See also American Correctional Association, Standards for Adult Correctional Institutions (3rd ed. 1990), Part Three, Section E, 3-4263, which requires policies, procedures, and practices to facilitate confidential access to attorneys and their representatives. The Comment notes that this includes after-hours visits in special circumstances as well as uncensored correspondence and telephone communications.
Educational transition services are of particular importance for youth who are paroled or released while still eligible for public education services. Because schools tend to discourage the return of youth with criminal records and because such youth have traditionally been unsuccessful in school, institutions should have in place procedures to assist youth with this difficult transition.

Planning for transitional services should begin sufficiently in advance of release to assure that release into the community is not unduly delayed because the youth has been unable to secure community services, employment, and/or living arrangements on his or her own.

Conclusion

The Corrections section of this paper acknowledges that youth are committed to the adult system as punishment for anti-social behavior. At the same time, it recognizes that youth are not yet adults developmentally, emotionally, or physically. As a result, it recommends policies, procedures, and treatment designed to take into account these differences in order to promote greater safety and security for the youth and for the staff who work with them. Similarly, the service and program recommendations are designed to make facilities operate more smoothly by keeping youth appropriately occupied in ways likely to facilitate better community adjustment upon release. Thus, the protection of the community is fostered at the same time that youth are being sanctioned.