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2018 Monitoring Report for IYC-St. Charles

IYC-St. Charles is Northern Illinois' Level 2 medium security facility for boys. St. Charles also serves as the Northern Reception and Classification facility for Illinois.

Vital Statistics:

Population: 155
Average Age: 17
Population by race: White (11.6%), Black (67.7%), Hispanic (19.4%), Two or more races (1.3%)
Committing offense: Murder 6.3%, Class X felonies 21%, Class 1 felonies 32.8%, Class 3 felonies 5.5%, Class 4 felonies 6.3%.
Source: IDJJ, February 2018

Key Observations:

- Conflicts between youth and staff have led to unfilled and increased staff vacancies and overall tension within the facility, and is one of several contributing factors in the facility's ability to fill critical staff vacancies. Staff report that they do not feel safe in the institution.
- The youth vocational programs, a collaboration between IYC St. Charles and Lakeland College, are functioning well and students are actively enrolled and engaged in the program.
- On the days of our visits, JHA observed and youth reported that they remain in their cells for a vast majority of the day, leaving only to go to school, the occasional recreation time, and other required programming. Staff vacancies has impacted the ability for cottages (housing units) to have youth outside of their cell. Youth's time outside of their cells has also been limited when incidents occur in the facility.
- A youth's confinement during the day impacts their behavior when left outside of the cell. Youth were observed in school and clinical services to be easily distractible, disruptive, and disengaged, which impacts the retention of the services being provided by staff.
- There is an ongoing wait list for dentistry appointments in the facility.
- At the time of the visits, IYC St. Charles continued to use phone calls and visits from family as an incentive for good behavior. Youth who may have ongoing behavioral problems, who may be in the most need of family support, are limited in their visits and phone calls.

- The implementation of Positive Behavioral Interventions & Supports (PBIS) has not been consistent nor has it occurred throughout the facility.
- Teachers were observed to be active and engaged with students, however because of the blended learning model, students in their classroom may be working on a variety of educational disciplines. A teacher trained in Social Studies may be required to provide educational support to a student who is struggling in Math, which is outside her/his areas of expertise.

Executive Summary

The John Howard Association of Illinois (JHA) conducted a full monitoring visit of Illinois Youth Center (IYC)-St. Charles (St. Charles) on February 22nd, 2018, and an abbreviated follow-up visit on May 3rd, 2018.

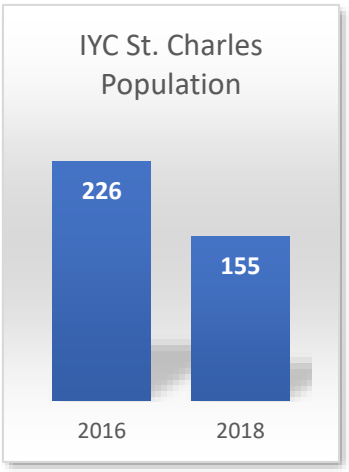
During the first visit in February, youth were observed being locked in their single-bunked cells for most of the day and were only let out of their rooms for limited school time and required programming. Because of several incidents of staff and youth assault occurring within the past year, staff reported feeling unsafe in the facility. This impacted staffing levels, as many staff positions remained unfulfilled at the time of both visits, and also this impacted the quality of interaction between youth and staff. Consequently, youth remained in their cells because staffing shortages could not allow for youth to be released, as a two staff minimum on the housing units are required for youth to be released for recreation time. Of concern, was that staff reported they did not feel safe having youth outside of their cells, paired with staffing shortages, this creates increasing difficulty to provide youth programming and recreation.[i] The increased in-room/confinement time led to youth's hyperactivity and disruptive behavior when they were finally let out of their cell, which culminated in further disruptive behavior. This cycle of confinement, eventual removal of restrictions, youth misbehavior, and confinement was clearly observed on the May 3rd visit. During this visit, school was severely restricted, as youth were observed receiving only 40 minutes of instruction on the day of the visit.

To address this cycle of behavioral disruption and confinement, it is recommended that a youth's out-of-cell time be increased. Youth should be receiving more educational instruction time, and youth would also benefit from increased mental health treatment. Additionally, staff need to be provided with methods of controlling a youth's behavior that are trauma-informed rather than trauma-inducing. The Positive Behavioral Interventions & Supports (PBIS) model, when used correctly throughout the institution and with fidelity to the model, can be a useful tool to incentivize good behavior and also change the climate of the institution.

Staff need to feel safe, and their reasonable fear of physical assault without having a professional response that both protects them and does not exacerbate mental health or trauma issues the youth may have is indicative of an unworkable system. It seems that the inability to address safety concerns in a large youth penal institution while also promoting rehabilitation points to the need for Illinois to move to a different way of approaching juvenile justice. In order for staff to feel safe and do their jobs, and for youth to receive regular educational, recreational and mental health programming, Illinois must shift to a model that supports change through individualized programming and treatment and focuses on family connection and successful community reentry.

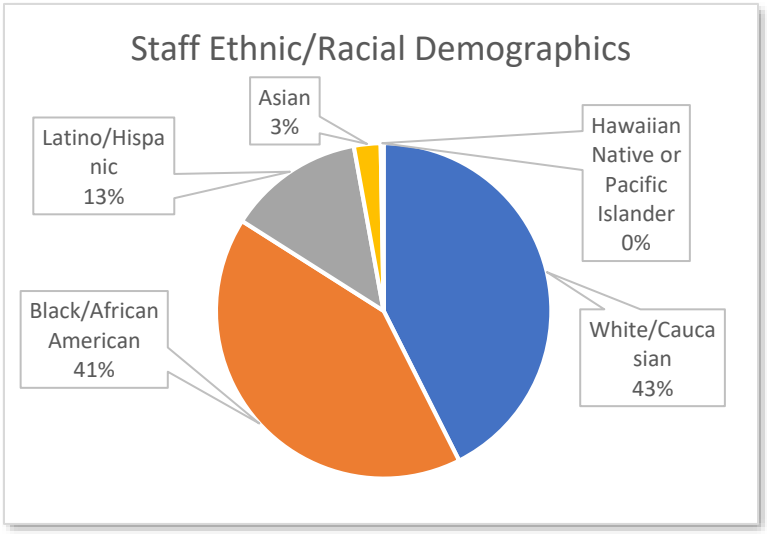
THE FACILITY

A. Population of Youth and Staff



IYC-St. Charles has capacity to house 348 youth between the ages of 13 to 20 years. At the time of JHA's February 22, 2018 visit, the facility held 155 youth, which is a 31% decrease in population from JHA's 2016 visit (where the population was 226 youth). The facility's population of 155 youth indicates that the facility is at 45% capacity.

In early 2018, there were 350 staff (including full-time and part-time positions) at St. Charles. Of the 350, 149 (42.5%) were identified as White/Caucasian, 145 (41.4%) as Black/African American, 46 (13.1%) as Latino/Hispanic, 9 (2.57%) as Asian, and 1 (0.28%) as a Hawaiian Native or Pacific Islander. The racial demographics of the staff population have more diversity compared to the surrounding city of St. Charles' population, which according to the 2000 census is 93% White.



JHA applauds the efforts of IYC-St. Charles to hire a diverse staff to better reflect the diversity of the youth population. Increased diversity among correctional staff can help to increase cultural competency, reduce structural racism in correctional facilities, which historically have broken down along racial lines with staff being predominantly white and prisoners predominantly people of color, and foster relationship-building among youth and staff.[ii]

There are 200 security staff, who work across shifts, as is typical across IDJJ facilities. For the day (6am – 2pm) and evening (2pm – 10pm) shifts, the security staff to youth ratio is 1:8 at St. Charles. For the night shift (10pm – 6am), the ratio is 1:16. The Council of Juvenile Correctional Administrators (CJCA) states that ideally, during waking hours the staff to youth ratio should be 1:6, and they recommend that during sleeping hours the ratio should be 1:12.[iii] In their recommendations, the CJCA notes that this only counts those staff who are engaged in continuous

and direct supervision of youth. During a review of this report with IDJJ administrative staff on May 21, 2018, IDJJ reported that they are hoping to open additional housing units and move youth in order to reduce the population inside each one and improve the staff-to-youth ratio. We look forward to seeing the implementation of the lowered youth-to-staff ratio in our subsequent visit.

Staff vacancies continue to be an issue at IYC St. Charles, with 33 open positions being unfilled at the time of this report. The vacancies include many administrative positions, but also include about 5 mental health positions, 3 nursing positions, and, most notably, 7 educator positions. Retention of newly-hired staff has increased recently. Administrators attribute this to an opportunity to conduct the initial orientation and staff training within the St. Charles facility, as opposed to at the Corrections Training Academy in Springfield, where new staff training for the Illinois Department of Corrections (IDOC) and the Illinois Department of Juvenile Justice (IDJJ) typically occur. This on-site facility training enabled new staff to experience, troubleshoot, and become acclimated to facility-specific issues from the inception of their employment, while being trained as a team alongside their future coworkers. The administration noted that this model of on-site training is difficult to arrange, however, as incoming training cohorts may not be assigned in advance to a particular facility, and instead may end up working in a variety of facilities. Because the recent class of new staff was specifically designated to St. Charles to fill the large number of vacancies there, on-site facility training was possible in this instance. St. Charles administration would like on-site training for potential new staff members to continue in the future because it has proved to be beneficial in identifying staff who are prepared to meet the challenges of the facility.

Recruitment of qualified staff remains an ongoing issue particularly after recent assaults on staff by youth. Many staff report that they do not feel safe with youth, and this creates barriers in terms of rapport building, as well as in the retention of newly-hired employees. Despite the implementation of PBIS (Positive Behavioral Intervention and Supports) in the facility, which is designed to improve not only youth behavior but also staff-youth interactions, staff are reportedly calling in sick more often or going on leave of absence. Administrative staff noted that there are several correctional officers who have great skills in engaging with youth, and youth report feeling safe in engaging with them, but this is not the norm. Of the youth that JHA spoke with, several expressed concerns with the staff's interactions with them. One youth reported that he is treated with disrespect by staff, often without justification and without any reason. Another youth reported that staff do not intervene when youth fight, and another stated that staff physically assault youth out of the sight of cameras. One youth summed up the treatment by stating "they treat us like dogs."

Youth report being treated with disrespect by staff; staff report feeling unsafe.

Considering the recent publicized physical altercations between staff and youth, JHA asked administrators what protocols have been implemented to analyze and address staff interventions in

dealing with assaults. They reported that, according to IDJJ policy, when force is used with a youth, a debriefing immediately occurs afterwards to determine if the use of force was appropriate and how to best handle similar situations in the future. This debriefing also includes a review of camera footage.

When asked about specific programs or protocols that are in place for addressing psychological secondary or "vicarious" trauma experienced by staff in the workplace, administration reported that programs for staff self-care were in their beginning stages of development[iv]. Administrators have been in contact with a person to provide yoga classes to staff. Given the frequency and severity of staff assaults by youth in the facility, and the atmosphere of distrust and disengagement among the staff towards youth, it is essential to equip staff with the tools to best manage stress so that it does not impact the services that they provide or negatively impact staff's own psychological and physical welfare.

The problem of secondary trauma among frontline juvenile justice staff is a critical issue that is commonly overlooked and remains under addressed in juvenile justice. As an integral part of reforming juvenile justice facilities to make them safer, more effective, and rehabilitative, JHA advocates that IDJJ prioritize implementing self-care protocols to treat secondary trauma and stress among juvenile justice staff, to include referrals for individual psychotherapy, the creation of on-site support groups, and classes for stress management and mindfulness practices.[v]

The US Department of Justice has called for the creation of trauma-informed juvenile justice systems in order to counteract the negative impact of trauma on justice-involved youth and frontline staff. [vi] In line with this goal, multiple models for trauma-informed treatment (see text box) have proliferated in recent years in juvenile justice facilities across the country. Trauma-informed practices are not unique to the juvenile justice system and are used in a variety of facilities and contexts. A trauma-informed approach involves "an understanding on how violence impacts the lives of people being served, so that every interaction is consistent with the recovery process and reduces the possibility of re-traumatization. Trauma-informed care represents a significant shift in thinking and practice."[vii] At the level of a juvenile facility, a trauma-informed approach may involve increasing time that youth are outside of their cells, reducing harsh or coercive practices that may trigger or re-traumatize youth, and promoting respectful youth-staff interactions[viii]

According to the Substance Abuse and Mental Health Services Administration (SAMSHA) a Trauma-Informed approach is one that:

1) realizes the widespread impact of trauma and understands the potential paths for recovery

2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system

3) responds by fully integrating knowledge about trauma into policies, procedures, and practices

4) seeks to actively resist re-traumatization[1]

In short, trauma-informed practices can work to increase safety and reduce assaultive behavior and disciplinary issues in youth prisons. The majority of youth in the juvenile justice system have experienced trauma and traumatic victimization in childhood.[ix] One of the tragic repercussions of childhood trauma is that children exposed to or victimized by violence often grow up to engage in or become repeat victims of violence.[x] Given the histories of severe trauma suffered by many youth in juvenile justice facilities, it is predictable that physical aggression and assaults between youth and between youth and staff will occur.

At the time of an assault, correctional intervention necessarily must focus on the immediate needs of restoring order and physical safety and preventing harm when assaults occur. However, in the aftermath of an assault, JHA believes that the traumatic repercussions of such incidents also must be dealt with as mental health crises, for both aggressors and victims, using trauma-informed care and intervention. Cross-cultural understanding is also an essential component in providing trauma-informed care. Youth behavior that is labeled as "aggressive" also can be interpreted as normative and adaptive in other contexts. Many youth in IDJJ come from impoverished neighborhoods replete with high crime. Consequently, they have been required to develop survival skills to manage these environments. Verbal and physical aggression can be necessary to survival and coping in these circumstances. Rather than viewing aggression as maladaptive, an alternative conceptualization is that some aggressive behaviors have played an important part in youth's ability to survive and maintain a sense of security growing up in a hostile, dangerous environment.[xi]

JHA believes that the traumatic repercussions of such incidents also must be dealt with as mental health crises, for both aggressors and victims, using trauma-informed care and intervention.

Juvenile justice institutions can inherently serve to not only trigger flashbacks from previous traumas acquired prior to incarceration, but these facilities also are inherently traumatic because of the sensory and contact deprivation resulting from residing in these facilities, and also because of the youth's isolation from their families, friends, and support system. The characteristics of correctional facilities, such as seclusion, possible staff insensitivity, loss of privacy, loss of personal property, exposure to physical and verbal aggression, and subjection to physical restraint, can exacerbate feelings of fear, helplessness, and anger created by previous trauma and victimization.[xii]

Therefore, given that a majority of youth in correctional facilities have experienced trauma prior to incarceration, it is especially important to address the trauma experienced while incarcerated using evidence-based practices. Rich Gilman, Jeffrey Strawn, and Brooks Keeshin identified several clinical tools for the prevention and treatment of childhood and adolescent Posttraumatic stress disorder (PTSD), which include psychopharmological (medication-based) approaches, individual prevention strategies, individual intervention approaches, as well as family system prevention and

intervention approaches.[xiii] Many of these approaches, with appropriate training and resources, can occur within juvenile correctional facilities including IYC St. Charles.

Recommendations

1. Assign staff to facilities earlier in training process so that a larger component of training is at the facility that they will be working in, alongside with future co-workers. This is essential as each juvenile facility has a unique population.

2. Develop and implement policies to address secondary trauma and stress among juvenile justice staff.

3. Adopt a comprehensive trauma-informed approach to address youths' complex needs and prevent staff and youth assaults.

4. Address the mental health impact of traumatization for youth involved in assaults.

B. Physical Plant

IYC St. Charles, which first opened in 1904, is a Level 2 medium-security facility. In addition to the general population program, St. Charles also serves as a reception center, processing the majority of all male youth committed to IDJJ. The physical space of St. Charles contains numerous buildings, many of which are either closed because they are in need of major repairs, are not habitable, or are no longer in use. The St. Charles facility is comprised of eight housing units: 2 (Lincoln and Adams) units are for special treatment youth, 1 (Robinson) for substance abuse treatment, 3 (Harding, Williams, and Cleveland) for general population, 1 (Pierce) for honors youth and graduates, and 1 (Taylor) for segregation youth. Administrative staff reported that a cottage will be opened soon as an Alternative Behavioral Unit (ABU) to house behaviorally disruptive youth in a therapeutic setting, and JHA staff looks forward to seeing the youth in this housing unit after it opens. The administrative staff reported that the horticulture building has recently been remodeled and is now fit for use, and they are looking to hire a horticulture instructor through their partnership with Lake Land College. Additionally, 10 youth are attending Lake Land College programs for Custodial and Construction, and JHA was impressed with the space, materials and equipment available for the program. JHA spoke with one of the teachers who reports that the program is smoothly running 5 days a week and instruction occurs during an 8-hour period each day. One area of improvement appears to be in the coordination of movement within the facility for youth, as students' arrival at different times of the day, impacts the

JHA spoke with one of the [vocational program] teachers who reports that the program is smoothly running 5 days a week and instruction occurs during an 8-hour period each day.

continuity of instruction. As a result, teachers may have to repeat instruction for those students who attend late due to issues in coordinating youth movement, this logistical issue is a result of safety concerns around youth engaging in assaultive behavior when passing other youth at the facility.

In the preparation for this report, JHA visited the St. Charles facility twice over a three-month period. Once was for a longer comprehensive visit as is typical of JHA visits, while the other visit was prompted by an incident on April 19, 2018, which was a fight among multiple youth from two housing units that resulted in several physical injuries to both staff and youth. No youth required outside medical treatment, but one staff member who intervened to stop the fighting was injured and required significant medical treatment.

As JHA toured the facility on the first visit, we observed that youth remained in their cells in the housing units in the middle of the day. In one cottage there was a problem with the unit being understaffed that day which prevented youth from being let out into the day room, whereas in the other unit we visited, no staffing or any other issues were present to justify preventing youth from being let outside of their cells. On JHA's second visit, because the facility was on a lock-down following the altercation, youth were also in their cells. However, both youth and staff reported that they were given time out of their cells for limited recreation, school, and other programming.

During the first visit, youth that we spoke to corroborated that they spend the majority of their time in their cells. They reported that they spend little time outside their cells, aside from occasional programming and visits to the dietary unit. One youth whom we spoke with reported that youth in his cottage, which was not a security cottage, were locked in their cells for over two weeks. While JHA cannot confirm or refute these reports, we were deeply troubled by the lack of youth activity, the large number of youth confined in their cells in the middle of the day, and the absence of youth engaged in recreation, programming and interaction that we observed during our visit.

Youth that we spoke to corroborated that they spend the majority of their time in their cells.

On the second visit, youth reported that immediately following the altercation, all youth were locked in their cells for three consecutive days without any time outside of their cells. Over time, youth were allowed outside of their cells as was previously described. However, they noted that their out of cell time rarely exceeded three hours a day. Though this could not be corroborated with disciplinary data provided by the facility, youth reported that in the days immediately following the altercation, youth were well behaved, but because restrictions were slow to be eased, youth's disruptive behavior increased. Further, youth opined that this altercation resulted from another series of restrictions following an earlier youth altercation. From these recent events, it appears that there is a cycle of youth misbehavior, restriction of activity and out-of-cell time, followed by increased or repeated youth misbehavior. While hugely problematic, this cycle is not shocking given

the effects of solitary confinement on mental health and behavior, as has been reported on and researched extensively for both adults and adolescents. For example, the American Psychological Association cautions that the use of solitary confinement is "associated with severe harm to physical and mental health among both youth and adults."[xiv] Specifically, youth in solitary confinement are at increased risk of self-mutilation and suicidal ideation; youth experience greater anxiety, depression, sleep disturbances, paranoia, and aggression; they experience an exacerbation of the onset of pre-existing mental illness and trauma symptoms; and they are at increased risk of cardiovascular problems. This disruptive behavior following days of isolation, therefore, is unfortunately not unexpected to a certain extent. Consistent with best practices and minimum constitutional standards of care, it is essential that youth's time in their cells is minimized to the greatest extent possible.[xv]

According to the **American Psychological Association**, youth in solitary confinement are at increased risk of self-mutilation and suicidal ideation, youth experience greater anxiety, depression, sleep disturbances, paranoia, and aggression, they experience an exacerbation of the onset of pre-existing mental illness and trauma symptoms, and they are at increased risk of cardiovascular problems.

On the day of our first visit, February 22, JHA observed the dietary unit, which appeared to be clean and properly staffed. During the visit to dietary, two cottages had lunch, and while the youth had lunch we talked to several of them. Though we did not specifically monitor the time during which youth were allowed to eat their lunch, it seemed very short in duration. Of the youth that JHA interacted with, none finished their entire plate of food either because they did not want to eat, or because they did not have enough time to eat their meal. Allowing youth enough time to eat their meals is essential during adolescence, a crucial time when youth are developing their bodies and brains. The American Academy of Pediatrics recommends that youth be allowed 20 minutes to sit down and eat their lunch within school settings (2015).[xvi] This time excludes waiting in line to receive food or time in transit to the cafeteria.

Recommendations

1. Provide youth with increased programming and greater opportunities to spend time outside of their cells.
2. Limit the time in solitary confinement to limit the psychological and biological harms of solitary as identified by the American Psychological Association and to comply with minimum constitutional standards of care and the Eighth Amendment prohibition against cruel and unusual punishment.
3. Allow youth at least 20 minutes to eat their meals in dietary in accordance to the standards set by the American Academy of Pediatrics.

Health and Well-Being

A. Medical Treatment

Though there are currently 3 vacancies for nursing at St. Charles, the 2017 average daily backlog for nurse practitioner appointments is below one a day. The average daily backlog for doctor appointments in 2017 was also below one a day. The streamlined process of providing a sick call request to nurses during the administration of medication on units, which is then directed to the Medical Unit for immediate evaluation, appears to minimize the delay youth experience in being seen by medical staff.

The 2017 average daily backlog for nurse practitioner and doctor appointments was below one a day.

The 2017 average backlog for dental appointments was 43 a day.

There is a noticeable backlog for dental appointments, however. With the dentist providing on average 18 hours of dentistry work a week, there was an average daily backlog of 43 appointments in 2017. According to the Joint Center for Political and Economic Studies Health Policy Institute, tooth decay is the most common chronic disease among children in America.[xvii] This is especially prevalent among children from families who earn less than 200 percent of the poverty level, who are disproportionately represented in the juvenile justice system. For these youth, they are three times more likely to have unmet dental care needs compared to their higher income peers. According to the Joint Center report, untreated oral health problems affect a youth's ability to eat, learn, sleep, develop healthy self-esteem, and interact with peers and adults. This all can impact a youth's behavior.

Recommendation

1. Provide appropriate and timely dental treatment for all youth at the facility.

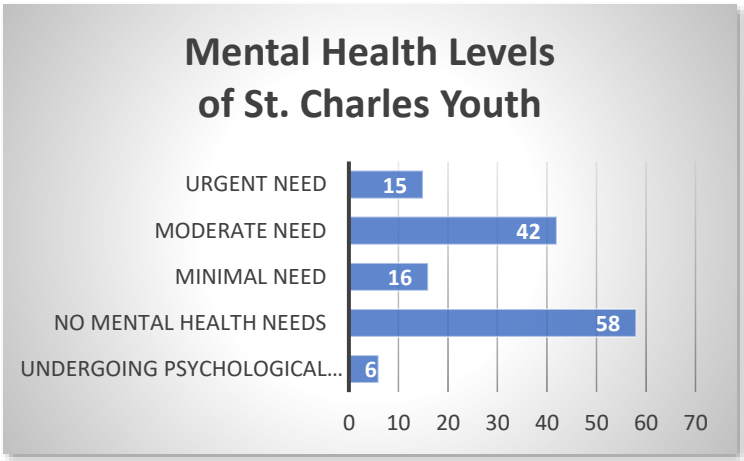
B. Mental Health Treatment

In speaking with the mental health staff, they described a change in the mental health needs of the youth population at St. Charles. Prior to "right-sizing" the system in 2015, youth referred for mental health treatment represented two opposites in presentation; either they were depressed and socially withdrawn, or they had significant behavioral and psychological disturbances which severely limit overall functioning. St. Charles administrators report that a majority of youth seen by mental health staff now represent those who are "chronically mentally ill with a strong behavioral component,"

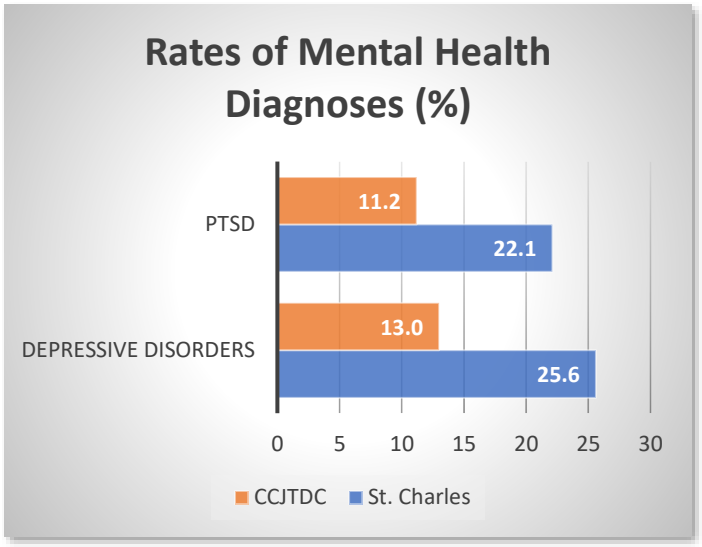
which describes youth who may not be in an acute crisis state requiring constant supervision but are youth who have existing mental health needs which require increased facility resources in the form of attention and intervention.

The observation in the changes in mental health severity is affirmed by examining the current levels of mental health needs. IDJJ developed and implemented a mental health level (MHL) system whereby within one week of admission to a parent facility, a youth is placed on a mental health level which dictates the amount and frequency of mental health services. The levels are on a hierarchy with "0" indicating no mental health needs to "4" requiring inpatient psychiatric hospitalization. Neither this hierarchy nor the recommendations articulated in the MHL policy are based on requirements from professional codes or policies such as the American Psychological Association.

Of the youth in the facility on the day of JHA's first visit, 4% (6) were currently undergoing psychological evaluation, and 44% (58) were in level 0 which indicates no mental health needs. Twelve percent (12.2%, 16 youth) were described as having Minimal need, which according to IDJJ definitions indicates that the youth is presenting with mild signs or symptoms of a DSM-5 diagnosis. The DSM, or the Diagnostic and Statistical Manual of Mental Disorders, now in its fifth edition, is the text used by mental health providers to diagnose clients by providing criteria for a diagnosis. Thirty two percent (32%,42 youth) were labeled as having Moderate need, which according to IDJJ definitions indicates that the youth is presenting with moderate signs or symptoms from the DSM-5. Eleven and a half percent (11.5%, 15 youth) were identified as having Urgent need, which is defined as currently exhibiting severe signs or symptoms of the DSM-5. According to IDJJ policy, the youth's level dictates the amount of services required per month. Youth who were in the Minimal need category required at least 90 minutes of mental health services a month, which may include group and/or family therapy. Youth labeled as having Moderate need required weekly mental health services (lasting 45 minutes in length) which may include family therapy sessions. Urgent need youth require a minimum of a 45-minute individual therapy session per week in addition to other supplemental services such as group and/or family therapy. Taken altogether, 55.7% of youth incarcerated in St. Charles are at or above the Minimal need of mental health services.



The notion that St. Charles has more chronically mentally ill youth in custody than the other IDJJ facilities could be confirmed through a comparison of Department-wide data on the number of youth with mental health diagnoses. Unfortunately, specific rates of individual mental health diagnoses are not reported through IDJJ's monthly reports[xviii]. Rates of youth who have one or multiple mental health diagnoses are provided across the five IDJJ facilities. This aggregate reporting makes it challenging to compare rates of specific disorders across institutions. Though the populations between the types of facilities vary, a similar, but not equivalent, comparison can be made with juvenile temporary detention centers (JTDC). Youth held in JTDC often are transferred to IDJJ facilities, but some youth held in JTDCs are released for treatment and supervision in the community. Therefore, comparisons should be made with caution. When comparing the rates of mental health diagnoses of youth in St. Charles to published rates of diagnoses in Cook County's Juvenile Temporary Detention Center (CCJTDC), the rate for depressive disorders for youth in St. Charles, 25.6%, is higher than the 13.0% for detained male youth at the CCJTDC as reported by Teplin and colleagues.[xix] Additionally, the rate for post-traumatic stress disorder, 22.1% is higher than the rate of 11.2% reported for youth in CCJTDC by Abram and colleagues[xx]. It should be noted that the datasets from the studies mentioned above are over 20 years old, a time when youth were incarcerated at much higher levels than in today's times. As a result, comparisons should be made with caution.



IYC St. Charles youth who require increased mental health services are placed in the Special Treatment Unit Program (STU) which houses up to 24 youth in two independently-programmed wings of the building. Youth's placement in the wings are determined by age, with younger youth aged 13-16 years old housed in one wing, while older 16-20 years old youth are housed in another wing. Youth residing in the STU receive one therapy session a week and at least two other mental health contacts a week, which may include group or family therapy. In speaking with youth at the STU, one youth was seeing his therapist multiple times a week, while another saw his therapist weekly.

At the time of the first JHA visit, there were 15 youth housed in the STU. These youth are categorized as being on the urgent level of need at the facility. Since the unit can house 24 youth, the availability to house 9 more youth suggests that the number of youth with urgent levels of mental health needs is relatively low. Further, the STU is not a security unit, which is where youth with significant behavioral problems would be placed, yet the security unit, housed in Taylor, only

had 3 youth at the time of our visit. As a result, though it is clear that St. Charles has higher rates of youth with some mental health diagnoses, it is difficult, based on our observations and data from the facility, to see clear evidence that there are more "chronically mentally ill youth with a strong behavioral component." It may be youth housed in STU also have behavioral problems, and, as a result, may be locked in their rooms for most of the day similar to other St. Charles youth. By keeping STU youth in their rooms for most of the day, problematic behavior is controlled in an immediate physically contained way, insofar they are isolated from others. However, this isolation prevents these youth from receiving therapeutic services such as milieu therapy, outside/inside recreation time, and activity time, all of which are described in IDJJ policies as essential characteristics of the St. Charles STU program. During JHA's visit to the STU, which occurred on the second visit following the April 19, 2018, altercation, youth in the STU were also locked in their cells during the day. Outside of the temporary restrictions as a result of the lock-down, youth expressed the need for more programming aside from individual and group therapy. It may be of benefit to these youth to include milieu therapy, outside/inside recreation time, and activity time into the STU youth's schedule.

Problematic and disruptive behavior, such as fighting, staff and youth assaults, and property damage, can be difficult to manage at a facility which is understaffed. Those who chronically engage in such behaviors are assigned the DSM-5 diagnosis of conduct disorder. Approximately 77% of youth in St. Charles have this diagnosis, which is a typical rate for juvenile correctional institutions. Conduct disorder is not considered in the MHL system for youth per IDJJ policy. In their review of the literature on effective treatments for conduct disorder, the organization Children's Mental Health Ontario concluded that successful treatment of conduct disorder "must address multiple domains in a coordinated manner over a period of time." These multiple domains include the youth, their family, school, and their peer group.[xxi] Milder forms of conduct disorder are addressed with the youth learning problem-solving or social skills, behavioral management and parenting skills for the parent, and consultation with the school system. Taken altogether, the St. Charles youth who are experiencing both behavioral and mental health concerns would be best served in facilities where staff can access and interact with parents, peers, and schools. Finally, in their review, Children's Mental Health Ontario state that pharmacological treatments alone are not sufficient to treat conduct disorder.

The organization Children's Mental Health Ontario concluded that successful treatment of **conduct disorder** "must address multiple domains in a coordinated manner over a period of time." These multiple domains include the youth, their family, school, and their peer group

JHA observed the clinical services area of the facility, which is housed in a building fashioned by connecting several trailers. The building houses the mental health staff offices and contains space to hold individual and group psychotherapy. A group psychotherapy session for the SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) curriculum, which helps

people with histories of experiencing trauma learn coping skills, was observed by JHA. The group therapy session involved one primary facilitator and a co-facilitator, and the topic for the observed session was mindfulness training.

Mindfulness activities entail slowing down one's thoughts to focus on the present by engaging in a small activity but in a slowed fashion. The goal of mindfulness exercises is to teach youth how to be more aware of their environments and how their emotions, thoughts, and behaviors affect what happens around them so that they can learn how to make choices mindfully during stressful or dangerous situations.[xxii]

The content of the SPARCS session that JHA observed originated from a treatment manual, and the activity involved participants blowing bubbles slowly and noticing their thoughts and feelings. During the group session, the youth were very energetic and distracted. They did not heed the instructions for the activity which were provided by the facilitators. Instead, youth played with the bubbles and each other, which caused the bubble water to be spilled on the table. The cofacilitators attempted to turn the activity into a reflective experience after the table was cleaned and the activity was over, but the youth were too excited from the experience to engage in more reflective work.

Given the containment of the youth within their cells for most of the day, their rambunctious behavior in the group therapy session is understandable. In the absence of robust programming, physical recreation and time outside of their cells, opportunities for play and socialization will override the capacity and intent of staff to provide youth with therapeutic group-based interventions. Because of this dynamic, the effectiveness of these group therapy services is called into question. Additionally, given the complexity of the instructions and the bubble-blowing apparatus and procedure, alterations to the activity, though manualized, to adapt it to the corrections setting and the specific needs and challenges of St. Charles youth might lead to a more successful outcome. One adaptation may include using a less stimulating or simpler activity to show the practice of mindfulness, such as the popular practice of mindful eating. Another adaptation would be to introduce the steps to the activity gradually, instead of all at one time prior to introducing the materials.

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Recommendations

1. Provide comprehensive therapeutic treatment for youth, involving youth's families, peers, and schools, incorporating professionally recognized standards for treatment of conduct disorder.

2. Make adaptations to manualized treatments and tailor therapeutic interventions to specifically take into account the particularized needs and capacities of IYC St. Charles' youth population without harming fidelity to the interventions.

Behavioral Management Reforms: Level System and PBIS

After observing positive results from the application of the Positive Behavioral Interventions & Supports (PBIS) program (see text box) in the school settings of both IYC Harrisburg and IYC St. Charles, IDJJ officially began the implementation of PBIS at all IYCs in 2014[xxiii].

PBIS is a behavioral management strategy based on providing incentives for good behavior as opposed to concentrating efforts on negative consequences for bad behavior.

A key component of this program is offering incentives that are both achievable and desirable to the population to which they are offered.

Though previously limited to the school settings in IYCs Harrisburg and St. Charles, IDJJ's implementation of PBIS in 2014 expanded to include all settings where youth interacted on a daily basis, which includes their housing units, vocational programming, and dietary, among others. According to IDJJ documentation on PBIS, each day is segmented into fourteen periods, and youth earn points throughout the day for good behavior. At the end of each of the fourteen hourly periods, staff are to notify the youth of the amount of points earned and the justifications for them. Youth may earn up to 2 points in each of these periods. During these discussions with staff and youth, it is intended that the staff focus on youth's positive behavior. The amount of points earned throughout the week determines a youth's behavioral level, which indicates differing levels of privilege in the cottage.

Youth can be placed on one of four levels, with level 3 being the lowest level, which is the level of all incoming youth at the facility, to Honors level. A youth's points earned during the week determine their level for the subsequent week. Points dictate how many commissary items youth can purchase at the facility. They also impact the number of phone calls and amount of family contact youth can receive (see text box on following page).

	Phone calls	Visits
Level 3	1 x 30-minute phone call / month	1 x 2-hour visit / week
Level 2	2 x 30-minute phone call / month	1 x 3-hour visit / week
Level 1	1 x 30-minute phone call / week 2 x 15-minute calls per month with extended family members/relatives conducted with YFS* case managers	1 x 4-hour visit / week
Honors	2 x 30-minute phone call/week 3 x 15-minute calls per month with extended family members/relatives conducted with YFS* case managers	1 x 4-hour visit / week

*Youth and Family Services

Given the importance of family members not only in the treatment of mental health issues, behavioral concerns and conduct disorder, but also in the successful transition back into the community, it is essential that youth are provided adequate family contact as is necessary for true rehabilitation. As stated in prior reports, JHA objects to the policy of treating phone calls and visitation between youth and families as a contingent privilege that may be subject to limitation to punish poor behavior or increased to reward for good conduct. Prevailing best practice standards dictate that contact between youth and families should maximized to the greatest extent possible, given the evidence that incarcerated youth who have contact with their families have better outcomes upon release.[xxiv] During our report review with IDJJ , JHA staff was informed that in June 2018, this policy of binding behavioral levels to family visits will be removed, and youth irrespective of behavioral level will receive phone calls. We look forward to seeing this policy change implemented.

In theory, the model of PBIS, if adopted by staff, will change the culture of the institution whereby staff and youth care for one another, and staff focus on a youth's strengths and positive behaviors. The documentation on PBIS does not address the use of restraints or solitary confinement, nor does it appropriately address problematic or disruptive behaviors that cannot be contained as a result of the loss of points. An additional policy of youth interventions has been enacted to address those youth who may need a coordinated team effort to manage behavior. Youth who are designated as requiring

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"targeted" or "intensive" interventions are discussed in multidisciplinary staffing meetings where an intervention plan is assigned for the specific youth and implemented. According to IDJJ policy, these interventions may include the following: specialized interventions for youth, individualized incentives and more individualized goals, the exploration of alternative responses to discipline, the creation of a behavior plan reflecting goals, strategies, staff responses to specific youth behavior, criteria for assessing progress, and placement in a specialized housing unit. A youth's progress during these interventions is discussed in the staffing meetings.

The administrative staff report that staffings for youth have occurred for some youth at the facility. However, PBIS in this facility was not fully implemented with fidelity to the IDJJ guidelines on our two visits. Staff was not observed discussing points earned with youth, youth did not have ready access to their point cards during the day, and it appeared that in some settings PBIS was not implemented at all depending on the staff. It is troubling that PBIS does not seem to have been implemented throughout the institution, as the purpose of PBIS is to better the interactions between staff and youth at the facility as whole, so that room confinement, restraints, and other punishment-related interventions would be enacted only to control youth behavior. It is strongly recommended that PBIS be implemented with fidelity to the program description throughout the institution to ensure consistency, predictability and cohesiveness among all staff in methods for managing youth behavior.

Further, understanding that IDJJ policy now significantly limits the punitive use of solitary confinement, which is in line with prevailing standards of humane treatment and best practices in corrections, without a fully functional PBIS system, there are limited ways to impact youth behavior. This frustration has been voiced to JHA and publicly by IDJJ staff. The prevailing staff sentiment is that they have had certain useful tools for managing youth behavior taken away without being provided an impactful replacement or substitution. Staff feel that because youth are aware that there are limited punitive consequences available for staff to mete out, they indulge in greater misbehavior with more frequency. Given the prevalent safety concerns staff voiced during both recent JHA visits to St. Charles, it is clear that staff legitimately fear for their physical well-being. The failure to be able to manage youth behavior without consequences that are detrimental to youth development and mental health does not mean severe consequences should be reinstated, rather, it calls into question the model of state custody for youth that is currently used in Illinois. Large institutions are not well suited to providing individualized attention and treatment, or to behavioral control mechanisms that are geared towards protection of youth mental health and development. Youth rehabilitation is not realistically achievable in a large carceral environment; future success would be better supported by focusing resources on community-based services where possible, and the creation of small regional facilities to support youth where that is not a viable option.

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Recommendations

1. Prioritize providing all youth with phone calls and family contact as often as possible, and not as a reward for good behavior.
2. Implement PBIS with high fidelity throughout the institution, not limited to the school setting, in order to replace negative consequences with positive incentives.
3. Reallocate state resources for justice involved youth in order to focus on delivery of therapeutic interventions, individualized attention, and programming focused on rehabilitation and successful reintegration.

Education

As noted in earlier sections of this report, there are multiple staff vacancies in educational staffing at IYC St. Charles. This shortage in employees is due in part by newly hired staff feeling unsafe with the St. Charles youth, especially considering the recent altercations between staff and youth. As a result, the principal has enacted a training policy for newly-hired teachers where they shadow a teacher who serves as their mentor.

On our first visit, JHA visited a classroom where this mentoring was taking place, which involved both teachers working with two separate groups of youth. The mentoring teacher was working with youth at a desk who appeared to be working on math problems, while the other mentee teacher was working with two youth on projects at a computer. Both teachers appeared to have good connections with the youth and were engaging them to complete their work. Our observations of direct engagement between teachers and youth contrasted with the description of teacher-youth dynamics reported by administrative staff, which characterized teachers as standoffish and refraining from interactions with youth because they feared for their safety. Under the "blended" teaching model used in IDJJ facilities, where youth complete their courses online with assistance from teaching staff, there is a danger of teachers becoming disengaged and not actively interacting with their students in the learning process. It was surprising and refreshing for JHA to observe teachers actively engaged with youth in their classroom lessons. The youth were well-behaved and did not cause any disruptions during our

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observation. The levels of engagement and connectivity that JHA observed in St. Charles' classroom speak to the success of the facility's teacher mentoring model in helping to prepare new teachers for the job of teaching in a correctional facility and engaging with the youth as students.

During our second visit, the school's operation was restricted following the April 19 incident. One cottage at a time attended school, and these students were separated into two classrooms. In order to instruct students from the various cottages amid these restrictions, classroom instruction was limited to one hour, compared to two and a half hours prior to the lock-down. The receipt of a quality education is essential for youth's success once released, and even at 2.5 hours a day, there is little ability for youth to progress academically while at St. Charles. In addition, despite being promised daily instruction, students reported that they are now attending school much less frequently, with reports ranging from one to three times a week. Further, though being promised one hour of schooling, JHA staff observed that youth were provided only 40 minutes of instruction. St. Charles must increase the amount of instruction to be closer to the 5 hours or 300 minutes of instruction each day as required by the Remedial Plan which is part of the consent decree in the R.J. v. Mueller litigation and the Illinois State Board of Education[xxv].

The receipt of a quality education is essential for youth's success once released, and even at 2.5 hours a day, there is little ability for youth to progress academically while at St. Charles.

Also, both teachers on the day of the second 2018 JHA visit were trained in Social Studies, yet each teacher was to help support youth in a variety of disciplines during their instruction hour, including math, science, and English. In addition to the challenges in instructing outside of the teacher's fields of discipline, the teachers also reported challenges in controlling youth behavior, stating that they no longer had the authority to remove disruptive students from the classroom. This resulted in engaged students focusing on their work at computers, while disruptive and disengaged students roamed around the classroom. Though technically these disruptive students were "attending school," they were not engaged in the learning process, and were detracting from the learning from those students actively engaged in their work. It should be noted that despite these challenges in both time, frequency of instruction, and classroom disruption, teachers were observed as being actively engaged and motivated to help those students who needed support. It is also not surprising that given these challenges, there are continued shortages in teaching staff at the facility.

Although St. Charles is in the process of hiring more teachers, they still lack staffing in their special education program (SPED). In order to comply with SPED requirements, a teacher who previously was providing general instruction to youth has been redirected to work with SPED youth. This thereby impacts the educational services provided to youth who are not in SPED. The administrative staff also reports that they are seeking to hire more security staff in the school to reduce teachers' safety concerns.

During the first 2018 JHA visit, it was reported that classes were being held for over 90% of the school day, and that they were successfully implementing PBIS in the school system. On the first visit, increased schooling was having a positive impact on the youth, as they appeared happier, and this also translated to good behavior in the school as well as in their cottages. The good behavior of one of the cottages at school led to the staff creating an "incentive day," where the school was closed for the day, and instead the classrooms were used for youth to engage in games and other recreational and educational activities as a reward for good behavior.

The youth reportedly responded well to "incentive day," and it promoted positive group behavior and team-oriented movement towards a common goal. Further, the incentive day provided an opportunity for the youth to pick from a variety of activities according to their individual interests and preferences, rather than providing them with only one option, as is usually the case in correctional institutions. It is important that, despite being incarcerated, youth are provided with opportunities to exercise autonomy and have control over their environment and situation. Further, research suggests that providing students with greater autonomy and more choices in their educational activities can increase their motivation and learning performance.[xxvi]

Based on the observations of the school at two discrete timepoints, it was clear that youth who are provided daily time in school and who are rewarded for their positive behavior using PBIS do well both in the school as well as in their cottages. Regular school can have a positive impact on youth behavior and it may benefit St. Charles to implement PBIS throughout the institution with fidelity to the program's design.

Recommendations

1. Provide mandated school hours for all youth who do not have a GED or high school diploma, consistent with Illinois law and the IDJJ Remedial Plan.
2. Continue the teacher mentoring model to acclimate new teachers to the challenges and rewards of teaching in a correctional setting and to help increase school staff retention.
3. Continue the use of PBIS in the school setting as this has led to positive youth behavior in the school and throughout the institution.

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

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[i] During JHA's review of this report with IDJJ administrative staff on May 21,2018, JHA was informed that a new data collection system is being implemented at IYC St. Charles in order to track youth out of cell time. We look forward to seeing this information once it is available.

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