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Monitoring Visit to IYC-Kewanee

On September 6, 2012, the John Howard Association (JHA) visited Illinois Youth Center-Kewanee (Kewanee), a medium-security male juvenile facility located two-and-half-hours west of Chicago. Kewanee is designated to serve as the special treatment facility for the Illinois Department of Juvenile Justice (IDJJ).

Vital Statistics:
Population 195
Average age: 17.6
Average length of stay: Approx. 9 months
Average annual cost: $80,576.76
Population by Race: 46% white, 44% African American, 9% Hispanic, 0.5% American Indian, 0.5% Asian.
(Source: IDJJ 8/30/12)

Key Observations:

- Although Kewanee is Illinois' designated intensive mental health treatment facility for boys, it is unable to provide adequate treatment due to chronically low mental health staffing levels. On its 2012 monitoring visit, JHA found that only eight of its authorized 17 mental health staff positions were filled, resulting in a 360-hour treatment deficit per week.
- At the time of JHA's visit, youth at Kewanee received approximately 30 minutes of treatment per week, which is far less than youth receive in other IDJJ facilities.
- Research by Models for Change shows that youth diagnosed with serious mental illness and behavioral or sexual disorders are "capable of positive change and growth," and far less likely to commit new offenses as adults if provided with timely treatment.
- JHA recommends that until Kewanee is able to sufficiently staff its mental health positions that special treatment youth be removed from the facility, and that Illinois juvenile courts cease to commit male juveniles with serious mental illness to state correctional custody to receive treatment.

Models for Change
Systems Reform in Juvenile Justice

The preparation of this report was supported by the John D. and Catherine T. MacArthur Foundation's Illinois Models for Change Initiative

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IYC-Kewanee: An intensive mental health treatment facility that is not staffed to provide adequate treatment

On September 6, 2012, the John Howard Association (JHA) visited Illinois Youth Center-Kewanee (Kewanee), a medium-security male juvenile facility located two-and-half-hours west of Chicago. Kewanee is designated to serve as the special treatment facility for the Illinois Department of Juvenile Justice (IDJJ). It is charged with treating some of the most troubled, vulnerable youth in our state's juvenile justice system. Kewanee's express mission is to provide "a wide range of intensive treatment programs" including "psychiatric, medical care and counseling services" to "youth with severe mental health issues, substance abuse problems and sex offenders" on a "12 hours a day, seven days a week" basis.[1]

Apart from its institutional mission, Kewanee also has an affirmative legal duty under the U.S. Constitution and the Illinois Juvenile Court Act to provide the juveniles in its custody with access to adequate mental health care and rehabilitative treatment.[2] Due process dictates that where the state assumes a parental role by taking custody of a delinquent juvenile, it cannot at the same time abdicate parental responsibility by failing to provide that juvenile with requisite supervision and care, including effective mental health and rehabilitative treatment.[3] Further, the state has an affirmative legal duty *not* to place minors in the care of parties which it knows are unable to provide necessary supervision, care, and treatment.[4]

Based on our regular monitoring visits, JHA has documented the progress IDJJ has made in creating rehabilitative environments, policies, and practices that improve outcomes for youth both inside and outside its facilities. While JHA supports IDJJ and the work it has accomplished, the findings of our recent visit to its special treatment facility are clear: Kewanee is currently unable to fulfill its institutional mission and its constitutional duty to provide the youth in its care with adequate treatment due to chronically low mental

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[1] *See* Illinois Department of Juvenile Justice, Facilities: IYC-Kewanee, available at: http://www.idjj.state.il.us/subsections/facilities/information.asp?instchoice=kew

[2] *See, e.g., DeShaney v. Winnebago County Dept. of Social Services,* 489 U.S. 189 (1989), *Camp v. Gregory,* 67 F.3d at 1294 (7th Cir. 1995); *Nelson v. Heyne*, 491 F.2d 352 (7th Circuit 1974) (when the State assumes the role of guardian by taking custody of a juvenile, due process places an affirmative duty on the State to provide the juvenile with adequate supervision and care, which includes effective psychiatric care and rehabilitative treatment). The Illinois Juvenile Court Act of 1987 similarly provides that a juvenile subject to proceedings under the Act has the "right to services necessary to his or her safety and proper development, including health, education, and social services." 705 ILCS 405/1-2(3)(b) (2011).

[3] *Ibid*., note 2.

[4] *Ibid*., note 2.

health staffing levels. This situation is untenable — legally, ethically, and as matter of public policy.

At the time of JHA's visit, more than half of Kewanee's mental health staff positions were vacant. Out of an authorized 17 mental health staff positions, only eight positions were filled, resulting in a 360-hour treatment deficit per week. At these staffing levels, youth at Kewanee receive approximately 30-minutes of mental health treatment per week.

This level of treatment cannot guarantee adequate care. For instance, a youth who was taking psychotropic medications and transferred to Kewanee on August 14, 2012, reported to JHA that he had yet to be examined by a psychiatrist on the date of JHA's visit, more than three weeks after his initial arrival at the facility. National and international laws and human rights standards and minimum standards of professional care dictate that a youth taking psychotropic medication should be timely evaluated by a psychiatrist when he is transferred to a new juvenile facility, particularly where the receiving facility is a mental health treatment facility.[5]

The failure to provide Kewanee's youth with adequate mental health treatment ultimately harms both youth and the public. Research shows that youth diagnosed with serious mental illness and behavioral or sexual disorders are "capable of positive change and growth," and far less likely to commit new offenses as adults if provided with timely treatment.[6] Early identification and treatment of childhood mental illness prevent the loss of critical developmental years that cannot be recovered, and help youth avoid years of unnecessary suffering.[7] Further, early identification and effective treatment can prevent a

[5] *See Ibid*., note 2; Annie E. Casey Foundation, Mental Health Practice, *Guidelines for Child Welfare*, 1-22, available at: http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7BFAAABEF9-2E5C-4D63-8584-73205D3B7CA4%7D; *United Nations Standard Minimum Rules for the Administration of Juvenile Justice ("The Beijing Rules")*, Rule 13.5, available at: http://www.un.org/documents/ga/res/40/a40r033.htm; Wasserman, G., Jensen, P., Ko, S., Cocozza, J., Trupin, E., Angold, A., Cauffman, E., Grisso, T., *Mental Health Assessments in Juvenile Justice: Report on the Consensus Conference*, Journal of the American Academy of Child and Adolescent Psychiatry, Vol. 42, No. 7, 752- 761 (2003), available at: http://www.ncmhjj.com/resource_kit/pdfs/Screening%20and%20Assessment/Readings/MHAssessInJJ.pdf; Sarah Hammond, Report of the National Conference of State Legislatures, *Mental Health Needs of Juvenile Offenders*, 1-12 (2007) available at: http://www.ncsl.org/print/cj/mentaljjneeds.pdf; Kathleen R. Skowyra and Joseph J. Cocozza, National Center for Mental Health and Juvenile Justice, *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact With the Juvenile Justice System*, 1-140 (2007), available at: http://www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf

[6] Illinois Models for Change, Report on the Behavioral Health Program for Youth Committed to Illinois Department of Juvenile Justice, 1-143, p. 38 (July, 201), available at: http://www.modelsforchange.net/publications/271

[7] *See* National Alliance on Mental Illness, *Facts on Children's Mental Health in America* (July, 2010), available at:

large portion of delinquent youth from future violence and crime, and minimize the long-term disability of mental illness.[8] Left untreated, childhood mental illness and behavioral disorders are likely to worsen in adulthood, leading to a downward spiral of academic failure, limited or non-existent employment opportunities, poverty, and ongoing criminal justice involvement.[9]

In juvenile justice systems across the country, there is evidence of a racial bias in that White delinquent youth are disproportionately designated for intensive mental health treatment and referred to special care facilities.[10] At the time of JHA's visit, we found that the majority of youth sent to Kewanee are White, even though African American youth make up the overwhelming majority of IDJJ's total population (roughly 65 percent).[11] While more analysis is needed to understand the causes of this disparity in Illinois, these statistics are troubling. As JHA continues to monitor IDJJ's mental health populations, we will examine the assessments tools, delinquency trends, and other factors that influence intensive mental health treatment decisions in Illinois' juvenile system.

Racial disparities aside, the reality is that youth who have been identified as needing *more* intensive mental health treatment than is provided at other IDJJ facilities are being sent to Kewanee, but receiving substantially *less* mental health treatment than youth at other IDJJ facilities. For example, at IYC-Warrenville every youth weekly receives one hour of individual mental health therapy, in addition to participating in group therapy. Further, all youth housed in Warrenville's special mental health treatment unit are evaluated by a psychiatrist on a weekly basis.[12] In contrast, youth at Kewanee receive

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http://www.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804

[8] *Ibid.*, note 8. For instance, objective data, statistics and research overridingly demonstrate that youth who commit sex offenses are much more responsive to treatment than adults, engage in less serious and aggressive sexual behavior generally, and rarely go on to commit sex offenses in adulthood, especially with appropriate treatment. *See* National Juvenile Justice Network, Fact Sheet on Youth Who Commit Sex Offenses, available at: www.juvjustice.org/media/.../Fact%20Sheet--Youth%20Offenders.pdf; National Center on Sexual Behavior of Youth, *Fact Sheet: What Research Shows About Adolescent Sex Offenders* (2003), available at: www.ncsby.org/

[9] *Ibid.*, note 8.

[10] *See* Will Drakeford and Lili Frank Garfinkel, National Center on Education, Disability and Juvenile Justice, *Differential Treatment of African American Youth*, available at: http://www.edjj.org/Publications/pub_06_13_00_2.html; Edgar Cahn and Cynthia Robbins, *An Offer they Can't Refuse: Racial Disparity in Juvenile Justice and Deliberate Indifference Meet Alternatives That Work*, 13 D.C. Law Review 71 (2010), available at: http://tbusa.org/wp-content/uploads/2009/06/lawreviewarticlefinaldraft.pdf

[11] This data is based on information previously provided to JHA by IDJJ and individual IYC-facilities.

[12] *See* JHA Report IYC-Warrenville, July 26, 2012, available at: http://thejha.org/sites/default/files/IYC_Warrenville_Report.pdf

half of the individual mental health treatment per week that Warrenville's overall population receives, and group therapy is available only to the 18 youth out of a population of almost 200 who are diagnosed with co-occurring mental health issues and substance abuse problems.

The state of Illinois has been on notice of the mental health staffing problems at Kewanee for some time, but has failed to address them. In prior reports issued by both JHA and Illinois Models for Change in 2010 and 2011, the inadequacy of Kewanee's mental health staffing levels was brought to the attention of Illinois' government and elected officials. Specifically, in 2010, Illinois Models for Change concluded that the needs of Kewanee's youth were not being adequately met with 12 hours of psychiatrist coverage per week, and that the psychiatric staffing should be increased to 40 hours per week.[13] Models for Change also called for general increases in mental health staffing. By way of comparison, Kewanee in 2010 (having roughly the same population size as it does today) was staffed with "three psychologists, 13 masters' level therapists, six bachelors' level therapists and two activity therapists," as opposed to the eight mental health professionals currently on staff.[14] Subsequently in November of 2011, JHA called for immediate action to increase mental health staffing at Kewanee because staff vacancies had effectively reduced mental health services by 75 percent in the course of one year.[15] This has not occurred.

The problem of deficient mental health staffing has since become worse in the absence of reasonable action by the state to confront or rectify this situation. Prosecutors, criminal defense attorneys, parole officers, and Illinois juvenile courts – who have a duty to protect the safety and best interests of juveniles and the public – can no longer in good conscience operate under the fiction that youth committed to Kewanee will receive adequate mental health care with its current staffing levels.

To be clear, Kewanee's administration and staff are not to be faulted with the inadequacy of the mental health staffing.[16] They do not have complete control over the posting or hiring of these state mental health staff positions. Indeed, JHA was impressed by the dedication of Kewanee's administration and staff in working to provide innovative

[13] Illinois Models for Change, Report on the Behavioral Health Program for Youth Committed to Illinois Department of Juvenile Justice, p. 38 (July 2010), available at: http://www6.luc.edu/law/academics/special/center/child/pdfs/il_djj_behavioral_health_assessment.pdf

[14] *Ibid*., note 12.

[15] *See* JHA November 16, 2011 Year-End Assessment of DJJ, available at www.thejha.org.

[16] JHA further notes that IDJJ recently entered into a court-ordered consent decree in litigation where it has agreed to work in cooperation with independent, court-appointed experts to: (1) assess the quality of mental health services provided to youth at all IYC-facilities; and (2) devise a remedial plan to ensure that adequate mental health services are provided to all youth in IDJJ, regardless of their status or security classification. *See R.J., et al v. Bishop*, Complaint and Consent Decree, available at: www.aclu-il.org/wp-content/uploads/.../R.J.-v.-Bishop-complaint.pdf and www.aclu-il.org/wp.../R.J.-v.-Bishop-proposed-consent-decree.pdf

programming to youth, such as Kewanee's music program, despite the dearth of resources and staff. JHA was also impressed by the candor and concern of Kewanee's administrators and staff in frankly acknowledging that mental health staffing is insufficient to meet the needs of the population.

To explain the inadequacy of mental health staffing, some administrators have pointed to Kewanee's remote location and distance from an urban area, which make it difficult to recruit mental health professionals. They also note that the conversion of Kewanee's mental health workforce from private contract positions to state positions has added additional bureaucratic red tape and made it more difficult to fill vacancies.

JHA does not doubt these factors have contributed to Kewanee's current mental health staffing crisis. However, no principle of law permits the state to suspend constitutional duties for economic reasons or ministerial expediency.[17] So long as the state continues to commit juveniles with serious mental illness to the custody of Kewanee, it has a duty to ensure that the facility has the staff and resources to provide those youth with adequate mental health care.

Unless and until Kewanee's mental health staffing levels are increased to the point that such services can be provided, JHA recommends that: (1) youth at Kewanee be removed from the facility; and that (2) Illinois juvenile courts cease to commit male juveniles with serious mental illness to the custody of IDJJ for the purpose of receiving mental health treatment in order to prevent the violation of their constitutional right to treatment.

Education

In December 2012, IDJJ voluntarily entered into a consent decree initiated by the ACLU of Illinois that, among other things, directly addresses educational programming by requiring (1) an assessment of the quality of general and special education services provided to youth at all IYC-facilities and (2) a remedial plan to ensure that adequate general education and special education services are provided to all youth, regardless of their status or security classification.[18] JHA commends IDJJ's administration for agreeing to work with the ACLU of Illinois. We look forward to monitoring their progress.

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[17] *See Brown v. Plata,* 131 S. Ct. 1910 (2011), available at: http://scholar.google.com/scholar_case?case=4913884626785841743&hl=en&as_sdt=2&as_vis=1&oi=scholarr (the state's systematic failure to provide mentally ill inmates with necessary treatment due to serious and chronic understaffing of mental health positions violates constitutional prohibition against cruel and unusual punishment).

[18] *See R.J., et al v. Bishop*, Complaint and Consent Decree, available at: www.aclu-il.org/wp-content/uploads/.../R.J.-v.-Bishop-complaint.pdf and www.aclu-il.org/wp.../R.J.-v.-Bishop-proposed-consent-decree.pdf. In addition, for a comprehensive overview of special education issues facing justice-involved youth, see: Children's Family Law Center, *The Special Needs of Youth in the Juvenile Justice System: Implications for Effective Practice*, 1-163 (June, 2001), available at: www.childrenslawky.org/storage/specialneedsofyouth.pdf

On JHA's 2012 visit to Kewanee, we found that the facility's school had 17 general education teachers, with a student-to-teacher ratio of approximately 7:1. We further found that the facility's school had five special education teachers, resulting in a special education student-to-teacher ratio of approximately 13:1. This ratio is roughly in line with Illinois' standards for special education class size for youth with mild/moderate mental impairment. It also represents a significant improvement since the time of JHA's last visit in 2011 when the special education student-to-teacher ratio was 20:1, which did not meet Illinois' standards.[19]

An online education enhancement pilot program has been introduced in all IDJJ facilities, and had been recently implemented at Kewanee at the time of our visit. For its trial run, groups of youth have been randomly selected to participate in the program, and an independent evaluator, the University of Chicago Crime Lab, has been assigned to collect data and to assess the program's effectiveness.

As at other IDJJ facilities, youth at Kewanee gave mostly positive feedback on the program. In particular, the youth that we interviewed appreciated the program's flexibility. However, youth who are unfamiliar with computers or who have learning disabilities or mental health issues generally do not seem to fare as well with on-line learning because it requires a high degree of self-direction. Research indicates that online programming can increase youths' attention to instructional materials, decrease potential for conflicted teacher–student relationships, and allow youth greater access to education.[20] However, online instruction can also undermine the supportive student-

[19] Illinois has set the following standards for special education class size: "Programs which primarily serve children with profound or multiple disabilities. Class size is limited to five (5) students. Programs which primarily serve children with severe visual, auditory, physical, speech or language impairments, autism, traumatic brain injury or emotional disturbance: Class size is limited to eight (8) students. Programs which primarily serve children with learning disabilities; or programs which serve children with different disabilities: Class size is limited to ten (10) students. Programs which primarily serve children with moderate visual or auditory impairment. Class size is limited to twelve (12) students. Programs which primarily serve children with mild/moderate mental impairment. Class size is limited to twelve (12) students at the primary level and fifteen (15) students at the intermediate, junior high, and secondary levels. Resource programs. Enrollment is limited to the number of students who can effectively receive assistance, ordinarily not to exceed a total of twenty (20). The teacher must participate in deciding the appropriate enrollment. Speech-Language Pathologists. The number of children served by a speech-language pathologist must be based on the speech-language needs of each child. The caseload of a speech-language pathologist cannot exceed 60 students." From Illinois Legal Aid, Illinois Disabilities Guidebook: Special Education and Related Services, available at http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_content&contentID=227

[20] *See* Stephen Lehman, Douglas F. Kauffman, Mary Jane White, Christy A. Horn, and Roger H. Bruning, *Teacher Interaction: Motivating At-Risk Students In Web-Based High School Courses, Journal of Research on Computing Education*, Volume 33, Number 5, 1-19 (Summer 2001), available at: http://www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=EJ635504&ERICExtSearch_SearchType_0=no&accno=EJ635504

teacher relationships that many delinquent youth need in order to remain academically motivated.[21] Because online programs generally require higher levels of self-regulation, they can present serious difficulties for youth who have special needs and learning, behavioral or mental disorders.[22] The independent data collection and program assessment being conducted by the Chicago Crime Lab, however, should enable IDJJ and Kewanee to address these issues and modify the online education program accordingly.

During the preceding year at Kewanee, between September of 2011 and September of 2012, 53 youths earned high school diplomas, 31 earned GEDs, and 11 earned eighth grade diplomas. The facility holds graduation ceremonies for youth which families are invited to attend. Staff and administration make admirable efforts to offer a traditional graduation ceremony for the youth by having them wear caps and gowns, taking pictures of the graduates, and posting the pictures in the facility.

Kewanee has two vocational programs: computer technology and custodial arts. Computer technology covers basic computer operations and programs such as Microsoft Word, Excel, as well as data entry and other basic computer skills. Custodial arts program teaches floor care, cleaning, sanitation, and safety measures. Unfortunately, youth cannot be certified through either of the programs, which means that youth will not be able to prove their competence in these areas to potential employers when they are released.

Kewanee also offers some post-secondary educational and job readiness programming, including a certified commercial food handling class (12 students enrolled and 12 on the wait list at the time of JHA's visit) and building maintenance class (four in the class, four on the waitlist at the time of our visit). In addition, a parenting class is being offered to youth (five youth enrolled, five on the wait list at the time of our visit).

JHA commends Kewanee's administration for its efforts to provide such programming. Research indicates that providing incarcerated youth with post-secondary correctional education and vocational training is sound fiscal and public policy because it decreases taxpayer costs and reduces rates of recidivism.[23]

Administrators indicated that they would also like to offer college classes for youth who have finished high school. However, the facility would require more staff to offer college courses or any additional post-secondary educational programming. This deficiency is particularly problematic for Kewanee's population who often remains at the facility long

[21] Ibid.

[22] Ibid.

[23] Jeanne B. Contardo and Wendy Erisman, Institute for Higher Education Policy, *Learning to Reduce Recidivism: A 50-State Analysis of Postsecondary Correctional Education Policy, 1-53, p.* 7-11, (November, 2005), available at: http://www.ihep.org/Publications/publications-detail.cfm?id=47

after they have completed secondary educations, leaving them idle and without opportunities for meaningful educational and vocational advancement.

Programming

Despite a critical lack of resources, Kewanee's staff and administration offer several innovative programs. The music program, which is made possible by staff members volunteering their lunch hour and free time, gives youth the opportunity to sing or play musical instruments with staff members. At the time of JHA's visit, we had the opportunity to see youth and staff members practice a song together. Both youth and staff expressed great enthusiasm during their performance and in talking about the music program in general. Ten youth are permitted to participate in the program for 15 hours each week. The musical performances take place in "creativity centers" that are adjacent to each housing units and decorated with colorful murals.

Kewanee's garden project is another example of youth and staff working positively together in supportive relationships. In the program, staff and youth work jointly to maintain three vegetable and flower gardens on the facility's grounds. The program has resulted in an informal, friendly competition among housing units for the best garden. JHA volunteers were each given a sample of the salsa made in the Kewanee kitchen from produce grown in the gardens. JHA was impressed by the camaraderie between staff and youth participating in the program.

Parole Placement

At any given time, approximately 10 percent of youth in IDJJ have been paroled and are ready for release, but do not have an approved place to live. Traditionally the Parole Division of the Illinois Department of Corrections, not IDJJ, determines whether youths' proposed parole placements are suitable. In 2011, JHA reported that IDJJ was in the process of taking over placement approval.[24] JHA further reported that if the proper resources were available, this could streamline the placement process and prevent youth from sitting idle in the facilities after completing treatment and being approved for release by the PRB.[25]

This process has not yet occurred. On the day of our visit in September of 2012, there were 13 youth who had been approved for release but remained in the facility due to lack of approved placements. This may not reflect the total number of youth having placement issues because it has become the practice of some facilities not to present a youth to the PRB for release until a placement has been approved.

Due to Kewanee's unique population, the struggle to find appropriate or approved placement can be even more difficult than at other facilities. Juvenile Sex Offenders

[24] See JHA 2011 report on IYC-Kewanee, www.thejha.org

[25] Id.

(JSO) are subject to many restrictions upon release and may not be able to live anywhere with children present, regardless of whether their offense involved a child. JSO placement decisions are also limited by location, because JSOs cannot live within certain distances from a playground or school or reside in a home with a computer and internet connection.

Youth with serious mental illness can also have trouble finding placements if they are in need of inpatient mental health services. There is a critical shortage of community-based mental health treatment facilities. Even if youth can find available community-based programs, they might still have problems accessing them. If youth in this population are close to "maxing out" (turning 21 and therefore no longer under state control), the inpatient facilities may not take them because of the short amount of time that they have left under state supervision. This raises a particularly troubling issue. If youth in need of mental health treatment or some sort of mental health programming are forced to max out in the facility, they will no longer have state assistance to obtain the services they need once they leave.

Keeping a youth who has completed treatment in IDJJ creates potential for the youth to become frustrated and to regress.[26] It also increases pressure on the facility in terms of housing these youth and providing programming with its limited resources. Kewanee's administration further noted that due to the lack of treatment, many youth leave the facility on parole unprepared for the adjustments they will need to make in the community, which leads many to violate their parole conditions.

Parole Violations

At the time of JHA's visit, Kewanee had 47 youths in the facility on technical parole violations, and there were 11 youth at the facility for violating juvenile parole because they were charged with new cases. Technical violations are not new crimes, but stem from failures to comply with the conditions of parole. Examples of technical violations include failing drug tests, missing an appointment with a parole officer, missing curfew, changing a placement without approval, leaving the house if a youth is on house arrest, failure to obtain services ordered, underage drinking, or "police contact" which could be as minimal as being stopped by the police.

When youth are violated for failure to comply with their parole conditions, a warrant is issued and the youth is sent back to IDJJ. The youth is then presented to the PRB on the next available hearing date, which is sometimes as long as one month after being returned

[26] *See* Brian Heller de Leon Center on Juvenile and Criminal Justice, *Study: Long-term Juvenile Incarceration Fails to Decrease Reoffending Rates* (May 3, 2012), available at: http://www.cjcj.org/post/juvenile/justice/study/long/term/juvenile/incarceration/fails/decrease/reoffending/rates. *See also* Models for Change, *Research on Pathways to Desistance*, available at: http://www.reclaimingfutures.org/blog/juvenile-justice-system-pathways-to-desistance-introduction

custody. The PRB decides whether a youth shall be re-released on parole or kept in an IDJJ facility due to the violation. If the decision is made that a youth is to remain incarcerated, the youth receives a set amount of time in IDJJ custody before their next hearing in front of the PRB. It is important to note that currently very few youth receive legal counsel either prior to or during their parole revocation proceedings. It is unclear when or if the youth are made aware of the legal rights they have, including the right to present evidence on their own behalf at these hearings. As of the publication of this report, there is litigation pending that seeks to address this concern, and other issues related to the legal rights of youth on parole.[27]

Confinement and Youth on Crisis and Suicide Watch

Kewanee's confinement unit is made up of three wings, two for housing youth who are being punished for disciplinary infractions and one for observing youth who are on suicide or crisis watch. While administration tries to keep these populations separated, they will often hold youth on suicide or crisis watch in one of the confinement wings due to an architectural design flaw. The suicide and crisis watch cells were built in a "U" shape, allowing for the youth to see each other through the windows in the cell doors. This is problematic because these youth are highly prone to self-injurious and dangerous copy-cat behaviors.

JHA was informed that when a youth is placed on "suicide watch," one-to-one supervision from staff is required. When a youth is determined to pose something less than a suicide risk, he is placed on "close watch" and housed in a cell in the confinement wing where precautions are taken, including ten-minute observation checks by staff. While this level of supervision is important, the National Commission on Correctional Health Care indicate that youth on this level of suicide precaution should be monitored at random, staggered intervals, not to exceed 15 minutes between checks. JHA commends Kewanee on the close supervision it is providing to these youth, but recommends that the observation of youth on this status be random as opposed to being on a timed schedule.

Between August 2011 and August 2012, 680 youth were in confinement at Kewanee for disciplinary infractions, with 59 youth being held in confinement in August of 2012. The average length of stay in confinement for disciplinary infractions is just over four days. This is much higher than the average length of confinement in other IDJJ facilities, which is typically around two days. The administration explained this difference by noting that the unique populations they serve require longer stays in confinement before they can safely be released back to general population. During the same time period, 312 youth were on suicide watch, with 51 on crisis watch. On average, these populations spent three days housed in the confinement unit under observation.

[27] See *M.H., et al., v. Adam Monreal, et al.* No. 12CV8523

In a 2010 report issued by Illinois Models for Change, it was noted that under Kewanee's policy, a youth could be held in confinement for up to 30 days.[28] The administration is attempting to cap the use of confinement at three days. JHA understands that the facility is limited in the number of cells and staff available for youth who need to be closely supervised, which means that they must be housed in the confinement unit, but it is troubling that youth with severe mental health issues are being held in solitary confinement for such fairly long periods of time. We recommend that the administration continue to focus on safely reducing the length of time youth are spending in confinement.

On the day of our visit, there was one youth being held in a cell on the unit originally designated for suicide watch. Administrators shared with us that the youth was suffering from severe suicide ideation, and that their efforts were not enough to help him return to the general population or even be reduced to a lower level crisis watch. The superintendent had contacted IDJJ and the Illinois Department of Human Services in order to get this youth transferred to an Illinois state mental hospital given the severe nature of the youth's mental illness, but was confronted with significant bureaucratic obstacles in getting the youth hospitalized. JHA notes the concern and effort made by the administration to try to obtain treatment for this youth.

Another concern with the youth on "close watch" in the confinement wing is that there are no direct sight lines into the cells. This means that youth are aware of when they are being observed, and that staff has little ability to see what is going on without making the youth aware of the observation, which can lead to increased safety issues.

Youth /Family Relationships

Youth cannot be expected to sustain or form stronger relationships with their families from the distance that Kewanee puts most of them from home.[29] Monthly phone calls are not sufficient to foster open and meaningful communication. On our visits, JHA talked to several youth who noted that they rarely see their families.

This distance, geographically and emotionally, makes it difficult for youth to connect and get support from their families. Just as these youth require special treatment in order to

[28] Illinois Models for Change report on the Behavioral Health Program for Youth Committed to Illinois Department of Juvenile Justice, July 2010, see pg. 39 at www.luc.edu/law/academics/special/center/child/pdfs/il_djj_behavioral_health_assessment.pdf

[29] According to information provided by IDJJ, the majority of youth at Kewanee are from Cook County or Winnebago County. Youth Population by committing county: Adams - 2, Boone - 2, Brown - 1, Bureau – 1, Bond – 2, Cass – 1, Champaign – 8, Christian – 1; Coles – 2, Cook – 54, Dekalb – 2, Dewitt – 1, Edgar – 2, Effingham -1, Fayette – 1, Ford – 3, Franklin – 4, Fulton – 1, Henry – 3, Iroquis – 2, Jasper – 1, Jefferson – 2, Kane – 3, Kankakee – 4, Lake – 7, LaSalle – 4, Lee – 2, Logan – 3, McHenry – 2, Macon – 5, Madison – 4, Marion – 3, Marshall – 1, Mason – 1, McLean – 1, Menard – 2, Monroe – 2, Montgomery – 1; Ogle – 1, Peoria – 6, Piatt – 1, Pike – 1, Rock Island – 4, St. Clair – 3, Saline – 2, Sangamon – 3, Stephenson – 2, Tazewell – 3, Union – 1, Vermillion – 8, Wayne – 4, White – 4, Will – 7, Williamson – 1, Winnebago – 18, Woodland – 1

eventually lead productive lives outside a facility, so their families require support in understanding their children's needs and how to help them when they return home.

Finding a way to include families in the treatment of their children is critical to helping youth return successfully to their homes and communities. The Family Integrated Transition (FIT) program at IYC-Chicago has had success in working with youth and their families, which leads to a better transition back into their families and communities. Early data indicates lower rates of recidivism for youth who have participated in the FIT program.[30] JHA recommends that administration explore implementing a similar kind of program for the youth at Kewanee to increase their chances of success upon release from the facility.

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[30] The Wells Center Treatment Program provides FIT services while youth are at Chicago, along with contracted community-based providers One Hope United and Youth Outreach Services which provide services outside the facility. FIT coaches are employed by the community-based providers and are involved with the youth and family throughout the program. Evidence of low recidivism among FIT participants suggests that this program is highly beneficial to youth and their families. As of May 2012, FIT had already had significant success. More than 60 youth have been through the FIT program. Although the program is still too new to give highly reliable data, the program indicates improved behavior with an unofficial figure of over 80 percent youth not being rearrested. The facility has added 12 hours of mental health services per week to the FIT program, using existing facility staff. For more information, see JHA's 2012 report on IYC-Chicago available at http://thejha.org/iycchicago

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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 instrumental in improving prison conditions.

Models for Change
Systems Reform in Juvenile Justice

The preparation of this report was supported by the John D. and Catherine T. MacArthur Foundation's Illinois Models for Change Initiative