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JHA 2016 Prison Monitoring Project Summary and Recommendations ô Part II April 2017

Part I of the JHA 2016 Prison Monitoring Project Summary and Recommendations report covered issues related to Data Collection & Reporting within IDOC. Part II focuses on Living & Working Conditions in facilities, and many of the themes regarding the need for increased transparency and accountability set forth in Part I are reiterated herein. JHA emphasizes the concerns frequently raised by the people most affected by Illinois prison conditions throughout 2016 to encourage ongoing discourse and proactive solutions.

Topics contained in Part II include: 1. Physical Plant ó Design & Conditions; 2. Clothing, Bedding, & Hygiene Products; 3. Healthcare (Copay, Mental Healthcare, Accommodating Disabilities, Aging Populations, Governmental Healthcare Continuum); 4. Solitary Confinement & Excessive Time-in-Cell; 5. Appropriate Classification & Programming; 6. Staff Professionalism & Resources; 7. Inmatesø Access to Accurate Information & Assistance; and 8. Family Connectedness.

II. Living & Working Conditions

The living and working conditions of Illinois prisons impact not only those inside the walls, but also families, communities, and taxpayers. In addition to overcrowding, several IDOC facilities have obvious physical plant problems, such as significant water damage leading to ceiling collapse and unusable areas. Other less-visible issues JHA learns about from staff and inmates and through reviewing requests for State funds. Regrettably, often facilities cannot get funding authorized for repairs, or even if funding were to be authorized, equipment is made of antiquated parts that can no longer be supplied. At every facility, there are needed improvements. For one, JHA continues to urge IDOC to increase camera capacity at facilities given staffing levels and areas that cannot be appropriately supervised. The Agency has been increasing camera coverage, but JHA hears that there continue to be wiring, software, and funding issues holding up installation and functionality.

Generally, facilities operate more smoothly where there is consistency and managed expectations, so that things like having reliable maintenance, activity schedules, menus, library access, commissary, staff, and even standardized television channels, really make a difference for quality of life. Where there is deviation, there is concern and JHA routinely hears about these issues, particularly on visits. Problems, real or perceived, that are not acknowledged and addressed can result in unnecessary tensions and hostility. JHA has observed some promising practices over the past year at some facilities in attempts at internal quality improvements. Some of these involve greater communication with staff and inmates regarding complaints or changes that affect their environments. JHA has also been encouraged to see at some facilities increased

attention paid to external appearance demonstrated by grounds keeping, murals, and other efforts to create warmer and more attractive environments within institutional common areas.

1. Physical Plant – Design & Conditions

JHA has long noted that IDOC lacks justified facility capacity data and uses several different numbers, including design/rated, operational/bed space, and "ideal." What is apparent is most facilities were not designed to accommodate as many people as they do. In addition to deterioration expected by regular use and age, many facilities are further strained by holding twice the number of people than they were designed to house. This results in obvious issues such as two inmates sharing a small cell where one must be on a bunk to be out of the other's way and they must share a toilet; or dayrooms, dorm rooms, showers and phones being used by twice as many people.¹ More time out-of-cells or greater access to scarce resources becomes crucial to improving quality of life in such settings.²

For one example of demand for resources, increasingly JHA receives complaints regarding inadequate phones for the number of people housed on units at facilities, in part inmates believe due to rate reductions allowing more people to make calls. Inmates report this leads to conflicts and fights over phone use. In some settings, due to configuration, or phones being inoperable, over 100 people will share two phones. Further complicating access, JHA frequently hears from inmates, and confirms through observation or schedules, that inmates must choose between using limited out-of-cell time for things like waiting in line for the phone, taking a shower, or engaging in limited opportunities for large muscle activity.³ Some facilities have increased the number of phones available on units and yards, which has been well received. At other facilities, we have been told installing additional phones is too costly. IDOC replied that there are 3,494 active phones in the prisons, with 369 added since February 2015 due to the variable factors aforementioned; Securus, the phone vendor, can add phones at no charge; and that changes in legislation governing the cost of inmate phone calls will alter calling patterns and they will continue to adapt and respond to traffic patterns to avoid issues.

In several facilities JHA has observed roof leaks as well as lower level water leaks that are continuously damaging facility structure, causing damp, mold, and need for repainting, and at times damaging equipment, affecting inmate living, classroom, or library areas, and precluding productive use of space. As one staff member explained, the roof is the envelope that protects the building, and when that is damaged, the contents become vulnerable. IDOC responded that as of March 2017, roofing projects are underway at Graham, Logan, Menard, Shawnee, Sheridan, Stateville, and Vienna.

Particularly at Stateville, but also at some other older facilities, JHA commonly receives concerns regarding discolored water that inmates worry is unsafe to drink. While disclosed water testing results find the water safe, these tests are not responsive to inmate concerns that the water is not tested in cells and the testing does not include lead and other non-bacterial contaminants.⁴ The fact that inmates see staff drinking bottled water adds to their anxiety, while even inmates with funds are limited in the amount of drinking water they can purchase from commissary. IDOC responded that they adhere to local, state, and federal requirements pertaining to water quality testing and notification; testing occurs on the outside by the municipal supplier and within the grounds of facilities at various water distribution points; and that any water

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discoloration is usually a temporary condition, harmless, and likely caused by mineral accumulation, which can be addressed by letting water run 10-20 seconds to flush the cause of discoloration prior to use.

Inmates frequently report that their housing and other areas are too cold, too hot, or lack ventilation. The vast majority of IDOC facilities do not have air conditioning outside of healthcare units. Sometimes temperature and ventilation conditions are exasperated by staff allegedly not making ice available in accordance with Agency policy, or windows being inappropriately open or closed, broken, or inoperable. IDOC reiterated that when outdoor temperatures reach a certain low or high, indoor ambient and random cell temperatures are taken and logged in shift reports; during summer months ice is distributed on day and evening shifts and also logged. Inmates commonly report, and JHA has observed at facilities, clogged air vents and ducts needing cleaning. Plumbing and water temperature issues are also common, and at some facilities JHA has observed issues with constantly flowing water from fixtures, which is obviously wasteful, and instances of posted work orders that appear to be months old or at least relate to issues that are observed to be ongoing and unresolved.

Other condition complaints that are fairly common include reports of pests, particularly in dietary areas, and concerns regarding mold, in damp areas including dietary, showers, and areas where there are roof or other leaks. While some facilities paint over areas of discoloration, this tends to increase inmate anxiety about possible health risks.⁵ Power washing of showers tends to improve conditions and JHA has recently observed some facilities with showers maintained in good condition, suggesting that with some care and instruction to workers, other facilities' conditions might be improved. For inmates in celled, or non-dorm settings, both general population and segregation, more shower access is a common request, sometimes based on scheduling conflicts between assignment and dayroom times. Current segregation rules only require one shower a week be provided, although some facilities do now provide more as JHA has encouraged, and IDOC's pending disciplinary rule changes (discussed further below) would increase this to three showers.⁶

Over the past year, JHA has observed that several facilities have broken dishwashers and inmates have increased concerns regarding sanitation of eating utensils. Workers at the Stateville Northern Reception and Classification Center (NRC) reported hand washing 1,800 trays in a single shift. JHA was concerned that at Lincoln, several inmate workers reported they were fired for complaining about dietary conditions, thus increasing anxiety, instead of being educated and put to work on improving the cleanliness of the area. Even where equipment is reportedly working, we occasionally hear reports relating to indifference or inattention such as dirty trays and insects, with a few facilities with known issues with dietary, such as Lawrence, receiving most staff and inmate reports and concerns. Vigilance and outside inspection for dietary areas is needed and recommended.

As discussed in Part I, JHA strongly supports more transparency and outside inspections from entities with specialized expertise around issues of facility safety and sanitation. Again, JHA recommends outside testing and reporting where appropriate, as well as education within prisons about possible harms, or lack thereof, for adults exposed to possible environmental conditions. Staff time and facility culture are negatively affected by anxiety about living and working

conditions, whether there are actual harms from the environments or just a fear or perception of harm, e.g. from issues such as mold.

Commonly, IDOC administrators can provide JHA with detailed information regarding requests for improvements they have made that remain unfunded by the State that match inmate and staff reports and concerns. JHA believes that these cost requests should also attempt to quantify the damage of the unfunded repair to the State through loss of productive use of space. For example, a classroom that cannot be used means that inmates are not earning good time credits, which saves the State money in shortened terms of incarceration and recidivism reduction costs. Accurate expected consequences and accountability for these decisions must be made public.

Recommendation: Physical plant issues should be documented and made public, with increased oversight for health and safety concerns.

2. Clothing, Bedding, & Hygiene Products

Inmates within IDOC are given certain state issued clothing upon admission and all inmates within IDOC are given State Pay of \$10 monthly, unless they have an assignment authorizing a higher rate of pay, debt decreasing this amount, or have their state pay restricted due to being in reception, on a writ, or in segregation status, or due to lockdown.⁷ Inmates report that the same state pay rate has been in effect for decades, while commissary prices and other costs, such as medical copay, have increased, and there are fewer necessities provided by the state. For example, inmates complain that they must purchase items such as laundry detergent. IDOC responded that institutional laundry services are provided at no expense at least weekly (and for inmates with certain work assignments, as frequently as daily), but inmates who exercise the option of utilizing washers and dryers on housing units must provide their own detergent unless they are indigent, in which case detergent will be provided. JHA commonly hears from inmates that purchasing supplies they need unfairly exhausts limited state pay. Those who are not receiving state pay, or cannot spend funds (for example, because they are at another facility on a writ), are often in an even worse position.

Over the last year, JHA has visited facilities that have issued memos or had postings up stating that they are not able to provide clothing and bedding changes, or state-issued soap. We have observed worn clothing, bedding, and mattresses in facilities and generally found it credible that inmates had difficulty getting items replaced. At some facilities, lack of winter appropriate or worker appropriate supplies such as hats, gloves, or suitable shoes have been reported. Increasingly JHA has been told that facilities are not providing more than two pairs of whites (i.e. underwear, socks, and t-shirts), while laundry services may be offered at best weekly. At some facilities, inmates have not been given annual opportunity to exchange worn items for newer ones (inmates may be issued used items). Inmates with commissary privileges and funds may purchase some items; a single pair of boxer briefs can be purchased for about \$4. At female facilities, JHA commonly hears reports that women feel that they do not have access to adequate feminine hygiene supplies despite administrators detailing a seemingly adequate policy and additional access reportedly available with a medical pass. While we appreciate that there are cost and logistical concerns, JHA is aware of non-IDOC facilities where provision of items is more carefully documented, or items such as soap or feminine hygiene supplies are more freely available to inmates, or laundry services and clothing changeouts are more frequent, decreasing

concerns and the need for staff attention to complaints regarding such issues. Evaluation for possible improvements and management of expectations regarding such issues may have significant impact on quality of life.

Recommendation: IDOC must establish uniform standards of items to be supplied to inmates so that people may maintain acceptable cleanliness and comfort, and consistently meet these expectations.

3. Healthcare

Lack of healthcare staff and staff turnover at IDOC facilities is a significant issue.⁸ At Menard, at the time of JHA's October 2016 visit, 35% of the contractual authorized healthcare positions were vacant, and we continue to receive concerns regarding staff shortages. Several facilities lacked staff for critical state, non-contractual, positions including Healthcare Unit Administrators or Directors of Nursing during JHA visits throughout the year. However, other facilities were better staffed with healthcare providers than during prior years' visits. Again, this is an area where greater timely public accounting from the Agency regarding staffing challenges would be productive. Litigation regarding healthcare generally within IDOC, as of March 2017, is ongoing and plaintiffs are seeking class certification.⁹ JHA has been encouraged to hear some positive impressions from various stakeholders regarding the new IDOC Medical Director, who joined the Agency in November 2016, and his approach to the many challenges facing the Agency with inmate healthcare needs. We hope to see improvements as needs and practices are reexamined.

JHA continues to receive many inmate concerns regarding healthcare and we believe there are numerous areas for improvement, including better communication of necessary healthcare information to inmates, including diagnosis and treatment. Diabetic care concerns are a common issue, frequently including problems with access to podiatry, special shoes, and diets.¹⁰ Inmates continue to raise issues regarding lack of treatment generally. Anecdotally, this issue appears to increase for serious concerns the closer an inmate is to their outdate, which may be related to the fact that there are commonly reported long waits for approvals for testing or outside care. Staff and inmates commonly provide examples supporting that outpatient appointments are limited, missed for various reasons, and difficult to reschedule. Unfortunately, JHA also receives many reports of inappropriate security and healthcare staff comments and behavior related to inmates seeking care. This behavior, while unacceptable, is somewhat predictable in environments of scarcity. Such reports include staff being slow or nonresponsive to claims of emergency need; for example, telling an inmate reporting chest pain to file a sick call slip, or lack of response to use of in cell call buttons. JHA recommends such reports be documented, investigated, and staff disciplined as appropriate.

JHA continues to observe facilities with substantial backlogs for treatment of nonemergent care, as well as differences between facilities in counting backlog numbers. For example, one facility only counted inmates on waitlists as backlogged for dental care if an inmate had been waiting more than three months for an extraction, or six months for a filling or dentures, while this did not appear to be the practice elsewhere. This sort of example is another reason for increasing Agency data reporting and uniformity requirements, which could also be achieved through increased specialized oversight. While many people point out that in the community people often go without dental care, these wait times appear concerning. Likewise, eyecare is another area

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where backlogs can be substantial and JHA has met inmates who cannot review necessary materials, such as orientation manuals or postings, because they need glasses. Typically waitlists at facilities are closely correlated to staffing issues and, as such, are moving targets. Greater uniformity of reporting between facilities could also help better allocate shared staff and other healthcare resources.

Within IDOC, technology for healthcare, as is the case with other facets of facility infrastructure, is often archaic and woefully inadequate. Where technology exists and is being introduced, even wiring facilities so that technological upgrades may be utilized has proved extremely difficult, time-consuming, and costly. Yet it is necessary. For example, lack of high-speed internet impedes optimal Telemed provision¹¹ and other outside communications. An effective electronic medical record (EMR) system remains a frequent staff wishlist item. In the female facilities, the EMR pilot did not appear to have significantly improved functionality, and there remained some question of how the system would interface with IDOC's computer system. JHA has not heard of any plans to expand the piloted system to other facilities.

Facilities continue to share resources, including relatively inexpensive medical testing devices (e.g. those used for testing hearing), as well as staff hours, further spreading thin resources. JHA has received some reports where this results in the qualified staff and the needed device not being onsite at the same time. Nurses often report the lack of hospital beds and other things that would ease working conditions or alleviate inefficient uses of skilled staff time and effort.

In 2016 the Agency issued a Request for Proposals (RFP) for a new contract for healthcare provision within IDOC, currently provided by contractor Wexford Health Sources Inc.;¹² it was subsequently withdrawn and then a RFP was reissued in January 2017.¹³ JHA again encourages more transparency regarding agency needs and during the contracting process.

Recommendation: Healthcare technology and resources must be evaluated and improved.

Copay

The legislatively mandated \$5 copay for most healthcare visits within IDOC¹⁴ continues to be problematic. Particular complaints include the requirements that an inmate can only be seen for one issue at a time, so that if an inmate has a cold and an injured knee, these issues must be addressed in separate visits, each costing the inmate \$5. Also, inmates are understandably frustrated that they must typically see a nurse for the same issue three times before they will be referred to a doctor; however, it is within the nurse's discretion to refer the patient earlier. JHA continues to encounter misunderstandings regarding what services will have a copay attached, for example, hearing from inmates a misimpression that the fee would be assessed for using nail clippers. Although copays are not assessed for certain care excluded under the law or for inmates determined to be indigent, many inmates report that they need to use their limited income for items such as hygiene products, as they assert they are not provided what they need to maintain cleanliness. Increasing JHA hears such reports, as fewer state issued items are issued. Generally, correctional copays may dangerously prevent inmates from seeking care when they need it, resulting in greater harms and expenses from deferred treatment, including contagion.

Recommendation: JHA continues to recommend legislation to abolish the \$5 correctional copay.

Mental Healthcare

Although there have been improvements implemented within IDOC in relation to the *Rasho* class action mental health litigation and May 2016 settlement,¹⁵ JHA has throughout 2016 observed practices at facilities that have yet to meet some of the litigation's particular agreed terms.¹⁶ One area where IDOC has met the terms of this agreement is that substantially all staff completed a basic mental health training in 2016. Increased mental health staffing numbers and more training tend to correlate with how successful particular facilities appear to be with *Rasho* compliance and planned improvements to mental health care provision. Staff shortages in many facilities mean that there are still substantial backlogs for regular mental health monthly contacts and other non-emergent care. Average reported wait times of several weeks to a month with several hundred inmates waiting for mental health professionals and psychiatry were fairly commonly reported at facilities. While these are "non-emergent" contacts, these wait times for individuals are likely to cause greater distress, medication issues, and system distrust.

While mental health rounds are now required weekly in segregation, JHA questions the quality of contacts based on inmate reports. Some inmates continue to report that the only mental health care available is medication, and some are not interested in that treatment for various reasons, including the historical practice in IDOC of precluding participation in certain desirable placements based on medication history. As part of the *Rasho* settlement, and as JHA has repeatedly pointed out, this practice would also be prohibited under the Americans with Disabilities Act (ADA) and IDOC cannot exercise blanket assignment decisions on this basis.

Staff and inmates at facilities continue to report that it can be difficult to get an inmate placed in settings with more treatment, with maximum-security Residential Treatment Unit (RTU) space at a particular premium (currently available at Logan for women and Dixon and Pontiac for men). All prisons may house inmates who are considered to be Seriously Mentally Ill (SMI). Crisis care continues to tax many facilities' limited mental health staff and resources, including space that is sometimes also needed for other healthcare patients. Inmates, particularly in the female facilities, continued to report that they feel use of crisis care is the only way to get mental health attention. Some mental health staff concurred that crisis care consumes much of their time and noted that time is also devoted to additional paperwork.

Over the past year, at various facilities, JHA has received reports of requests for crisis being dismissed as attention seeking or tied to staff perception that the inmate is inappropriately acting out. Some staff and inmates believe that inmates are incentivized to feign mental illness to avoid punishment. However, we have also seen some increased staff awareness of mental health issues and the need for crisis care in relation to inmate requests, particularly at times when an inmate may be vulnerable. At Graham, where we noted use of crisis watches seemed to be higher than expected, staff stated that this was likely due to heightened awareness after inmate suicides. In the past, inmates commonly reported to JHA they were reluctant to go on crisis watch because they did not want to be housed in crisis cells (at times located in segregation units) and stripped of clothing and possessions to get mental health attention. As crisis practices are improved, and

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staff education and awareness increases, and also as mental health staffing levels rise, changes are anticipated.

The *Rasho* settlement and court appointed Monitor should help improve IDOC data collection and reporting, including information regarding staffing and crisis practice, as well as advancing better policies for mental healthcare provision generally. It is critical that IDOC improve and conform agency practice at all facilities, not just those with specialized RTU housing. Resolving this litigation and bringing about substantial changes at facilities while appropriate resources are not in place has been incredibly challenging for both staff and inmates, and several individuals, staff and inmates alike, have reported to JHA feeling endangered or hopeless in the midst of the transformation. JHA hopes that as IDOC works with the *Rasho* court appointed Monitor, expands available RTU housing, and figures out a way to fill necessary positions, conditions will continue to improve.

Recommendation: Recognizing that the terms of the Rasho settlement agreement now represent a legal floor for required mental health provision improvements, and appreciating that many of the settlement's required changes are budget contingent and depend on increased mental health staffing, IDOC should continue to attempt to achieve compliance terms and improve quality of treatment. Public reporting regarding challenges to achieving compliance and improving outcomes, such as staffing, should be required.

Accommodating Disabilities

Historically JHA has expressed concerns regarding lack of accommodations of inmates with disabilities, and lack of knowledge as to the Americans with Disabilities Act (ADA) requirements within IDOC facilities. For example, some staff appeared to consider ADA accommodations only in relation to inmates using wheelchairs or those who are completely deaf. Staff concern regarding inmates manipulating situations to their advantage at times can extend to issues where inmates appear to have psychosocial, developmental, and physical disabilities. In a few instances, where JHA has inquired regarding availability of accommodations, we have been told that particular inmates are not as blind, hard of hearing, or immobile as they purport. Absent adequate healthcare staffing and diagnostic ability, however, such a claim may not be supported from a clinical standpoint. Encouragingly, IDOC responded that they have recently increased staff training on ADA issues.¹⁷

While this is still an area requiring increased staff education, JHA has observed some recent improvements. One challenge to greater awareness and provision of accommodations is that the inmate is obligated to make requests, and many of those needing accommodations remain uninformed of their rights, how to assert a right in a manner that will trigger an ADA review, or are incapable of asserting their rights even if they are aware of them, despite a general statement regarding this included in inmate handbooks. The difficulties of protecting the rights of people with disabilities in custodial settings is a common issue in corrections that is gaining more national attention and becoming the focus of greater efforts.¹⁸

In addition to those with psychosocial disabilities and physical disabilities who may generally benefit from some of the changes pursued in the healthcare-related class action litigation mentioned above, there is an ongoing class action lawsuit for those who are deaf and hard of

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hearing within IDOC.¹⁹ In January 2017, the Department of Justice (DOJ) intervened in a similar lawsuit alleging lack of disability accommodations within the Florida Department of Corrections, and JHA is hopeful that this case will eventually provide more definitive guidance.²⁰ We were pleased to see a Sorenson videophone²¹ in use at Graham and one being installed at Taylorville, which should greatly facilitate communication for inmates who are deaf or hard of hearing. At other facilities, JHA continues to receive reports of difficulties and that such technology cannot be used in every setting or for every purpose.

While we have seen some recent improvement in acknowledgment and accommodations of disability issues, where there are not resources or funding absent litigation and a court order, IDOC may encounter substantial difficulties in its attempt to comport with legal mandates and best practices in this regard. For example, the costs of regularly bringing sign language interpreters into facilities in remote locations is not insignificant, particularly where State funding is a challenge, and many entities, even those using remote technology, are reportedly in high demand and, having other options, do not want to contract with the State due to known issues of nonpayment. While such services must be professionalized and not based solely on volunteer or student trainee labor, this is another area where greater collaboration between governmental entities, including State universities, or with community members could be beneficial. JHA believes that if the Agency's needs were clearly and candidly made known, instead of dismissed, appropriate programs seeking to more cost effectively address such challenges could be created. Again, JHA encourages individuals and the Agency to help document and fight for all inmates' basic needs to be met and rights upheld, so that they can participate equally and fully in the limited opportunities available within the system, as such a course of action is legally and morally required.

Recommendation: IDOC must continue to improve the identification and accommodation of inmate disabilities and increase staff and inmate education to achieve this end. Partnerships with outside organizations, service providers, and universities should be created to assist the department with needs, which will continue likely continue to multiply as the inmate population ages and as alternative appropriate community settings and resources remain scarce.

Aging Populations

JHA has stressed the importance of Illinois finding alternatives to address the expensive, growing problem of housing elderly and terminally-ill inmates in prison. We continue to observe healthcare unit (HCU) resources being devoted to dying inmates who do not need to be in secure settings, while inmates with treatable conditions report that they cannot take advantage of limited healthcare services onsite. For example, one facility housed an inmate in its healthcare unit who reportedly was expected to live only a short time longer when placed on life support but had lived for a year. While life expectancy cannot be exactly calculated in such a situation, it is clear that someone in this state poses no risk to public safety. JHA has also encountered numerous inmates housed in HCUs suffering from dementia to the extent that they have no idea of their surroundings, as well as individuals with significant mobility issues. Over the past year, JHA has been pleased to note more facilities are offering some form of hospice care, including a new program at Stateville. While we commend the care provided by inmate aides, as well as some exceptional healthcare staff in these settings, it is hard to see this level of care needed in secure

custodial setting as anything other than a misuse of meager resources that is particularly problematic in high security settings. Illinois must focus efforts as this problem worsens so that there will be a reasonable way for some individuals to obtain alternate placement, compassionate release, or even clemency where appropriate, where they no longer pose a threat to society.²² The need for a better way to handle terminally ill or severely incapacitated inmates was also emphasized by the Commission.²³

Recommendation: New options must be created for recognizing and placing inmates who do not need to be housed in secure settings due to infirmity, which is an unnecessary drain on limited resources.

Governmental Healthcare Continuum

Many inmates report that lack of continuity between their treatment within IDOC and care they received in the community or jails, or from outside providers while incarcerated, is harmful to them. Likewise, JHA and others have reported on the difficulty for patients leaving IDOC receiving proper continuity with community care upon release from prison, such as the difficulties of getting appointments and renewed prescriptions. Some of these difficulties relate to IDOC's lack of modern technological capacity, staffing and other issues, while others relate to the lack of underlying infrastructure enabling distinct governmental systems' ability to communicate and coordinate. Over the past few years, JHA urged Illinois to maximize use of Medicaid expansion to fund services related to treatment, reentry, and diversion. Particularly, this included encouraging IDOC to maximize the opportunity to enroll inmates in Medicaid who are exiting facilities or receiving healthcare in the community at work release centers, as was supported by April 2016 federal guidance.²⁴ However, ensuring enrollment with incarcerated populations has been inconsistently implemented, in Illinois and nationally.²⁵ In October 2016, Illinois applied for a Medicaid waiver to attempt to reform behavioral health treatment across governmental healthcare systems.²⁶ Also, encouragingly, in December 2016, the federal government passed the 21st Century Cures Act, in part authorizing more funds to address substance use disorder and mental health treatment as a public health rather than a criminal matter, which will aid in greater diversion and reentry support.²⁷ We hope initiatives like this, and ongoing attempts to change laws in Illinois, will mean that we will not again meet a nearly 70-year-old inmate with diagnosed mental illness in prison due to a custodial sentence for a Class 4 possession of a controlled substance. Nonetheless, general uncertainty regarding the future of Medicaid is cause for concern.

Recommendation: Illinois must ensure great continuity of care and coverage between communities and custodial settings.

4. Solitary Confinement & Excessive Time-in-Cell

JHA has advocated for increasing out-of-cell time for Illinois inmates and observed that IDOC inmates in several statuses, not just disciplinary segregation or administrative detention, meet the United Nations' and DOJ's definitions of solitary confinement or restrictive housing, i.e. are confined to their cells for more than 22 hours a day.²⁸ The foremost consideration of whether an inmate is in restrictive housing is how much time that particular inmate actually is confined, or not provided with opportunity to be outside of his or her cell. We believe that inmates should be in the least restrictive setting possible, and that IDOC should use progressive discipline with

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isolation used only as a last resort and to preserve safety. In 2016, the DOJ issued its Guiding Principles for use of restrictive housing, which provide recommendations for corrections to reduce use of solitary confinement, which JHA continues to urge IDOC to adopt.²⁹ We appreciate that changing practices within Illinois, as in many correctional systems, will be difficult and cannot be achieved instantaneously; however, changes must be instituted.

JHA believes that within IDOC lack of general population out-of-cell time, alternative sanctions and positive incentives (such as honor dorms), programming, job assignments, and other increased out-of-cell opportunities, has contributed to overreliance on counterproductive harsh disciplinary practices. Agency rules have permitted minor offenses to result in use of segregation, so that more serious infractions proportionately appear to need to carry more severe lengthier segregation terms. Generally, research supports that certainty of punishment and swift response, rather than severity, has the most deterrent effect.

Existing IDOC rules for those housed in restrictive statuses for recreation time and privileges, such as showers, are also extremely minimal and harsh compared to other systems. In July 2016, IDOC proposed revisions to Agency disciplinary rules that were approved in February 2017.³⁰ These changes will, when implemented, represent some incremental improvements to existing practices, notably increasing showers and out-of-cell opportunity, eliminating segregation placements for minor rule infractions, and decreasing segregation terms for many major offenses. Additionally, the rule changes add a provision that the Department will attempt to ensure that inmates are not released directly from segregation to the community, a practice that commonly occurs and that JHA and others have repeatedly cautioned against. For example, JHA was told during our March 2016 Pontiac visit that in the prior year more than 120 inmates had paroled from long term segregation at that facility to the streets. IDOC's disciplinary rule changes also incorporate practices mandated by the *Rasho* settlement. Some opposed the proposed rule changes for not going far enough; however, delaying these revisions meant that many inmates continued to be in segregation for minor offenses and did not benefit from other positive incremental improvements that can and should be implemented without further delay. JHA continues to advocate for more limited use of restrictive housing.

As JHA visited IDOC facilities throughout 2016, we noticed that some facilities appeared to have already adopted some of the rule changes and had not been giving segregation terms for lower level tickets and were giving more showers or recreation time. However, practices have not been uniform and JHA frequently observes that practices generally are not conformed across facilities and statuses. For example, inmates in the four IDOC reception facilities have different privileges; the amount of expected out-of-cell time and opportunities by housing units for engaging in large muscle exercise (gym and yard) varies across the medium facilities (primarily related to facility physical plant design); protective custody inmates may experience different levels of isolation and lack of out-of-cell opportunity based on facility (with protective custody status appearing to be unavailable for women at the time of JHA's June 2016 Logan visit); and even minimum-security facilities in Illinois have varying design (including some celled housing) and related freedom of movement.

In visits to restrictive housing areas throughout 2016, some inmates continued to report to JHA that segregation yards often are unclean due to inmates spitting or using them as bathrooms, and

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complain of the lack of any equipment or activities.³¹ JHA believes that some activities could be safe on segregation yards and recommends IDOC consider enhancing opportunities that could increase wellbeing and create incentives. JHA has observed that some restrictive housing units now have new group areas and "soothing rooms" with nature imagery intended to provide a calming environment for inmates who may be acting out. Such spaces may be used in complying with the *Rasho* settlement requirement of providing increase out-of-cell time for inmates with identified mental illness after segregation stays more than 60 days. JHA again advises IDOC to increase out-of-cell time for all isolated inmates beyond the litigation requirement floor.

JHA continues to encourage the Agency to adopt uniformity and best practices, increasing productive opportunity and activity. As noted above, it is critical for IDOC to be accountable and transparent with its practice. As stated in Part I of this report, and as recommended by DOJ, IDOC should track and report regarding inmates in restrictive housing statuses.³² JHA also encourages enhanced tracking and reporting capacity for measuring not just segregation sanctions but actual time served. For example, in IDOC, some inmates have disciplinary terms of segregation that would exceed the length of time they can legally be held in custody, hence the reporting of the segregation term is not an accurate reporting of the time they will serve in segregation. Similarly, administrators at various facilities have not been able to demonstrate and quantify how they are reviewing and reducing segregation terms, although it is practice.³³ Data recording regarding such practices would be instructive, and would promote consistency in policy, as well as increase accountability.

Additionally, facilities must have a way of reliably capturing where inmates are offered out-of-cell opportunities, and if it is refused, and work to encourage and improve opportunities where appropriate. Facilities do not always have a way of reporting how frequently out-of-cell time occurs in practice. For example, JHA commonly hears that yard times are shortened, e.g. offered for just 45 minutes instead of an hour and a half, or cancelled because of weather. In one case, staff informed us that because a particular unit had morning yard and it was too cold in the morning, yard time was commonly canceled resulting in much less out-of-cell time; however, no corrective practice was being considered or implemented. We appreciate that allocating yard time can require complex movement scheduling, but such issues need to be accurately tracked and reported, and regularly reviewed. Some inmates also take issue with the short time they are given to eat meals in dietary, and some report they must too quickly choke down their food. IDOC officials stated that time to eat is commonly measured as 10 minutes from the time the last person sits down to eat. Adding to the lack of out-of-cell time, at some places, inmates report that some staff will deny out-of-cell activity for multiple inmates based on a minor infraction of one, but this too is currently difficult to track. Being punished for the actions of others is also a frequent complaint.

We are encouraged that IDOC is doing a better job at limiting use of individual yard restrictions, which we have had concerns about. Such restrictions are only supposed to be used for inmate misconduct on the yard. Based on prior observation and inmate reports, yard restrictions seemed to be overused and used in place of disciplinary segregation, which was getting more scrutiny. Some inmates continue to express concerns regarding room restrictions being used in place of segregation, which also may result in a non-involved cellmate being locked down. As IDOC attempts to successfully implement graduated and lesser sanctions than segregation, JHA will

continue to monitor the use of alternative, progressive sanctions and advocate that these also be tracked.

JHA believes Illinois' lack of standard out-of-cell time expectations results in minimal and unreliable activity for celled inmates.³⁴ We urge Illinois to adopt some standards either through adopting presumptions of time out-of-cell based on classification or through a means of defining and limiting use of solitary confinement, which may be more difficult to enforce. While we have observed some improvements over 2016, without related implementable policy, measures, and enforcement, we cannot expect maintained or continued improvements through possible leadership shifts, staffing changes, or changes in inmate population.

We also continue to have concerns regarding statuses with unclear or inconsistent application, duration, or privileges; these include indeterminate segregation placements, administrative detention, Staff Assaulter/Weapons Violator, high escape risk, and even investigative status.³⁵ From our observations over the past few years, these statuses can be extremely restrictive and have had inconsistent implications for inmates over time and across facilities. Agency officials have represented that as other disciplinary and restrictive housing status changes are implemented, some of these programs are also being less frequently employed or attendant privileges reconsidered.

Lastly, JHA remains troubled by long stays at the Stateville Northern Reception and Classification Center (NRC) for both intake and writ inmates, where conditions are equivalent to lockdown or segregation with extremely limited out-of-cell time, property, or other privileges.³⁶ As of January 2016, 379 inmates had been at NRC more than 60 days while 25 men had been there longer than a year, with 19 months being the longest reported stay. Although administrators in August 2016 represented that length of stay issues were improving for intake inmates, about 27% of the population at the NRC, 466 inmates, could not be moved to parent facilities, where they would be eligible for normal privileges, due to pending court writs. IDOC responded that they have changed policy as of early 2017, which will result in inmates having shorter temporary stays at receiving facilities for writs. We will continue to monitor these issues and advocate for any ongoing necessary improvements.³⁷

Recommendation: JHA continues to strongly recommend that IDOC adopt the DOJ's Guidelines for use of Restrictive Housing, and focus on continued improvement in tracking sanctions and time out-of-cell for all inmates. Additionally, Illinois should adopt minimum presumptive out-of-cell time for general population inmates.

5. Appropriate Classification and Programming

Current IDOC leadership has expressed interest in revisiting IDOC classification methods. As JHA has repeatedly reported, the Agency does not use a risk assessment tool as mandated by the Illinois Crime Reduction Act of 2009, for placement decisions, to create individualized treatment plans, or programming. There is some limited piloting of the tool occurring, but not for use with in-facility placement or programming decisions. IDOC responded that Administrative Directives (ADs) have been revised to include the mandate that assessments will be utilized in making programmatic and transfer decisions and this is in the review process; and that they are continually hiring social workers to complete assessments throughout the Department.

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As discussed in Part I of this report, IDOC and others now acknowledge that the Agency currently is using extremely limited program spots for individuals who may not receive the greatest benefit, as research has shown that over-programing lower risk participants has a detrimental effect. IDOC noted that they are currently undergoing a study to assist with eliminating programs that are deemed ineffective; and inmates with the greatest need based on assessments will be placed in evidence based programming.

Over the past year staff also reported to JHA that they sometimes have trouble filling spots in particular programs or work assignments because they do not have enough inmates meeting the low-level participant requirements, such as for workers, set by the Agency. In some settings, this is resulting in some inmates having to work excessive hours.³⁸ JHA recommends continual review of internal placement and assignment requirements to ensure they are not overly restrictive. We have been encouraged to hear that some administrators have plans to expand job opportunities at certain facilities.

Ideally, individual assessment and behavior would determine suitable placement, not solely offense. In situations where inmates cannot work to better their position, there can be little a facility can do to manage behavior. Meanwhile, insofar as IDOC does consider certain classes of inmates to be ineligible for certain assignments, they should be transparent about criteria. Correctional counselors, who consistently have caseloads of more than a hundred inmates, should not have to continually field requests that are impossibilities, and should be provided with some form responses for common questions, such as who is eligible for work release. Inmates frequently report that counselors are unhelpful or dismissive, for example repeatedly replying that something is being reviewed, so that inmates feel that they are *being given the run around*. JHA recommends clearer policies, more training, and work towards providing definitive answers that are readily available to avoid delay and the attendant frustration. Again, managing expectations assists with facility management. IDOC responded that curriculum is being developed for all counseling staff that will assist in expectations of the position and inmate criteria for different actions such as transfer, work assignments, or sentencing credits.

Importantly, IDOC this year expanded eligibility for medium-security institutions changing consideration from inmates with 20 to 25 years left to serve.³⁹ Secondly, in 2016 IDOC reportedly instituted more reviews of specific restrictive classifications, such as high escape risk, to see if these continued to be warranted given that the classifications are burdensome for inmate management and can prevent the individual from being eligible for certain placements and opportunities. JHA applauds these changes but continues to stress the need for individual ongoing assessments to inform security classification to ensure proper placement and avoid over classification.⁴⁰ IDOC again responded that an AD is being reviewed that will ensure assessments are taken into consideration during classification. Improvements are needed.

This year JHA visited some exceptional programs within IDOC, including Stateville's Barber program, various college classes, and several of the programs that partner animals with inmate caretakers,⁴¹ or partner community and facilities, such as Veterans' programs, Habitat for Humanity construction projects, food and other donation drives, clothing closets which provide returning citizens with dress outs, horticulture, and recycling efforts. JHA has noted some

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steps towards greater programming availability and consideration of appropriate programming and placement.

IDOC administrators have also acknowledged the need for increased programming for inmates in restrictive housing, including for individuals spending long periods at NRC; however, implementation of such programming remains extremely limited and offerings, where they exist, appear inconsistent. As part of the *Rasho* settlement, segregated inmates with identified mental illness should generally receive ongoing treatment in accordance with their mental health treatment plans, and must be offered structured activity after 60 days.⁴² In some facilities, JHA has seen indications that this is occurring with group activity being facilitated by mental health professionals and sometimes other staff; however, we also hear from inmates that they do not believe mental health treatment is offered. However, it is possible they have yet to hit the agreed 60-day threshold triggering the enhanced out-of-cell time. Frequently inmates in restrictive statuses who are housed in settings where administrators indicate that some activities should be available (such as those in reception status for more than 60 days or those in administrative detention) report that though they may have heard of some groups, they have not been given opportunities to participate. It appears absent consistent policy, expectations, and staffing, such positive activities are offered based on administrative motivation and availability of staff. Again, opportunities offered to individuals to participate should be tracked. IDOC responded that policy is in place to ensure tenants of *Rasho* are adhered to and efforts are being made throughout the Department to increase programming opportunities for all inmates in restrictive housing.

Consistency of expectation and practice is key to successful roll out of new practices as inmates often believe that they are being unfairly treated, building continual mistrust, where situations are not clarified. Similarly, staff who do not see consistent support for programming and practice have no reason to trust administrator dedication to change or support for new initiatives. They have seen practices come and go, so they want to know what will be expected. These individuals also anticipate that they will have to deal with inmates acting out over perceived slights and disappointments. It is vital that directives be clear and clarified as needed. IDOC responded that they have taken great measures to fill many program staff vacancies; and continue to work to prioritize and fill vacancies at all levels; and that filling these positions will advance the efforts to reduce recidivism by putting staff in place to effectively implement, monitor, and provide programs.

Educational opportunities for inmates generally remain extremely limited. Some facilities appeared to be better staffed for teachers compared to the past few years, but the teacher allocations remain minimal. Where in the past the Agency has made available on request a report regarding education staffing and achievements by facility, JHA has not seen this report produced recently, as with other reporting as discussed in Part I. During the March 6, 2017 IDOC Advisory Board meeting, an Agency representative stated that there were many educator vacancies and about 2,800 inmates waitlisted for Adult Basic Education classes alone. Again, we encourage IDOC to regularly make this information public. IDOC responded that progress is being made as teaching positions are being prioritized based on waitlists, but acknowledged that budgetary constraints have hampered ability to fill all vacancies. Also, where classes are available, JHA still hears issues related to teacher absences disrupting school schedules or vacancies that last unreasonable lengths of time, such as the lack of a GED instruction for six

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months at SWICC. Students at times report needs for basic items, like dictionaries and erasers, and we have observed students using folders and books that are literally falling apart.

Due to budget issues, all community college partners who offered vocational and college level classes at prisons have withdrawn, with the exception of Lake Land College. This has been a major blow to staff and inmates, who are now dealing with fewer opportunities and increased idleness. Over the last year there have been no college level classes available to women within IDOC and several male facilities lost all of their college classes. At facilities with Lake Land instruction, positions that are vacated cannot be filled, so additional classrooms remain empty. This is extremely short-sighted as correctional education is shown to have one of the greatest returns on investment in Illinois.⁴³ In addition to the commonsense cost of lost opportunity for individual growth through program participation, there is a tremendous fiscal cost from missed opportunity for recidivism reduction and earned sentence credit.⁴⁴ Positively, this year a few new college level partnerships have been developed in Illinois, some of which resulted from the return of a Pell Grant program for limited national pilot sites.⁴⁵

JHA also recommends that IDOC focus efforts in programming to matching to job demands and anticipating the need for use of technology. For example, while some specialized IDOC industry and vocational programs are comparatively impressive, such as welding, warehouse, and automotive, almost uniformly classrooms lack the equipment used in the outside world. Also we are sometimes told that inmates cannot be certified because tests are online or appropriate educational opportunities are unavailable. It remains likely inmates will have to repeat trainings on the outside, which can be frustrating and delays employment. Additionally, instructors, like inmates, spoke of the need for increased job placements for returning students and workers.

IDOC responded in draft review that they recognize the importance education plays in reducing recidivism, and they are proud of progress being made including working with community colleges to revise curriculum to better reflect employable skills, applying for grants to update outdated vocational equipment, reviewing the possibility of online testing for certifications, and reviewing an outdated AD that requires a GED for vocational programming.

JHA is continually struck by the need for basic education within facilities. We observe on visits that some inmates clearly struggle with literacy, which has become even more apparent as we piloted our inmate survey tool and had to assist many inmates with reading and comprehension. IDOC responded that a pilot literacy program involving trained inmate peer tutors, called SOARing, is now being implemented at several facilities. We also have observed that some inmates have Limited English Proficiency and rely on others who are bilingual. We have seen waitlists of more than a hundred at a facility waiting to get into a mandatory Adult Basic Education, meaning that the individual has scored less than a sixth-grade level on an assessment, and not all inmates are even assessed. JHA stresses that individuals under age 21 who received special education services under an Individualized Educational Program (IEP), should be eligible special education services within IDOC.⁴⁶ Within IDOC inmates are prioritized for school by outdate, so this means that someone with a long sentence may spend years in prison without getting into a classroom and educational time within facilities cannot be maximized. JHA continues to recommend that facilities be more proactive in identifying inmates who need assistance. Educators have commented in particular on the difficulty of helping inmates with

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traumatic brain injuries,⁴⁷ noted that students would benefit from more timely access to eyeglasses, and reported that they could use more specialized teaching materials, e.g. to help with visual learning.

JHA would like to see facilities accept more community and volunteer assistance for basic education, as they seem to be willing to now do for college level offerings, as well as greater use of formal peer educational mentoring, as JHA has long encouraged. Some of the best programming we have observed, trains inmates to help one another and gives transferable certificates, such as training to become a paralegal, substance use disorder counselor, healthcare or hospice aide, barber, or tutor. Such programs seem to be inconsistently available or supported at various facilities. We are pleased to hear of IDOC plans to expand such efforts.

JHA hears from formal and volunteer-run programming facilitators alike that they have felt unable to measure the success of their programming, track program participants, or at times, provide appropriate helpful linkages to participants, because of IDOC rules designed to prevent inappropriate relationships between staff or volunteers and inmates/returning citizens. Such program evaluation is often necessary for grant funding and reporting needed to continue programming. JHA has been encouraged that current IDOC leadership appears more understanding of how such rules can at times impede efforts to have successful programming and community support. IDOC responded that an AD is currently being reviewed with recommendations to allow for a continuum of professional services upon release.

In October 2016, IDOC held a Life Skills/Re-Entry Charrette to engage community representatives in IDOC's plans to improve programming provision within the system. JHA applauds this initiative. We stress that all facilities must provide life skills and prepare inmates for release. Numerous inmates speak to JHA about how acquiring appropriate social skills can be difficult after being in a high-security facility where at times individuals lack the ability to be candid or unguarded. While JHA has long supported a step-down model, it will not be possible for all inmates to step down through limited specialized reentry or work release centers, so all facilities must be engaged in reentry preparation. IDOC responded that they recognize the need to ramp up reentry efforts at all facilities; and upon the conclusion of the independent study evaluating programming funded by the Second Chance grant, they will implement evidenced based programs at all facilities with an emphasis on reentry.

Again, JHA recommends formalizing agency policy where necessary to ensure programs can endure leadership changes, which commonly occur within the agency. JHA has heard from many programming providers within IDOC that the effort required for program initiation, volunteer and staff clearances, creating space, routine, and practices, makes restarting a program, when it is derailed due to change in agency practice or budgetary considerations, essentially like starting from scratch. IDOC responded that many facilities were not built with program delivery in mind, therefore it is acknowledged that there are at times issues with space; however, IDOC reported that volunteer clearance has been streamlined and is conducted online, thus expediting the process.

Staff and inmates have stressed the importance of educating the public on the need for community reintegration and finding job providers, who in Illinois can receive bonding and tax

credits. JHA commonly speaks with inmates with significant anxiety about release and lack of support and plans. One inmate expressed that he thinks people outside prison have a big misconception about who is in prison from TV and if he had his way, there would be public service announcements that inmates *“have made mistakes, but want jobs and lives.”* Another expressed that they need job referrals because *“you leave here with \$10, a bus ticket, and a felony record - having a job waiting would make all the difference.”* IDOC acknowledged this issue and responded that the Programs Department is working on implementing job fairs at facilities that have vocational and educational programming in an effort to link inmates and employers.

Helpfully, in 2016, major national corporations and higher educational institutions took the Fair Chance Pledge to help those with records have a second chance in the workforce and with schooling.⁴⁸ In August 2016, the Federal Interagency Reentry Council issued *“A Record of Progress and a Roadmap for the Future,”* which discusses some of recent accomplishments on the national stage relating to reducing employment barriers, expanding educational access, reducing housing barriers, increasing healthcare access, and other initiatives, including the holding of the inaugural National Reentry Week in April 2016.⁴⁹ Similar efforts are ongoing in Illinois.

Recommendation: IDOC must improve opportunities and help bridge reentry; this will require substantial investment in assessment and programming.

6. Staff Professionalism & Resources

Throughout 2016, inmates often voiced as a primary concern a perceived lack of staff professionalism and consistent rule following, where they feel they are not treated with respect or are treated as less than human. While JHA has no way to confirm or deny the truth of complaints, we receive reports alleging inappropriately dismissive and even abusive behavior from individual staff members. Increased vigilance within the Agency to identify and combat negative attitudes is needed so that a few individuals' behavior does not poison facility culture. Culture change ensuring understanding of the Department's role in public safety, which is enhanced by rehabilitative opportunity and climate, remains necessary.

In some facilities, allegations regarding racism, from use of slurs to favoritism, are common. Likewise, inmates raise issues of religious discrimination, such as anti-Muslim attitudes and actions. Cultural and implicit bias awareness is important given facility dynamics.⁵⁰ Anecdotally JHA tends to hear more such issues in facilities with greater disparities between staff and inmate population makeup. These differences can be stark; for example, Shawnee staff was approximately 95% White while inmates were 75% Minority, and only 7% of the inmates were from the Southern region of Illinois where they are incarcerated, while the majority were from the Chicago area.

Many inmates report that they feel staff bully or provoke them into reacting, for example through name calling or even encouraging fights. While staff conduct does not excuse an inmate perpetrating a violent act or behaving in a manner that is disruptive or detrimental to staff and other inmates, it should still be subject to investigation. JHA has received some reports regarding inmates being asked to sign documents when incidents are investigated, such as statements that

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they will not sue the department, which seem inappropriate if true. Another common inmate concern regarding staff conduct is that they are retaliated against through transfer, segregation, physical abuse, or property destruction under the guise of a legitimate placement, discipline, use of force, search, or shakedown. Some inmates assert they are subject to this particularly as a response to complaints or pursuit of litigation against the Department. It is not uncommon for inmates to be hesitant to speak with JHA because they fear retaliation for voicing concerns. Inmates also continue to report staff hostility and even violence in face of mental health issues or unmanageable behavior, which is predictable given the historic dearth of de-escalation training and other staffing issues.

IDOC responded that the Department is in the midst of a massive culture change, which involves training for all staff, that will assist with preparing staff for effective means to communicate. Specifically, since May 2016, 1,200 staff completed two-day Core Correctional Practices (CCP) training,⁵¹ and that they now have 24 certified trainers who will allow the Department to increase CCP training with a goal of training more than 2,500 staff over the next year. CCP training reportedly includes effective correctional practice; risk, needs, responsivity principles; positive reinforcement, effective use of authority and disapproval; cognitive behavioral interventions, such as skill building, teaching skills, problem solving, and cognitive restructuring.

As always, JHA encourages inmates and others to document issues to the best of their ability so that they can be investigated. Inmates often feel that staff is not disciplined for reports; however, it is unlikely that inmates would be informed of reeducation or reprimands, or that a staff member would be reassigned or fired for anything short of truly egregious conduct. If distrust of the system means that inmates regularly do not report things, there will be no support for possible future reports that may lead to greater investigation and improvements or progressive staff disciplinary actions. Again, this is an area where increased data collection, independent oversight, and an improved grievance system are required.

Current Agency leadership stresses that they are introducing more trainings to do a better job of taking care of staff as well as inmates. Staff resources must also factor into the consideration of staff professionalism. Where staff are consistently under-resourced and stressed, it is less likely that they will be able to, or desire to, act professionally. Similarly, where staff have not been trained or positively reinforced appropriately, or have been negatively reinforced for positive action, we cannot expect desired results. New trainings, such as the mental health course, recognize that past training conditioned staff to treat inmates in a way that was likely to provoke a negative response. Administrators who have included staff in discussions surrounding the formation or implementation of policy and practice changes over the past year seem to have achieved staff buy-in and better results at some facilities. However, in several facilities where administrators state that they have stressed communication, some staff have expressed to JHA they still feel unheard and frustrated, leading us to believe that staff buy-in still requires more hands-on coaching and attention paid to staff concerns and resources.

JHA has been encouraged to see that security staffing appears to have improved at a number of facilities over the past few years, with far fewer vacancies of authorized positions. Not only must staffing be adequate at facilities, encompassing the number and type of staff needed to effectively run an institution (including all types of staff, such as security, healthcare,

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programming, administrative, etc.),⁵² but consistent leadership is important and individuals should be incentivized to assume and maintain leadership positions. In Illinois, many promotions have nothing to do with skill set and many leadership positions are political or lack the protection of the union, and may even involve pay cuts in addition to increased job instability.⁵³

Often JHA hears from staff that where there is frequent leadership changeover, doing their jobs is more difficult, as it seems that different directives are coming down to them constantly. This has been particularly true over the course of the last few years when the Agency was without clear leadership while attempting to deal with budgetary and litigation challenges, and with promised rollouts of new systems and practices that have been continually delayed and frustrated by lack of proper awareness of practical considerations and conditions. Nonetheless, Director Baldwin's leadership and charge of instituting changes has been felt throughout IDOC in 2016.

JHA is pleased that some targeted training is occurring or pending, notably including training regarding mental health issues, gender responsiveness, and development of leadership and professionalism. We reiterate that these initiatives in isolation, without additional investment in on-the-job training and mentoring and without adequate resources at facilities, are unlikely to be successful. JHA has observed over the past few years the court-mandated changes within the Illinois Department of Juvenile Justice (IDJJ) and notes that it is critical for staff to be involved in agency transformation and in truly interactive training to ensure that their difficulties are heard and incorporated into improving future trainings and policy consideration. Also, likely key to such agency transformation is population reduction with concurrent legislative efforts supporting changes. IDOC has just begun some reinvention and, unlike IDJJ, does not benefit from having a comprehensive consent decree with dedicated funds to achieve all necessary reforms.

Recommendation: Increased attention to and investment in staff professionalism, training, and resources are key to aligning the Department's practices with its mission.

7. Inmates' Access to Accurate Information & Assistance

JHA strongly encourages IDOC to institute some more regular review of postings and handbooks at facilities, as we frequently come across outdated, unclear, and incorrect information.⁵⁴ This can create lack of system uniformity and predictability, factors that, if present, would increase satisfaction and improve facility operations. Further we reiterate that appropriate inmate education cannot occur without informed and knowledgeable staff.⁵⁵ JHA commonly hears from staff that inmates will just ask different staff members until they get the answer they want, but staff must be professional and repeat in a firm, fair, and consistent manner what the decision is, with articulated reasons, allowing appeal as appropriate.

JHA frequently encounters inmates in facilities who are in need of further or correct information, or general assistance resolving various basic issues. For example, at Menard, an inmate attempted to follow the advice in a reentry guide⁵⁶ to obtain his birth certificate to get his state identification (ID) upon release; however, he was frustrated as he could not get to the prison library to get a copy of his IDOC ID photo or a money voucher for payment. Inmates' difficulties obtaining state IDs upon release received much publicity over the past year,⁵⁷ and JHA has been advocating for improvements that go beyond those in the law enacted in December 2016⁵⁸ that fails to address inmates' issues obtaining underlying documents. Additional legislation

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addressing this is pending and IDOC officials have represented they will try to support JHA's suggestions for improvements. JHA will continue to monitor this and hopes that these changes will ease transitions and improve outcomes.

Another area where inmate needs are often neglected relates to parental rights and obligations. Female inmates are fortunate that Chicago Legal Aid for Incarcerated Mothers (CLAIM)⁵⁹ provides some services; however, there is not an equivalent public resource for fathers who are seeking to resolve certain family law matters including divorce and custody. In 2016, President Obama announced that states would be required to allow for modifications of child support obligations based on actual income during a payee's time incarcerated.⁶⁰ While modifications are permitted in Illinois already, often inmates are neither advised nor assisted to attempt to obtain modifications while incarcerated, causing them to leave prison deep in arrears.

Inmates' access to law libraries by right is limited, and is often further limited by demand exceeding what the facility is able to accommodate, or by lack of staffing or materials. Sometimes inmates report their efforts to resolve issues are frustrated by copy fees or by shortages of paper or ink. We repeat that inmates' constitutional rights cannot be impeded by staffing and budget issues, although the likely remedy would be for a court to give an inmate more time to respond. Where difficulty accessing legal resources is chronic, we encourage courts to consider other measures. JHA continues to recommend expansion of access to electronic legal resources for research and court filings (currently only available for some courts within IDOC), as inmates at times report poor condition of books or missing pages, as well as mail difficulties.

Sometimes inmates report that mailed materials, including legal mail, are read or confiscated inappropriately. JHA is discouraged to periodically hear issues involving privileged and legal mail being mishandled.⁶¹ Inmates also report that legal materials, like other items, are taken during shakedowns without proper paperwork being completed. Some inmates report that they believe that they being are retaliated against for litigation against IDOC. Inmates should continue to document where they think there are inappropriate actions, delays, or other problems, so that these issues can be reviewed.

Based on discussions with incarcerated individuals, we observe that many people appear to enter prison without proper understanding of pleas and collateral consequences, which should be stated admonishments. For example, it is fairly common for inmates to have no understanding of their terms of Mandatory Supervised Release (MSR or parole) including duration and common conditions. Likewise, many inmates with recommendations for treatment or boot camp from committing judges lack appreciation that placement will be based on IDOC criteria and availability. Further, many inmates are misinformed regarding their ability to obtain discretionary sentencing credits. While rumors of retroactive sentence downward departures or "good time" credits always run rampant within correctional facilities, hopes of Illinois inmates have been particularly high and their ears have been pricked over the past year, particularly in awaiting recommendations of the Commission. JHA strongly recommends attorneys and judges to stay informed regarding current practices and consequences of sentences. Likewise, JHA would like to see county jails more uniformly make information available to detainees and loved ones about what can be expected during IDOC reception periods, when inmates will have extremely limited privileges and opportunity to communicate.

In JHA's 2016 monitoring, we have encountered numerous people who are incarcerated past the time of their expected release date due to being unable to meet the conditions of parole. In 2014, the number of so-called door violators was around 1,200 individuals, or enough people to fill a prison.⁶² IDOC officials have recently indicated to JHA that these numbers may be increasing with more than 1,500 individuals experiencing at least one such violation in 2016. Many of these individuals are subject to electronic monitoring but cannot find a host site that can accommodate this. As noted above, given that the Agency does not currently use appropriate risk screening, it is even more important that the Prisoner Review Board (PRB), which is charged with decisions related to conditions of release, is appropriately informed regarding agency and community capabilities, or lack thereof, practices, and consequences. This sentiment is also reflected in the recommendations of the Commission, again reiterating *"the requirement of electronic monitoring should follow form and individual assessment of offender risks and needs, and should not be imposed as a matter of course."*⁶³

In addition, many of the inmates who are incarcerated due to unmet parole conditions have MSR terms of three years to life for sex offenses, and it remains uncertain how long they will remain incarcerated. While inmates with normal MSR terms of a set period can max-out by serving time in custody, those with potential life MSR cannot. There are zero available community placements for people who must register as sex offenders in Illinois. In December 2016, a new State Sex Offenses and Sex Offender Registration Task Force convened.⁶⁴ The same month a new federal lawsuit was filed seeking to represent the class of those with three years to life MSR terms, alleging violation of due process and other constitutional rights.⁶⁵ Unquestionably having inmates within IDOC who are housed there due solely to lack of an approved place to go wastes resources and harms any sense of rehabilitative purpose that has been established, and creates considerable anxiety amongst inmates, who may now question whether their time served and positive performance assures release. JHA will continue to monitor and report on these issues.

Recommendations: IDOC should ensure that information critical to inmates' daily lives be made readily available in facilities and kept up-to-date, and library access should be ensured. Facilities should appropriately document mail handling and any confiscation of materials to comply with inmate rights. Courts, jails, attorneys, the PRB, and others, should attempt to stay apprised of current IDOC policy and practice. Illinois must confront and address issues with door violators who take costly space within secure settings.

8. Family Connectedness

In the most recently available data from IDOC, approximately 63% of Illinois inmates self-reported being parents of more than 69,000 children, which is likely to be an underreported number.⁶⁶ Inmates and their families are intertwined with our communities. How successful people are in reentry often depends on family and other community support. Prisons should be cautious so that they do not unnecessarily limit access to these important relationships. JHA notes IDOC's need in some cases to modernize understanding of familial relations, as programs, such as boot camp, currently limit visitation to "immediate family," and other opportunities involving children sometimes fail to recognize all familial caretaker relationships.⁶⁷ It is in Illinois' interest to do what it can to promote positive and sustained relationships for individuals who are incarcerated.

Many inmates are incarcerated in facilities that are too far away and costly for families to visit. Hence many rely on phone calls and mail to stay connected. In 2016, Illinois passed a law that will further limit telephone rates within IDOC and ease the burden of this cost for families.⁶⁸ JHA continues to receive reports that mail is slow at some facilities, making maintaining contacts with families difficult. This is another area where administrators should be vigilant as lack of contacts impacts quality of life. We were pleased to see in 2016 some of the piloted GTL electronic messaging sites with operational capacity.⁶⁹ While we have some concerns regarding the costs of these services, it was clear that inmates and families with access loved having a quicker mode of communication and the ability to listen to music.⁷⁰ Another concern is that staff reported warranty periods for the devices are very limited. We were pleased to see inmates without much exposure to modern technology able to use and enjoy the devices. Also in 2016, JHA has seen some facilities that have new video visitation stations installed but has not yet seen one in use. IDOC responded that video visitation was first instituted at Big Muddy on February 2, 2017, and additional sites will come online in March. As facilities are able to support electronic messaging and video technology it is expected that these methods of communication will ameliorate some of the problems stemming from the current phone demand. Legislation mirroring the telephone rates cap is being considered federally and within Illinois to prevent abusive fees for video visitation. JHA has always insisted that technology should supplement and not replace in-person visitation.⁷¹ We will continue to monitor implementation of these communication technologies and related costs.

Occasionally JHA receives complaints regarding inmates or visitors who feel they are not treated well. We encourage visitors to pay attention to rules and be prepared, as even when rules are not always enforced, they may be, and it can feel arbitrary. We are discouraged to hear from inmates when they feel that their visitors are not treated well, or that rules are not followed, or new rules are enforced, but not posted for families in a timely manner. In the past year, JHA has received concerns regarding instances where inmates felt their visitors, including children, were treated in dehumanizing and humiliating ways. Examples recounted included staff chastising a child with special needs, as well as inmates or children and mothers being invasively searched. We continue to recommend increased training on professionalism, and better training on visitor search procedures, where Agency rules may need to be more specifically established or revised. However, we must also stress that we have observed and heard from loved ones of many IDOC staff who are professional and kind to visitors.

IDOC does not publicly report and may not track the number of visitors by facility. JHA's observation of visitation rooms throughout IDOC is that the hours, size, and child-friendliness vary and do not appear to relate to facility need. Again, this is an area where more data could be helpful for tracking demand and allocating resources. Although IDOC does individually track inmates receiving visitation, this data is not compiled or used for research purposes, such as to investigate the correlation between visitation and reentry success, or to attempt to attract greater transportation services.⁷² JHA has previously recommended expanding visitation hours at some facilities and again notes the lack of uniformity with similar facilities. Inmates in particular report that it is difficult for children to visit at certain facilities given the lack of evening visitation, as at Stateville. Inmates also continue to request the ability to take photos with visitors, as was once permitted within IDOC. Current administrators seem more receptive to this

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as a possibility. At Taylorville, JHA heard that inmates could pay to have their picture taken, but this was not offered with family members. JHA again recommends that such requests, which incentivize good behavior, foster family connectedness, and can improve reentry results, be considered.

Recommendation: IDOC should consider what practices can be improved to permit greater family connectedness and improve inmates' reentry success.

This report was written by JHA staff. Media inquiries should be directed to JHA's Executive Director, Jennifer Vollen Katz, at (312) 291-9555 or jvollen@thejha.org.

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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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*The John Howard Association was the proud recipient of the 2015
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¹ While double celling, even in segregated statuses has been the norm in Illinois for many years, it has received national media attention in the last year, *see* Christie Thompson and Joe Shapiro, *The Deadly Consequences of Solitary with a Cellmates*, The Marshall Project, (March 24, 2016), <https://www.themarshallproject.org/2016/03/24/the-deadly-consequences-of-solitary-with-a-cellmate#.BIH0TArg3>. At times, double celling is even considered protective because there is another set of eyes on an inmate.

² Since the population has been dropping, JHA has been pleased to no longer see use of overflow housing, so that gyms and other areas can be used for their intended purposes. Additionally, increasingly JHA observes empty cells, representing the possibility for a move or a single-cell as necessary. This is a noticeable improvement compared to the recent past, during the population spike, when moving one inmate into a cell with a compatible cellmate required moving multiple individuals, with each cell movement potentially creating a new issue and taking more resources.

³ At the time of JHA's June 2016 visit at Logan, women complained that medication lines were run during limited time they had to use the phones, when upwards of 80 women had to share four phones during an hour and a half dayroom period (with calls up to 30 minutes permitted); unsurprisingly this caused problems.

⁴ Note that only in January 2017 did Illinois mandate that water in schools and daycares be tested for lead, which is more harmful to children than adults. *See* Kelsey Landis, *New Illinois Law Requires Schools to Test Water for Lead*, *Governing*, (January 17, 2017), <http://www.governing.com/topics/education/tns-lead-testing-schools-illinois.html>.

⁵ According to the federal Center for Disease Control (CDC), people who believe they are experiencing a negative reaction to mold should consult with their healthcare provider and *“Generally, it is not necessary to identify the species of mold growing in a residence, and CDC does not recommend routine sampling for molds. Current evidence indicates that allergies are the type of diseases most often associated with molds. Since the susceptibility of individuals can vary greatly either because of the amount or type of mold, sampling and culturing are not reliable in determining your health risk. If you are susceptible to mold and mold is seen or smelled, there is a potential health risk; therefore, no matter what type of mold is present, you should arrange for its removal. Furthermore, reliable sampling for mold can be expensive, and standards for judging what is and what is not an acceptable or tolerable quantity of mold have not been established.”* <https://www.cdc.gov/mold/faqs.htm#affect>.

⁶ *See* 20 Ill. Adm. Code 504.620(g)(1). *See also* IDOC's proposed rule changes to 20 Ill. Adm. Code 504, 40 Ill. Reg. 8628, https://www.cyberdriveillinois.com/departments/index/register/register_volume40_issue27.pdf, and JHA's August 11, 2016 Public Comment on Proposed Rule Changes by the Illinois Department of Corrections, <http://www.thejha.org/statement081116>.

⁷ IDOC stated that inmates without work assignments receive \$10 a month per Administrative Directive (AD) 05.03.103A; and hygiene items are provided for inmates that are unable to purchase them at commissary, such as those that are indigent, in reception, or on lockdown per AD 05.07.101 and 05.01.301. JHA commonly hears from inmates who are not aware that their state pay can be restricted and we have observed this is not consistently communicated to inmates in written orientation materials. Inmates at times must pay a percentage of their income for restitution to courts or for issues within prisons, such as for copies or property destruction. JHA notes that we have not seen SMI status considered for reduction of prior fees assessed for property destruction, which we believe would be appropriate. Debts carry over from prior incarceration terms if the individual is returned to custody. During 2016 visits, in response to concerns raised, JHA was informed that there were some errors with state pay calculations identified with the computer switch to the O360 system, and that where errors are identified they will be corrected.

⁸ JHA continues to reiterate many of the general findings and recommendations relating to IDOC's healthcare provision set out in our 2012 Healthcare Special Report, <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>. JHA intends to issue some specific updates relating to findings of our 2012 Healthcare report over 2017.

⁹ *See, Lippert v. Baldwin*, 10-cv-04603 (N.D. Ill).

¹⁰ As we were informed that produce is typically contracted for on a facility by facility basis, at times supplemented by facility gardens, it is likely that inmates are correct that the amount of fresh produce available varies from facility

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to facility. JHA commonly hears desire for healthier food from dietary and on commissary for various health reasons, as well as concerns regarding soy content.

¹¹ Telemed is at all IDOC facilities for specific chronic care clinics or conditions. Some Telemed services are provided through a partnership with medical providers at the University of Illinois in Chicago, which represents a good model of intergovernmental/community partnership and connectedness, as this partnership allows patients returning to the Chicago to have continuous care.

¹² See company page <http://www.wexfordhealth.com>. As of February 2017, there were more than 200 Wexford healthcare positions available in Illinois listed on the Careers section of the webpage.

¹³ See

<http://www.purchase.state.il.us/ipb/IllinoisBID.nsf/frmBidDocFrameset?ReadForm&RefNum=22039980&DocID=3119AD3E5EAA48A98625809E005DE37D&view=viewSolicitationsOpenByAgency>.

¹⁴ See 730 ILCS 5/3-6-2(f) (2012) *“The Department shall require the committed person receiving medical or dental services on a non-emergency basis to pay a \$5 co-payment to the Department for each visit for medical or dental services. The amount of each co-payment shall be deducted from the committed person's individual account. A committed person who has a chronic illness, as defined by Department rules and regulations, shall be exempt from the \$5 co-payment for treatment of the chronic illness. A committed person shall not be subject to a \$5 co-payment for follow-up visits ordered by a physician, who is employed by, or contracts with, the Department. A committed person who is indigent is exempt from the \$5 co-payment and is entitled to receive medical or dental services on the same basis as a committed person who is financially able to afford the co-payment. For purposes of this Section only, “indigent” means a committed person who has \$20 or less in his or her Inmate Trust Fund at the time of such services and for the 30 days prior to such services.”*

¹⁵ *Rasho v. Baldwin*, 07-cv-1298 (C.D. Ill.). Case documents available at, <https://www.clearinghouse.net/detail.php?id=12369>. See also, JHA’s Summary and Guide to IDOC’s Mental Health Settlement in *Rasho*, <http://www.thejha.org/sites/default/files/JHA%20Rasho%20Settlement%20Summary%20Rev%20Mar%202017.pdf>

¹⁶ JHA continues to hear from inmates that they feel they are not receiving appropriate mental health services and hundreds of inmates have registered their dissatisfaction with the *Rasho* presiding court. See Roy Strom, *Delays, Fee Concerns Threaten Illinois Inmates’ Settlement*, The National Law Journal (December 30, 2016), <http://www.nationallawjournal.com/id=1202775860158/Delays-Fee-Concerns-Threaten-Illinois-Inmates-Settlement?slreturn=20170012185826>. Some inmates object to the fact that inmates are not entitled to any monetary compensation or that those classified as Seriously Mentally Ill (SMI) may still be held in segregation, although with increased out-of-cell time provided after 60 days. Under the terms of the agreement, mental health personnel review disciplinary reports for SMI inmates and opine on whether the individual’s mental illness was related to the behavior resulting in the report, and also advise on whether placement in segregation will, or has, caused decompensation.

¹⁷ Specifically, IDOC reported that they have updated ADA Coordinator training, introduced new ADA awareness training for new employees, introduced ADA awareness training for Clinical Services staff to be included in the Clinical Services Training Manual, had 47 staff complete ADA online training through the ADA National Network, and will include ADA training in the new disciplinary hearing training related to the recent rule changes.

¹⁸ See e.g., *Making Hard Time Harder: Programmatic Accommodations for Inmates with Disabilities under the Americans with Disabilities Act*, (June 2016), by the Amplifying Voices of Inmates with Disabilities (AVID) Prison Project, Disability Rights Washington, <http://avidprisonproject.org/Making-Hard-Time-Harder/>; and March 2017 agreed proposed settlement in *Langford v. Bullock*, a class action suit involving ADA issues in Montana’s prisons, <https://www.aclu.org/news/settlement-requires-major-improvements-conditions-prisoners-disabilities-montana-state-prison>.

¹⁹ *Holmes v. Baldwin*, 11-cv-2961 (N.D. Ill.)

²⁰ See, January 9, 2017, DOJ Press Release regarding *Disability Rights of FL v. Jones*, 16-cv-47 (N.D. Fl.), <https://www.justice.gov/opa/pr/justice-department-seeks-intervene-lawsuit-over-denial-rights-florida-inmates-disabilities>.

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²¹ See product page <http://www.sorensonvrs.com/>

²² Generally, recidivism for older inmates is much lower, and in Illinois for the 6C# inmates who have been released by the Prisoner Review Board (PRB), only 11% have recidivated in more than ten years since 2005 (or eight individuals, with only three returning for new offenses, while five returned for technical violations), compared to a general Illinois recidivism rate that is closer to 50%, which is measured over a period of just three years. See <http://www.icjia.state.il.us/cjreform2015/pdf/C%20recidivism%20data%202005-2015.pdf>.

²³ See the Commission's Final Report, Recommendation 22, at p. 66-67, http://www.icjia.state.il.us/cjreform2015/pdf/CJSR_Final_Report_Dec_2016.pdf.

²⁴ See e.g., U.S. Department of Health and Human Services, *Medicaid Guidance for Individuals Involved in the Criminal Justice System*, (April 28, 2016), Q3, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>.

²⁵ See e.g. Beth Schwartzapfel and Jay Hancock, *Out of Prison, Uncovered*, The Marshall Project (December 6, 2016), The Marshall Project, <https://www.themarshallproject.org/2016/12/06/out-of-prison-uncovered#.dHTYe22it>; see also, Martha R. Plotkin and Alex Blandford, *Critical Connections - Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need: What Policymakers Need to Know about Health Care Coverage*, (January 2017), <https://www.bja.gov/publications/Critical-Connections-Full-Report.pdf>.

²⁶ See <https://www.illinois.gov/hfs/info/1115Waiver/Pages/default.aspx>.

²⁷ See e.g., CSG Justice Center Staff, *President Obama Signs 21st Century Cures Act*, (December 13, 2016), <https://csjusticecenter.org/jc/president-obama-signs-21st-century-cures-act/>.

²⁸ See e.g., JHA's May 2016 Statement on Illinois' Use of Solitary Confinement, <http://www.thejha.org/statement20160504>, 2015 Pontiac report, <http://www.thejha.org/sites/default/files/Pontiac%20Correctional%20Center%20Report%202015.pdf>, and May 2012 Special Report, *A Price Illinois Cannot Afford: Tamms and The Costs of Long-Term Isolation*, <http://thejha.org/sites/default/files/TammsReport.pdf>.

²⁹ January 2016, <https://www.justice.gov/restrictivehousing>. See also President Barack Obama's January 25, 2016, Washington Post Op-Ed, *Why we must rethink solitary confinement*, <http://wpo.st/NM9E1>.

³⁰ See IDOC's proposed rule changes to 20 Ill. Adm. Code 504, 40 Ill. Reg. 8628, https://www.cyberdriveillinois.com/departments/index/register/register_volume40_issue27.pdf, and JHA's August 11, 2016 Public Comment on Proposed Rule Changes by the Illinois Department of Corrections, <http://www.thejha.org/statement081116>.

³¹ Access to bathrooms appeared to be a more common complaint than in prior years at various facilities.

³² See <https://www.justice.gov/restrictivehousing>

³³ In some facilities, we hear segregation terms are reduced, not due to changed practice or good behavior, but due to space needs.

³⁴ Inmates often state that medium security facilities should be 18/6 meaning 18 hours in cell and 6 hours outside of cells, and complain when this is not the case. Lack of out-of-cell time in medium-security facilities, means that maximum-security and segregation settings are even more restrictive. Also, inmates are frequently surprised by the lack of a requirement in Illinois prisons for at least one hour of out-of-cell time per day, as is the standard for jails.

³⁵ See e.g. discussion in JHA's 2013 Menard Update, <http://thejha.org/sites/default/files/Menard%202013%20Update.pdf>.

³⁶ See e.g. JHA's 2014 NRC report, <http://www.thejha.org/sites/default/files/Stateville%20Northern%20Reception%20&%20Classification%20Center%20Report%202014.pdf>; and JHA's May 2016 Statement on Illinois' Use of Solitary Confinement, <http://www.thejha.org/statement20160504>.

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³⁷ It is unclear how the January 2017 settlement in *Morales v. Findley*, 13-cv-7572 (N.D. Ill.), which will provide some parolees with representation for parole revocation hearings, will affect populations and lengths of stay at NRC. See <http://www.law.northwestern.edu/legalclinic/macarthur/projects/treatment/adultparole.html>.

³⁸ This year JHA has also received some complaints relating to workplace safety where it seems proper precautions were not taken and observed work environments that appear to lack standard safety equipment. JHA encourages inmates and staff to document and report such issues.

³⁹ This expansion of criteria for medium-security placement may in part be due to demand for maximum-security bedspace. During a 2015 visit to NRC, the average time inmates spent for placement in maximum-security facilities was six months, meaning that these individuals were spending that long in lockdown conditions, in arguably the most restrictive setting within IDOC. Thankfully, this average wait time for maximum-security bedspace has reportedly improved.

⁴⁰ For example, JHA was told that if inmates return to custody even years after an initial offense, they will be classified according to their status at the time of parole, which frequently over-classifies people. IDOC did not confirm that this was a general practice but did note that inmates who are released from segregation who return to custody will be sent to a maximum-security facility for an initial evaluation period. Another issue is that IDOC's existing assessment tools likely over-classify women due to lack of gender responsiveness. See, the National Resource Center on Justice Involved Women (NRCJIW), November 2016 report, *The Gender Informed Practice Assessment (GIPA), Summary of Findings & Recommendations, Logan Correctional Center, Illinois Department of Corrections*, p. 10, <http://womensjustice.net/illinois>.

⁴¹ See e.g. SWICC's dog program featured in this news story, <http://fox2now.com/2016/11/22/dog-training-gives-east-st-louis-prisoners-sense-of-purpose/>. As of February 2017, JHA is aware of dog programs of various sorts at Decatur, Logan, Robinson, SWICC, and Vienna, and Vandalia has a retired racehorse program, see <http://www.trfinc.org/farms-and-facilities/illinois/vandalia-correctional-facility/>.

⁴² See, *Rasho v. Baldwin*, 07-cv-1298 (C.D. Ill.), see also, JHA's Summary and Guide to IDOC's Mental Health Settlement in *Rasho*, <http://www.thejha.org/sites/default/files/JHA%20Rasho%20Settlement%20Summary%20Rev%20Mar%202017.pdf>

⁴³ See e.g., Illinois Results First: A Cost-Benefit Tool for Illinois Criminal Justice Policymakers, http://www.icjia.state.il.us/spac/pdf/Illinois_Results_First_Consumer_Reports_072016.pdf.

⁴⁴ See the Commission's Final Report, p. 59, http://www.icjia.state.il.us/cjreform2015/pdf/CJSR_Final_Report_Dec_2016.pdf.

⁴⁵ See the U.S. Department of Education's June 24, 2016 Press Release and link to list of pilot sites, detailing positions for 16 students through a partnership of North Park University and Sheridan and Roosevelt University and Taylorville for 70 students, <https://www.ed.gov/news/press-releases/12000-incarcerated-students-enroll-postsecondary-educational-and-training-programs-through-education-departments-new-second-chance-pell-pilot-program>.

⁴⁶ See e.g. a recent news article regarding litigation of this issue in the New Jersey Department of Corrections, http://www.nj.com/education/2017/01/nj_lawsuit_special_education_in_jail.html.

⁴⁷ See e.g. CDC Factsheet on prisoner TBI, https://www.cdc.gov/traumaticbraininjury/pdf/Prisoner_TBI_Prof-a.pdf.

⁴⁸ See <https://www.whitehouse.gov/the-press-office/2016/04/11/fact-sheet-white-house-launches-fair-chance-business-pledge>; and <https://www.whitehouse.gov/issues/criminal-justice/fair-chance-pledge#section-355371>.

⁴⁹ Reports and other information available at <https://www.justice.gov/reentry>.

⁵⁰ See e.g. the Commission's Final Report, Recommendation 5, http://www.icjia.state.il.us/cjreform2015/pdf/CJSR_Final_Report_Dec_2016.pdf.

⁵¹ See https://www.uc.edu/corrections/services/trainings/changing_offender_behavior/ccptrainingoverview.html.

⁵² Many positions that are key to inmate and staff quality of life, including things like mailroom or administrative positions, are positions that people often promote out of, hampering a facility's capacity to consistently maintain the

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necessary daily functionality required to run a large, complex institution such as a prison. Interestingly, JHA has heard from several experienced correctional professionals at various facilities that the one job that can make the most positive difference at the facility is the Leisure Time Services (LTS) staff person, who is charged with creating and facilitating positive activities for inmates, the existence of which can greatly improve facility morale and culture through the existence of incentives.

⁵³ See JHA's October 2015 policy paper, *State Hiring Practices and Illinois' Corrections: A Complex Problem in Need of Straightforward Solutions*, <http://thejha.org/sites/default/files/State%20Hiring%20Practices%20and%20Illinois'%20Corrections.pdf>.

⁵⁴ JHA has also observed some postings, for example regarding litigation or PREA audits, in locations where inmates are unlikely to have a time to read them or record the contents, such as the attorney or auditor's contact information, if necessary. Positively, in some facilities, inmates with televisions report they are getting some helpful information through administrators' use of broadcasting updates on the institutional television channel.

⁵⁵ For one example of the sort of distress inducing incidents that can be caused by lack of information, JHA spoke to an inmate who had been repeatedly seeking a hardship transfer due to being far from family (as most inmates within IDOC are). The inmate's counselor and transfer coordinator's office did not provide any reasons for denials, nor did they inform the inmate that hardship transfers are essentially no longer ever given. The inmate's family member died leaving that individual to wonder if there was something more they could have done. The inmate had requested a mental health contact, but had not yet received one given a substantial backlog. Instead of honestly addressing the inmate's issue and providing appropriate supports, the facility had further alienated trust in the system. Not all staff or facilities would have handled this situation the same way, but this is not a unique situation, it typifies a need for greater explanation, management of expectations, and need for greater agency transparency regarding practices.

⁵⁶ See the 2015-2016 Illinois Reentry Guide produced by the Education Justice Project at University of Illinois at Urbana-Champaign, https://www.illinois.gov/idoc/communityresources/Documents/Re-entry%20Guide%202015_2016_Updated-May-2016_FINAL_nocrops.pdf

⁵⁷ See e.g. Juleyka Lantigua-Williams, *The Elusiveness of an Official ID After Prison*, *The Atlantic* (August 11, 2016), <http://www.theatlantic.com/politics/archive/2016/08/the-elusiveness-of-an-official-id-after-prison/495197/>.

⁵⁸ See e.g., JHA's November 29, 2016 Statement On Consideration of SB 2268, <http://www.thejha.org/statement112916>; and JHA Executive Director Jenny Vollen-Katz's December, 21, 2016, Guest Column, *State ID Bill for Released Inmates Doesn't Get Job Done*, in the *State Journal Register*, <http://www.sj-r.com/opinion/20161221/guest-column-state-id-bill-for-released-inmates-doesnt-get-job-done>.

⁵⁹ See organization's webpage, <http://www.cgla.net/claim>.

⁶⁰ See e.g., Ayesha Rascoe, *Obama plans overhaul of child support payment rules for prisoners*, *Reuters* (October 14, 2016), <http://www.reuters.com/article/us-usa-criminaljustice-childsupport-idUSKBN12E0X2?il=0>.

⁶¹ While this it is likely that this happens at times, in a specific case where JHA looked into an inmate's request, legal mail was appropriately logged as leaving the facility. Unfortunately, often legal organizations that work with inmates experience backlogs and some attorneys are not responsive.

⁶² See e.g., discussion of placement issues in IDOC July 2014 Advisory Board Meeting minutes, p.5, https://www.illinois.gov/idoc/aboutus/advisoryboard/Documents/20140721_Meeting_Minutes.pdf.

⁶³ See the Commission's Final Report, at p. 64-65, http://www.icjia.state.il.us/cjreform2015/pdf/CJSR_Final_Report_Dec_2016.pdf,

⁶⁴ See <http://www.icjia.state.il.us/news/sex-offenses-and-sex-offender-registration-task-force-meeting-december-5-2016> and Task Force webpage, <https://soortf.icjia.cloud/>.

⁶⁵ *Murphy v. Madigan*, 16-cv-11471, (N. D. Ill., December 19, 2016).

⁶⁶ See e.g. IDOC Fiscal Year 2015 Annual report, <https://www.illinois.gov/idoc/reportsandstatistics/Documents/FY2015%20Annual%20Report.pdf>, p. 77.

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⁶⁷ See e.g. ACLU's October 26, 2016 letter regarding Mississippi's Proposed Immediate Family Only Visitation Policy, https://www.aclu-ms.org/files/5714/7922/3961/161026_MDOC_Visitation_Policy_Letter_FINAL_SIGNED_FAXED_with_ATTACHMENTS.pdf

⁶⁸ See e.g. Bryant Jackson Green, *Rauner Signs Bill Limiting Prison Phone Call Costs*, Illinois Policy (September 13, 2016), <https://www.illinoispolicy.org/rauner-signs-bill-limiting-prison-phone-call-costs/>.

⁶⁹ See <https://www.illinois.gov/idoc/communityresources/Pages/ElectronicMessagingServices.aspx>. Pilot sites include Big Muddy, Decatur, Menard, Shawnee, Vandalia, and Vienna.

⁷⁰ The MP3 Player/Messaging device could be purchased for \$74.99 with one song for \$1.80 or 20 songs for \$32, while electronic messages reportedly would cost \$0.30 per 2,000-character message. Inmates frequently report that without family assistance the costs of electronics on commissary are too high, and that these costs are not in line with community costs (for example a 13-inch television for \$190 or \$215). Further, repairs are usually no longer available. JHA continues to encourage IDOC to use state loan items as positive incentives that inmates can work towards (i.e. state loan items should not be given based on non-specified criteria, which creates concerns regarding unfairness and favoritism).

⁷¹ See also, <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/02/15/face-to-face-family-visits-return-to-some-jails>.

⁷² JHA has seen this information used in Prisoner Review Board (PRB) hearings for C# inmates, used to say that where inmates do not receive visitation, it shows lack of family support, which seems unfair given the substantial costs and difficulties for families associated with visitation.