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2014 Monitoring Report for IYC-Kewanee

JHA visited Illinois Youth Center (IYC)-Kewanee (Kewanee), a mixed medium and maximum-security facility for boys. Located about two and a half hours west of Chicago, Kewanee serves several distinct purposes for the Illinois Department of Juvenile Justice (IDJJ), including providing 24-hour infirmary care and housing youth suffering from acute mental illness, youth labeled juvenile sex offenders (JSOs), and youth designated maximum-security.



Vital Statistics

Population: 210

Average Age: 17.8

Average length of stay: 239 days

Average Annual cost per youth: \$84,005

Population by Race: White 57%, Black 32%, Hispanic 11%

Committing offense: Murder 1% (3), Class X 14%, Class 1

21%, Class 2 33%, Class 3 17%, Class 4 felonies 12%,

Misdemeanors 2%.

*(Source: IDJJ, April 2014)*¹

Key Observations:

- Kewanee remains a problematic facility, largely due to chronic understaffing, for high-risk, high-need youth who most need treatment and programming.
- Understaffing is particularly unwise and harmful for youth with acute mental health needs, wherein youth need individualized mental health treatment plans and treatment.
- Location remains a frequent barrier to contacts with families and counsel.
- Kewanee requires physical plant improvement.
- Although Kewanee houses challenging populations, the facility would benefit from fully implementing positive incentive programs in use at other facilities.
- Alternative Placement disciplinary methods appear ineffective as currently structured.
- JHA continues to have serious concerns about safety at this facility.

¹ As of the February 28, 2015, Vital Statistics for Kewanee were reported by IDJJ as - Population: 190; Average Age: 17.7; Average length of stay: 215 days, Average Annual cost per youth: \$95,694; Population by Race: White 28%, Black 63%, Hispanic 9%; Committing offense: Murder 2%, Class X 115, Class 1 24%, Class 2 34%, Class 3 15%, Class 4 felonies 8%, and Misdemeanors 3%.

Executive Summary

Kewanee continues to be a deeply problematic facility that struggles to meet minimum standards of care.² The facility has longstanding difficulty attracting and retaining the staff needed to maintain safety and ensure appropriate care is provided to several, distinct high-risk and/or high-need youth populations (youth suffering from acute mental illness, labeled juvenile sex offenders, and designated maximum-security), each of which receive separate housing and services at Kewanee.³ Limited family contact, a shortage of community and volunteer involvement, and lack of effective communication between youth facing new charges and their counsel are also ongoing problems. Further, although the facility has a high rate of youth on crisis and suicide watch, the physical layout of the cells used for these purposes are poorly suited, and the rest of the facility is largely still not equipped with safety furniture.

JHA recognizes that implementing major institutional reforms is a difficult process and during our 2014 visits, many staff and administrators displayed exceptional commitment and motivation to improve the facility, despite extremely challenging facility conditions. IDJJ officials stated there are many planned improvements at Kewanee in the works; nonetheless, there remain deep-rooted, intractable problems at Kewanee that have not been corrected over the past several years. It is no longer acceptable to simply reiterate and acknowledge the challenges facing Kewanee. To ensure the protection of youth, staff, and the public, IDJJ must rectify these issues and ensure minimum standards of care, safety, and rehabilitative treatment can be provided. The continuing failure to remedy these issues presents a grave and obvious risk of serious harm to youth, staff, and the public. Given Kewanee's enduring history of systemic dysfunction, Illinois must also seriously consider the wisdom of continuing to invest resources in a facility that has persistently struggled to meet the needs of youth. However, any transitional plan must be thoughtfully undertaken, to minimize risks of the necessary shift to smaller facilities that will better be able to address individual youth's needs.

² See JHA's 2011, 2012, and 2013 Monitoring Reports on IYC- Kewanee, available at www.thejha.org/kewanee. See also documents and expert reports related to a lawsuit brought by the American Civil Liberties Union (ACLU) representing the plaintiff class of incarcerated juveniles suing the IDJJ for conditions of confinement related to medical care, mental health treatment, education, and safety and welfare. *R.J. v. Jones*, Case No. 12-cv-7289 (N.D. Ill.), available at <http://www.aclu-il.org/r-j-v-bishop22/>. This report is based on 2014 JHA monitoring visits on April 28, May 21 and November 13, as well as ongoing communications. IDJJ officials and Kewanee administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA in March 2015. No factual substantive changes have been made since that time prior to publication. All statements of opinions and policy recommendations herein are JHA's unless otherwise stated. See JHA's 2013 publication *How JHA's Prison Monitoring Works*, available at www.thejha.org/method. Youth may send privileged mail to JHA, P.O. Box 10042, Chicago, IL 60610-0042. Other concerned parties may also reach us by email or phone.

³ This report thus reflects our observations over the course of 2014. However, JHA requested and received the most complete data set for our first visit, which was supplemented by information on subsequent visits and in the IDJJ review of this report in March 2015. At the time of our April visit, Kewanee housed 88 youth classified as maximum-security, 73 youth classified as JSOs, and 40 youth classified as "special treatment youth" who suffered from acute mental illness. As of November 2014, the number of special treatment youth at Kewanee had dropped to 18 youth. As of November 2014, Kewanee had a population of 182 youth in total, consisting of 161 youth adjudicated delinquent on juvenile charges, 12 youth convicted of adult felony criminal offenses, five youth being held on parole violations, and four youth being held for "court evaluations." A court evaluation is a 30-, 60-, or 90-day commitment to IDJJ, during which administrators assess a youth's rehabilitative needs and inform a judge's sentencing decision.

Finding: Kewanee’s chronic problem with severe understaffing negatively impacts safety, security, and well-being of youth and staff, and prevents the facility from implementing systemic, institutional reforms needed to meet minimum standards of care.

Kewanee houses many high-risk/high-need youth who are considered unsuitable for housing at other facilities due to their security classification, behavioral issues, or special mental health treatment needs. Yet, at the time of JHA’s April 2014 visit, Kewanee administration indicated the facility was 20 to 30 percent understaffed.⁴

Due to inadequate staffing, the facility was forced to limit youth movement and physical activity, and decrease youth programming. Youth frustration with lack of movement and activity, in turn, generated a substantial increase in violence and physical altercations between youth and staff. To illustrate, in the first four months of 2014, between January and April, the facility reported a total of 26 youth-on-staff assaults. By comparison, the facility recorded an equal number of youth-on-staff assaults for the entire preceding year of 2013.⁵

Administrators observed that chronic understaffing creates a vicious cycle in that inadequate staffing results in decreased youth movement and activity, which leads to increased youth violence and staff assaults, which leads to greater staff turnover and understaffing, which lead to greater restrictions on youth movement and activity. Staff also attributed the increase in assaults to heightened gang activity at the facility, and an increase in the number of youth in their custody who are serving lengthy adult sentences for serious offenses.

⁴ In April 2014, there were 78 staff vacancies at Kewanee, including 12 mental health staff, six educational staff, 30 security staff, two supervisors, five counselors, two dietary staff, and an unspecified number of operations, program, and administrative staff. There was only one maintenance staff person for the entire facility. Administrators commented that some security posts on the living unit pods were unstaffed, and there was only one staff person to handle phones for the facility. The Superintendent estimated spending an hour per day on hiring issues. In November, the facility had a new Superintendent and had gained some staff but lost others. In April, administrators reported an 18:1 security staff to youth ratio, with 135 security staff and 16 supervisors. In November, Kewanee was operating with 127 security staff and 14 supervisors. Although staffing had improved by November in some areas, attrition in other staffing areas left conditions largely the same at Kewanee. While Kewanee benefited in filling some positions from a new graduating cadet class of correctional staff, JHA was told that many of these staff would be transferring to other facilities as soon as possible. Administration noted that the last class of correctional staff recruits came from the St. Charles area, resulting in many staff wanting to return to the Cook County area after completing their training. However, the next class of correctional staff recruits would come from the western region, which hopefully would result in more new staff remaining at Kewanee. Administrators stated that they while they have tried to reach out to colleges to recruit students interested in corrections internships, internships often do not count as prior experience for purposes of applying to correctional positions, and salaries are not competitive enough to attract experienced staff to Kewanee. A common complaint that JHA encounters is that as soon as new staff acquire practical experience, they leave for higher paying positions in less remote locations. In addition, staff is commonly hired internally in IDJJ, moving from one position to another, resulting in no net gain in staffing levels. An administrator observed that to address staffing challenges, Kewanee could perhaps be more creative and collaborative in having staff work together to perform duties in multiple areas as needed, rather than rigidly adhering to traditional staff roles.

⁵ As of March 2015, IDJJ reported that Kewanee reported 10 youth-on-staff assaults for January 2015, and five for February. At the same time they recorded 12 youth-on-youth assaults for January and five for February. They stated that it should be noted that staff assaults are tracked by tickets against youth who are found guilty; staff assault charges include minor assaults such as punching or shoving staff and spitting on staff clothing, where no injury occurs.

At the time of JHA’s November 2014 visit, administrators reported that facility security and safety had improved because youth movement and physical activity had increased, positive behavioral incentives and alternative disciplinary techniques were successfully being used instead of confinement to encourage prosocial behavior, and an increased number of youth were being criminally prosecuted for assaults.⁶ The youth population at the facility had also decreased by November. Despite these changes, youth and staff in November said that they continued to feel unsafe. They also expressed doubt that behavioral deescalation techniques and alternatives to confinement alone could effectively manage youth with serious behavioral issues facing long sentences.⁷

Vacant leadership positions, frequent staff turnover, and inadequate funding and programming all have been ongoing challenges for Kewanee. The current Superintendent came to the facility in November 2014. Without adequate staff and continuity in leadership, Kewanee cannot make the meaningful, lasting changes it needs to meet minimum standards of care, despite the best efforts of many staff and administrators. Persistent delays in filling employee vacancies, lack of competitive recruitment procedures, and lengthy postponements in the state’s hiring process perpetuate understaffing, increase staff fatigue, and multiply safety concerns.⁸ In review of this report, IDJJ reports that they have been approved for continuous postings for teacher hiring and have made some other staffing improvements. To ensure the protection of youth, staff, and the public, IDJJ must either rectify these issues or plan to transition youth to other facilities better suited to meeting youths’ needs where minimum standards of care, safety, and rehabilitative treatment can consistently be provided.

Recommendation: Absent major, costly institutional reforms to increase staffing, safety, treatment, and programming resources, JHA believes that Kewanee cannot consistently safely house high-risk/high-need youth populations, particularly youth who suffer from acute mental illness

Finding: Insufficient mental health staffing, as well as inadequate and poorly defined mental health programming, are major problems at Kewanee.

Because Kewanee’s mental health treatment programs are understaffed, it is impossible to evaluate these programs’ proficiency. On JHA’s visits, it was unclear what special mental health treatment or sex offender treatment was, in fact, available to youth. During JHA’s April 2014 visit, administrators stated that from approximately November 2013 until the end of April 2014, no mental health group therapy was provided to youth at Kewanee. In review of this draft report in March 2015, the facility responded that what we were told was incorrect and in those months there were in fact multiple weekly groups for special treatment, JSO, and youth receiving

⁶ IDJJ stated that as of March 2015, there are three youth cases pending review for possible prosecution by the Henry County State’s Attorney and in 2014 only one youth was criminally prosecuted.

⁷ For instance, during JHA’s April visit, some youth expressed that alternative disciplines, such as being isolated for an hour in “Time Out” or losing good behavior points for fighting were “not a big deal.”

⁸ To illustrate, historically hiring teachers reportedly takes three to five months through Illinois’ Office of Central Management Services (CMS), by which time most qualified candidates have accepted other employment and are no longer seeking a position.

substance abuse treatment. Nonetheless during JHA's April visit, many youth, including JSO youth, commented negatively on the lack of group therapy.⁹ Although administration had future plans to increase the amount of group therapy provided by mental health staff and counselors, these plans could not yet be executed due to ongoing staffing shortages.

At the time of JHA's April visit, Kewanee employed eight full-time mental health staff, and had 16 weekly hours of onsite psychiatry coverage. A total of 12 mental health staff positions were unfilled.¹⁰ At these staffing levels, administration reported that: 130 youth received individual therapy for 30 minutes per week; mental health staff had 36 youth assigned to their individual case loads, and the psychiatrist had a caseload of 104 youth, including 83 youth on psychotropic medications.¹¹

As in years past, Kewanee has a high number of youth on crisis and/or suicide watch at any given time. In the month preceding JHA's April visit alone, there were 10 instances of youth on crisis watch, and 15 instances of youth on suicide watch. At the time of JHA's April 2014 visit, the facility reported 100 instances of youth on crisis watch, and 200 instances of youth on suicide watch for prior year. Between July 2012 and July 2013, Kewanee reported a total of 313 instances of youth on crisis watch and 161 instances of youth on suicide watch.¹² In reviewing this report, IDJJ provided data from February 2015, indicating that recently there were 43 instances of crisis watch (25 distinct youth), and 18 youth put on suicide watch with an average stay of 5.5 days.

⁹ Housing units hold up to 18 youth. Group therapy is limited to 10 non-maximum-security youth per session, or four maximum-security youth, at once.

¹⁰ At the time of JHA's April 2014 visit, administrators reported that 105 youth were classified at minimum mental health level (i.e. having modest mental health issues requiring infrequent intervention), and 66 youth were classified as being moderate mental health level (i.e. having more acute mental health issues that impact daily functioning and require greater treatment). At that time, Kewanee employed a total of eight mental health staff, consisting of five state employee positions and three contractual employee positions. However, the facility is authorized for 20 mental health staff, consisting of 15 state positions and five contractual positions. A psychiatrist was onsite at the facility two days per week. The Kewanee Assistant Superintendent for Programming also holds a PhD in Psychology, and works with all youth populations, including those in the confinement and the health care unit. Two contractual staff from the non-profit the Wells Center were employed to treat dual-diagnosis youth (i.e. youth having both mental health and substance abuse issues). Some mental health staff was assigned to oversee particular populations. For example, two staff were assigned to oversee the JSO population, and one staff member was assigned to oversee three housing units of maximum-security youth, while, at the same time, temporarily assigned to serve as a Psychology Administrator. At the time of JHA's November 2014 visit, additional Wells Center staff had also begun providing substance abuse programs to maximum-security youth.

¹¹ In March 2015, IDJJ officials stated that currently at Kewanee there are seven full time mental health staff, with another starting shortly, three contractual Wells Center staff (who provide dual diagnosis mental health and substance abuse treatment programming), 62 hours monthly of psychiatric coverage, and a mental health administrative assistant. There are 11 unfilled positions, nine of these are state staff positions and two are contractual. At this time, 106 youth received individual therapy for 30 minutes per week; mental health staff had on average caseload of 27 youth, and the psychiatrist had a caseload of 83 youth, including 72 youth on psychotropic medications

¹² See JHA 2013 Report on IYC-Kewanee.

During JHA’s visits, administration noted that it is common for one to three youth to be on some form of crisis watch every day at Kewanee. The average length of time for youth on crisis watch is two days. Because Kewanee’s mental health staff must devote much of their time to managing youth in crisis, they have even less time to provide routine, regular mental health treatment to the rest of the population.

The only notable improvement in Kewanee’s mental health staffing level between the time of JHA’s April 2014 visit and our November 2014 visit was the addition of 2.5 hours of telepsychiatry coverage for maximum-security youth. In addition, eight maximum-security youth (four per group) were participating in substance abuse group therapy directed by the non-profit treatment provider, the Wells Center, and the program was reportedly getting very good feedback from youth.¹³ Although administrators detailed some plans to try to accelerate the process for hiring mental health staff in the future, this had not yet occurred.¹⁴

As of November 2014, Kewanee housed 18 special treatment youth—representing a substantial decrease compared to the 40 special treatment youth housed at Kewanee in April 2014. Historically, youth with more serious, acute mental health needs are housed at Kewanee, while youth with chronic, less intensive mental health needs are more likely to be housed at IYC-St. Charles. As emphasized in prior reports, we believe this practice is counterproductive in that youth with more serious mental health needs are less likely to receive sufficient mental health treatment at Kewanee. Recognizing the problem, IDJJ administration indicated that it may give greater consideration to issues of location, facility stability, and staffing when placing youth with serious mental health issues at particular facilities in the future. IDJJ reiterated that some special treatment youth have recently been moved to St. Charles after they were evaluated to no longer need acute special treatment services.

JHA has been troubled by Kewanee’s historical practice of classifying youth as exclusively maximum-security, Juvenile Sex Offender (JSO), or special treatment youth, without expressly recognizing overlap in these classifications. We fear this practice obscures the fact that youth have diverse behavioral and mental health needs that often defy a single category. For example, a youth classified as “maximum-security” may at the same time have acute mental health issues or substance abuse treatment needs, and/or require sex offender treatment. In line with best practices, JHA believes that the treatment model used at IYC-Warrenville (IDJJ’s female youth facility) should be adopted at all IDJJ facilities. Under this model, every youth in custody is assigned to a mental health staff member’s caseload, and receives an individualized treatment plan. JHA recognizes that this model is made possible by the low youth population at IYC-Warrenville, just 32 girls at the time of JHA’s 2014 visit with a mental health staff to youth ratio of one to six, this in turn argues for the use of several smaller facilities to house youth in order to meet their individual needs as opposed to a few large ones housing hundreds of youth.

¹³ In March 2015, administrators reported that two Wells Center staff provide substance abuse counseling to maximum-security youth for six hours of group and one hour of individual counseling per week.

¹⁴ Kewanee currently is authorized to hire only state employees for mental health staff positions that do not involve substance abuse treatment. However, administration was seeking a variance to hire contractual staff when the state hiring through Central Management Services (CMS) is unduly delayed.

Kewanee’s JSO treatment program lacks adequate staff to provide effective, individualized treatment to the JSO population. Although a youth’s classification as a “JSO” is based solely on his committing offense, JSOs as a group vary widely in terms of their characteristics, treatment needs, and the nature and seriousness of the sexual misconduct underlying their offenses, making individualized treatment plans all the more imperative.¹⁵ Further, unlike adult sex offenders, JSOs tend to commit less serious and aggressive sexual acts, and few adolescents show long-term tendencies to commit sex offenses.¹⁶

Administrators stated that youth are screened for JSO housing at Kewanee and placed there in part due to the belief that they will benefit from the JSO treatment program,¹⁷ and that some youth with JSO offenses will be housed elsewhere with other populations. However, Kewanee’s JSO treatment program lacks a clearly defined curriculum. During JHA’s April visit, administrators indicated that JSOs were participating in some form of peer teaching program, but this program was causing antagonism between some youth. Under the program, youth had the power to award each other “points” for good conduct to incentivize positive behavior and group participation. However, this system generated animosity because many youth felt that their peers unfairly subtracted points or failed to award deserved points to them. Administrators stated they have since moved away from this model.

Several youth in the JSO housing unit reported that they were bored, and that there was not enough structure or discipline in programming. One youth reflected that Kewanee “was nothing like on the internet,” in that the programs and activities promoted on the facility’s website were not actually available to youth. A youth classified as a JSO who had been at Kewanee for over a month stated that he had yet to receive any individual therapy, and had only recently begun group therapy sessions.

In November 2014, Kewanee staff showed JHA some self-directed workbooks used to treat JSOs, which are intended to be completed with staff, though staffing for the program remained

¹⁵ See e.g. National Center On Sexual Behavior of Youth Fact Sheet: *Review of Research on Adolescent Sex Offenders* (2003), available at <http://www.ncsby.org/sites/default/files/resources/Adolescent%20sex%20offenders%20-%20%20Common%20Misconception%20vs%20Current%20Evidence%20--%20NCSBY.pdf>. In March 2014, the Illinois Juvenile Justice Committee published a report, “Improving Illinois’ Response to Sexual Offense Committed by Youth: Recommendations for Law, Policy, and Practice,” available at <http://ijjc.illinois.gov/youthsexualoffenses/>. Among the many important findings of this report, were recommendations that Illinois eliminate unnecessary stays in secure facilities, and that treatment be risk-responsive and individualized, further noting the critical importance of community-based and family-focused interventions. This report also comes out strongly against treating youth like adults for the purpose of registries and restrictive, stigmatizing parole conditions. Hence, it was also recommended that youth be removed from IDOC parole caseloads. A resource for former JSOs wishing to be removed from the sex offender registry is available through Northwestern Law’s Bluhm Legal Clinic, Project Off the Record, see <http://www.law.northwestern.edu/legalclinic/cfjc/projects/offrecord/>.

¹⁶ *Ibid.*, note 15.

¹⁷ IDJJ officials also indicated that there may be some other considerations for housing youth as JSOs related to the federal Juvenile Prison Rape Elimination Act (PREA) Standards. However, housing decisions based on PREA mandated screening for sexual victimization and abusiveness must still be based on individualized determinations and used in the least restrictive or stigmatizing manner, with the goal to keep all residents safe from sexual abuse.

opaque. This solidified our impression that JSO youth do not have access to individualized treatment or a clearly-defined, evidence-based JSO treatment program at Kewanee. This is a serious oversight given research and evidence indicating that adolescent sex offenders are more responsive to treatment than adult sex offenders, and are unlikely to continue re-offending into adulthood, especially when they are provided with appropriate treatment.¹⁸

IDJJ administrators indicated that they are in continuing discussions with the Onarga Academy, a residential treatment program that treats adolescents with sexual behavior issues, to enable some youth to transition from Kewanee to community placement at Onarga.¹⁹ However, this initiative has been in discussion for some time, and has yet to come to fruition.

Several youth housed in the JSO “New Beginnings” honor dorm indicated that they had given up on being paroled, and were simply waiting to “age out” of the juvenile system on turning 21 because it was impossible to find an approved placement site for parole and to comply with stringent parole conditions as a JSO.²⁰ Youth noted that the prerequisites for being released on electronic monitoring were very difficult for many JSOs to meet. Fees attached to JSO treatment and “movement plans,” which set out specific conditions that must be met for paroled JSOs to engage in routine everyday activities, like going to the movies, also increase the difficulty in meeting parole conditions. Administrators responded that for many youth in the program who are 20 years old and had prior failed parole placements, funding placements would not be fiscally responsible.

JHA recommends that greater attention should be given to identifying the small number of JSOs who actually present a high risk to community safety and need intensive supervision, rather than uniformly subjecting all JSOs to strict sex offender treatment and parole conditions, given that the majority of these youth present a low level of risk to public safety.²¹ At the time of JHA’s November visit, an administrator indicated that Aftercare Specialists soon would be trained to work with the JSO population and would take over management of JSO reentry from adult parole agents. However, as of November 2014, no JSO youth had been assigned to Aftercare, and they instead remained assigned to IDOC’s adult parole sex offender unit’s caseload. As of March 2015, six youth classified as JSOs had Aftercare, while the remainder is on IDOC’s adult parole sex offender unit’s caseload; IDJJ officials stated Aftercare newly hired staff still had to be trained to work with the population.

Recommendation: Kewanee needs greater mental health staffing to meet minimum standards of care in treating high-risk/high-need youth populations, including youth classified as Juvenile Sex Offenders. As IDJJ begins to fill mental health staff and administrative positions, as required under current litigation agreements, administrators

¹⁸ *Ibid.*, note 15.

¹⁹ See Onarga Academy website, available at <https://www.nexustreatment.org/treatmentsites/onarga/about>.

²⁰ Delinquent minors “age out” of Illinois’ juvenile justice system and are no longer subject to state custody and control upon turning 21 because the juvenile court’s jurisdiction terminates at age 21 pursuant to the Illinois Juvenile Court Act of 1987, 705 ILCS 405/5-101.

²¹ *Ibid.*, note 15.

should critically reevaluate Kewanee’s treatment, programming, and classification systems to ensure that these comply with best practices and minimum standards of care.

Finding: Kewanee’s remote geographic location is a barrier to family contact and visitation, and interferes with effective attorney-client communication between youth who are charged with new offenses and their counsel. In addition, Kewanee’s youth did not have access to a law library.

Although administration noted that all IDJJ facilities have the capacity and equipment to do video visitation, these are not in use. Staff indicated that a disproportionate percentage of youth are from the Chicago area and never receive any visits, from either family or legal counsel. Youth generally see their families or attorneys only upon being transported to the greater Chicago area to attend their trial proceedings.²² While a remote video visitation site at IYC-Chicago could be used to facilitate video visitation between Chicago and Kewanee, it was not in operation.²³

Administrators estimated fewer than 10 percent of youth receive in-person visits at Kewanee. Staff believed that lack of family visitation and attorney-client visits directly contributed to disruptive behavior among youth. Many youth at Kewanee expressed that they wanted help to transfer to other facilities so that they could be closer family and communicate more with families and attorneys.²⁴ Several youth with pending cases stated that they had not been contacted by their attorneys for months and did not know basic information about their cases, including their next scheduled court dates. Youth expressed anger and frustration at being cut off from sources of legal information, such as law books, and being unable to communicate with their attorneys.²⁵ Although the Illinois Administrative Code provides that youth in IDJJ facilities should be provided with reasonable access to legal resources and materials, up until November 2014, Kewanee, like all other IDJJ facilities, lacked a law library or legal materials accessible

²² In April 2014, 38% of the youth at Kewanee were committed to custody from Cook County with another 8% coming from the Collar Counties. As of February 2015, 43% are committed from Cook County and 6% from the Collar Counties.

²³ In March 2015, administrators stated that video visitation protocol has been established and they are working out policies for extending visiting hours to accommodate out-of-area families.

²⁴ JHA recommends at a minimum that Kewanee increase youths’ access to phones. Pay phones in the housing units are not always turned on and operable, which further limits youths’ contact with family. Although a train station is near the facility, the cost, train schedule, and logistics of travelling to and from the facility is challenge for many youths’ families located faraway. Ensuring that youth have regular, ready access to their families by phone is especially important to preserve family unity, given the facility’s remote location and the absence of family unification programming. Youth at Kewanee who have young children of their own are at a particular disadvantage. One youth from the Chicago area, who had a child of his own and had not yet been visited by family during his 11-month stay at Kewanee, expressed concern and distress to JHA that his family and child had not been able to visit. At the time of JHA’s April 2014 visit, it is also notable that administrators reported that although 12 Kewanee youth had children of their own, no fatherhood/parenting classes were offered.

²⁵ For example, one youth received an adult sentence for a murder conviction indicated that he did not know what term of years was imposed in his case.

through the facility library.²⁶ IDJJ administrators stated that as of November 2014 there are some legal materials available, including criminal law and procedure resources.²⁷ JHA will review this area in subsequent visits.

Recommendation: Kewanee should increase efforts to facilitate communication and visitation with youths' attorneys and family members, and should capitalize on existing video visitation capacities to do so. Kewanee should also work to provide youth with ready access to legal materials and resources.

Finding: Kewanee's physical plant must be renovated and modernized in critical areas to address safety concerns for its high-risk/high-need youth populations. The facility also needs general repair and maintenance.

Kewanee, a facility that houses youth with serious mental health issues, is still not equipped with suicide-proof safety beds and furnishings throughout the facility. This is a longstanding issue, and violates minimum standards of care. Apart from some safety beds located in the facility's healthcare unit and the confinement cells used for crisis watch, the facility is outfitted with non-safety beds and fixtures.²⁸ The continuing failure to remedy this situation presents a grave risk of serious harm to youth.

The location and configuration of crisis cells in confinement and healthcare units at Kewanee are also problematic. First, locating crisis cells in confinement conflates the objectives of crisis care treatment with punishment. Notably, in response to recent litigation, the Illinois Department of Corrections recently relocated all crisis cells in adult facilities from the segregation units.²⁹ Second, and as noted in our prior reports, the horseshoe-shape configuration of crisis cells in Kewanee's healthcare unit is a problem because this allows youth to observe each other, and youth in crisis are prone to mirroring one another's harmful behaviors.

With regard to general facility repair and maintenance, administration was in the process as of April 2014 of reviewing the facility for neglected maintenance issues and creating an action plan to address these. IDJJ facilities, including Kewanee, have benefitted from additional funds to install more cameras. JHA observed staff and youth on visits working to clean the facility and address various physical plant problems. However, in the future large investments will be needed because the facility is at an age where major structural renovations, such as roof and floor repair or replacement, are at issue.³⁰

²⁶ *Illinois Administrative Code, Title 20, Chapter IX: Department of Juvenile Justice, Section 2430.20 Library Services and Legal Materials*, available at <http://www.ilga.gov/commission/jcar/admincode/020/020024300000200R.html>.

²⁷ Administrators also stated in March 2015 that youth orientation materials were being updated to reflect new developments at the facility. We look forward to reviewing these materials when available.

²⁸ In April 2014, administrators stated there were 306 non-safety beds at Kewanee.

²⁹ *Rasho v. Walker, et al.*, Case No. 07-CV-1298 (C.D. Ill.).

³⁰ During JHA's April 2014 visit, some youth pointed out dirt and cobwebs in living areas, and others complained of rodents. Youth also expressed a desire for more cleaning supplies. JHA noted several areas in need of retiling or repainting and that the carpeting in the gym needed replacement. Some youths' cells were covered in graffiti.

***Recommendation:* Kewanee’s physical plant is poorly designed to ensure the safety of high risk/high need populations, and requires major renovation, including the installation of safety beds and furnishings throughout the facility. The facility also requires greater resources for general upkeep, maintenance and repair given its advancing age. Before making such major investments in Kewanee’s physical plant, Illinois should engage in a cost/benefit analysis to determine whether the facility’s continuation is viable or prudent in light of its geographic challenges, inability to attract and retain staff, and history of dysfunction.**

***Finding:* Maximum-security youth and youth facing lengthy adult sentences pose special challenges, but the risks and needs of this population are not well managed at Kewanee.**

Although maximum-security youth make up the largest percentage of Kewanee’s population, they have the least amount of programming. Many of these youth are older and have already finished high school or obtained a GED. Some maximum-security youth are disinterested in attending school at IDJJ or participating in programs because they instead want to earn sentencing credits to reduce time on their adult sentences by participating in education and programming when they are later transferred to the Illinois Department of Corrections (IDOC). Some youth facing long adult sentences also feel little motivation to engage in programs or comply with behavioral rules because they know that good conduct in IDJJ custody is of little or no benefit to them in terms of later obtaining a favorable placement in an adult facility or earning time off of their adult sentences.³¹

Administrators confirmed that they are constantly in the process of repainting because the facility has serious problems with graffiti. That Kewanee has a problem with graffiti is not surprising given that prolonged idleness, cell confinement, and lack of activity foment such destructive behavior among adolescents.

³¹ This past year Kewanee implemented a behavioral rewards system to incentivize positive behavior among maximum-security youth. As of April 2014, JHA heard that some youth were responding well to the program. For example, one maximum-security youth reported to JHA that he had no disciplinary incidents or tickets for misconduct in the preceding three months, and that he felt motivated to keep accumulating points and privileges under the system. Under the system, youth earn “points” for good conduct which they can redeem for extra privileges or special commissary items. In April 2014, administration explained to JHA that the behavioral incentive program is divided into three tiers: on the first tier, youth can redeem points for special snacks that are not available through commissary; on the second tier, youth are allowed time to play videogames; and for the third tier they can have video visitation with family. However, neither the video games nor video visitation were yet available to youth. Staff mentioned that cutting time from youths’ sentences and expediting the date youth appeared before the parole board could also potentially be used as behavioral incentives. While this use of positive behavioral incentives was an encouraging development, Kewanee still lagged far behind other IDJJ facilities in fully implementing the formal, evidence-based Positive Behavioral Interventions and Supports (PBIS) program that has been in use at other facilities for some time, as is as detailed in the following section of this report.

Another change to address maximum-security youth behavior at Kewanee, was that one of the maximum-security housing wings now serves as an “Alternative Placement Unit,” where maximum-security youth who fight or act out aggressively in other housing wings can be sent temporarily as opposed to use of confinement. Although youth who are moved to the Alternative Placement Unit are supposed to return to their regular housing units within a few days, in April 2014, staff reported to JHA that this rarely occurs. Staff said that many youth (especially older youth with lengthy adult sentences) instead prefer to remain in the Alternative Placement Unit because it was less structured than other housing units. As of November 2014, the Alternative Placement Unit had developed into a more formal step-down behavioral incentive program. This unit is discussed later in this report.

Several non-maximum-security youth expressed frustration that the facility was often on lockdown because maximum-security youth behaved badly since they “had nothing to look forward to” and faced long sentences. Maximum-security youth likewise complained of being continually on lockdown. Staff acknowledged that inactivity, lack of programming, and idleness are problems for maximum-security youth because there is not sufficient staff to manage this population. Because maximum-security youth are considered more dangerous and a greater safety risk than other populations, they require more staff supervision and cannot be allowed outside of their cells in groups larger than three to four youth at a time. In the absence of sufficient staff, the amount of time allotted to maximum-security youth for dayrooms and other out-of-cell activities is necessarily limited. In March 2015, administrators stated they have increased out-of-cell time to include gym, yard, and dayroom access.

Administrators reported that Kewanee on average houses about 30 “consent decree” youth, who are youth charged with violating juvenile parole by committing a new adult criminal offense. Administrators also reported that Kewanee also housed about 12 “juvenile felons,”³² who are youth with adult sentences that may be transferred to IDOC custody on or before turning 21—the age at which juvenile jurisdiction over the youth lapses. In April 2014, administrators reported that two of these youth had sentences of more than 20 years, but no youth had life sentences.

Upon a youth with a felony conviction turning 17 in IDJJ custody, his case is initially reviewed by the facility Felon Review Committee, which makes preliminary findings and recommendations on whether the youth should be transferred to IDOC custody. The Felon Review Committee, which is chaired by the clinical services supervisor, forwards its initial findings to the facility Superintendent, who reviews the case further to determine whether the youth is an appropriate candidate for referral to the agency Felony Transfer Review Committee for transfer consideration. Cases that are forwarded to the Felony Transfer Review Committee are reviewed by IDJJ’s administrative directors who ultimately determine whether IDJJ should petition the committing court to have the youth transferred to IDOC custody. Over the past year, one 17-year-old and seven juvenile felons in total (ages 17-20) have been transferred to IDOC custody from Kewanee, and 14 from IDJJ. IDJJ reported that the average age of youth with felonies who were transferred to IDOC since January 1, 2013 was 19.1. As of March 2015, there are 42 youth with adult felony convictions in IDJJ facilities.

Pursuant to the federal Prison Rape Elimination Act, inmates under the age of 18 must be housed separately from older inmates in adult jails and prisons, but may be managed together with adult inmates outside of housing units if supervised directly by staff.³³ Also, Illinois recently adopted “raise-the-age” legislation, which raises the age of juvenile jurisdiction to 18 for all misdemeanors and nonviolent felonies.³⁴ JHA believes that to comply with the spirit of these laws, all youth under the age of 18 should be housed in juvenile facilities, and *per se* excluded from being housed in IDOC facilities until they reach the age of 18. As discussed in prior

³² As of February 28, 2015, there were 11 juvenile felons at Kewanee.

³³ See PREA National Standards, 28 C.F.R. §115.14; *National PREA Resource Center: Youthful Inmates*, available at <http://www.prearesourcecenter.org/faq/youthful-inmates>.

³⁴ Illinois Juvenile Court Act of 1987, 705 ILCS 405/5-101(7), available at <http://ilga.gov/legislation/ilcs/ilcs4.asp?DocName=070504050HArt%2E+V+Pt%2E+1&ActID=1863&ChapterID=50&SeqStart=17100000&SeqEnd=18800000>.

reports, housing 17-year-olds in IDOC facilities, while providing them with sufficient out-of-cell time, age-appropriate activities and programming, and maintaining sight and sound separation from adult inmates, is impracticable given the realities of understaffing, lack of resources, and overcrowding in IDOC facilities.³⁵ As of February 2015, seventeen male and one female 17-year-old youth were housed in IDOC facilities. These youth in IDOC represent youth newly committed from adult courts, as IDJJ stated that none of these youth were transfers from juvenile custody. In 2014, two 17-year-old youth with felony convictions were transferred from IDJJ to IDOC, while in 2013, ten 17-year-old youth were transferred.³⁶

Recommendation: Without exception, youth who are under the age of 18 should not be transferred to or held in adult correctional facilities. In addition, careful, individualized consideration should be given to whether youth 18 and older should be held in IDJJ custody, given that older youth facing lengthy sentences are unable to participate in adult programming at Kewanee, and they may pose serious management, treatment, and behavioral challenges that Kewanee is ill-equipped to address.

Finding: Kewanee has lagged behind other IDJJ facilities in implementing the Positive Behavioral Interventions and Supports (PBIS) program, as well as de-escalation and alternative disciplinary techniques to reduce use of confinement. Too often, youth who refuse housing because they feel unsafe or insecure in regular housing units are restricted from programming by being placed in confinement at Kewanee.

Positive Behavioral Interventions and Supports (PBIS) is an empirically-validated, function-based behavioral program to eliminate negative, challenging behaviors among youth and replace them with prosocial skills. It is widely used in schools and juvenile facilities across the country. The basic principle underlying PBIS is to use positive reinforcement (in place of intrusive, harsh disciplinary practices such as confinement), as the primary means to encourage, affirm, and reward positive behavior among youth and discourage disruptive behavior. PBIS's three core tenets for youth and staff are: "Be Respectful. Be Responsible. Be Safe."³⁷

IDJJ's plan has been to implement PBIS in all IDJJ facilities.³⁸ However, while most IDJJ facilities have been using PBIS for some time, as of November 2014, Kewanee still had not implemented the program. Kewanee staff was not trained in PBIS until August of 2014. Administrators reported that official roll out of PBIS at Kewanee is expected April 6, 2015. Because of the delay in training, there was some question of whether Kewanee's staff received

³⁵ See JHA's 2013 Monitoring Report on Danville Correctional Facility and JHA Special Report: In Their Own Words: Young People's Experiences in the Criminal Justice System and Their Perceptions of Its Legitimacy, available at <http://www.thejha.org>.

³⁶ Data provided by IDJJ states that there were zero transfers of 17-year-olds with felonies in 2012 and 2011 and two transfers in 2010.

³⁷ For an in-depth description of the use of PBIS in Illinois' juvenile justice system, see: *PBIS Across the Juvenile Justice Continuum: Prevention to Aftercare 2012: National PBIS Leadership Forum, Chicago, Illinois*, available at http://www.pbis.org/common/cms/files/Forum12/E8_Nelson_et_al_UPDATED.pdf.

³⁸ See *Illinois Department of Juvenile Justice Annual Report, December 1, 2014*, outlining IDJJ's agenda to implement PBIS system-wide in 2015, available at [http://www.illinois.gov/idjj/documents/2014_12_01_djjannual%20report_final\(4\).pdf](http://www.illinois.gov/idjj/documents/2014_12_01_djjannual%20report_final(4).pdf).

the same, uniform PBIS training that was used in other facilities. Kewanee’s administration expressed strong support for PBIS, and anticipated that the program would rollout facility-wide in the next few months. JHA advocates for timely, full implementation and rigorous adherence to a PBIS program at Kewanee given the high incidence of disciplinary tickets and behavioral problems among the population, and the facility’s disproportionate use of confinement compared to other facilities.³⁹

Between July 2012 and July 2013, Kewanee reported 1,170 instances of youth being placed in confinement, with an average length of stay of 2.6 days. In the year preceding JHA’s April 2014 visit, Kewanee reported 4,789 instances of youth being placed in confinement, with an average length of stay of 19.3 hours. The use of confinement at Kewanee has far outpaced any other IDJJ facility. For the year July 2013 through June 2014, for example, roughly 41 percent of all instances of confinement in IDJJ occurred at Kewanee, and the average length of time in confinement at Kewanee was longer than the overall average for IDJJ facilities.⁴⁰ At Kewanee, as at other facilities, a core group of youth often ends up being sent to confinement repeatedly. Youth in confinement reported that lack of activity and boredom contribute to behavior problems because this causes them to act out aggressively.

The use of alternative disciplinary approaches, however, shows promise for reducing confinement at Kewanee. Data confirms that since February 2014, Kewanee’s use of confinement, and the average length of time youth spent in confinement, substantially declined coinciding with administration’s and staff’s adoption of a number of alternative disciplinary methods and deescalation techniques.⁴¹ Employing a multi-disciplinary, triangulated approach, staff from different practice areas (medical, clinical, security, and mental health) work collaboratively to identify youths’ behavioral issues, and use mediation and “Time Outs” (confinement of youth for less than an hour), in place of confinement, to address behavior problems. In the month of February 2014 alone, the facility used “Time Outs” rather than confinement in 95 instances. Data also shows a general decline and overall leveling off in the use of pepper spray at Kewanee, from a peak in January 2014, when it was used in 22 instances, down to few or zero per month since July 2014.⁴²

³⁹ As of April 2014, Kewanee reported the following numbers of disciplinary tickets issued to youth in the prior year. The tickets are listed here in declining category of severity with “100 level” tickets representing the most serious misconduct and discipline, and “400 level” tickets, the least: (1) Level 100 (issued mainly for assaults) - 411 tickets; (2) Level 200 (issued mainly for intimidation/threats) – 992 tickets; (3) Level 300 (issued mainly for unauthorized movement, insolence, unauthorized property, and fighting) – 1,186 tickets; (4) Level 400 (issued mainly for minor rules’ violations) - 2,693 tickets. A breakdown of this data specifying the number of youth who received multiple tickets was not readily available from administration.

⁴⁰ From July 2013 to June 2014, Kewanee reported monthly confinement numbers and average lengths of stay as follows: July: 218 instances of confinement (average stay, 3.23 days); August: 150 instances (average stay, 2.93 days); September: 127 instances (average stay, 3.59 days); October: 111 instances (average stay, 3.63 days); November: 93 instances (average stay, 4.61 days); December: 109 instances (average stay, 5.73 days); January: 194 instances (average stay, 3.76 days); February: 114 instances (average stay, 4.06 days); March: 77 instances (average stay, 2.36 days); April: 64 instances (average stay, 1.91 days); May: 68 instances (average stay, 1.65 days); and June: 61 instances (average stay, 1.51 days).

⁴¹ *Ibid.*, note 40.

⁴² Number of reported uses of pepper spray at Kewanee for the year May 2013 to June 2014: May – 4; June – 10; July – 3; August – 4; September – 8; October – 6; November – 1; December – 16; January – 22; February – 9;

Administrators indicated that staff is being encouraged to use alternative behavioral interventions and to exercise greater prudence in issuing disciplinary tickets. This may help to address youths' concerns that certain staff is overzealous in taking away privileges and issuing tickets. Several youth also felt the disciplinary hearing process was unjust because they were inevitably found guilty of alleged infractions and did not have a fair chance to be heard.

As previously noted, JHA disapproves of the practice of placing youth on crisis watch in the same unit as youth who are on disciplinary confinement. JHA was also troubled by the practice of placing youth who refuse regular housing in confinement and crisis cells, where they are isolated and cut off from activities, programming, and privileges. Administrators stated in reviewing this report in March 2015, that youth who commonly refuse housing are generally now placed in an Alternative Placement Unit (discussed below).⁴³

JHA interviewed several youth who, lacking another alternative, preferred to be housed in confinement cells because they did not like or feel safe in their regular housing units. Administrators acknowledged that some youth use confinement as a way to escape from difficult or undesirable housing situations. While several staff felt that many youth refused housing to gain attention, most of the youth that JHA spoke with indicated that they refused regular housing and requested confinement because they did not feel safe. While these youth acknowledged that isolation and loss of privileges in confinement were difficult to bear, it was preferable to being housed in units where they did not feel safe. During JHA's November 2014 visit, administrators acknowledged that housing refusals are a continuing problem at Kewanee, and that the facility usually has about six youth refusing housing at any given time.⁴⁴

JHA believes that using confinement as *de facto* housing for a large number of youth who feel unsafe living in regular housing units is inappropriate. The frequency with which youth refuse housing and request confinement at Kewanee is indicative of larger, systemic problems of understaffing, overall lack of control, and safety in the facility. Throughout the facility, JHA received reports of youth having conflicts with or being bullied by other youth or staff. That youth refuse housing and request confinement in high numbers also indicates a grievance process failure, insofar as youth feel they must take matters into their own hands, and do not trust they can resolve problems and achieve timely, reasonable results through formal grievance procedures.⁴⁵

March – 6; April – 5; May – 5; June – 4, July – 1, August – 0, September – 1, October -0, November – 1, December – 1, January 2015 – 2, and February 2015 – 3.

⁴³ In March 2015, administrators also indicated that they planned to make changes to housing, in part to create a Protective Custody area. A maximum-security "honors" area and an Orientation area were also planned.

⁴⁴ During the November visit, JHA interviewed one youth in confinement who had refused housing in the maximum-security Alternative Placement Unit. Although the 17-year-old youth was supposed to be evaluated for transfer to IDOC as he had an adult felony conviction, administrators felt hamstrung in their ability to determine the appropriateness of transfer and placement because they were unable to evaluate his day-to-day behavior and adjustment while he remained in confinement.

⁴⁵ For the year prior to JHA's April 2014 visit, Kewanee reported a total of 138 youth grievances, which were categorized as follows: 47 - Staff Conduct; 27 - Youth Disciplinary Reports; 26 - Personal Property Issues; 6 - Transfer; 4 -Dietary; 4 -Trust Fund; 3 - Administrative Review Date Extensions; 3 - Restoration of Good Time Credits ; 3 - Mail; 3 - Scheduling on Living Unit Wings; 2 - Grade Levels; 2 - Commissary; 2 - Religion, 1 - Visitation/phone access; 1 - Healthcare; 1 - Parole Violations; 1 - Protective Custody; and 1 - Youth Conduct.

Apart from the overuse of confinement, the physical conditions in Kewanee’s confinement unit were not acceptable during JHA’s April 2014 visit.⁴⁶ During JHA’s April 2014 visit, there was a noticeable stench of urine and feces in the confinement unit. Youth who were assigned to a janitorial work detail in confinement reported to JHA that on the day of our visit, there had been at least ten instances of youth smearing feces on the walls, which they had to clean up. JHA observed the unit was not clean and there were many cracked and eroding tiles, particularly in the shower area. Administrators acknowledged this was dangerous because pieces of tile could potentially be sharpened and used as weapons. JHA was concerned that youth in confinement complained of being unable to shower, to have a haircut, or to shave.⁴⁷ Ensuring that youth in crisis and confinement are able to shower and maintain basic hygiene is important not only for basic health and cleanliness, but for therapeutic purposes, as these are important forms of self-care. Some IDJJ facilities offer showers to youth in emotional crisis to help them to de-escalate and calm down. JHA advocates that Kewanee do the same. In review of this report in March 2015, administrators responded that youth on crisis or in confinement are permitted to have a shower each day.

At the time of JHA’s April 2014 visit, several youth were also housed in crisis cells in the health care unit.⁴⁸ By the time of JHA’s November 2014 visit, however, it appeared that fewer youth were housed in crisis and confinement overall. This change in number of disciplinary confinements was likely due to the creation of two Alternative Placement Units at Kewanee—one to house youth classified as JSOs or special treatment youth, and the other to house maximum-security youth.

***Recommendation:* Kewanee must work to dramatically reduce its reliance on confinement. To reach this goal, the Positive Behavioral Interventions and Supports (PBIS) program should be implemented facility-wide. Kewanee must also find alternatives to confinement to address the needs of youth who refuse housing due to safety concerns.**

***Finding:* Kewanee’s Alternative Placement Units and accompanying step-down program, which are intended to reduce the time youth spend in confinement, appeared ineffective.**

Kewanee’s expanded use of mediation, deescalation and alternative behavioral interventions, however, show promise in reducing the use of confinement

⁴⁶ Kewanee’s confinement unit is also used to house transitory youth who are waiting to be sent to court or are parole violators. Youth who are new to the facility are also held in the confinement unit, but only for a minimal period of 24 hours for healthcare observation and clearance.

⁴⁷ Administrators responded allowing youth on crisis watch to shave presents obvious safety issues and that one youth with this complaint had been refusing housing for several months, but was being allowed to see the barber for haircuts and a shave. Another youth that JHA spoke with in April who was on crisis watch had visible old and new self-injuries.

⁴⁸ During JHA’s April 2014 visit, the youth housed in crisis cells in healthcare unit indicated they were there for widely divergent reasons. One youth reported that he was there because staff antagonized him for being bisexual. Another youth believed that staff paid youth off in commissary items in exchange for assaulting him. Another youth indicated that he had refused to take his medication or get dressed. Administrators stated that all allegations of staff misconduct were being investigated.

The Alternative Placement Units are intended to serve as temporary housing for disruptive youth as an alternative to lengthy disciplinary confinement. JHA visited Kewanee's maximum-security Alternative Placement Unit during our November 2014 visit. Administration explained that the unit was designed as a three week step-down program that is divided into phases. Under the program, youth gain greater privileges and freedoms upon successful completion of behavior goals in each phase of the program. The program is designed so that youth can be set back a phase and required to stay longer in the unit if they regress and misbehave, but they can also skip a phase and leave the unit sooner if they behave very well. Since the program's inception in June, the average time youth spent in the program was four weeks for maximum-security youth and 3.5 weeks for non-maximum security youth, and the longest time spent in the program was nine weeks (administrators stated this youth elected to stay).

The number of out-of-cell hours per day allotted to youth at each phase is reportedly four hours for the first phase, five for the second, and eight for the third. Youth reported that they did not spend more than one to two hours out of their cells during JHA's November 2014 visit to the maximum-security Alternative Placement Unit. As of March 2015, administrators indicated they had increased out of cell time for Alternative Placement Unit youth. They stated that recent changes permit that all youth receive one hour of group therapy a week and an additional three hours of out of cell recreation weekly.

JHA believes that while this program is well-intentioned, in practice it was confinement by another name. In its current incarnation, the step-down Alternative Placement Unit program cannot achieve its stated goal of encouraging prosocial behavior through positive incentives. To the contrary, placement in the maximum-security Alternative Placement Unit appeared to have a demonstrably negative impact on youths' behavior. At the time of JHA's visit, many youth in the unit had physically obstructed the windows on their cell doors, making it impossible for staff to observe youth and to see into the cell interiors from outside. The inability of staff to monitor youth presents obvious safety issues. Some of the cell interiors that JHA was able to observe were decorated with graffiti and contained images or objects that were concerning as to whether they were inappropriate for the setting or contraband. Youth banged loudly on their cell doors and yelled out at JHA monitors, entreating someone to speak with them as we walked through the unit. These are the kinds of disruptive behaviors that JHA typically observes in youth who are in confinement. The conditions and environment in the maximum-security Alternative Placement Unit demonstrated a total lack of behavioral management and control. Likewise, the widespread graffiti and destruction of property in cells revealed youths' extreme frustration at being inactive and isolated. The situation is unacceptable and raises obvious safety concerns.

Several staff at Kewanee raised similar concerns to JHA about using the Alternative Placement Units in lieu of confinement. Staff noted that youth in confinement have more protections than those in Alternative Placement Units because rules dictate that staff must perform regular checks and observe youth in confinement, while youth in Alternative Placement do not have those same mandated protections.

JHA learned that a shortage in teaching staff had also led to the suspension of school hours for youth on the maximum-security Alternative Placement Unit. We were informed that to compensate for the lost school hours, youth on the unit were given educational work packets to complete on their own. However, the youth that we spoke to on the unit, some of whom been placed on the unit multiple times, had no knowledge of the work packets.

From the perspective of youth, being placed in the Alternative Placement Unit seemed indistinguishable from being placed in confinement. One frustrated youth explained that his scheduled date for administrative review before the parole board had been pushed back as a penalty for being placed on the unit, just as if he had been placed in confinement. There seemed to be no clear guidelines or rationale directing the movement of youth between the confinement unit, the Alternative Placement Unit, and regular housing. Staff indicated that a substantial number of youth came back to the unit after being returned to regular housing because they resume fighting and aggressive behavior.

Based on our observations, JHA believes that Kewanee’s Alternative Placement Units and accompanying step-down phase program were ineffective, did not benefit youth, and must be fundamentally restructured to adhere to best practices and an evidence-based model.

Recommendation: Kewanee should reexamine and restructure its Alternative Placement Units and step-down program to adhere to best practices and an evidence-based model.

Finding: Youth at Kewanee are unoccupied and idle much of the time, and they do not have access to adequate education, vocational programming, or constructive activity.

At the time of JHA’s April 2014 visit, Kewanee reported that it employed 12 teachers for a total of 480 hours per month. Students reportedly had 15 hours of school per week on average. However, in reviewing school schedules and interviewing youth, it appeared to JHA that many youth spend far fewer than 15 hours a week in school. In review of March 2015 schedules, it appears that this is still the case. While some youth are scheduled by housing unit for 15 hours a week, others are scheduled for 12, and others are scheduled to be in school on a rotating basis or in small groups per housing unit (so that 12 hours a school a week available to the housing unit are not available to all youth at once) and an individual youth will receive just 3 to 6 hours weekly. Several youth expressed to JHA that they would like to have more school.

Administrators reported that 53 youth, almost a quarter of the youth at the facility, receive no schooling because they have finished high school. Student to teacher ratios were reported to be 14:1 for education, and 20:1 for special education.⁴⁹ As of March 2015, for maximum-security youth education ratios were 15:1 and non-maximum-security youth 7:1, while special education is 32:1. Physical Education is not offered. Lack of substitute teachers is also a challenge for the facility. In November 2014, administrators reported they had lost four teachers: one took a leave of absence, two were reassigned to different positions at Kewanee, and one became an Aftercare Specialist.

Kewanee uses an online education system where students work individually on educational exercises at their own grade level and pace on a computer, but can ask for assistance from a teacher. Several youth felt that the online education system was less effective and engaging than traditional classroom instruction by teachers. One youth described online education as “getting credits for not doing anything.” An administrator with a background in education observed that many youth struggled with online education because the computer program was not particularly

⁴⁹ In April 2014, Kewanee was not conducting special education screenings, but 75 youth had Individualized Educational Programs (IEPs). Without a school psychologist it was questionable whether any evaluation of compliance with youth IEPs could occur.

effective in adjusting for literacy levels. Many youth expressed a strong desire for education, but wished that the educational programs were better tailored to their individual skill levels. Youth also repeatedly mentioned that they would like access to job training and college resources.

In April 2014, JHA attended a graduation ceremony and reception at Kewanee where 13 youth received high school diplomas. Many staff were in attendance, as were the families of four of the youth graduating. The students' accomplishments were treated with respect and importance, and the graduation ceremony mirrored that of any high school. A class valedictorian was recognized, and led the students in saying the Pledge of Allegiance. The Acting School Superintendent gave a speech stressing the importance of graduation as step on youths' path to a successful future. The graduates took turns wearing a gold graduation gown to commemorate the event in individual photos, and a graduation cake was served. The environment was happy, relaxed, and positive.

An administrator noted, however, that many youth leave Kewanee without completing a high school education or GED. JHA learned that in the six months preceding our April 2014 visit, about 67 youth were released from Kewanee without a GED or high school diploma. Of these, only 13 youth reenrolled in school, and only five in a regular public school curriculum.

Several administrators believed that more resources should be devoted to vocational programming and job-readiness than to education because employment was a stronger factor in reducing recidivism. Staff likewise shared concerns that the job prospects even for youth who had graduated high school were poor because they lacked marketable skills and were not equipped to reintegrate into society. Administrators reported that although the facility obtained some equipment to start a construction trades program, they lacked the plans, resources, and instructors needed to pilot the program.⁵⁰ Plans to start culinary arts and greenhouse gardening programs also had not come to fruition. As of March 2015, Kewanee currently offers no vocational programming or volunteers.

Apart from school, work assignments are the only structured activity available to most youth at Kewanee.⁵¹ Youth in the kitchen told JHA that they liked working because it relieved their boredom and kept them out of trouble. Boredom, idleness, and lack of programming and constructive activity are universal complaints among Kewanee's youth, which are echoed by staff and administration.

Administration indicated that, apart from school, youth spend about two hours daily in organized activities. However, understaffing, including a vacancy in the chaplain position, make organizing recreational activities for Kewanee's three distinct youth populations very difficult, and also limits the amount of out-of-cell time that can be allotted for dayroom and recreational activities.⁵² Youth expressed that they would like to spend more time in recreation and to have access to a greater variety of recreational activities beyond just basketball.

⁵⁰ While the facility has \$40,000 of equipment for a construction program, there were some concerns regarding whether such a program could be safely run at Kewanee given its high-risk youth populations.

⁵¹ Administrators reported there were a maximum 130 work assignments at Kewanee, with a maximum pay of \$30 monthly.

⁵² Chaplains traditionally coordinate both volunteer and religious activities in IDJJ facilities. In April 2014, Kewanee had only 14 volunteers. However, at the time of our November 2014 visit, the facility reported it was in

Unfortunately, Kewanee’s successful music program, which is highlighted in prior JHA facility reports, was not active when we visited in April of 2014. At the time of our November 2014, however, administrators indicated that they intended to revive the program and had received new music equipment. Efforts had also been made to increase leisure activities for youth. In November, we learned that the facility had been outfitted with cable television. Maximum-security youth were also scheduled to appear in the talent show at the staff holiday party, and some youth were staging a reading of the well-known play about jury deliberations in a criminal trial, “Twelve Angry Men.”

***Recommendation:* Kewanee should focus on reducing youth idleness and inactivity by increasing education, vocational programs, and job training, as well as recreational activities.**

***Finding:* Lack of reasonable placement options prevent youth from being timely released on parole, and unduly prolong their incarceration.**

Youth who are approved for release on parole often remain incarcerated in IDJJ facilities because approved placements cannot be found for them. This is a longstanding problem at Kewanee and throughout IDJJ facilities. A remedial plan stemming from recent federal litigation mandates that IDJJ hire a parole placement coordinator and increase placement options and resources for youth who are eligible for parole to begin to address this issue.⁵³

In June 2014, IDJJ reported that 46 out of 246 youth at Kewanee, or about 19 percent of the population, faced parole barriers due to lack of placement. The recent expansion of the Aftercare program (which provides ongoing, individualized reentry assessments and plans for youth from the time they enter IDJJ custody) should help to expedite the process of finding placements in the future.⁵⁴ In April 2014, however, only 59 Kewanee youth had been assigned Aftercare Specialists. In March 2015, IDJJ officials stated that all youth other than JSO youth now have Aftercare.

The youth that JHA spoke with at Kewanee all expressed extreme frustration with the parole system. Several youth told JHA that they had given up on being paroled because of the difficulty in finding placement, and instead were simply waiting to “age out” of the system and be released from IDJJ custody upon turning 21.⁵⁵ Other youth believed that it was “inevitable” that they would violate their parole conditions upon release.⁵⁶ Some youth also entreated JHA to help

negotiations to recruit more volunteers from the national community service organization, AmeriCorps. In March 2015, administrators reported they had gained a leisure time activity staff person.

⁵³ See <http://www.aclu-il.org/wp-content/uploads/2013/08/RJ-v-Jones-remedial-plan-entered-4-7-14.pdf>, p. 10.

⁵⁴ For a complete description of the Aftercare program in Illinois see, *Illinois Department of Human Services: Youth Reentry*, available at <https://www.dhs.state.il.us/page.aspx?item=58039>.

⁵⁵ Youth “age out” or “max out” of the juvenile system and are no longer subject to state custody and control on turning 21 because Illinois juvenile court jurisdiction terminates at age 21 by operation of statute, 705 ILCS 405/5-101. At the time of JHA’s April 2014 visit, the breakdown of Kewanee’s population by age was as follows: 14-year-olds: five; 15-year-olds: 23; 16-year-olds: 29; 17-year-olds: 42; 18-year-olds: 42; 19-year-olds: 42; 20-year-olds: 37. In sum, the majority of Kewanee’s population (55 percent) was over the age of 18, and nearly 17 percent were going to “max out” of Kewanee and the juvenile system in the next year upon turning 21.

them find placements and jobs because they believed the reentry services provided to them were ineffectual.

For the reasons set forth in prior reports, JHA continues to advocate that Illinois shorten the length of time that youth are under parole supervision, reduce the number of youth re-incarcerated for technical parole violations, and provide more placement options for youth approved for release to prevent unduly prolonging their incarceration.

Recommendation: Illinois and IDJJ should continue to implement the Aftercare program along with court-ordered remedial reforms with the goal of increasing parole placement options for youth, and reducing the length of youth incarceration and supervision.

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⁵⁶ To illustrate the depth of the problem, one youth reported to JHA that he had violated his parole because could not get approval for a temporary placement for the week preceding his scheduled date to be placed in a substance abuse treatment program, for which he had been wait-listed for some time. The youth explained to JHA that he had since given up on finding placement in a substance abuse treatment center, and was just waiting to “max out” of the system at Kewanee. In April, Kewanee housed 34 technical parole violators and seven with new charges. IDJJ stated that recently upwards of half of the youth (95) at Kewanee were technical parole violators, noting that violations can be easier than bringing new charges.

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Since 1901, JHA has provided public oversight of Illinois' juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.

Models for **Change**
Systems Reform in Juvenile Justice

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