

An Evidence-Based Approach to Community Planning and Design for Children in Care

Zane Pace, MLA Candidate, Texas A&M University, zanepace@tamu.edu

Hope Hui Rising, Assistant Professor, Texas A&M University, hope.rising@tamu.edu

Abstract

The Golconda Civilian Conservation Center (GCCC) in Pope County, IL is owned by the Shawnee National Forest and located where the forest overlooks the Ohio River (Figure 1). This report explores the potential of repurposing the GCCC site to serve children in care, potential foster parents, and community members. It also presents a preliminary program and master plan informed by stakeholder inputs from interviews, focus groups, and three community meetings, as well as best practices from relevant organizations, case studies, and research projects.



Figure 1. Entry to the Golconda Civilian Conservation Center

Background

Since June 28, 1965, the site had hosted a Job Corps program for both boys and girls between 18 and 24 with reading levels below the fifth grade. With a capacity of 224 residents, The site had been operated at or near a full capacity of 224 residents since then until the center's closure in 2017 with the facilities currently remaining on site (Figure 2). Residents spent half of their days on general education, the other half on vocational training or conservation projects around the Shawnee National Forest. The center shifted away from conservation work in 1970, when Nixon transferred the Job Corps from the Forest Service to the Department of Labor (Conrad & Cravens, 1997).

By 1987, partnering with labor unions, the Golconda site was completely dedicated to job training for the following trades: carpentry, masonry, welding, painting, culinary, urban forestry, and electrical in dedicated buildings as shown in Figure 2. Trainees spent an average of eight and half months in residence with about 10 going in and out of the program each week (Conrad and Cravens, 1997).

The center shut down in 2017 due to safety concerns growing over the final decade of operations. The closure of the Job Corps seems inevitable in hindsight: given the remote location of the site and a population composed of undereducated, urban males from cities like St. Louis and Chicago. With its remote location, the rural facility offered limited recreational opportunities in comparison to the trainees' home cities, creating a restless population, and one over which the Jobs Corps often had nominal control at best (Conrad & Cravens, 1997).

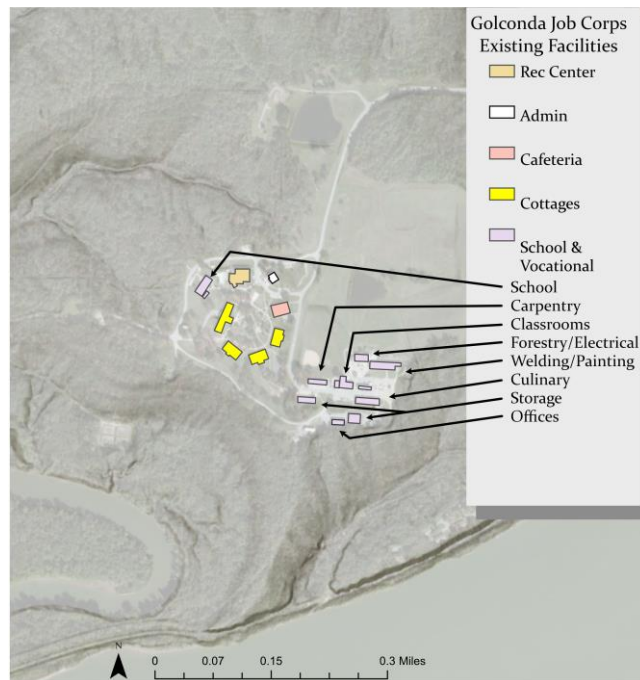


Figure 2. Map of GCCC Facilities

The Forest Service has been maintaining the property since the termination of the Job Corps program. It is in the process of transferring ownership to the General Services Administration. The GSA may make the site available at no cost to non-profit organizations seeking to operate the site to benefit the public. Unity Community Inc. has conducted a series of stakeholder interviews and three community meetings to identify the most suitable uses for the site. These uses were determined to maximize benefits while minimizing negative impacts for the local communities.

Based on the community input, Unity Community has developed plans to convert the site into a residential live-work campus that offers community and family settings to host a youth care

program for female children in addition to providing social services for vulnerable local women, including family development, housing, and vocational training.

Youth Care Programs

The United Nations Convention on the Rights of the Child declares that children have the right to grow up in a stable, safe environment where they receive the warmth and support they need for development (United Nations, 1989). When parents are unable to provide these fundamentals to healthy development, different care systems are required. In the United States, traditional programs to care for these children include non-institutional options like foster care and institutional or group care options.

'Institutional care' is an umbrella term describing various forms of residential programs (from small group homes to large institutions) across three service systems: child welfare, mental health, and juvenile justice (James et. al., 2013). Institutional care describes "a continuum of programs from substance abuse treatment centers to locked units for sexual offenders to family-style residential group homes, and occasionally even residential schools... or therapeutic boarding schools," (Lee, 2008). Thanks to a lack of "clear operational distinctions" in the literature (Curtis, Alexander & Lunghofer, 2001), these diverse programs are grouped under the umbrella of institutional or group care, despite varying along a range of dimensions such as function, target population, length of stay, level of restrictiveness, and treatment approach (Butler & McPherson, 2007; Lee, 2008; James, 2010).

Institutional care options have come into question in recent years, as the development of evidence-based treatments (EBT) in youth care has prompted a shift towards family- and community-based care, rather than institutional, and strength- rather than deficit- oriented treatment programs (Strijbosch et al., 2015). EBT is defined as structured, often manualized, interventions based on empirically supported theories about what causes and maintains problems that interrupt adaptive functioning. Institutional care as usual (CAU) describes regular (long-term) care provided in the structured environment of a 24-hour care facility (Stribosch et al., 2015). Evidence based treatment rendered in a community or family setting is generally preferred for all children, especially young children.

However, institutional care remains a necessary option for children whose needs cannot be adequately met by most foster parents due to a combination of the type and severity of problems affecting children and their age (Stribosch et. al., 2015).

Doubts around institutional care are tied to cost, lack of efficacy-related evidence, safety concerns, vulnerability to abuse, potential negative peer influence, reliance on shift staff with inadequate training (leading to high turnover), and failure to involve biological families or provide aftercare services (Colton, Vanstone & Walby, 2002; Dishion, McCord, & Poulin 1999; Colton & Roberts, 2007; Barth, 2005; James et. al., 2013). While these concerns led to a general shift away from institutional care practices, more recent studies have demonstrated the potential for institutional care options that embrace EBT.

Adult life trajectories can be influenced by the associations between foster care, residential care, and public care placement patterns (Stribosch et al.'s, 2015; Dregan and Gulliford, 2012). Children in institutional care developed less favorably than those in non-institutional care with an increased risk of adult criminal convictions and depression (Stribosch et al.'s, 2015). There is a significant negative association between institutional care and younger children, while for older children and adolescents, EBT-based institutional care can be as effective as non-institutional care: For most primary school age children between four and 14 and some young adolescents younger than 17, institutional care-as-usual (CAU) had a significant negative effect while non-institutional CAU did not (Stribosch et al.'s, 2015). Care-as-usual However, for adolescents (from mainly between 14 and 18 up to 23) institutional care can be as effective as non-institutional care, especially when utilizing EBT methods as opposed to care as usual (CAU) (De Swart et al., 2012).

The findings suggest that Institutional care is less damaging the more developed the child is. Children and young adolescents are more vulnerable to separation from their parents, making earlier placement into institutional settings more harmful than for adolescents and young adults who have formed their own identity and attained a level of independence from their parents (De Wit, Slot, & van Aken, 2013). In summary, institutional care placement should be avoided for children younger than 14, for their wellbeing as well as the cost associated with it. To improve the outcomes of children in institutional care when it is inevitable, it is important to pay attention to group-living climate, trauma-sensitiveness, and therapeutic alliances in addition to incorporating EBT methods (Stribosch et al., 2015).

Evidence-Based Treatments in Group Care

Guided by the California Evidence-Based Clearinghouse (CEBC) for Child Welfare, James (2010) reviewed five EBT models relevant to group care: Positive Peer Culture (PPC), Teaching-Family Model (TFM), Sanctuary Model, Stop-Gap Model, and Re-ED model. All but the Re-ED were rated as models supported by research evidence. Re-ED could not be rated due to a lack of evaluative data that met CEBC's requirements for the study.

TFM, Stop-Gap, and Re-ED models are suitable for young children, while PPC and Sanctuary are intended for adolescents (James, 2010). TFM is the most well-researched of the models considered, and distinguishes itself through reliance on 'Teaching Parents' who live in small therapeutic group homes with six to eight children at a time. This creates an environment more reminiscent of treatment foster homes than large institutional facilities. Treatment foster care was developed with foster parents as the major provider of therapy via daily interactions in a family setting, blending residential and foster family approaches (Redding et al., 2000). James notes that treatment foster care, specifically Multidimensional Foster Care, has been proven more effective than the group care models covered, further supporting the efficacy of TFM.

A modified version of TFM is employed at Boys Town, a Nebraska youth care program that has positioned itself as a leader in the field after almost 100 years of operation. Boys Town provided the group care subjects for Bethany Lee and Ron Thompson's 2007 study, which associated better outcomes for group care rather than foster care for the first time. The version of TFM used by Boys Town is referred to as the Boys Town Family Home Program.

The Family Home Program is noteworthy for intensifying the focus on quality of relationships between staff and youth (family dynamics), employing a highly structured program to actively train youth in prosocial behavior, and leveraging peer culture to support treatment (Larzelere et al., 2004). Despite the name, the Boys Town Family Home Program has been successfully applied to girls and boys, with girls improving as much as boy on behavioral and mental health metrics, and outgaining them in regards to perceived success at discharge and restrictiveness of their post-discharge living situation (Larzelere et al., 2004). As the EBT with the strongest evidence and longest history of success, it presents the most compelling model for incorporating into a potential youth care facility at the Golconda site (James 2010, 2017).

A review of EBT implementation in Institutional care settings conducted in the last several years agree on several recommended features for program models (James, 2017): 1) Small, family-like units; 2) stable, well-trained residential care workforces; 3) inclusion of caregivers (parents); 4) a solid behavioral management program for stabilization and prosocial skills; 5) trauma-informed elements; 6) timely aftercare; and 7) avoidance of lengthy stays or repeated episodes in residential care.

Best Practices from Local, State, and National Organizations as Possible Collaborators

We have identified a number of local, state, and national organizations that apply best practices to improve the lives of children in care and to provide resources to help keep families together. Zero to Three (2020) works nationally to use research to educate parents, and advance policies that protect and enhance child welfare. One such program is the Safe Babies Court Team, which “applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families.”

Incorporates many of the same principles as Zero to Three, Erikson Institute’s Early Childhood Project works in partnership with the Illinois Department of Children and Family Services to achieve the best possible outcomes for children younger than five. This program assisted 5,806 children from 5,132 families in 2016. Erikson Institute also operates the Center for Children and Families, offering early intervention therapies and care for young children and their parents. There are three Center for Children and Families locations around the Chicago area, we plan to work towards opening a satellite branch on site to provide families across the Shawnee region access to these critical services.

Southern Illinois University offers several programs focused on early childhood education, with courses in childhood development, family studies, as well as early childhood curriculum and instruction. Unity Community aspires to partner with SIU in order to provide students in their early childhood programs opportunities to learn and grow in their practice with high-leverage internship opportunities that make a difference in the lives of children.

Working with the aforementioned national, state-level, and local groups to establish a youth care and family development center would enable Unity Community to provide an alternative to institutional care-as-usual for young children. Institutional placement is more damaging to young children, and repeat placement can have devastating impacts. Hence the focus on providing

family development services, and working with foster parents to ensure that placements with Unity Community ultimately become the only one children from this project will ever require.

Youth Care at Golconda

The former GCCC site offers both great opportunities and substantial challenges for hosting a youth care program. Located on a high bluff overlooking the Ohio River and ensconced within Shawnee National Forest, the site’s natural boundaries and remote location provide recreational opportunities in a secure setting. By tapping into these opportunities, we can harness nature’s healing potential to help enhance the wellbeing of the target population and local community members while providing novel economic opportunities. Building an institute dedicated to child wellness, family development and parenting best practices, we can help rehabilitate and empower the most vulnerable members of society while creating a regional incubator for successful families, and thus communities.

Furthermore, the site comes equipped with basic residential, recreational and educational facilities (Figures 2 and 3) ready to serve the adolescent and young adult populations that previously occupied the site when Job Corps operated there. However, the residences on-site are inescapably institutional in appearance and demeanor, and the site requires improvements and modifications in order to support the healthy development of younger age groups.



Figure 3. Aerial View of the Former GCCC Campus with Ohio River in the background.

The newest dormitory on the site features rooms designed for four residents each, while the oldest is set up to host 8 residents in a single room. Crowding has been found to increase aggressive behaviors and violent incidents due to lack of privacy, exposure to noise, and a higher stimulation level (Ulrich et al, 2018). Childhood crowding has also been associated with poor physical health and academic performance, in addition to behavioral issues (Solari and Mare, 2012). The shared bedrooms may have contributed to the safety challenges faced by the Job Corps program. As a result, Unity Community has been exploring the potential of adding the neighboring San Damiano Retreat to the redevelopment project. The San Damiano Retreat center currently hosts two multifamily lodges, six quads, and three duplexes, in addition to a conference center and caretaker facilities (Figure 4).

The facilities at San Damiano, specifically the quads and duplexes, are laid out to complement the TFM model by enabling lived-in Family-Teachers to watch over a group of 6-8 children at a time. If incorporated into a broader youth care facility alongside the GCCC site, San Damiano would provide an ideal setting to host residents younger than 14 in a family-style setting until they can safely transition either back to their families, or into a more institutional setting for residents older than 14 on the GCCC side that is still firmly rooted in EBT. The GCCC site quarters will still need to be modified to safely serve youth in care. COVID-19 and potential future outbreaks would lead us to drastically reduce the number of children in a single room. Our preference would be to adapt the larger rooms into single or double occupancy suites that include both sleeping areas and personal spaces for working/cooking/relaxing to facilitate place attachment, life skills development, and sleep hygiene. This approach minimizes the risk associated with future outbreaks, guarantees residents a space of their own, and reduces crowding-induced mental health and behavioral challenges.

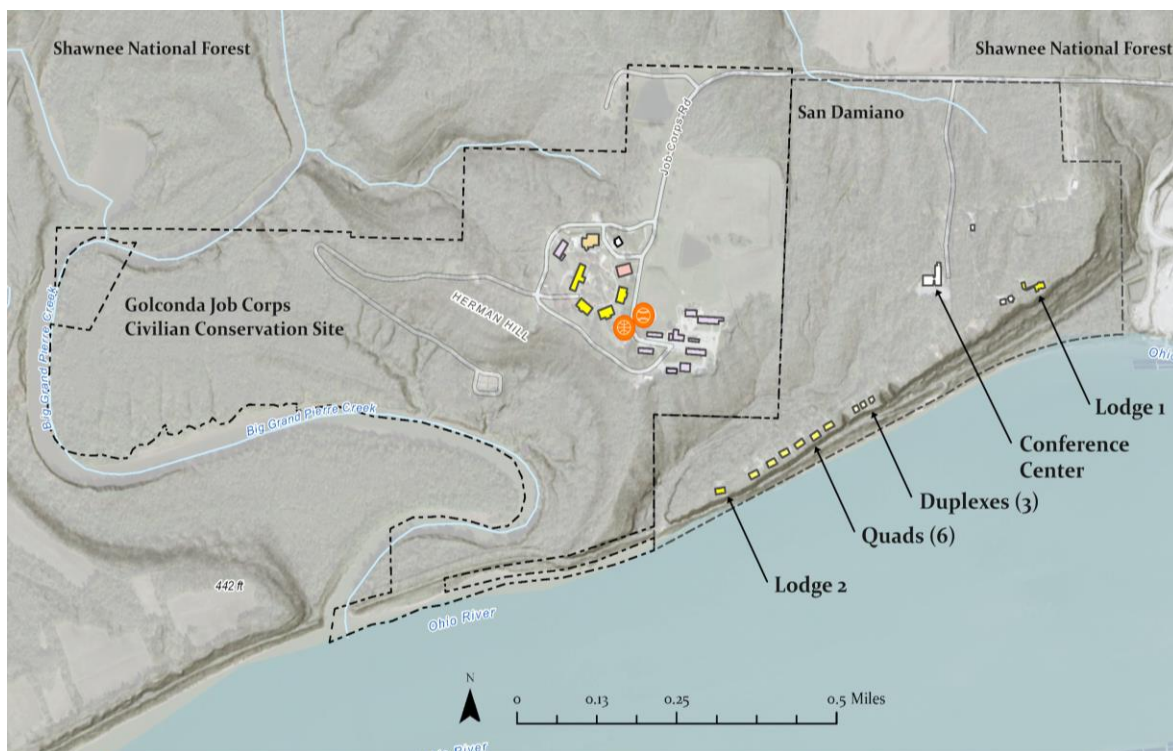


Figure 4. Inventory Map of San Damiano Facilities

Unity Community: Opportunities & Priorities

As a site historically operated for a public benefit purpose aligned with local, state, and national priorities, it is essential that the GCCC site's future uses continue to serve the public at all three levels. In order to realize this vision, Unity Community has undertaken a consensus-based planning process in partnership with local community members.

Interviews with stakeholders and community meetings regarding the future of the site conducted by Unity Community, Inc. revealed a number of local priorities that may be compatible with the proposed use of the site as a therapeutic youth care facility. Primarily, these priorities reflect concerns over local vulnerable populations, such as veterans dealing with PTSD and women and children fleeing domestic violence.

First, we aspire to provide high-impact rehabilitation and special education integrated within our regular curriculum through Equine-Assisted Learning Program (EALP), Animal Therapy, Wilderness Therapy, Garden and Forest Therapy that have been shown to benefit children, women, and veterans suffering from PTSD (Doyle, 1989; Johnson et al., 2020; Poulson et al., 2017; Shultz et al., 2007). That EALP and Wilderness therapy programs can rely on the site merely as a base from which to operate excursion-based therapeutic interventions, in addition to facilitating safe use of the site by the local residents.

Developing nature-oriented learning and therapeutic opportunities leverages the natural character of the site, while also complementing our drive to update the vocational offerings to reflect the 21st century economic priorities. The historical vocational offerings (plumbing, masonry, welding, carpentry, electrical) featured male-dominated trades that are not in extremely high demand in the rural areas surrounding the site. Replacing these trades with modern, technology-oriented and remote-work compatible job skills training such as coding, data science, virtual reality, and web design provides opportunities for both genders to learn valuable skills that they can practice anywhere. This will enable our clients to put down roots in the Golconda area, creating a sustainable economic engine and new tax base for the region.

Environmental Justice & Southern Illinois

Unity Community's interactions with local community members have revealed concerns about historical issues surrounding environmental justice. Many community members perceived the correctional facilities in the region as a source of negative impacts. These concerns have been substantiated with research data to indicate the need for the site to preclude high-risk residents from juvenile correctional backgrounds.

While Southern Illinois accounts for roughly 9% of the population of Illinois, it hosts 35% of the prison capacity for the state, counting federal and state correctional facilities, with half of that capacity added during the rural prison boom of the 1990s (Huling, 2002; Bureau of Prisons; Illinois Department of Corrections). Half of the prisons operating in Southern Illinois were added during this period, accounting for a majority of the prison population.

The explosion in rural prisons witnessed in the United States during the 1990s concentrated in areas like Southern Illinois - rural regions seeking an economic lifeblood to replace declining coal mining and industrial opportunities. Unfortunately, the prison industry has, by-in-large, failed to live up to its promises of providing economic opportunities since then. The majority of the jobs associated with new prisons have not gone to existing residents in rural communities, as these residents often lack the skills required or are excluded as prisons begin operating with a workforce of veteran correctional officers.

Although this region is a stronghold for military recruits and local veterans can be retrained into prison guards, jobs in corrections exert a massive toll on the men and women working in prisons. High workload, lack of autonomy, lack of variety, role problems, uncertainty, health and safety risks, and inadequate pay are identified as stressors that commonly translate into withdrawal behaviors, health problems, and burnout among corrections officers (Schaufeli and Peeters, 2000). These problems can and do spill over into family life. Valentine, Oehme, and Martin's (2012) study of domestic violence among corrections officers found that 33% of correctional officer respondents knew about other COs who had committed unreported domestic violence, and 11% admitted that they had been physically violent with a spouse or family members. As with law-enforcement officers on the outside, it seems that the dangerous work, authority to use force, and close bonds formed between officers may strengthen a code of silence that allows family violence to continue unaddressed (Ammons, 2005). Command and control techniques may also become embedded in officer's behavior (Graves, 2004), becoming humiliating, abusive, and dangerous methods of familial control when translated to the home environment (Wetendorf, 2000).

Prisons also do not generate linkages to existing local economies, failing to attract associated industries and achieve the agglomeration economies touted by proponents. In some cases, prisoners even displace low-wage rural residents. Furthermore, prisons not only fail to foster local retail economic development, but can in fact push out locally owned enterprises in favor of national chains that do not reinvest in the community (Huling, 2002). While the purported benefits associated with bringing prisons have failed to materialize, the negative externalities can be seen full force in Southern Illinois.

Local community members engaging Unity Community through the development process have also identified prisons as a major source of drugs, crime, and demand for police force and social services that the rural communities of Southern Illinois lack the capacity to meet. Released prisoners originated from non-local areas are not always provided transport back to the cities they came from, nor are they likely connected to any local support networks. Frequently, they find themselves seeking nonexistent homeless shelters in the area, and wind up spiraling towards recidivism while occupying rooms in local hotels and motels (who may also find themselves sheltering local victims of domestic violence, who tend to be women and children).

COVID-19 has further compounded the negative externalities and social problems associated with prisons, while highlighting their economic vulnerabilities. Prisoners are being released nationwide as a health precaution during the ongoing pandemic, including Illinois. This surge in releases overwhelms local social services. Local social services that are already stressed due

to COVID, as rural contexts include numerous barriers to health care that in many ways exacerbate pandemic conditions (Jenkins et. al., 2020).

COVID-19 is not the only disease outbreak afflicting Southern Illinois at present, as the opioid epidemic was raging in this part of the country long before COVID was identified. The opioid epidemic disproportionately impacts rural areas in the United States, due to the barriers to healthcare that include lower income, limited economic opportunities, limited education opportunities, healthcare shortages, and stigma (Jenkins, et al., 2020). As these twin outbreaks progress, drug users and released convicts will continue to demand a larger and larger share of the (limited) healthcare resources available across Southern Illinois. They will also stress local law enforcement capabilities, should these vulnerable populations turn to crime. Community members also pointed out the parents of former Job Corps students brought drugs to local communities when they came to visit the students, resulting in widespread substance abuse among the local youth, which was non-existent before the Job Corps program was put in place.

The United States' attempts to address social and public health issues, such as drug use, through incarceration vis-a-vis the drug war represent an unmitigated, inarguable failure. Through four decades of futility, we have discovered that the rate of incarceration has a minimal-at-best association with crime reduction, that incarceration does more harm to public safety than good, and that the increased incarceration rates seen during last 40 years have, in fact, contributed to increased drug use and associated mortality (Nosrati et al., 2019; Drucker, 2013; Gainsborough & Mauer, 2000). All of which lead the state of Illinois to fully legalize marijuana in 2019, and set a target of reducing the prison population by 25% over the next decade, even before COVID (Illinois State Commission on Criminal Justice and Sentencing Reform, 2016; Berg, 2020). None of this bodes well for rural communities that have allowed themselves to become dependent on the prison industry.

All of this points to the inadequacy of a regional economic policy that causes dependency on an industry that is itself dependent on crime-producing conditions and incarceration, and none of it points to positive long-term economics well for rural communities who took the bait from the prison industries in the 1990s. Southern Illinois cannot rely on incarceration as its economic engine moving forwards, as local communities already struggle under the combined weight of the opioid epidemic, COVID-19, and long-term economic decline, and local residents have made clear that they do not want more prisons or any institutional facilities for hosting youth that had fallen into the juvenile justice system. These facilities have been considered undesirable for cities with more police force and social service agencies although they serve populations primarily from the cities. An approach to restore environmental justice is to avoid siting these facilities in rural communities lacking employment opportunities, police force, and social service agencies in the name of job creation.

The Unity Model

Unity Community, Inc. is developing plans to convert the GCCC site into a residential live-work campus that addresses the outstanding needs of the local community as externalities from environmental injustice. In addition to the technology-based vocational opportunities already mentioned, we can seize a tremendous opportunity to circumvent the looming decline in the

prison industry by developing a local social services workforce rooted in rehabilitation, therapy and counseling. As the American approach to drug offences continues to shift from incarceration towards treatment referrals, Southern Illinois and Golconda can position themselves to provide those services, and at the same time build local health care capacity and economic resilience.

The model we've developed will enable us to provide care for the state's children in need and vulnerable women, while developing the therapeutic capacity of the local workforce. We can offer live-work opportunities to medical and social services majors from local community colleges, and also provide opportunities for potential foster parents to gain experience practicing the Teaching Family Model on-site, under the guidance of experienced professionals. Ultimately, we would hope that these clients establish their own foster homes under TFM with the children they care for while on-site. Thus, the placement of a child into the care of the Unity Community may ultimately become placement into a family, and the only placement a child-in-care ever requires. The TFM model also enables those aspiring to become foster parents to experience living with and taking care of the children they intend to adopt under the guidance of professional caretakers. Should these trials fail to lead to decisions to adopt the children, the children will not be traumatized by displacements and loss of support networks.

We will now explore the Unity Community model using a series of triads to frame our synthetic approach to addressing parallel priorities for our various programs.

I. The Play Triad: Education, Rehabilitation, Recreation

The play triad is intended to integrate rehabilitation as a natural component of educational and recreational activities, in order to prevent stigmatizing mental health issues and treatments. Stigma - a collection of negative attitudes, beliefs, thoughts, and behaviors that influence individuals or the public to fear, reject, avoid, or be prejudiced against a group - remains a major barrier to mental health care in our society (Gary, 2009). According to Helfinger and Henshaw (2010), institutional stigma refers to attitudes and practices that communicate shame and low expectations to youth and their families (2010) such as the following:

- Referring to child clients by their diagnosis, instead of consciously using people-first language and labeling the condition, not the youth;
- Focusing exclusively on deficit models of client symptomatology instead of consumer assets and family strengths;
- Holding treatment planning meeting without the youth or family present, or keeping them in passive information-furnishing roles;
- Conceptualizing and treating children with mental health problems with an exclusive focus on their mental health condition, instead of taking a 'whole child' approach that recognizes the need for a system of care and acknowledges the multiple intersecting aspects of the youth's life; and
- Having facilities for treatment of individuals with mental health problems that are physically difficult to access and in more disrepair than clinics treating physical health.

-Helfinger and Henshaw, 2010

Increasing the integration of mental health services into school settings is one of the major focuses of ongoing projects to transform our mental health system, originating from some of the relevant recommendations for transforming mental health care in America from the New Freedom Commission on Mental Health (2003) under President Bush: 1) Reduce the stigma of seeking care; 2) Address mental health with the same urgency as physical health; 3) Develop an individualized plan of care for every child with a serious emotional disturbance; 4) Improve access to high-quality care in rural and geographically remote areas; 5) Promote the mental health of young children; and 6) Improve and expand school mental health programs.

Thus, the educational and recreational opportunities developed at Unity Community will normalize mental health programming as a standard component of the curriculum. Model Social-Emotional Learning (SEL) curriculum have already been developed to incorporate creative arts, mindfulness, and somatic practices to improve students' intrapersonal, interpersonal, and cognitive competence as the basis for cultivating inclusive and positive school cultures (Reicher, 2010; Weissberg, 2015). Synergizing therapeutic and recreational components with the overall educational curriculum removes stigmatic labels associated with special education and rehabilitation programming, as it is just another class, rather than a separate program that segregates 'problem' children from peers.

As for recreation, the way we design our play environments on-site can provide opportunities for children to explore and employ the emotional and social skills they learn as part of an SEL curriculum. SEL curriculum is aligned with the distinct developmental tasks that characterize each age group of children on-site. Thus, the play environment for early childhood groups should support positive engagement and managing emotional arousal within social interactions (Denham and Brown, 2010), while older children move past one-on-one interactions and begin navigating a social network.

The properly designed play environment contains myriad opportunities for these developmental classes to explore age-appropriate social and emotional dynamics, reinforcing the educational and therapeutic outcomes from classroom experiences. Incorporating environmental education into these spaces can help increase nature-connectedness, a measure associated with improved emotional resiliency and well-being (Inguli and Lindbloom, 2013; Pensini and Otto, 2017). Children who learn to connect with nature gain a lifelong ability to use nature to support emotional and mental wellness. As children develop into adolescents, the freedom to explore and connect with natural spaces across the site becomes increasingly relevant to their mental health (Piccininni et al., 2018). Figure 5 shows both traditional sports and outdoor therapeutic activities will be sited in closer proximity to the group residential buildings to proactively provide de-escalation venues near potential outbursts of aggression due to indoor crowding. By providing youth in care, as early as possible, tools for cultivating mental wellbeing, emotional intelligence, and a connection with nature within a community setting, they gain a better chance at developing a resilient form of self-love to support an ongoing state of self-maintained inner peace, even in the midst of crises. This perpetual inner peace is the building block of a

community of human unity. Such unity community forms the basis of world peace resulted from a balanced form of altruism as consistent care and respect for others without compromising self-care and self-respect.

Thoughtful design of the landscape can further support mental health and resiliency of youth by integrating appropriate natural elements. Close proximity to nature has been shown to act as a buffer for life stress among children, and greenspace exposure reduces aggressive behavior in children as well as adults (Wells and Evans, 2003; Younan et al., 2016; Kuo and Sullivan, 2001).

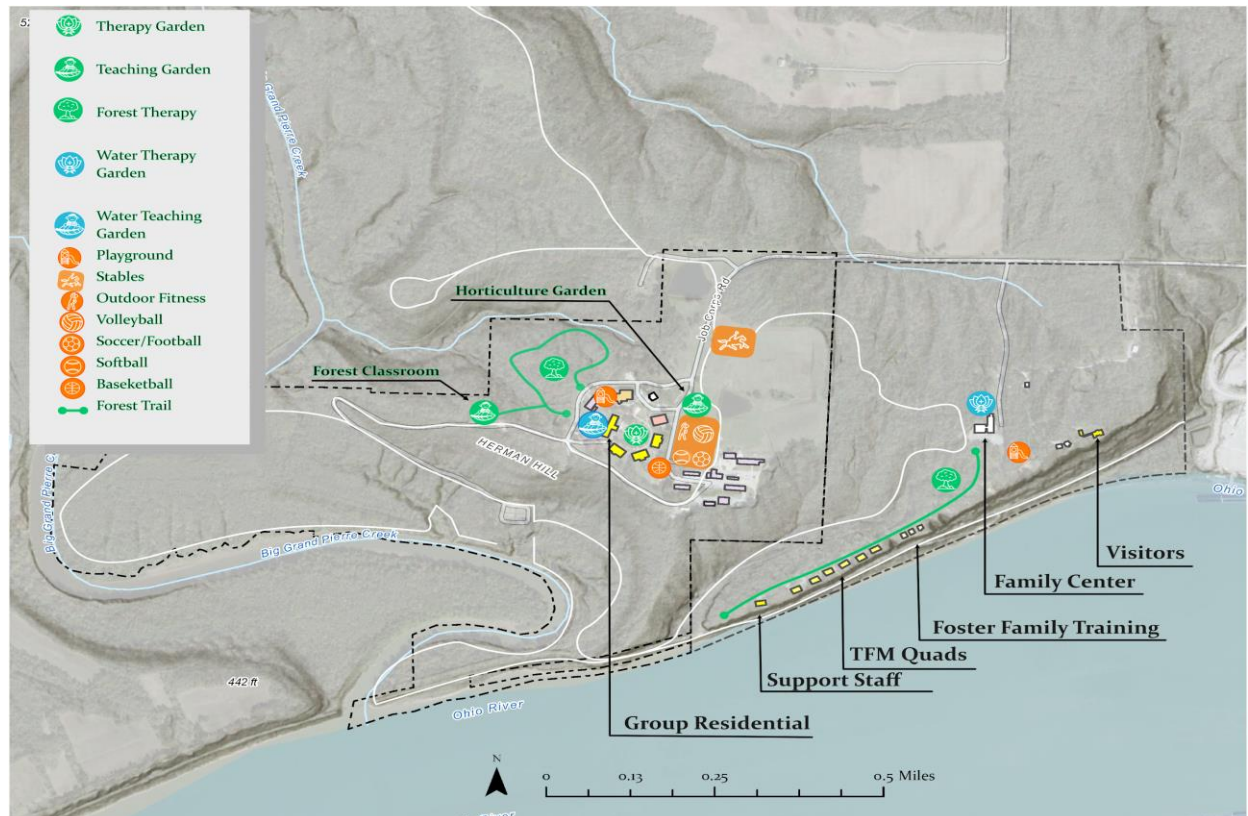


Figure 5. Map of San Damiano Programming

Similarly, the presence of water or ‘blue spaces’ provide the basis for many experiences that restores human body, mind, and spirits. Water enhances mood, reduces stress, expands mental attention, contributes to sense of place, and mediates spiritual experiences. Hence, identification of water as a sacred substance is a universal characteristic of major religions, and a defining feature of pilgrimage sites world-wide (Volker and Kistemann, 2011). Blue space triggers these positive responses in a variety of ways: the sounds of a burbling brook, rushing rapids, or gentle waves generate distinct responses in humans, as do views of a rushing river or a reflecting pond (Volker and Kistemann, 2011). The GCCC site is defined by its proximity to the natural splendor of the Shawnee National Forest, the Ohio River and Big Gran Pierre Creek. It thus has the potential to support a world-class destination for healing and personal development.



Figure 6. Site images showing features with healing potential on the GCCC site: ponds, wildlife, forests, and access to Big Gran Pierre Creek.

Youth in care consistently show higher rates of mental disorders than the general population, and the same qualities of green and blue spaces that promote physical and emotional restoration also contribute to recovery from prevalent mental disorders. Relatively most common among youth in care are major depression and post-traumatic stress disorder. Reduced stress and improved mood have been posited as the mechanisms through which healing gardens improve outcomes associated with PTSD treatment (Wagenfeld et al., 2013). Forest walks also reduce stress and improve mood (Park, 2007), and have been recommended for treatment of PTSD in veteran populations (Poulsen et al., 2016). Furthermore, restorative nature walks were shown to significantly improve mental state and decrease depression when included in a treatment program for clinical depression (Korpela et al., 2016). With its prominent views of water and pristine forests, the GCCC site is thus uniquely positioned to support a variety of therapeutic landscapes that directly target the most pressing mental health concerns today.

II. Performance Triad: Sleep, Diet and Fitness

Sleep, diet, and exercise are widely acknowledged as critical to optimal mental, physical and emotional health for all humans, child and adult alike (Hosker et al., 2018). Incorporating a performance triad similar to the P3 model embraced by the army into every aspect of life on campus will provide children and families with another proven, lifelong practice that supports wellness. Unity Community will support and empower resident diets through garden-therapy and community-supported agriculture, incorporating permaculture-based food production on site to

provide healthy meals and instruction in small-scale farm to table operation and community-supported agriculture (CSA). Fitness is promoted through year-round access to play environments that encompass a range of active play opportunities, and becomes integrated into their daily practice on-site as they develop with yoga and outdoor education.

Sleep, Diet and Fitness can be incorporated into models of mental wellbeing, such as Martin Seligman's PERMA model. This model provides a framework for explicitly linking sleep, diet and exercise to factors affecting mental wellbeing: Positive emotions, Engagement, Relationships, Meaning, and Accomplishments. We will work with Texas A&M University's Human Behavior Lab to empower staff and residents to monitor their own psychophysiological states using these models.

III. Home-Fit Triad: Child, Caretakers, Environment

The home-fit triad describes Unity Community's approach to determining the best-fitting support systems for children on the site. While the TFM model that includes consistent long-term caretakers in a parental role is generally optimal for younger children, this may not always be the case according to our interviews with early children education experts that have worked with children in care. Children in care with a history of abuse at the hands of family members, or those approaching adulthood and developing their own identity, independent of parents, may be better suited to a more traditional group care setting.

Thus, between the GCCC site and the San Damiano Retreat campus, Unity Community will offer the most appropriate residential opportunities for individual children in care. The ideal home-fit for each child is determined by a partnership between the child, the caretaker staff on-site, and environmental constraints such as availability, other residents, and mental health diagnosis. The Golconda CCC will host more traditional group care residences, with individual quarters for the children in a dormitory setting, while San Damiano hosts family-based opportunities. Ideally, Unity Community will work with the Illinois Early Childhood Court Team to direct young children with high odds of good outcomes into the family homes.

These distinct opportunities allow us to attract and train different types of care-givers in the environment that best suits them. Collaborations with Southern Illinois University and local community colleges will provide live-work opportunities to medical and social services majors on the GCCC site, helping develop local capacity to provide these services with high-impact programs.

On the other side, at the San Damiano Retreat, potential foster parents can sign-on for a course of residence under the tutelage of licensed counseling and healthcare professionals. This will allow potential foster parents an opportunity to 'test-run' their ability to provide care, and allow the state the opportunity to monitor care-givers and identify those likely to succeed. At the end of their trial-residence at Unity Community, successful foster parents can then move their foster children in with them, in this way becoming the only placement the children will ever require. In the event of unsuccessful matchmaking test-runs, the children involved will remain in the same residential environment with their original support network in place without being bounced from home to home and developing low self-esteem from being repeatedly abandoned.

The family setting will work in partnership with groups mentioned earlier, such as the Illinois Early Childhood Court Team. This proactive approach will, hopefully, allow placement with Unity Community in early childhood to become placement into a permanent family. Working in a family setting with the youngest age groups possible will allow Unity to accept incoming children of all genders into the early childhood program targeting children younger than four at the San Damiano site. As these children grow beyond eight, we will transition them into the GCCC site where we will also accept incoming female children between four and eight.

Local residents expressed concern about an all-male site, as the Job Corps program at Golconda was perceived as a danger with its population of largely male between 18 and 24. These youths generally grew up on the streets of Chicago or St. Louis, with limited exposure to nature in their background (Conrad, 1997). They were ill-equipped to capitalize on the natural attributes of the site and crowded into group dormitories. In contrast, Unity Community will be using the site to inoculate younger age groups of girls and their families with the very tools those previous residents were never provided. Our hope is that young children and their families will prove more welcoming neighbors to local residents hoping to capitalize on the recreational, educational and therapeutic opportunities on the site.

4. Talent Acquisition: Qualifications, Cost, and Personality

The hiring process to identify our licensed professionals, permanent staff, and potential foster parents will proceed according to their qualifications, cost, and personality fit. Unity will prioritize hires of existing residents within the Southern Illinois region while considering the lowest bidders that have been pre-qualified.

Our hope is that, in this way, we ensure the economic benefits associated with the site accrue to local communities, while ensuring the resultant community functions harmoniously and everyone involved works towards a common goal.

In our first phase of development, Unity Community will utilize the San Damiano facilities to host TFM-based, early childhood care programs, as well as family development programs aimed at promoting best practices applicable to all parents. Over time, we will develop the therapeutic, recreational, and educational capabilities of the site, in addition to on-site permaculture. During this phase, we will also build up an endowment to provide care and services to local women and children rescued from domestic violence in Phase II.

Phase II will focus on collaborating with the female veteran program from the Veteran Administration (VA) in Marion, women's shelters from Harden and Pope Counties, and rehabilitation programs, such as Team Challenge, to offer outpatient treatments to vulnerable local groups. These appointment-based treatments will be scheduled around the resident youth and family uses of site amenities, providing safe access to treatments for diverse populations. We will also begin working with vocational instructors to provide technology, media-based, and food production job training to local residents during this time (Figure 7).

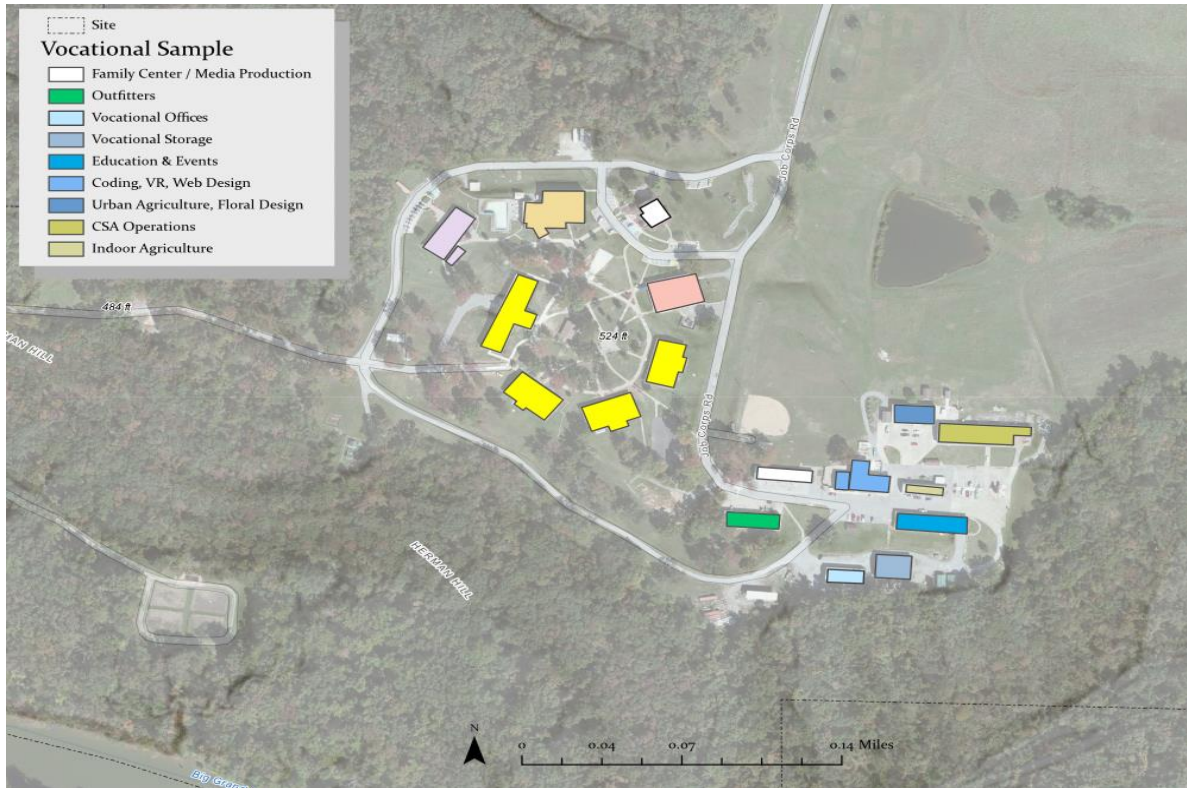


Figure 7. Inventory Map of GCCC Facilities with Proposed Programming Components.

Building families means developing the teams that form the basis of our society, and thus we should take advantage of the site's natural capacity to support leadership and teambuilding programs. Supporting wilderness excursions and providing on-site opportunities for engaging nature while building self-confidence and trust, such as ropes courses and self-defense classes will help us attract regional and national family-oriented groups. We would ultimately like to develop campgrounds near the Family Center in order to attract groups like the Girl Scouts for weekend leadership workshops rooted in leadership, nature, and service opportunities.

5. Community Engagement: Transparency, Opportunity, and Economy

The community engagement triad is already in action, informing our entire development process for this project leading to a preliminary program and master plan as shown in Figure 8. It informed our decision to conduct a bottom-up planning process based on community engagement, and will characterize our operations moving forward.

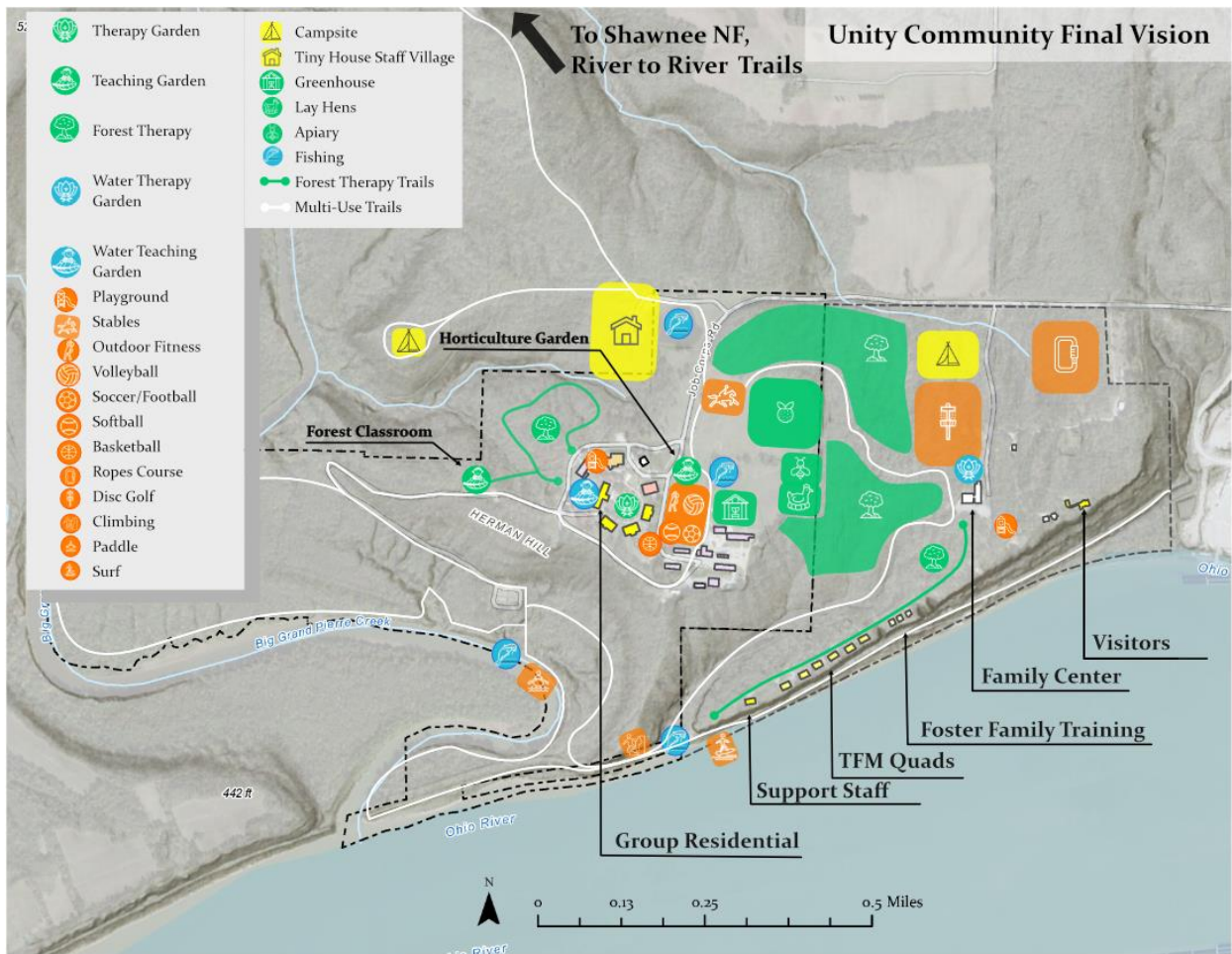


Figure 8. Preliminary Program and Master Plan Proposed for GCCC and San Damiano Sites

Unity Community will organize our resources and solicit vendors using RFPs that mirror solicitation processes undertaken by public agencies. This approach will ensure that the state budget for children in care and the federally-owned site have been put to good use to deliver high-quality services while generating momentum for an endowment fund that will be used to fund recreational and educational opportunities for local residents and problem children from local schools, as well as outpatient services for rehabilitating local female veterans, and victims of domestic violence. We will also use the endowment fund to build more family-oriented facilities to expand our capacity to provide early interventions to the youngest children from the Early Children Court Team from the State of Illinois and potentially other states across the country.

As a non-profit organization, our books will be open to the public, and all funds and donations directed to our programs will be re-invested in the aforementioned programs. We will not profit off of children in care, but squeeze every dollar to maximize the benefit we can offer them and the local population that has been negatively impacted by the externalities of nearby prisons and the former Job Corps program.

Vocational, educational, and recreational programs offered on the site must be made accessible to members of the local community. The benefits of garden-therapy programs, equine-assisted learning programs, and the natural beauty of the site are not limited to children, they can promote the mental and physical wellness of local community members as well. Indeed, they must, if this project is to serve local community residents as well as children in care of the state.

As a long-range plan, we will investigate opportunities to bring in additional revenues to support more at-risk community members through our endowment fund. We will use the conference center to host self-defense, wilderness training, and leadership development workshops for girl scouts and women from around the world to elevate Southern Illinois into a pilgrimage destination on a world map.

Initially, the workshop attendees will be hosted in unoccupied units and temporary structures, such as Teepees and tents, and their own RVs and mobile tiny homes. We may consider adding permanent structures that will be built according to the principles of permaculture to ensure that they have minimal footprint on the environment.

We will also explore the potential of collaborating with the University of Illinois on making the sites affiliated with the University's extension center nearby to engage students from the University as interns and to tap into the University's online education resources for the domestic violence victims that we support.

We also hope to connect the children we serve with international and national organizations that serve similar children to help children network to build their social capital. Some of the organizations that expressed interests in potential partnerships include the Center for Advancement in Social Emotional Learning, International Children's Month, and the World Prosperity Organization.

Unity Community will serve as a platform upon which various international, national, regional, and local partners can collaborate under a shared non-profit vision that will continue to evolve as different collaborators initiate new programs that will be financially self-sufficient through grants, donations, and revenues.

References

- President's New Freedom Commission on Mental Health. (2003) *Achieving the Promise: Transforming Mental Health Care in America: Executive Summary*. Pub no SMA-03-3831. Rockville, Md, Department of Health and Human Services.
- Ammons, J. (2005). Batterers with badges: Officer-involved domestic violence. *Women Lawyers Journal*, 90(5), 28–39.
- Berg, A. (2020) What you need to know about marijuana legalization in Illinois. *Illinois Policy*. <https://www.illinoispolicy.org/what-you-need-to-know-about-marijuana-legalization-in-illinois/>
- Conrad, D.E. (1997). The land we care for. *A History of the forest Service's Eastern Region*. Ed. Cravens, J.H. United States Forest Service, Milwaukee, WI.
- De Swart, J.J.W., Van den Broek, H., Stams, G.J.J.M., Asscher, J.J., Van der Laan, P.H., Holsbrink-Engels, G.A., & Van der Helm, G.H.P. (2012). The effectiveness of institutional youth care over the past three decades: A meta-analysis. *Children and Youth Services Review*, 34, 1818–1824. <http://dx.doi.org/10.1016/j.childyouth.2012.05.015>.
- Denham, S.A. and Brown, C. (2010). Plays nice with others: Social–emotional learning and academic success,” *Early Education and Development*, 21:5, 652-680, DOI: 10.1080/10409289.2010.497450
- Doyle, J. S., & Bauer, S. K. (1989). Post-traumatic stress disorder in children: Its identification and treatment in a residential setting for emotionally disturbed youth. *Journal of Traumatic Stress*, 2(3), 275-288.
- Dregan, A., & Gulliford, M.C. (2012). Foster care, residential care and public care placement patterns are associated with adult life trajectories: Population-based cohort study. *Social Psychiatry and Psychiatric Epidemiology*, 47, 1517–1526. <http://dx.doi.org/10.1007/s00127-011-0458-5>.
- Drucker, E. (2013). Drug law, mass incarceration, and public health. *Oregon Law Review*, 91(4), 1097-1128.
- Gainsborough, J., & Mauer, M. (2000). *Diminishing Returns: Crime and Incarceration in the 1990s*. Washington, DC: Sentencing Project.
- Gary, F.A. (2005) Stigma: Barrier to mental health care among ethnic minorities, *Issues in Mental Health Nursing*, 26:10, 979-999, DOI: [10.1080/01612840500280638](https://doi.org/10.1080/01612840500280638)
- Graves, A. (2004). Law enforcement involved domestic abuse. *Law and Order*, 52(11), 108–111.
- Heflinger, C. A., & Hinshaw, S. P. (2010). Stigma in child and adolescent mental health services research: Understanding professional and institutional stigmatization of youth with mental health problems and their families. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1-2), 61-70.
- Huling, T. (2002). Building a prison economy in rural America. *Invisible Punishment: The Collateral Consequences of Mass Imprisonment*, 197-213.

Illinois State Commission on Criminal Justice and Sentencing Reform. (2015), <http://www.icjia.state.il.us/cjreform2015/>

Ingulli, K. and Lindbloom, G (2013). "Connection to Nature and Psychological Resilience" *Ecopsychology*. Mar .52-55. <http://doi.org/10.1089/eco.2012.0042>

James, S., Alemi, Q., & Zepeda, V. (2013). Effectiveness and implementation of evidence-based practices in residential care settings. *Children and Youth Services Review*, 35(4), 642-656.

James, S. (2011). What works in group care?—A structured review of treatment models for group homes and residential care. *Children and Youth Services Review*, 33(2), 308-321.

James, S. (2017). Implementing evidence-based practice in residential care: How far have we come?. *Residential Treatment for Children & Youth*, 34(2), 155-175.

Johnson, E. G., Davis, E. B., Johnson, J., Pressley, J. D., Sawyer, S., & Spinazzola, J. (2020). The effectiveness of trauma-informed wilderness therapy with adolescents: A pilot study. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://doi.org/10.1037/tra0000595>

Larzelere, R., Daly, D., Davis, J., Chmelka, M., & Handwerk, M. (2004). Outcome Evaluation of Girls and Boys Town's Family Home Program. *Education and Treatment of Children*, 27(2), 130-149. Retrieved September 2, 2020, from <http://www.jstor.org/stable/42899792>

Lee, B. R., & Thompson, R. (2008). Comparing Outcomes for Youth in Treatment Foster Care and Family-style Group Care. *Children and Youth Services Review*, 30(7), 746–757. <https://doi.org/10.1016/j.childyouth.2007.12.002>

Nosrati, E., Kang-Brown, J., Ash, M., McKee, M., Marmot, M., & King, L. P. (2019). Economic decline, incarceration, and mortality from drug use disorders in the USA between 1983 and 2014: an observational analysis. *The Lancet Public Health*, 4(7), e326-e333.

Redding, R. E., Fried, C., & Britner, P. A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. *Journal of child and family studies*, 9(4), 425-447.

Reicher, H. (2010). Building inclusive education on social and emotional learning: challenges and perspectives—a review. *International Journal of Inclusive Education*, 14(3), 213-246.

Piccininni, C., Michaelson, V., Janssen, I., & Pickett, W. (2018). Outdoor play and nature connectedness as potential correlates of internalized mental health symptoms among Canadian adolescents. *Preventive Medicine*, 112, 168-175.

Poulsen, D.V.; Stigsdotter, U.K.; Davidsen, A.S. (2018). "That guy, is he really sick at all?" An analysis of how veterans with PTSD experience nature-based therapy. *Healthcare*, 6, 64.

Schaufeli, W. B. and Peeters, M. C. W. (2000). Job stress and burnout among correctional officers: A literature review. *International Journal of Stress Management*, 7(1), 19–48.

Schultz, P. N., Remick-Barlow, G. A., & Robbins, L. (2007). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health & Social Care in the Community*, 15(3), 265-271.

Solari, C. D., & Mare, R. D. (2012). Housing crowding effects on children's wellbeing. *Social science research*, 41(2), 464-476.

Strijbosch, E. L. L., Huijs, J. A. M., Stams, G. J. J. M., Wissink, I. B., Van der Helm, G. H. P., De Swart, J. J. W., & Van der Veen, Z. (2015). The outcome of institutional youth care compared to non-institutional youth care for children of primary school age and early adolescence: A multi-level meta-analysis. *Children and Youth Services Review*, 58, 208-218.

United Nations (1989). *Convention on the rights of the child*. Retrieved from <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

Weisz, J.R., Kuppens, S., Eckshtain, D., Ugueto, A.M., Hawley, K.M., & Jensen-Doss, A. (2013a). Performance of evidence-based youth psychotherapies compared with usual clinical care: A multilevel meta-analysis. *JAMA Psychiatry*, 70, 750–761. <http://dx.doi.org/10.1001/jamapsychiatry.2013.1176>.

Wetendorf, D. (2000). The impact of police-perpetrated domestic violence. In D.C. Sheehan (Ed.), *Domestic Violence by Police Officers* (375 - 382). Washington, D.C.: U.S. Department of Justice.

Ulrich, R. S., Bogren, L., Gardiner, S. K., & Lundin, S. (2018). Psychiatric ward design can reduce aggressive behavior. *Journal of Environmental Psychology*, 57, 53-66.

Weissberg, R. P., Durlak, J. A., Domitrovich, C. E., & Gullotta, T. P. (2015). *Social and Emotional Learning: Past, Present, and Future*.