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Monitoring Visit to IYC-Kewanee

On July 11, 2013, the John Howard Association (JHA) visited Illinois Youth Center-Kewanee (Kewanee), a medium and maximum-security male juvenile facility located two and a half hours west of Chicago. Kewanee is the Illinois Department of Juvenile Justice's (IDJJ) special treatment facility for juvenile sex offenders and youth with the most acute mental illness, and now also provides housing for the maximum-security population. In addition, Kewanee is the only youth facility in the state that can provide 24-hour medical care to youth.



Vital Statistics:

Population: 213 (Note as of 9/18/13 Population: 248)
Average age: 17.6
Average length of stay: Approx. 8 months
Average annual cost: \$86,801.89
Population by Race: 33% White, 57% African American, 9% Hispanic, 0.5% American Indian, 0.5% Asian.
(Source: IDJJ 7/03/13)

Key Observations:

- Although Kewanee is the facility that houses all male sex offenders and those male youth with the most intensive mental health treatment needs, IDJJ has not hired enough specialty staff to deliver the treatment needed to help rehabilitate those youth. In a repeat finding of its 2012 report on Kewanee, JHA found staffing levels so inadequate that it again urges county courts to stop committing boys with severe mental health needs to IDJJ.
- IDJJ is authorized and budgeted to employ 17 mental health professionals but had only 10 on staff on the day of the JHA 2013 visit. This number is slightly reduced from the high number of vacant staff positions reported by JHA in December of 2012. IDJJ's refusal or inability to fill all positions means youth held in Kewanee are denied a cumulative total of 262 hours of treatment per week.
- The most significant change at Kewanee in the past year has been the addition of the maximum-security population previously held at IYC-Joliet, which closed in February 2013. The added population includes a significant number of Cook County youth who have been re-incarcerated because they have repeatedly violated their parole conditions or because they have been arrested while still on juvenile parole and are awaiting trial on an adult charge. As a result, more than

half of Kewanee’s overall population on the day of JHA’s visit was composed of parole violators.

- We remain deeply concerned that IDJJ has continued to concentrate its most difficult and needy youth in a facility that has historically struggled due to extremely limited resources, in a location that is hundreds of miles away from most of the youths’ homes, making consistent and meaningful family visitation and access to counsel almost impossible.
- On the day of JHA’s 2013 visit, at least 14 youth remained in prison even though the Prisoner Review Board had approved their release. They are kept behind bars because the state has not identified an appropriate placement outside the prison. They will remain incarcerated until a home is found or the youth reach age 21.
- JHA found that Kewanee’s administration and staff exhibited an exemplary dedication to youth and the rehabilitative mission of IDJJ, despite a critical lack of resources.

Models for Change

Systems Reform in Juvenile Justice

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Monitoring Visit to IYC-Kewanee

On July 11, 2013, the John Howard Association (JHA) visited Illinois Youth Center-Kewanee (Kewanee), a blended medium and maximum-security male juvenile facility located two and a half hours west of Chicago. Kewanee is designated to serve as the special treatment facility for the Illinois Department of Juvenile Justice (IDJJ) and houses youth with the most acute mental illness as well as the juvenile sex offender population. It is charged with treating some of the most troubled, vulnerable youth in our state's juvenile justice system, and now houses youth deemed maximum-security either by virtue of either the severity of their committing offenses or due to their aggressive behavior within IDJJ. Kewanee also serves youth in need of 24-hour medical supervision due to illness or injury. Taken together, the youth at Kewanee have a higher need for attention, supervision, and treatment than the population of any other youth facility in Illinois.

During JHA's visit and the drafting of this report, mental health and educational experts were in the process of finishing their evaluations of IDJJ's facilities based on a federal consent decree initiated through a class-action lawsuit filed by the ACLU of Illinois. These reports, which were published on September 23, 2013, provide a thorough and detailed account of mental health and education programming, which you can find on the ACLU of Illinois' website at <http://www.aclu-il.org/update-in-rj-v-bishop/>. JHA will use this report to update our 2012 findings, which focused on the facility's severe lack of mental health treatment staff, as well as to comment on changes to the operations at Kewanee brought about by the recent closure of two IDJJ facilities, IYC-Joliet and IYC-Murphysboro.

Since JHA's last visit in October 2012, Kewanee has hired more mental health professionals and moved some of its mental health population to other facilities. However, the facility still suffers from a 280-hour weekly shortage of mental health treatment hours, and lacks adequate staffing in vital areas such as education and recreation. More problematic, IDJJ's administration tasked Kewanee with absorbing IYC-Joliet's maximum-security population following the facility's closure in February 2013. This displaced population includes a significant number of youth who have been re-incarcerated because they have repeatedly violated their parole conditions or because they have been charged with an adult crime in Cook County while still on juvenile parole.¹ As a result, more than half of Kewanee's overall population on the day of JHA's visit was composed of parole violators.

While Kewanee's population is now more complicated than when JHA issued its last report in 2012, our overall assessment of the facility has not changed. We remain deeply concerned that IDJJ has continued to concentrate its most difficult and needy youth in a facility that has historically struggled due to extremely limited resources, in a location

¹On the date of JHA's visit, we found that there were 55 youth re-incarcerated for technical parole violations and 66 for violations stemming from new adult charges.

that is hundreds of miles away from most of the youths' homes, making consistent and meaningful family visitation and access to counsel almost impossible.

Throughout JHA's work, we often remind legislators, policymakers, and the general public that correctional officials have little power over the typical problems that plague prison systems, like overcrowding and a lack of resources. Correctional agencies simply must accept the people who are sent to their custody, regardless of their capacities to house and provide them with programming. However, the problems JHA found at Kewanee are somewhat different. This is not to say that IDJJ has complete control over the youth who are sent to their facilities or that it has an abundance of resources. The agency clearly does not, which is why we renew the recommendation from our 2012 report that Illinois juvenile courts cease to commit male juveniles with serious mental illness to state correctional custody to receive treatment. At the same time, we believe IDJJ's administration has the power to do more to improve conditions and outcomes for youth who are currently housed at Kewanee.

Based on our findings, we call upon IDJJ to stop housing the youth it deems most in need of intense supervision and treatment in a facility that is unequipped to provide these services. To achieve this goal, JHA issues the following recommendations.

- As more than half of Kewanee's population was comprised of parole violators, JHA recommends that IDJJ assess and release public information that demonstrates the efficacy of the agency's reentry efforts, particularly its new Aftercare program, which was funded on the premise that it would bring down parole violation rates.
- To ensure that kids are receiving the treatment and services they need, JHA calls upon IDJJ to examine how and why youth are being sent to Kewanee. In particular, JHA recommends that IDJJ evaluate the processes it uses to designate youth for special mental health treatment to ensure that kids are being matched with the services they truly need and which IDJJ can provide.
- Finally, we ask IDJJ to evaluate how kids get assigned to maximum-security, particularly when the designation is due to behavior that occurs within a correctional facility.

While JHA recognizes that many youth in IDJJ need intense treatment and supervision, we are concerned that designating kids as "acute" (in need of mental health services) or "maximum security" has become a way to avoid addressing complicated behavioral issues and has turned Kewanee into a hidden repository for youth who are most difficult to supervise and treat.

This report and these recommendations are not simply about Kewanee. As Illinois continues to reduce its rate of juvenile incarceration through prevention and diversion programs aimed at low-level and non-violent youthful offenders, we expect the state's

juvenile prison system to transition into a smaller agency dedicated solely to rehabilitating justice-involved youth who cannot be safely and effectively supervised and provided with rehabilitative programming in their communities. In this sense, the issues JHA observed at Kewanee present a preview of IDJJ's future. These are the right problems that are in need of the right solutions. Addressing these issues at Kewanee now provides an important opportunity for IDJJ to prepare for this future system by creating programming and policies that correctly identify and address the needs of the system's most difficult youth and helps them return safely and successfully to society.

Mental Health

When JHA visited Kewanee in 2012, more than half of Kewanee's mental health staff positions were vacant. At that time, out of an authorized 17 mental health staff positions, only eight positions were filled, resulting in a 360-hour treatment deficit per week. As of July 3, 2013, out of an authorized 17 mental health staff positions and 800 hours of weekly treatment, 10 positions were filled, resulting in a 262 hour treatment deficit per week. The amount of group therapy hours at Kewanee has increased since 2012 due to the increase in staffing levels. However, youth at Kewanee continue to receive at least 30-minutes of individual mental health treatment per week and 3-4 hours of group therapy per week.² While this represents an improvement since the time JHA issued its last report in December of 2012, the fact remains that youth at Kewanee receive the same or less individual mental health treatment than youth at other Illinois' youth facilities. In short the findings from JHA's 2012 report are equally applicable today. The ongoing failure to provide youth at Kewanee with adequate mental health treatment presents an unjustifiable risk of harm to 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 are far less likely to commit new offenses as adults if provided with timely treatment.³ 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.⁴ Further, early identification and effective treatment can prevent a large portion of delinquent youth from future violence and crime, and minimize the long-term disability of mental illness.⁵ Left untreated, childhood mental

² JHA staff was informed by Kewanee staff that group therapy does not include other recreational therapy a youth may receive, such as music therapy or art therapy.

³ Illinois Models for Change, Report on the Behavioral Health Program for Youth Committed to Illinois Department of Juvenile Justice, 1-143, p. 38 (July 2010), available at <http://www.modelsforchange.net/publications/271>.

⁴ See National Alliance on Mental Illness, *Facts on Children's Mental Health in America* (July 2010), available at http://www.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804.

⁵ *Ibid.*, note 4

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.⁶ Effective treatment in the community is widely considered to be a successful alternative to incarceration of mentally ill youth, one that should be reconsidered before sending a youth to Kewanee, given the facility's inability to provide treatment.

To be clear, Kewanee's administration and staff are not responsible for the inadequacy of the mental health staffing.⁷ They do not have 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 programming to youth, despite the dearth of resources and staff. JHA also was 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.

IDJJ's administration has offered several reasons to explain why they are unable to fill Kewanee's authorized staffing levels. JHA recognizes the challenges in recruiting and retaining correctional mental health staff. However, no principle of law permits the state to suspend constitutional duties for economic reasons or ministerial expediency.⁸ So long as the state continues to commit juveniles with serious mental illness to the custody of Kewanee for purposes of treatment, it has a duty to ensure that the facility has the staff and resources to provide those youth with adequate mental health care.

Medical

Kewanee is the only IDJJ male facility that has a 24-hour infirmary. Consequently, when youth at other facilities require 24-hour medical care, they must be sent to Kewanee, even though the facility is located far away from other facilities — 150 miles from IYC-Chicago and 300 miles from youth facilities in Southern Illinois. On the day of JHA's

⁶*Ibid.*

⁷ JHA again notes that IDJJ recently entered into a court-ordered consent decree in the ACLU litigation in which 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.

⁸ 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=scholar (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).

visit, for instance, a youth from another facility who had surgery in Chicago was being housed in Kewanee's infirmary for postoperative care. We were informed that once the youth completed his postoperative recovery and was deemed medically ready to leave, he would be transferred back to his original facility.

Kewanee's sick call process appears exemplary, and youth are typically seen within one day of seeking non-emergent medical attention. The nurse on duty reported that doctors at Kewanee go above and beyond the call of duty, and often work more than the scheduled two days per week to ensure that all youth are seen on a timely basis.

Kewanee contains a separate optometry office that is equipped to provide regular checkups and to treat emergencies. An optometrist regularly visits the facility once per month, and is also available on an as-needed basis. JHA was informed that youth needing corrective lenses typically receive them within a month of being screened and identified by the optometrist. Staff reported that, on average, the optometrist sees twelve youth per month.

The facility employs a dentist for 16 hours per week, and staff estimated that most youth are seen twice a year for preventive dental care checkups.

As an institution, Kewanee appears to offer adequate to above-average medical care compared to other IDJJ facilities. However, we question the wisdom of designating Kewanee to be the exclusive 24-hour-care infirmary for male youth in IDJJ. Given that Kewanee is located far away from most other facilities, youths' families, and the surgical centers that typically provide care to IDJJ youth, transporting youth to and from Kewanee for care does not seem an efficient use of time and resources. We therefore recommend that IDJJ consider moving the 24-hour-care infirmary to another facility or location.

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. The Parole Division of the Illinois Department of Corrections (IDOC), 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 for youth.⁹ 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 they have completed treatment and been approved for release by the Prisoner Review Board (PRB).¹⁰

To date, however, IDJJ has still not fully taken over the placement process from the IDOC Parole Division. On the day of JHA's visit in July of 2013, Kewanee confirmed that at least 14 youth who had been approved for release remained in custody at the facility due to lack of approved placements. Moreover, this number may not accurately reflect the total number of youth delayed from release due to lack of approved placement

⁹ See JHA 2011 report on IYC-Kewanee, www.thejha.org/kewanee.

¹⁰ *Ibid*, note 9.

because it has become a common practice at some facilities not to present a youth to the PRB for release until a placement has, in fact, been approved.

Due to Kewanee's unique population, the struggle to find appropriate and approved placements can be even more difficult than at other facilities. Juvenile Sex Offenders (JSO) are subject to many residency restrictions upon release, and may be prohibited from returning to live with their families due to the presence of other children in the home, regardless of whether their offense involved a child. JSO placement options are further limited because JSOs can be prohibited from living within certain distances of playgrounds and schools or residing in homes with a computer/internet connection. Youth with serious mental illnesses who require inpatient mental health care can also have great difficulty finding placement. There is a critical shortage of community-based mental health treatment facilities available to youth. Moreover, even if a youth can find an available community-based mental health treatment program, he may still be rejected for placement. When youth are close to "maxing out" (*i.e.*, turning 21 and therefore no longer subject to state control due to the expiration of the juvenile court's jurisdiction over them), inpatient mental health facilities are often reluctant to accept them for placement because of the short amount of time the youth have left under state supervision. This raises a particularly troubling issue. Youth who are forced to remain in facility custody until they turn 21 and "max out," due to the absence of available mental health placements, can find themselves ineligible for the very state mental health services they need upon release because they no longer have the status of minors.

Prolonging youths' incarceration after they have completed available treatment in IDJJ creates a real danger of youth becoming frustrated and regressing.¹¹ It also needlessly increases pressure on facilities whose resources and staffing are already overextended. Kewanee's administration 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. A number of youth whom JHA spoke with expressed bitterness and dejection at their incarceration being prolonged due to lack of an approved placement. One youth recounted in frustration that although he had been authorized for release on parole, approval for placements had been denied five times. Another youth whose release was also delayed due to lack of an approved placement told JHA that he was trying to "stay strong to survive," but it was hard because his mother lived too far away to visit and he had not seen her in about six months.

¹¹ 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>.

Parole Violations

On September 12, 2012, Kewanee housed one youth on a technical parole violation, and 11 youth for violating juvenile parole because they were charged with new cases.¹² These numbers have greatly increased. At the time of our visit in 2013, Kewanee housed 55 youth for technical parole violations, and 66 youth for parole violations stemming from new adult cases.¹³ As such, parole violators constituted more than half of the facility's total population.

The increase in youth incarcerated for parole violations over the past year stems from the fact that Kewanee has absorbed the so-called “consent decree populations,” who are juvenile parolees who have been charged with adult crimes in Cook County. While IDJJ has not released official numbers that track its parole violation rates, JHA has seen unofficial numbers that suggest the increase in parole violators at Kewanee may be part of a system-wide trend. Specifically, in an analysis provided to IDJJ's Advisory Board, Dr. David Olson found that while court admissions to the state's youth prison system have steadily declined since FY 2000, parole violations rates have slightly increased since FY 2007.¹⁴ These unofficial numbers point to the need for significant system reform and the need for IDJJ to release public information about its reentry efforts, particularly its new Aftercare program, which was funded on the premise that it would use case-management principles to bring down violation rates.

One youth that JHA spoke with during our visit to Kewanee exemplifies the pressing need for parole reform and data transparency. The youth, who was extremely agitated and distressed when he spoke to JHA, explained that he was 20 years old and had just had his first child with his girlfriend. The youth, who had successfully been out on juvenile parole for four years, was picked up for a technical parole violation the week prior. Despite the fact that the youth was turning 21 in two months, and would thus “max out” of the juvenile system, he was found in violation of parole and sent to Kewanee. Because the youth was held at Kewanee pending statewide transfer to IYC St. Charles Reception & Classification Unit the youth was subject to phone restrictions, and he had no way of calling home to check on the his new baby and girlfriend. The youth was nearly in tears

¹² 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 appointments 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.

¹³ The data that there are 66 youth at Kewanee due to parole violations from new, pending adult charges was confirmed by an email from Kewanee staff to JHA staff on September 12, 2013.

¹⁴ In FY 2000, Illinois courts admitted almost 2,187 youth to IDJJ, while in FY 2012 they admitted 1,019. In FY 2007, 788 paroled youth returned to IDJJ on technical parole violations. In FY 2012, that number increased to 970. “Source: Analyses of DJJ data by David Olson, Ph.D.”

from frustration when he explained his situation to JHA, stating: “I need be home with my baby and girlfriend. This is insane. Why am I here? I’m turning 21 in 60 days. Who thinks this is a good idea? Why are they doing this? Why? Explain this to me?”

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, youth on suicide or crisis watch are commonly placed in the confinement wings due to an architectural design flaw in the unit. Specifically, the suicide/crisis watch cells are built in a “U” shape, which allows youth to view each other through windows in their cell doors. This design is problematic because youth on crisis/suicide watch are highly prone to self-injury and to 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. Staff conduct visual checks at irregular intervals within that 10 minute period and staff document their observations on a form called a Youth Accountability Sheet.

Between July of 2012 and July of 2013, 1170 youth were held in confinement, up from 680 youth in the previous year (August 2011 through August 2012). It is also worth noting that staff use of chemical agents to control aggressive behavior has also increased since February 2013. The monthly average use of a chemical agent from July 2012 through January 2013 was 2.7 times; the monthly average from February 2013 through June of 2013 was 5.8 times.¹⁵ These numbers can be attributed to moving IYC-Joliet’s population to Kewanee, and they also point to the serious difficulties this facility is facing.

Because Kewanee is the only facility with 24-hour medical care, all youth in need of continuous medical care, including youth in postoperative recovery, must be sent there. Kewanee is also the only juvenile sex offender treatment facility, meaning any youth designated a JSO is sent to Kewanee to participate in the JSO treatment program. Further, because Kewanee is the only treatment facility for mentally ill youth whose needs are deemed acute, the facility houses all of the acutely mentally ill youth in IDJJ custody. In addition, now that housing units 5 and 6 at Kewanee have been designated maximum-security, youth who present some of the greatest behavioral challenges in IDJJ are also sent to the facility.

Managing and supervising these distinct high-risk populations—each with their own separate needs—creates institutional challenges that even a well-resourced, fully-staffed facility would struggle to meet. With the number of staff vacancies at Kewanee, however,

¹⁵ These numbers were provided to JHA staff and volunteers on the day of our visit, July 11, 2013.

the situation is not simply demanding or challenging. Rather, it is creating an environment that is unsustainable, unsafe, and counterproductive to the goal of rehabilitating youth based on their individualized needs.

On a positive note, the average length of stay in confinement has come down to two and a half days, as compared to last year when the average length of stay in confinement for disciplinary infractions was just over four days. During the same time period, 161 youth were on suicide watch, and 313 were on crisis watch, which represents a significant reduction in youth on suicide watch but also a significant increase in the number of youth on crisis watch. On average, these populations spent five days housed in the confinement unit under observation, which is an increase of two days from the average length of stay for these purposes last year.

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.¹⁶ 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.

Safety Beds

JHA is concerned that Kewanee is the only facility run by IDJJ that has not converted youth beds to safety beds. Given that the youth housed here often suffer from mental illness, keeping youth safe from self-harm is paramount. Many of the beds in the facility have sharp edges that pose a danger, and are also not designed to prevent youth from tying something off for purposes of self-injury.

Education

On JHA's 2013 visit to Kewanee, we found that the facility's school had nine general education teachers, with a student-to-teacher ratio of approximately 15:1. We further found that the facility's school had three special education teachers, resulting in a special education student-to-teacher ratio of approximately 30:1. This ratio is troubling in that it not only marks a decline from our 2012 visit, where we found a special education student-to-teacher ratio was 20:1, but it is also fails to satisfy minimum standards of care and ensure that the state fulfills its statutory and constitutional duties to provide detained youth with a free and appropriate education. The Illinois Administrative Code limits teacher-to-student ratios in special education to between one teacher to five students and

¹⁶ See Illinois Models for Change report on the Behavioral Health Program for Youth Committed to Illinois Department of Juvenile Justice, July 2010, pg. 39, available at www.luc.edu/law/academics/special/center/child/pdfs/il_djj_behavioral_health_assessment.pdf.

one teacher to 15 students, depending on the age, nature, and severity of the students' disabilities and their need for individualized instruction.¹⁷ Given these staffing deficiencies, JHA recommends that IDJJ prioritize recruiting and hiring special education teachers for Kewanee.

An online education enhancement pilot program has been introduced in all IDJJ facilities, and was implemented at Kewanee towards the end of 2012. 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. Anecdotally, there seem to be concerns with the effectiveness of the on-line education program in terms of youth engagement and understanding. The program seems to offer a quicker way towards high school credit accrual for self-motivated students and independent learners, but present obstacles for many others. Youth have been observed showing other youth what to click on to pass through certain subjects, and some youth in the classroom appear disengaged without a more human interactive approach that comes from teacher engagement and involvement in the classroom.

During our visit, a number of youth expressed deep dissatisfaction with educational programming. Commenting on Kewanee's educational offerings, an older youth noted in frustration that he was "not learning anything new" because classes were "repetitive" and a variety of elective courses were not offered to youth, unlike in community public schools. A youth that we spoke with in the on-line education program similarly expressed aggravation that classes were taught on computers, rather than by teachers. He explained that he spent much of his time in the on-line program sitting at his desk and skipping over questions and lessons that he did not understand because the instructor "didn't explain things" and he "couldn't get any help."

During the preceding year at Kewanee, between July of 2012 and July of 2013, 45 youths earned high school diplomas, 40 earned GEDs, and two earned eighth grade diplomas. That is a slight decrease in high school diplomas and eighth grade diplomas, and a slight increase in GEDs earned. The facility holds graduation ceremonies for youth which families are invited to attend. Staff and administration make admirable efforts to offer a

¹⁷ I 23 Ill. Administrative Code 226.730, *et. seq.*, available at:

<http://www.ilga.gov/commission/jcar/admincode/023/02300226sections.html>. See also Chicago Public Schools Office of Special Education and Supports, Amended Bulletin No. 33, *Guidelines for Special Education Class Size*, available at:

http://www.cpsdiverselearner.org/index.php?searchword=class+size&ordering=&searchphrase=all&Itemid=371&option=com_search; Illinois Legal Aid, *The Guidebook of Laws and Programs for People With Disabilities: Chapter Five, Section One: Special Education and Related Services*, available at

http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_content&contentID=784.

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's only vocational program is building maintenance. This program teaches youth floor care, cleaning, sanitation, and safety measures. At this time, there is no post-secondary educational programming available to youth. The facility reports having lost eight educators in the past year, reducing its ability to provide post graduate and vocational classes. Given that there are currently 50 youth at Kewanee who are not enrolled in school, alternative and post-secondary educational and vocational opportunities are crucial. 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.¹⁸

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 remain at the facility long after they have completed secondary education, leaving them idle and without opportunities for meaningful educational and vocational advancement. Some of these youth reported to JHA that they are eager for opportunities to earn job skills and certification to improve the likelihood of getting a job upon release. The lack of post secondary educational and vocational opportunities is a system wide problem that requires immediate attention. IDJJ's rehabilitative mission demands that youth who have finished their high school education but remain incarcerated, continue to receive educational and/or vocational opportunities.

Programming

Despite a critical lack of resources, including a designated Leisure Time Activity staff person, 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. We are told that the music program has expanded to include an element of music therapy, as one of the music groups is conducted by a member of the mental health staff.

We also observed the art therapy program, which was led by one of the psychologists on staff that has an interest in art. He had helped youth design a mural for the dietary unit, and was supervising the painting of it on the day of our visit. He explained to us that other than improving the aesthetics of the facility, the project allowed him to speak with

¹⁸ 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>.

youth in a productive way, outside the confines of an office or formal session, frequently yielding important emotional breakthroughs for the youth.

Kewanee currently runs a parenting class for youth. At the time of JHA's visit, about 58 Administration recognized that more needs to be done to help these youth understand the responsibilities they have as parents. As part of this recognition, facility is working on ways to implement video visitation into the facility, which will enable youth to communicate with their families and loved ones who are not able to travel to Kewanee.

Kewanee has a new program for youth who have completed or are very close to completing their treatment called the New Beginnings wing. This program replaced the previous honors program, which was for youth who completed the JSO treatment program. The new program is being developed with Onarga, which is a nearby residential facility that will take up to 15 youth at a time upon their release from Kewanee. In fact, the contract between the facility and Onarga stipulates that in order to be eligible for residence at Onarga, youth have to go through the program in the facility before being released to Onarga's residential facility. Once a youth has completed or almost completed the JSO treatment program, they go to the New Beginnings wing for two more phases of programming, which stress community living and individual accountability. The program has a unique self-governing component, which calls upon the youth to develop a hierarchical framework for creating and enforcing the rules on the unit. Youth are elected by their peers to the positions of mayor, treasurer, activity director and master of arms. Youth can be impeached from their position if their peers feel they are not operating effectively. The youth we spoke to on the unit were very enthusiastic about the self-governance, and took time to explain why an individual would be well-suited or not for a particular elected position. They also explained to us a system of punishment that they created that calls for the reduction of commissary funds for youth on the unit who do not follow rules. This appears to be a promising program, both in terms of instilling important reentry skills and also in setting these youth up for a parole placement upon release.

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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

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