



# John Howard Association of Illinois

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## Executive Summary: Monitoring Visit to IYC-St. Charles 5/17/2011

On May 17, 2011, the John Howard Association visited IYC-St. Charles, Northern Illinois' medium-security facility for boys. St. Charles also serves as the Northern Reception and Classification facility for Illinois.



### Vital Statistics:

Population: 259

Average Age: 16.5

Average Annual cost per youth: \$77,779

Population by Race: 45 White (16.4%),  
185 Black (67.5%), 41 Hispanic (15%),  
3 Native American (1.1%)

Committing offense: 4 Murder, 33 Class  
X felonies, 59 Class 1 felonies, 74 Class  
2 felonies, 62 Class 3 felonies, 24 Class  
4 felonies, 16 Misdemeanors.

Source: IDJJ (5/17/2011)

### Key Observations:

- In spite of the fact that two years ago a youth used a bed to commit suicide at St. Charles, the facility does not have safety beds in its confinement unit, suicide watch rooms, or its general population units.
- Youth on infirmary status are being held in the confinement unit without access to school or outdoor activities for weeks on end.
- A lack of adequate staffing and funding prevents youth from taking advantage of the facility's large amount of open space.
- The recent appointment of Superintendent David Hicks, who comes from a dual diagnosis treatment background, is a promising step towards achieving DJJ's mission of rehabilitation and treatment.
- The reception and classification process has been streamlined, cutting the time from as much as three weeks to between seven and ten days.

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

## **Monitoring Visit to IYC-St. Charles 5/17/11**

On May 17, 2011, the John Howard Association of Illinois (JHA) visited IYC-St. Charles, Northern Illinois' medium-security facility for boys. St. Charles also serves as the Northern Reception and Classification facility for Illinois.

Many of JHA's findings and recommendations involve needs for funding or staffing. It is important for the reader to understand that there are two distinct solutions to such problems. One solution involves the hiring of more staff and a larger budget for DJJ. Given the current budgetary short falls in the state this solution is both impractical and improbable. The second solution is to significantly reduce the population of DJJ.

As noted in JHA's report on IYC-Joliet, a small increase in funding for Redeploy Illinois would reduce DJJ's population by significant numbers and save money. Additionally, a more robust aftercare program, where youths are linked to services and not sent back to DJJ for technical parole violations would reduce population. Finally, ending the practice of incarcerating youths for non-violent property or drug crimes would drop the population even further. These three solutions would save the state millions while providing those youths who remain at DJJ proper education, mental health treatment, job training, and programming.

JHA believes that reducing the population is the only way for DJJ to fully achieve its mission of rehabilitating youths while also holding them accountable for their actions.

### **Safety beds**

Safety beds are a particularly important and relevant focus for St. Charles. On September 1, 2009, a youth tragically committed suicide in the facility's special treatment (mental health) unit. Soon after the incident, JHA visited St. Charles and recommended that all beds within the facility be replaced with the safer slab-beds. These beds eliminate the possibility of a youth using the bed as a tie-off point or harming themselves on sharp corners.

Unfortunately, this change has not been made. Although budgetary constraints are severe for DJJ and St. Charles, these beds must be replaced. Only a total of 48 slab-beds have been installed in a facility which currently houses 259 youths. While all of the beds in the special treatment unit were replaced with slab-beds, older, more hazardous beds

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remain in the rest of the facility. Most disturbingly, the confinement unit in St. Charles has no safety beds whatsoever. This is absolutely unacceptable, particularly because confinement cells double as suicide watch cells.

Since JHA's visit a bid has been approved to replace all beds in DJJ with safety beds. However, an approved bid does not guarantee that the installations will actually occur, due to long waiting periods and other bureaucratic road blocks.

*Recommendation: Funds must be approved to replace all of the beds in St. Charles with the slab-beds.*

### **Physical Plant**

St. Charles sits on 126 picturesque acres of fenced in land. When the fences and razor wire are not visible, the grounds have the feel of a small college campus rather than a youth prison.

Despite the picturesque setting, the facility is in desperate need of repair. At least five of the buildings on the grounds are essentially condemned. One building is merely a shell of its old self, with its roof collapsed and walls deteriorating. Other buildings are in better shape, but sit completely unused due to safety and sanitation concerns. Funds to demolish or rehab the buildings are simply not available; further, most of the buildings contain asbestos which increases demolition or repair costs considerably.

The housing units have been repainted on the outside in an effort to make them look nicer; however, they are still in very bad shape on the inside. Throughout the housing units, door frames and window frames are rusted and, in some cases, corners are completely disintegrated. The youths' rooms are also in need of repair, with rust and general age showing throughout. Almost every area is in need of new paint. Many of the youths complained about problems with heat and air conditioning as well.

During JHA's visit cleanliness appeared to be an issue in the facility. In the housing units, the showers were particularly dirty, with trash in the drains, mildew covering many areas, no toilet paper, and no switch plate cover for light switches, leaving wiring exposed. In other areas of the facility, trash was piled up in receptacles to the point they were overflowing. Both the school and the dining area, however, were acceptably clean.

Maintenance is also a serious problem. St. Charles opened in the early 1900s and, thus, many of the necessities are in need of repair. For instance, St. Charles has its own water tower and reservoir, both in need of repair. The tower in particular has needed replacement for several years. The facility also currently has only one of two boilers working, and the steam pipes leak in many places. The generator for the facility will only last for seven hours if power fails, which is an insufficient amount of time if power

cannot be restored quickly. The roofs on many of the buildings are in desperate need of replacement. Some funds have been approved for roof replacement, but only for the housing units.

As discussed in the staffing section, many of these problems will be very difficult for the facility to solve without hiring new staff and obtaining proper funding.

*Recommendations: Crumbling and condemned buildings must be demolished.*

*Facility essentials such as water, the generator, and the boiler must be fixed.*

*Youths should be assigned to clean each housing unit on a regular basis, particularly the common bathrooms.*

## **Confinement**

The director of DJJ has stated that reducing confinement is one of the department's top priorities. St. Charles is consistently using confinement at a high rate. From January 1 to May 16, the facility had used confinement a total of 489 times for an average of 2.18 days. Although this average length of stay is lower than past years, the number of times confinement has been used is still concerning.

Although a significant amount of confinement uses were for violent offenses, 157 instances were for "intimidation." JHA has addressed its concern with this rule violation before in its report on IYC-Harrisburg. Intimidation has a broad definition and could be easily abused if not properly tracked and supervised. It is possible for St. Charles to reduce its use of confinement significantly by utilizing less severe consequences for non-violent behavior.

JHA addressed the use of confinement with staff representatives who gave a different perspective. Staff members claim that they have lost the ability to confine youths, which at one time was the major tool for behavioral issues. Without the use of long-term confinement or confinement for offenses such as "spitting on staff," representatives claimed that staff feel as if they have no options. According to staff representatives, staff members have not been sufficiently trained in alternative behavioral interventions, causing them to feel that they cannot prevent minor rule violations from escalating to violence.

At the time of JHA's visit, there were 10 youths in confinement-- all of them for fighting. Most of these youths had been in confinement for two days or more. Many of the youths in confinement had not taken a shower in several days. Although the youths said they were offered showers, it was very early in the morning so they refused a shower in order to sleep.

*Recommendation: Adopt alternative disciplinary tools for minor, non-violent rule violations and reduce reliance on confinement for all behavioral problems.*

### **Infirmary Youth Held in Confinement**

Because the infirmary is unfit for use, youths with medical conditions are kept in the confinement unit.

At the time of JHA's visit, two youths on infirmary status were in the confinement unit. Each of these youths had splints on their wrists, but no other medical problems. One of the youth had been on the unit for over 30 days, the other for approximately 17 days. According to administration, these youths are kept separate from the rest of the population for their own protection.

These youths were essentially being punished for being injured. Although allowed to be out of their actual cells for most of the day, the injured youths could not attend school, participate in any programming or activities, or even have their own property in their cells. On the day of our visit, the youths had finally been to the library by themselves, but had not even been given educational packets for self-study.

Administration responded that they had just been made aware of the problem and were currently looking for a solution. Although JHA understands that a youth in a splint may be vulnerable, that is not an excuse to deprive him of education, access to programming, or use of personal property.

*Recommendation: Immediately end the practice of housing infirmed youths in the confinement unit.*

### **School**

The school at St. Charles is a newer building that is in much better shape than most of the facility. The school is two stories, but efforts are made to keep all of an individual youth's classes on one level to avoid safety problems that arise from movement up and down the stairs.

The school's halls are lined with various inspirational signs, artwork, and bulletin boards with student work on display. Each classroom is well furnished and has more work and signs on display.

During JHA's visit, many of the teachers seemed to be focused on controlling the behavior of one youth rather than teaching the class. Several security staff reported that they did not feel the youths were learning at all because of discipline issues. Eighteen

teachers currently work in the school, for a student to teacher ratio of 11:1. Five of the teachers are certified in special education, and serve a population of 80 special education youths. Youths who are determined to have special education needs are not separated, rather special education teachers travel from class to class to serve them.

The school practices Positive Behavioral Interventions and Supports (PBIS) which is meant to teach youths the behaviors that are expected from them and what is not acceptable based on positive incentives and example setting. When a youth misbehaves he is sent to the Ready to Learn (RTL) room, where a trained teacher will discuss the youth's behavior and ways to avoid misbehaving in the future. The RTL teacher then sends the youth back to class. PBIS helps minimize disciplinary tickets written during school. Although administration said that they try to minimize tickets in school, they admitted that there are still tickets being written for some behaviors that RTL could address.

The facility does not currently offer P.E. or Art class. Illinois requires P.E. credit for a youth to graduate high school. Additionally, Art class is not only a great creative outlet for youths, it is therapeutic and it can serve as a means to create murals and other artwork to decorate the facility. Art and other decoration on the walls can go a long way to change the environment from institutional to bright and more inviting.

St. Charles offers three vocational programs. Unfortunately, youths cannot be certified in any of the programs. As is true in all DJJ facilities other than IYC-Harrisburg, St. Charles has no post-secondary educational classes for youths. Therefore, youths who have gained their high school diploma or GED are given work detail, or spend their time in the day rooms or gym.

Appendix A provides administration's description of the process for a youth to obtain a GED while in St. Charles.

*Recommendation: Offer P.E. and Art classes so that youths have the opportunity to work towards high school graduation and channel their energy into creative and therapeutic activities.*

### **Leisure Time Activities and Volunteer Programming**

Currently, St. Charles has one Leisure Time Activities Specialist (LTS). The LTS is responsible for scheduling all leisure time activities for the youths including work-out times, organized activities, intramural sports, and use of the teen center.

According to the schedule provided to JHA, each housing unit goes to the weight room twice a week, to the gym four times a week, to the library twice a week, and to the teen center once a week.

The teen center is a large room containing game tables, ping pong tables, pool tables,

foosball tables, televisions, video games, and board games. According to administration, all youths in a unit go to the teen center, but based on their behavioral level can only participate in certain recreational activities. For instance, only youths with the highest behavioral level, Level A, can play videogames. However, the schedule provided to JHA states specifically that only Level A youths may use the teen center.

Contrary to the schedule provided to JHA, the sign-in book for the teen center showed sporadic use at best. Each youth brought to the teen center is supposed to sign the book, and there are approximately 26 lines for sign-ins on each page. When JHA reviewed the sign in book, a period of approximately six months only filled two pages. In more recent months, the sign in book indicated more use of the teen center, however, the use was still not as often as the schedule indicated.

In response to JHA's observation that the teen center was underutilized, administration said that the sign in book was simply inaccurate. They also noted that until recently an LTS was required to be present in the teen center when it was being used. Administration felt that not requiring a LTS to be present would increase the possible use of the center. Although JHA cannot say whether the sign in book was accurate, it is clear that the facility must make more efforts to accurately track the activities of the youths. Additionally, efforts must be made to make policies and internal documents consistent. It is quite possible that staff would only take behavioral Level A youths to the teen center due to the instruction on the recreation schedule, when actual policy allows all youths to attend.

As indicated before, there is an abundance of outdoor space at St. Charles. Many of the youths reported that they spend a lot of time outside, but several youths said that there were often not enough outdoor activities on the weekends. There were signs throughout the facility for youths to sign up for a track and field competition. However, the competition had been delayed due to the field being waterlogged.

St. Charles has a variety of volunteer programs. These programs include bible study, yoga, poetry, tutoring, sports competitions, and the humane society bringing animals to the facility. According to the administration, approximately 135 people volunteered a total of 1,200 hours last year.

Even so, the facility has lost some volunteer programming recently. At one time, there was a horticulture program run by volunteers, but this has ended. The facility has a greenhouse going unused. Despite the ample green space and the fact that a community gardening program exists in the park just outside the facility, administration has been unable to re-implement the program.

Recently, a number of bicycles were donated to the facility, and it was proposed that youth on Level A status (the best behavioral level) be allowed to ride the bikes on a path surrounding the pond. The decision was made that this was not possible at St. Charles and, therefore, the bikes were sent to IYC-Pere Marquette, a minimum-security facility.

JHA was given several reasons for this, ranging from issues with the union because there was not a union member to do the maintenance on the bikes, to security concerns, to inadequate staffing levels. Regardless, this would have been a wonderful program for the youths. More importantly it could have been used to train youths in bicycle maintenance, creating possible job opportunities upon release. St. Charles and DJJ as a whole cannot afford to turn away donations given the current budget constraints.

Youths who have completed school have nothing to do in the facility other than work or participate in leisure time activities. Due to low staffing levels, there are not enough staff members to supervise working youths, which results in many youths sitting idle rather than working the grounds or doing other jobs that could teach them a skill and help to repair the facility.

Administration also indicated that having youths help with maintenance, painting, or other activities would result in a union grievance being filed. However, administration had not asked the union about these issues recently. Union members have indicated to JHA that the current budget crisis has caused the union to re-evaluate youths' participation in what were traditionally union jobs.

*Recommendations: Make efforts to ensure that eligible youths are, in fact, allowed to use the teen center with consistency. And maintain clear and consistent records of youths using the teen center.*

*Increase available programming, including additional outdoor activities such as community gardening and sports activities, as well as work opportunities in grounds maintenance.*

## **Mental Health**

St. Charles' mental health staff functions as both the mental health staff to the facility and as mental health assessors for the reception and classification unit. Reception and classification serves as the entry point for youths first arriving to DJJ.

St. Charles also has a special treatment housing unit with 48 beds. The unit has two separate wings, one for younger boys and one for older. This unit is for youths who are "chronically mentally ill," but not "acute." Youths classified as acute are sent to IYC-Kewanee, which specializes in mental health.

Due to the current work schedule, youths are pulled out of school for mental health groups and individual treatment. This is a serious problem because so many of the youth in DJJ are already behind academically and because many of the youths are also learning disabled. Youths should not be losing time in school just because they need mental health treatment.

At the time of JHA's visit, there were 61 youths on psychotropic medication mostly for



mood disorder, bipolar disorder, and ADHD. Although staff reported that medications can reach the facility within the same day as ordering them, the specific medications available to the facility and DJJ as a whole are limited. The state has limited available medications due to cost. This is a common practice, but could pose problems when a youth suffers side effects from most medications, and the ideal medication is not on the approved list.

Because the facility only has 48 hours per week of psychiatric services, the wait to see the psychiatrist can be a week or more. The facility also runs into problems getting parental consent to provide medications to youths. This is an ongoing struggle. But Administration believes the implementation of the aftercare planning, which starts upon a youth's entry to DJJ, will help with the consent process.

The mental health staff, interns, and other staff also run a number of groups for the youths. Each of these groups has a capacity of between six and eight youths at a time. Groups include anger management, drug education, social skills, problem solving, cognitive restructuring, relaxation skills, relapse prevention, life skills, current events, parenting skills, art therapy, grief and loss, personal improvement, music appreciation, and the recently added SPARCS program which focuses on trauma.

Currently, there are total of 16 mental health groups running on a six-week cycle, with a total of 113 youths enrolled in groups. There are 176 youths receiving individual mental health treatment. According to the facility, youths receive individual mental health treatment once per week.

St. Charles is the only facility in DJJ with a waiting list for its anger management class. At the time of JHA's visit, 26 youths were on the waiting list. The wait is likely due to the facility's policy that only psychologists are permitted to run the class. Anger management is absolutely necessary for most youths in DJJ and typically individuals other than psychologists can run these classes. In response to JHA's report administration has provided clarification regarding the anger management classes stating that there is not a waiting list for anger management rather youth are given a choice of when to begin the classes. See Appendix A for the full response.

*Recommendations: Slightly alter the work hours of the mental health staff so that mental health treatment does not occur exclusively during school hours, allowing youths to receive adequate schooling and mental health treatment.*

*Increase the number of anger management classes by using qualified individuals other than psychologists.*

## **Reception and Classification**

Reception and classification at St. Charles has recently added new assessment tools. Although the details of each tool would be too much for this report, below is a list of each tool.

- Suicide Prevention Scale
- Texas Christian University Drug Screen II (TCU)
- Global Appraisal of Individual Needs (GAIN)
- Juvenile Assessment and Intervention System (JAIS)
- Psychiatric and Psychological assessment (within seven days)
- Voice-Diagnostic Interview Schedule for Children (V-DISC) (risk assessment tool)

These tools are used to determine a youth's mental health needs, crisis status, substance abuse needs, risk level, security level, and to determine the youth's treatment plan.

It currently takes between seven and ten days to completely process a youth through reception and classification. This is an improvement from JHA's last visit when it took two to three weeks. The quicker processing benefits youths and staff, because youths are matched to their needs faster, and it takes pressure off of reception and classification which averages 30 new intakes per week.

The most serious problem facing reception and classification is youths' records. The current system only uses hard copy records. Consequently, the facility is unable to access any outside records by computer including mental health, school, medical, and any other basic records. Therefore, the time it takes to receive and process records is unnecessarily long. Additionally, staff members sometimes must rely on incomplete records when they begin assessments. It also causes a storage issue. The reception and classification unit is unnecessarily burdened with storing all of the records, taking up space, and creating the potential for losing records.

Fixing the records problem requires a completely new computer system not only at St. Charles, but all of DJJ. Although cost is a concern, this is an absolutely necessary step as information sharing is essential to proper aftercare planning and providing treatment.

*Recommendations: Implement an electronic records system that can share information with other state agencies.*

## **Staff**

Staffing remains an issue for all of DJJ. At St. Charles, it is particularly striking because the outdoor area of the facility presents so many potential ways for youths to participate in grounds work, maintenance, and outdoor recreational/vocational opportunities.

The current staff to youth ratios are: 1:48 on night shift, 1:20-24 on day shift for general population units, and 2:24 day shift on the special treatment unit. All of these ratios are less than ideal. For instance, lack of staffing prevents youths from participating in possible jobs and other opportunities on the grounds because there are not enough staff to supervise them.

Three maintenance staff will be retiring in the coming year. In light of the severe maintenance and upkeep problems at St. Charles, this could be devastating if new staff are not hired and trained prior to the current staff retiring.

As stated above, the facility also struggles with training staff members. Since its inception in 2006, DJJ has been dedicated to providing a more rehabilitative environment for youths, and mandated a decrease in the use of confinement. But according to staff, they have not been adequately trained in alternatives to confinement. This has resulted in many staff members feeling they have no tools to correct youths' behaviors.

Some staff members believe that the reduction in confinement has led to recent incidents at the facility. In the past six months, St. Charles had a fight occur in the school involving approximately 20 youths, and at least two serious assaults on staff resulting in broken bones and long-term injury leave. Several staff members felt these incidents were a result of gang involvement and the youths' recognition that consequences would not be severe.

In order for any facility to provide proper programming, recreational activities, and a generally therapeutic environment, staff and youths must be safe. Without adequate training, staff members will be unable to properly deal with youths misbehavior. Furthermore, these incidents cause the facility to go on lock-down which keeps all of the youths out of school, mental health groups, and other activities.

*Recommendations: Provide retraining to staff members on ways to promote a rehabilitative and safe atmosphere without reliance on confinement.*

*Staff to youth ratios must be lowered either through a reduction in population or increase in staff. This will facilitate more activities for the youths because proper supervision can be provided.*

### **Planned Improvements**

As of November 2010, St. Charles is under the leadership of Superintendent David Hicks. Mr. Hicks comes from a dual diagnosis (substance abuse and mental health need) youth background. It is the stated mission of St. Charles to add services and programming on an individualized basis, restructure the disciplinary program to reduce confinement and create an incentives-based system, implement new vocation and post-secondary educational opportunities, and add more structure to the youths' schedules.

Administration is currently evaluating their current systems to assess what is working and what must be replaced. However, this is a fairly long process and will require steady leadership over that time. St. Charles also faces budgetary challenges when implementing change. It is hard to imagine that these changes can be fully realized without either significant investment or a reduction in population.

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## **Appendix A**

### **St. Charles Administration's response to JHA's Report School**

GED – During your visit a youth expressed a concern or issue in regarding the GED process. The youth stated or suggested that he was not able to complete the GED test, but felt he was ready. I did get some clarification on this. First as you all know a youth may feel that they are ready, but that does not mean that they are. One expectation that I have given to every department is the goal to put every youth in a 'win – win' situation. There is a systematic process to our GED testing.

- First every youth who enters the facility is assessed through the TerraNova Academic Screening Tool. This is the first step of the identifying youth who are at least 17 yrs of age who score in the appropriate range for the GED test.
- The 17 year old youth can enter the GED process at IYC St. Charles in a few ways:
  1. The 17 yr old youth can score high enough in the TerraNova test
  2. The 17 yr old youth can be referred by his teacher (this is the teachers ongoing assessment of the youths performance in the classroom)
- In either case NO youth is set up to take the GED test with out transitioning through what our school calls the GED Pod.

This consist of three phases:

1. GED class – a series of assignments and tutoring that prepares the youth for the GED by improving their performance. The youth tests out of this class which enables them to move on to the next stage of the GED Pod.
2. The second stage of the GED Pod consists of the youth then taking a GED pre test. This takes the youth through a simulated GED test. In essence it is almost identical to the GED test. If the youth does not perform well they are then transitioned back to stage 1 to work on the identified areas. They will then be sent back through stage 2 when ready. And that process is repeated until they pass the stage 2. Once the youth has passed the GED prep test the youth is then schedule for the GED test
3. The last stage of the GED Pod is the youth being scheduled for the GED test.

This process is necessary as it enables us to properly assess, prepare, and refer the youth who are ready. With a population that has 60% of the youth identified as special education, this process is necessary. Yes a youth could feel that they are ready, but PREP and PERFORMANCE is what will enable a youth to be considered ready.

### **Mental Health**

Anger management group: The question surfaced about what appeared to be a waiting list for Anger management. In efforts to clarify, this was a mistake. We DO NOT have any youth on a waiting list for this group or any group. When a youth is assessed and they are identified for Anger Management or any group, the youth is given the option to enter Anger Management at that time or enter the group at a later date during their stay (but when a youth is assessed as 'needing' a specific group completing that group becomes mandatory). This is done to empower the youth, individualized their services, and include them in their services. Each group is based off a max number of youth per group. If a youth who has been assessed as needing anger management chooses to enter a different group such as 'communication skills' the youth is then placed in a category that assigns the youth to an upcoming anger management group. When looking at the flow chart of our groups this will give the appearance that there is a waiting list, but this is not the case. A youth, who may not be assessed as needed anger management at the onset of entering IYC St. Charles, can still be referred after entering the facility based off of the youth's behavior and ongoing observation of staff.

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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.

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