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Monitoring Visit to Decatur Correctional Center 2013

Decatur Correctional Center (Decatur) is located in Decatur, Illinois, about three hours southwest of Chicago. Decatur is the minimum-security female facility within the Illinois Department of Corrections (IDOC), now one of only two female correctional centers.



Vital Statistics:

Population: 704

Rated Capacity: 500

Average Age: 38

Percentage of Population aged 50 or older: 13%

Average Annual Cost per Inmate (FY 2011): \$29,798

Remaining Sentence Length: 54% less than one year

Convicted in Cook County: 22%

Convicting Offense: 0% Murder (two inmates), 12% Class X, 21% Class 1, 25% Class 2, 19% Class 3, and 24% Class 4 felonies.

Population by Race: 58% White, 35% Black, 7% Hispanic/Latino, 1% Native American

Source: IDOC, March 2013

Key Observations

- This facility is to be commended for utilizing volunteers, staff-run additional programming, and focus on family.
- Decatur no longer has a formal substance abuse treatment program, despite substantial need at the facility.
- Educational and vocational program waitlists were substantial and women requested more assistance for reentry preparation.
- JHA continues to receive numerous healthcare complaints.

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Executive Summary

Decatur benefits from dedicated staff, numerous volunteer programs, and a positive relationship with the local community.¹ Administrators stated that it is humbling how Decatur inmates give back to the community despite their limited means, for example, raising \$1,500 for the American Cancer Society through a Relay for Life event and collecting food donations following Hurricane Sandy. With the recent closure of the Decatur Adult Transition Center (ATC),² which had provided work crews in the community, administrators hope to someday run work crews from their facility.

Decatur is to be continually commended for offering many services to promote family connectedness, as detailed in prior JHA reports.³ In addition to the Moms & Babies and Family Reunification programs,⁴ JHA particularly commends Decatur for its use of video conferencing. Although JHA believes such services should not fully replace contact visits, as a supplemental service, they offer a great convenience and enable connections that would not otherwise occur because of distance, cost, and other factors.⁵ Inmates interviewed were grateful for this. JHA believes that such respect for strong family and community connections is vital, as it gives hope, aids in institutional adjustment, and promotes reentry success.⁶

While Decatur offers substantially more programming than most IDOC facilities, women at Decatur expressed a desire for more programming to assist with successful reentry and complained of waitlists for the facility's current programs. As stated in prior reports, IDOC

¹ This report is based on a monitoring visit conducted on March 7, 2013 and ongoing communications with staff and inmates. Decatur administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA on July 19, 2013. No factual substantive changes have been made since this time prior to publication. All statements of opinions and policy recommendations herein are JHA's unless otherwise stated. This report supplements JHA's previous monitoring reports, available at <http://thejha.org/decatur>.

² This facility is being repurposed as a homeless shelter, see <http://www.wandtv.com/story/22846679/from-jail-to-homeless-shelter>.

³ At the time of the 2013 visit, approximately 79 percent of the women at Decatur were mothers. In addition to the acclaimed Moms & Babies program (with a capacity of eight babies) and the Family Reunification unit (30 beds), where mothers may stay with their visiting children (up to age 15), other services include: Mom & Me Camp (<https://www2.illinois.gov/idoc/news/2012/Pages/MomandMeCamp.aspx>), several different parenting classes (Parenting From the Inside, Teen Parenting, Advanced Parenting, etc.), use of videoconferencing in partnership with the Women's Treatment Center in Chicago (<http://www.womentreatmentcenter.org/index.imw?cat=39&sub=6&dbx=34>), and a monthly bus enabling families from Chicago to visit Decatur run by the Lutheran Social Services of Illinois (<http://www.lssi.org/Service/PrisonerAndFamilyMinistryOverview.aspx>).

⁴ At the time of the 2013 visit, the Moms & Babies program housed five babies and one pregnant participant. Administrators stressed that this is a budget neutral program for IDOC because of outside funding and benefits. They reported that for five years and 44 inmate mother participants, the program had a zero percent recidivism rate; however there have recently been two women who have reoffended. Nonetheless, the program has a remarkable success rate.

⁵ See e.g., Susan D. Phillips, *Video Visits for Children Whose Parents Are Incarcerated: In Whose Best Interest?* (October 2012), available at http://sentencingproject.org/doc/publications/cc_Video_Visitation_White_Paper.pdf.

⁶ See e.g., *Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons*, p. 35–36, available at http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.

should ensure that female inmates receive gender-based programming grounded in evidence-based best practices.⁷ However, relatively short stays at the facility can limit opportunities due to the time needed for adequate interventions. Administrators report that the average length of stay at Decatur is just eight months.

When inmates cannot receive needed or court-mandated programming, this calls into question the utility of having them serve relatively short terms of incarceration within the IDOC system.⁸ Nonetheless, Decatur administrators stressed that they are committed to offering women an opportunity to improve themselves for successful reentry.

At the time of JHA's 2012 visit, 120 inmates participated in Decatur's residential substance abuse treatment program while 314 were on the waitlist. In the past year, Decatur lost this program due to lack of funding.⁹ A great need exists for such programming at the facility—research shows that female inmates have a higher incidence than male inmates of substance use disorder and co-occurring mental health disorders.¹⁰

There are currently only 156 substance abuse treatment beds for women in IDOC, located at Logan Correctional Center, and a waitlist of 215 women. For 2012, 1,049 women were identified at IDOC intake to be eligible for treatment.¹¹ Several women at Decatur expressed feeling trapped in cycles of addiction and crime that they wanted help to overcome.

In JHA's 2012 Decatur monitoring report we particularly commended Decatur's use of quarterly "Quality of Life" meetings.¹² However, over the past year we have heard repeatedly that some women at the facility do not feel empowered to voice concerns. In fact, women commonly reported feeling intimidation from staff and other inmates, disincentives for expressing grievances, incentives to not complain, and that the formal grievance process is ineffective. Such issues are particularly concerning in the healthcare context. Administrators stressed that they continue to hold the "Quality of Life" meetings and hold weekly call lines, where women can let

⁷ See e.g., JHA's 2012 healthcare report, Recommendation 10, available at

<http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁸ See Jessica Reichert, Sharyn Adams, Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Victimization and Help-seeking Behaviors Among Female Prisoners in Illinois*, p. v, (April 2010) ("Many incarcerated women are not violent offenders and criminal justice professionals agree that few women pose a risk to public safety and should be supervised in the community, which is less costly and more effective. Along with retribution, risk classification and sentencing policies and practices should systematically consider public safety risks, individual assets to family and community, and health and human service needs to determine a proper criminal sentence."), available at

<http://www.icjia.state.il.us/public/pdf/ResearchReports/Victimization%20and%20help%20seeking%20behaviors%20among%20female%20prisoners%20in%20Illinois.pdf>.

⁹ Beginning in January 2013, Decatur now offers a substance abuse education program including Narcotics Anonymous (NA). In Spring 2012, the facility added the "Seeking Safety" support group for women with dual diagnosis Post Traumatic Stress Disorder (PTSD) and substance abuse. Although at the time of our 2013 visit Decatur administrators reported there were no inmates reporting themselves as veterans, the facility can also offer PTSD individual or group therapy for veterans.

¹⁰ The National Center on Addiction and Substance Abuse at Columbia University, *Behind Bars II: Substance Abuse and America's Prison Population*, 1-120, p. 3 (2010), available at <http://www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf>.

¹¹ Female substance abuse data from IDOC officials July 2013.

¹² See JHA's 2012 Decatur report, available at <http://thejha.org/decatur>.

them know if they do not feel safe. Decatur administrators and JHA continue to encourage inmates to communicate their issues.

This report addresses the following: Healthcare, Staffing, Programming, and Grievances.

Recommendations

- JHA continues to recommend expansion of substance abuse treatment,¹³ and increasing mental health staffing at Decatur. As women may be at this facility for a short time, and many formal programs may not be available, it is vital that women have more access to counseling to better prepare for reentry.
- Again we repeat many other pertinent recommendations from JHA's 2012 Decatur and healthcare reports, including: increasing external oversight of correctional healthcare, improving the medical record system, improving diets, abolishing the \$5 copay, instituting Hepatitis opt-out screening at intake, and increasing medical staffing (particularly dental).¹⁴
- JHA recommends that Illinois adopt a compassionate release or medical parole program to permit dying inmates to receive care outside of prisons.
- JHA continues to recommend that IDOC recruit and retain more staff who reflect the diversity of the prison populations served, including more female staff to work with female inmates.
- JHA also continues to recommend that IDOC reevaluate grievance procedures and retrain staff on professional handling of inmate issues.¹⁵
- JHA recommends that IDOC consider any sentencing credit or electronic monitoring use on a case-by-case individual basis and not automatically preclude any class of inmates not purposely excluded in the language of the enabling legislation.

¹³ See e.g., JHA's 2012 healthcare report, Recommendation 3, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

¹⁴ See e.g. JHA's 2012 healthcare report, Recommendations 1, 2, 4, 5, 7, and 8, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

¹⁵ See e.g. Recommendation 14 of JHA's 2012 healthcare report, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

Healthcare

As in 2012, nurse staffing was the most critical healthcare staffing issue at Decatur.¹⁶ Decatur is authorized for 10 nurses and at the time of the visit had nine. Staff at the facility noted due to population increases and loss of nursing staff, the ratio of inmates to nurses is now more than double what it once was. While this ratio remains better than at many IDOC male facilities, female inmates typically suffer more frequent and serious disease and illness, including reproductive disorders, and require more medical and mental health services.¹⁷

Though nurses have traditionally been state healthcare positions at Decatur, due to need and various hiring issues, contractor Wexford Health Sources (Wexford) now provides some nursing coverage. The Healthcare Unit Administrator (HCUA) reported that they recently had 30 shifts of nurse overtime in a month, which was actually an improvement over prior months. Nursing shortages, longer shifts, and overtime are linked to greater stress and burnout for staff, and increased safety risks and medical errors for patients.¹⁸ JHA received many inmate complaints about healthcare that likely relate to such work conditions.

Decatur uses Telepsych for psychiatrist services, which provides services to inmates using a video system, for 14.5 hours a week. At Decatur, approximately 35 percent of the population was receiving psychiatric care, with 33 percent taking psychotropic medications. At the time of JHA's visit, two of the three inmates housed in segregation were receiving psychotropic medication.¹⁹

Some women complained that the policy that early release with electronic monitoring is not available for anyone taking psychotropic medications discriminates against those with mental health issues.²⁰ JHA is concerned this policy may prevent some women from asking for help they

¹⁶ State positions at Decatur include the Health Care Unit Administrator (HCUA) and six registered nurse (RN) positions. Wexford positions include the medical director, mental health professionals (MHPs), dentist (20 hours a week), dental hygienist (20 hours a week), dental assistant, optometrist (four hours a week), gynecologist (two hours a week per contract), medical records director, two staff assistants, three licensed practical nurses (LPNs), a radiology technician, Telepsych (14.5 hours a week), and UIC laboratory technician (eight hours a week). Between the medical director and the gynecologist there are 42 hours of physician coverage at Decatur weekly.

¹⁷ See e.g., Tammy L. Anderson, *Issues in the Availability of Health Care for Women Prisoners* (2002) in press in *Female Prisoners in the United States: Programming Needs, Availability, and Efficacy*, (New Jersey, Prentice Hall Publishing), available at <http://www.udel.edu/soc/tammya/pdfs/Issues%20in%20the%20Availability%20of%20Healthcare%20for%20Women%20in%20Prison.pdf>.

¹⁸ See JHA's 2012 Decatur report, available at <http://thejha.org/decatur>. See also, U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality Patient Safety Network, *Nursing and Patient Safety*, available at <http://psnet.ahrq.gov/primer.aspx?primerID=22>.

¹⁹ Administrators reported that four to five inmates was typical for their segregation unit, which has the capacity for 16. Inmates will only be double-celled if there were more than eight inmates in the unit at a time.

²⁰ See, 730 ILCS 5/5-8A-3, Electronic Home Detention, which permits non-excluded inmates to be released to electronic monitoring for, depending on committing offense, either the final 90 days of their incarceration or in accordance with departmental guidance for lesser offenses, available at <http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=073000050HCh.+V+Art.+8A&ActID=1999&ChapterID=5&SeqStart=31500000&SeqEnd=32600000>. By statute, IDOC is also required to keep a public record of inmates released early on electronic monitoring, available at <http://www2.illinois.gov/idoc/Offender/Pages/CommunityNotificationofInmateEarlyRelease.aspx>.

may need, and recommends it be reconsidered by IDOC so that women will be considered on a case-by-case basis, given that many psychotropic medications are commonly used in free society.²¹

At the time of the visit, there was a backlog of non-emergent mental health care including two new evaluations and 169 reassessments. Also, one of the two mental health professionals was on an indefinite leave and Wexford had provided two part-time workers to fill this need. Administrators reported that the average caseload for the psychiatrist is 225 women and the caseload for the two mental health professionals is approximately 215. These caseloads are far higher than advised by correctional standards, which recommend one mental health professional for every 150–160 general population inmates.²² Staff reported that the mental health professionals mostly provide support and teach coping skills, and JHA again commends Decatur for the use of Annie, the mental health service dog.²³

Maintaining adequate mental health staffing at female facilities is especially critical given that female inmates suffer higher rates of depression and mental illness than males. This depression and illness correlates to pervasive histories of emotional, physical, and sexual trauma, and increased stress at being separated from children during incarceration.²⁴ JHA strongly recommends increasing mental health staffing at this facility and throughout IDOC.²⁵

Compared to 2012, Decatur has more dental hygienist coverage and has reduced wait times from 13 to seven weeks for extractions, from 76 to 68 weeks for filings, and from 64 to 22 weeks for dentures.²⁶ Yet, given that the majority of the women are at Decatur for less than a year, the wait time for filings remains prohibitive. Staff believe that Decatur needs a fulltime dentist and a fulltime hygienist to meet the population's needs. We repeat the recommendation of JHA's 2012

²¹ Some studies suggest as many as one in four U.S. women use some form of psychotropic medication.

²² See e.g. International Association for Forensic and Correctional Psychology, *Standards for Psychology Services in Jails, Prisons, Correctional Facilities, and Agencies*. Criminal Justice and Behavior, Vol. 37 No. 7, July 2010. P. 767–68, available at <http://cjb.sagepub.com/content/37/7/749>.

²³ Although JHA has received a few complaints from inmates who are not comfortable with dogs, studies confirm that using service dogs in correctional mental health programs decreases social isolation, increases pro-social behavior, encourages inmates to openly address therapeutic issues, and boosts inmates' motivation to attend therapy. See e.g., Rachael A. Jaspersen, *Animal-Assisted Therapy with Female Inmates with Mental Illness: A Case Example from a Pilot Project*, Journal of Offender Rehabilitation, Volume 49, Issue 6, 417–33 (2010), available at <http://community.nicic.gov/blogs/mentalhealth/archive/2011/03/11/animal-assisted-therapy-with-female-inmates-with-mental-illness-a-case-example-from-a-pilot-project.aspx>.

²⁴ See e.g., *Health Care in New York State Prisons: A Report of Findings and Recommendations by the Prison Visiting Committee of the Correctional Association of New York, Medical Services in Women's Prisons*, 58-61 (February 2000), available at <http://www.prisonpolicy.org/scans/healthcare.pdf>; Julie Poehlmann, *Incarcerated Mothers' Contact With Children, Perceived Family Relationships, and Depressive Symptoms*, Journal of Family Psychology, Vol. 19, Issue 3, 350-37 (September 2005), available at <http://psycnet.apa.org/journals/fam/19/3/350/>. See also, Lisa Marzano, Keith Hawton, Adrienne Rivlin, and Seena Fazel, *Psychosocial Influences on Prisoner Suicide: A Case-control Study of Near-lethal Self-harm in Women Prisoners*, Social Science & Medicine, Vol. 72, 874-83 (2011), available at <http://www.ncbi.nlm.nih.gov/pubmed/21345561>; Meredith Huey Dye, *The Gender Paradox in Prison Suicide Rates*, Women & Criminal Justice, Vol. 21, Issue 4, 290-307 (2011), available at <http://www.tandfonline.com/doi/pdf/10.1080/08974454.2011.609400>.

²⁵ See e.g., JHA's 2012 healthcare report, Recommendation 8, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

²⁶ There were 784 extractions and 505 filings completed in 2012.

Decatur report: that dental staffing levels be increased at Decatur, and as oral health is inextricably linked to overall health and self-esteem, that IDOC and elected official should undertake efforts to ensure that dental services are available and accessible to all inmates.²⁷

In addition to specialized clinics, Decatur offers a General Medicine Clinic for issues including: thyroid disease, anemia, eczema, migraines, pseudo tumor, rheumatoid arthritis, and hyperlipidemia with no co-morbidities. Healthcare staff reported that use of Telemed has proven effective, for example, for the two inmates participating in the renal clinic. The HCUA reported that Decatur sends on average five inmates per day on medical writs for outside care, mostly for cancer treatment, CAT scans, and mammograms. Decatur also offers a cancer support group and healthcare utilizes peer educators. Translation services for healthcare issues are available.²⁹

Number of Decatur Inmates Diagnosed ²⁸	
Asthma	36
Cancer	1
Diabetes (Type 1)	37 (19)
Hepatitis C	61
HIV	5
Hypertension	124
Seizure	19
Tuberculosis	17

At the time of the visit, Decatur's healthcare unit housed three inmates with the capacity to house seven. Administrators reported that no inmates were identified as having a disability at Decatur, an ADA-compliant facility. However, they noted that such inmates would have the opportunity to participate in any programming offered.

Administrators reported that since April 2012, though not at the time of the visit, they had housed two male-to-female transgender individuals at the facility in the healthcare unit, "for privacy and safety." Administrators stated that the facility had no particular concerns or difficulties with managing these inmates; however, one staff member expressed some concern that security staff harassed one transgender individual.

No suicides have occurred at Decatur. In the past year, the facility had placed nine inmates on suicide watch, where the average stay lasts four days. Over the last five years, two in-facility deaths have occurred, one from liver failure and one from colon cancer. At the time of the visit, Decatur housed two terminally ill inmates who were able to be accommodated in general population.

²⁷ See e.g. American Bar Association, *Standards on Treatment of Prisoners, Standard 23-6.4(a)*, which provides, in relevant part: "Each correctional agency should employ or contract with a sufficient number of qualified ***dental***professionals at each correctional facility to render preventive, routine, urgent, and emergency health care in a timely manner consistent with accepted health care practice and standards," available at http://www.americanbar.org/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners.html#23-6.2. See also, Henrie M. Treadwell, and Allan J. Formicola, *Improving the Oral Health of Prisoners to Improve Overall Health and Well-Being*, American Journal of Public Health, Volume 95, Issue 10, 1677-78 (October 2005), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449416/>.

²⁸ Data provided from Decatur administrators for March 2013.

²⁹ At the time of the visit, Decatur had identified two inmates with limited English proficiency and there were 10 inmates held at Decatur on Immigration Customs Enforcement (ICE) detainees. In addition to phone interpretation services, Decatur offers a Spanish orientation manual and grievance forms, and has a bilingual Spanish tutor who volunteers weekly in the education department.

Certain conditions that may be treatable by more extreme measures, such as organ transplant, within IDOC become terminal conditions because such treatment will not be provided. Patients in prison typically do not receive aggressive treatment, as delays and levels of review are part of the system. Further, the current healthcare system essentially disincentives testing and diagnosis, and rewards delays, because inmates who leave the facility without treatment have no direct system costs. JHA again advocates for oversight for the IDOC healthcare system and a more effective grievance process.³⁰

JHA also supports compassionate release or use of medical parole.³¹ Petitioning for executive clemency, whereby an inmate may be pardoned or have her sentence commuted to time served, remains the only option in Illinois for terminally ill inmates, even minimum-security inmates, to die outside of custody.³² However, Illinois' clemency process is protracted and overburdened.³³ Illinois needs to adopt an effective means to ensure that inmates can be considered for medical-related release where appropriate in a timely manner.

Inmates noted a lack of continuity of care within IDOC, and even at the facility level, due to high staff attrition. Several inmates attribute now dire medical situations to delays, miscommunications, and conflicting treatment approaches. JHA again stresses the importance of a reliable medical record system and recommends that IDOC and Wexford expedite implementing an electronic medical record system.³⁴ JHA also continues to recommend IDOC adopt Hepatitis C opt-out testing, as it did successfully with HIV testing last year.³⁵

JHA continues to receive inmate complaints regarding healthcare copays. Decatur administrators reported for 2012: approximately 4,900 nurse sick calls, 3,100 doctor visits, and 1,000 chronic care clinic visits. Inmates do not incur copay fees for healthcare visits for chronic care clinics. However, women at Decatur complained of the policy that inmates must go to nurse sick call three times within 30 days for the same issue, at \$5 per visit, to see the doctor if not referred by

³⁰ See e.g. JHA's 2012 healthcare report, Recommendation 1 and 14, available at

<http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

³¹ The majority of states and the federal system have legislation that enables early release, though these systems may be underutilized. See National Conference of State Legislatures, *The Bulletin, Online Sentencing and Corrections Policy Updates* (June 2010), p. 5, stating that as of 2009, 39 states offered some sort of "medical parole," available at <http://www.ncsl.org/portals/1/Documents/cj/bulletinJune-2010.pdf>; see also, Vera Institute of Justice, *It's about time: aging prisoners, increasing costs, and geriatric release*, p. 7, available at <http://www.vera.org/sites/default/files/resources/downloads/Its-about-time-aging-prisoners-increasing-costs-and-geriatric-release.pdf>.

³² See 730 ILCS 5/3-3-13, Procedure for Executive Clemency, available at <http://www.ilga.gov/legislation/ilcs/documents/073000050K3-3-13.htm>; see also Illinois Prisoner Review Board guidance, available at <http://www2.illinois.gov/prb/Pages/prbexcemex.aspx>.

³³ The Illinois Prisoner Review Board considers clemency petitions four times a year and makes recommendations to the governor, who may then take more time to act. The current governor was still addressing the clemency backlog of the prior administration, see e.g. Prisoner Review Board FY2011 Annual Report, p. 15, available at <http://www2.illinois.gov/prb/Documents/prb11anlrpt.pdf>, and news coverage of 2013 clemency actions noting a backlog of more than 2,500 cases, at <http://www.pjstar.com/news/x1522346673/Governor-grants-clemency-to-87#axzz2Vpwe8hUW>.

³⁴ See e.g. JHA's 2012 healthcare report, Recommendation 2, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

³⁵ See e.g. JHA's 2012 healthcare report, Recommendation 7, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

nursing staff. A number of women, as in 2012, reported that their ability to obtain timely medical care was frustrated by the staff policy of addressing one medical issue per \$5 visit. Women again reported that it took multiple sick call requests before they were seen and that when they are not seen due to delays, they still must participate in regular activities or face discipline, despite any symptoms or illness.

JHA also received staff complaints of the policy that prohibited them from directly referring women to be immediately seen by healthcare at Decatur. Instead, staff must have senior security staff authorization. As stated in prior reports, and in agreement with the National Commission on Correctional Health Care, JHA opposes correctional copays, given the evidence that they unduly restrict inmates' access to healthcare, jeopardizing the health of inmates, staff, and the public.³⁶

Healthcare staff reported that during visits they will give inmates a three-day supply of over-the-counter pain medication, etc., to hold them over until they can see the doctor or get commissary. Many over-the-counter products have been added to the commissary list over the past year and JHA supports making such products available as a supplement to adequate healthcare. However, several inmates complained that healthcare staff discourage visits and tell them to buy medications off of commissary.

A common gender stereotype persists that female patients overuse healthcare services, are more demanding, burdensome, and emotionally volatile than male patients, and are more apt to somaticize emotional issues into physical problems and seek medical treatment for psychosomatic illnesses.³⁷ This false perception can lead to less thorough diagnostic evaluations and underestimation of female patients' medical needs.³⁸

Although JHA did hear some positive reports about healthcare treatment at Decatur, we repeatedly heard reports that healthcare staff were disrespectful, disbelieving, and did not like inmates to ask questions about their healthcare treatment. Particular inmates reportedly developed reputations with the staff as being troublemakers, and claim that staff no longer takes them seriously. Several inmates reported that nurses yelled at them, at times turned them away before listening to their concerns, and "treat everything with ibuprofen or as a yeast infection." JHA also received several complaints about pain-management issues. Additional complaints included: lack of treatment for lupus, lack of treatment for colitis, an asthmatic being taken off her inhaler, a diabetic not having the ability to check her blood sugar, a woman waiting for follow up for a breast lump (at the time of the visit she had been waiting more than two weeks and believed she was supposed to be sent out for a mammogram), and no follow up for an abnormal Pap test that reportedly occurred over a year prior. Additionally, though administrators

³⁶ See JHA's 2012 healthcare report, Recommendation 5, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>. See also, National Commission on Correctional Health Care, *Position Statement: Charging Inmates a Fee for Health Care Services* (October 2005), available at <http://www.ncchc.org/charging-inmates-a-fee-for-health-care-services>.

³⁷ See Barbara Bernstein and Robert Kane, *Physicians' Attitudes toward Female Patients*, *Medical Care*, Vol. 19, No. 6, 600-608 (1981), available at <http://www.jstor.org/stable/pdfplus/3763923.pdf?acceptTC=true>.

³⁸ See Barbara Bernstein and Robert Kane, *Physicians' Attitudes toward Female Patients*, *Medical Care*, Vol. 19, No. 6, 600-608 (1981), available at <http://www.jstor.org/stable/pdfplus/3763923.pdf?acceptTC=true>.

reported that the facility had no lockdowns in 2012, several inmates reported that Decatur was locked down in December 2012 due to scabies.

Multiple inmates reported instances of seeing nursing staff for multiple visits, who disbelieved that there was a problem, only to have a doctor eventually attend to an emergency medical condition that resulted from a lack of previous treatment. JHA also heard several reports that healthcare staff did not respect inmate privacy, including reports that nurses discuss patients in front of other inmates and that mental health staff had shared personal information from an inmate's file with a group. JHA finds these concerns extremely troubling and we encourage Decatur's administration to review healthcare privacy mandates with staff. While JHA cannot confirm or deny particular complaints, at minimum such issues point to the need for an effective grievance process. Further, such issues should be addressed by House Resolution 57, which calls for the National Commission on Correctional Health Care (NCCCHC) to audit the IDOC healthcare system, in response to JHA's recommendation for an independent entity audit.³⁹

Staffing

At the time of the visit, Decatur had 210 staff members, of whom 75 (about 36 percent) were female. As noted in prior reports, JHA recommends that IDOC require that female inmates be attended and supervised only by woman officers,⁴⁰ and that all staff have specific training for working with this population.⁴¹ The Women's Division of IDOC has assured JHA that recruiting female staff and conducting trainings for working with the female population are departmental priorities. The racial makeup of Decatur staff was approximately: 80 percent White, 18 percent Black, and two percent Hispanic/Latino. JHA continues to recommend that IDOC recruit and retain more staff who reflect the diversity of the prison populations served.

³⁹ See Illinois House Resolution 57 (adopted May 22, 2013), available at <http://www.ilga.gov/legislation/fulltext.asp?GAID=12&SessionID=85&GA=98&DocTypeID=HR&DocNum=57&LegID=72056&SpecSess=&Session>. See also, Recommendation 1 of JHA's 2012 healthcare report, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁴⁰ See e.g., JHA's 2012 Lincoln Correctional Center monitoring report, available at <http://thejha.org/lincoln>, citing, United Nations Congress on the Prevention of Crime and the Treatment of Offenders, *Standard Minimum Rules for the Treatment of Prisoners*, Rule 53(3), "Women prisoners shall be attended and supervised only by women officers. This does not, however, preclude male members of the staff, particularly doctors and teachers, from carrying out their professional duties in institutions or parts of institutions set aside for women." Available at <http://unispal.un.org/UNISPAL.NSF/0/70D535E1E3DCA2B885256F010074C34D>.

⁴¹ As noted in prior reports, JHA advises that (1) all staff assigned to work with female populations (including all cadets and staff in training) be screened to ensure they are sympathetic and open to working with female inmates; and (2) that all staff assigned to work with female inmates be given gender-sensitive specific training to ensure knowledge of and sensitivity to female inmates' special issues and needs, including issues of prior trauma, cross-gender supervision issues, the role of security staff, and the importance of using gender-responsive strategies when working with female populations. See U.S. Department of Justice, National Institute of Corrections, *Prison Staffing Analysis: A Training Manual With Staffing Considerations for Special Populations*, 1-233, p. 115-17 (December 2008), available at http://www.asca.net/system/assets/attachments/2086/staffing_analysis-1-3.pdf?1296162143.

Decatur Staff	Authorized	Actual⁴²
Major	7	4
Lieutenant	8	7
Sergeant	8	7
Correctional Officer	120	122
Correctional Counselor	6	10

Administrators believed that security staffing was adequate, but noted that they had some recent retirements of senior staff and would like to fill an operations office associate position. At the time of the visit, seven security staff were on leaves of absences and nine security staff were redirected to clerical and administrative duties. Decatur's mailroom was fully staffed with one worker and administrators reported no backlog on mail processing, though some inmates reported delays. The facility gained four counselors from the recent closure of the Decatur ATC.

Since JHA's 2012 visit, Decatur has moved counselors' offices to housing units, and inmates reported that they liked this change and it improved counselor availability. However, most counselors are assigned to two wings of housing units and given the substantial needs and quick turnover of the population, some women reported that they still did not always get needed services from counselors. JHA recommends reducing counselor caseloads throughout IDOC.

Programming

Decatur offers many volunteer and staff-facilitated programs, including Reentry Summits and a Hot Topics speaker series. Volunteers have started a small art therapy program and run the horticulture program at Decatur. In another volunteer-run program, women at the facility staged a production of Shakespeare's "The Tempest." After working with a Millikin University professor and students for nine months, the performers took to the elaborately decorated stage with lines memorized.⁴³ JHA was particularly impressed with the security staff's accommodation of the production, which brought numerous community members and families into the facility. Mental health staff has created a Glee Club music therapy program with 60 inmates participating. Facility staff also lead a weight-loss program, focusing on nutrition, exercise, and self-esteem.

The above initiatives are not an exhaustive list, and staff noted that the Women's Division encourages creativity and provides inmates with positive outlets. JHA commends Decatur staff for going above and beyond and creating opportunities for women to build skills and confidence. We hope that these successes will inspire similar programs throughout IDOC.

At the time of the visit, Decatur employed two teachers, but had unfilled positions including two teachers, a librarian, and an office coordinator. 30 inmates were enrolled in Adult Basic Education (ABE) classes and 50 in General Education Development (GED) classes. 29 inmates

⁴² Data provided by administrators from March 2013.

⁴³ See press coverage at http://herald-review.com/news/local/inmates-spend-nine-months-preparing-shakespeare-production/article_30aa07cc-b0c1-11e2-8dee-001a4bcf887a.html.

were receiving mandatory ABE classes.⁴⁴ 64 inmates were on the waitlist for ABE and 40 on the GED waitlist. Last year, 59 inmates graduated the ABE program and 38 from the GED program. Decatur offers a tutoring program with three inmates tutoring others in math, English, and reading; 83 participants were enrolled in this program with none on a waitlist. Decatur offers vocational programming through Richland Community College including Career Technology with 15 students and 205 on the waitlist, and Food Service with 17 enrolled and 59 on the waitlist. The approximate non-duplicative number of women served in Decatur's vocational and education programs was 119.⁴⁵ Inmates requested more programming opportunities and complained of these waitlists.

Decatur has a pleasant library and JHA noted several helpful resources, though it lacked a librarian. Since the visit administrators reported they have take steps to ensure that the librarian position will be posted and filled. Decatur has two inmate library assistants. Some women noted the library was helpful to them for passing their time. Decatur also has a facility newspaper.

There were 38 inmate work assignments at Decatur in the Illinois Correctional Industries sewing operation. The dog-grooming program has six participants, whom administrators stated will receive a certificate of completion and be given donated grooming starter kits when they are released.

Decatur administration reported that the majority of the women at Decatur have job assignments in dietary, or as housing unit porters and grounds crews. In fact, they report nearly every inmate at Decatur has an educational, vocational, or work assignment, which is rare within IDOC. Administrators continue to hope to someday offer a Nail Technician program but report that they need to find appropriate staff to run this as a vocational program. They stress that they want to give women opportunity to improve and prepare for successful reentry.

Grievances

An effective inmate grievance system is a fundamental element of a functional prison system,⁴⁶ and serves as an important source of intelligence, promotes accountability and trust between inmates and staff, and demonstrates respect for procedure and the rule of law.⁴⁷ Many general issues related to grievances at Decatur are not unique to this facility, and JHA continues to

⁴⁴ In IDOC, mandatory ABE students are inmates who have a Test of Adult Basic Education (TABE) score lower than a composite 6.0, which is a sixth grade equivalency, and meet certain other requirements. Such inmates must be enrolled for 90 days of ABE. See, 20 Ill. Adm. Code 405.50, Adult Basic Education Attendance, available at <http://www.ilga.gov/commission/jcar/admincode/020/020004050000500R.html>.

⁴⁵ See IDOC's April 2013 Quarterly Report, at p. 6-7, Table 3, available at http://www2.illinois.gov/idoc/reportsandstatistics/Documents/IDOC_Quarterly%20Report_Apr_%202013.pdf.

⁴⁶ See e.g., the discussion in Recommendation 14 of JHA's 2012 healthcare report, noting also that exhausting administrative remedies under the grievance system is a mandatory prerequisite for an inmate to bring a legal claim over prison conditions, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁴⁷ See e.g., *Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons*, p. 92, available at http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.

recommend that IDOC reevaluate grievance procedures, as this mechanism has proven ineffective for resolving many issues.⁴⁸

JHA received several complaints that staff will intimidate inmates not to file grievances through control over job assignments and other privileges. Several inmates at Decatur expressed reluctance to be seen speaking with JHA because of fear of retaliation. Repeatedly we heard that particular women were in good favor with the staff, even being given authority over others, while others were not and were labeled troublemakers. JHA was also concerned by reports that women with serious issues were appeased through being given certain other privileges, in lieu of resolving the issue through the grievance process, which is the appropriate administrative method to document and identify problems.

Decatur administrators reported that 931 inmate grievances had been filed in the prior year. By category, the major area of complaints were: disciplinary actions (41 percent), assignment (13 percent), medical (12 percent), business office (11 percent), and staff conduct (eight percent).

In general, inmates requested copies of their grievances and receipts that grievances or letters were received.⁴⁹ Inmates interviewed reported they frequently do not get responses and do not know if their communications reached their intended destinations. Also inmates reported that legal and privileged mail was delayed and that staff read such communications. Other inmates reported that no grievances or request slips were available on their housing unit.

JHA received reports that grievances are routinely lost or dismissed without any attempt to investigate the complaint's validity. As one example of a type of grievance that could be investigated and reportedly was not, were reports of grievances that an inmate was forced to buy commissary items for another inmate where inmates' purchasing history could be reviewed or interviews conducted.

Administrators stated that they continually ask women if they feel safe and try to maintain visibility, for example by holding call lines, so that women will feel comfortable telling them concerns. Also, they do try to communicate responses to inmates but there are some issues where administrators cannot inform inmates of the outcome of their complaint, for example, with staff misconduct investigations.

Many women complained that staff did not effectively resolve issues with other inmates. As at male facilities, JHA heard complaints that some older inmates do not like being housed with younger inmates, stating they were offended by some of their language and behavior. JHA also received several complaints since the closure of Dwight Correctional Center, that certain inmates now housed at Decatur are more "hardened" and problematic, manipulating other more naïve

⁴⁸ See e.g. Recommendation 14 of JHA's 2012 healthcare report, available at

<http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁴⁹ Women may contact the Executive Staff in the Women's Division privately by writing a communication delivered in a sealed envelope. Administrators state that this information as well as contact information is provided on the housing units.

inmates and staff. Some inmates reported feeling bullied other inmates and staff, and were pressured to share property or felt they received tickets for minor incidents.⁵⁰

JHA also heard complaints from some women about sexual relations between other inmates. In contrast, other inmates reported that Decatur staff were particularly vigilant about relationships between inmates, and women would be quickly separated. IDOC has a zero tolerance for sexual relations. JHA observed Prison Rape Elimination Act (PREA) materials throughout the facility.⁵¹ PREA mandates a zero tolerance for sexual abuse and harassment in corrections.⁵²

Inmates also reported instances of staff racism, including use of racial slurs, and allegations that black inmates would receive segregation time for conduct that white inmates would not, while some black inmates believed that the Latina inmates had the hardest time at the facility. JHA received several reports that non-heterosexual inmates are “in the spotlight” at the facility, and that staff harassed inmates who are gay, or perceived to be gay, or other inmates who associated with others who were gay, or perceived to be gay.

We cannot determine whether inmates’ perception of staff attitudes and failures of grievance system are legitimate; however, based on JHA’s communications and observations we are confident that there is a culture at the facility where many women do not feel comfortable expressing concerns. Further several women expressed that they feel they are not told information that would help them resolve issues and are punished for asking questions. Communication, including willingness to listen and explain, is important to effective prison management.⁵³ However, some inmates said they were yelled at, sworn at, told to “shut up,” and called dumb or stupid by staff.

In interactions with female inmates, correctional staff and administrators must be aware of “[t]he significant pattern of emotional, physical, and sexual abuse that many of these women have experienced, and every precaution must be taken to ensure that the criminal justice setting does not reenact those types of earlier life experiences.”⁵⁴

⁵⁰ Decatur reported 2,728 disciplinary tickets in the prior year.

⁵¹ For further information see IDOC’s webpage:

<http://www2.illinois.gov/idoc/programs/pages/prisonrapeeliminationactof2003.aspx>. Inmates may call the PREA report line, report by submitting a request slip, a grievance, telling a trusted staff member, or asking a family member or friend to call the report line, 217-558-4013. Inmates may also make PREA reports through JHA, where if an inmate states she wishes to remain anonymous, JHA will not pass on an inmate’s name to IDOC. For further information about PREA, see the National PREA Resource Center, <http://www.prearesourcecenter.org/>.

⁵² See Prison Rape Elimination Act National Standards, 28 C.F.R. §115.

⁵³ See e.g., *Confronting Confinement: A Report of the Commission on Safety and Abuse in America’s Prisons*, p. 30, available at http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.

⁵⁴ Barbara Bloom, Barbara Owen, Stephanie Covington and Myrna Raeder, United States Department of Justice, National Institute of Corrections, *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*, (2002), p.xix, available at <http://www.uchastings.edu/academics/faculty/adjunct/onek2/docs/Gender-ResponsiveStrategies--ResearchPractice-and-GuidingPrinciples-for-WomenOffenders2-15-13.pdf>. See also, Jessica Reichert, Sharyn Adams, Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Victimization and Help-seeking Behaviors Among Female Prisoners in Illinois*, p. 50 (April 2010) (finding nearly all, roughly 99 percent, of female inmates interviewed in Illinois had histories of prior trauma or emotional, physical, or sexual abuse), available at <http://www.icjia.state.il.us/public/pdf/ResearchReports/Victimization%20and%20help%20seeking%20behaviors%20among%20female%20prisoners%20in%20Illinois.pdf>.

During the visit, some inmates complained that as of March, they had not been outside since the summer and inmates reported they would like fresh air.⁵⁵ In another report, some women said that the eight person dorms were very cold in the winter. Numerous women expressed that they are unable to keep their cells sanitary and that cleaning supplies were inadequate. Other supply issues included many reports to JHA throughout the year that Decatur is chronically low on sanitary pads and toilet paper. Inmates reported that they run out of toilet paper as they have to use it for other purposes, such as cleaning, as napkins, and as a replacement for sanitary pads. Inmates may buy additional toilet paper or sanitary supplies from commissary if they have the means. However, inmates pointed out that they do not have commissary for the first two months at the facility, and stated that indigent supplies are inadequate.

JHA received several inmate complaints about diet at the facility. Complaints included that the diet has too many carbohydrates and not enough protein or vegetables. Long-term inmates reported that with the state budget crisis the food has got worse and there is not enough. Inmates expressed some difficulty obtaining a diabetic diet, to which administrators responded that diabetic inmates eat inappropriate food off commissary. Inmates suggested changes to commissary so that the facility would charge more for unhealthy items and less for necessities. Consistent with sound fiscal and public policy, JHA continues to recommend that increased resources be devoted to improving inmates' diet and nutrition in order to decrease inmates' rates of obesity-related illnesses (such as diabetes, hypertension and heart disease), and thereby reduces long-term correctional and public healthcare costs.⁵⁶

Inmates reported complaints about lack of treatment and programming at the facility; the women want more to do. Though women with GEDs complained that there was nothing they could do to earn educational sentencing credit, JHA appreciated that educated inmates were taking the initiative to serve as mentors to others at the facility. Waitlists of nine or more months for many programs reportedly made participation impossible for the majority of the population. Women also stated that in addition to remaining sentence length requirements, certain other unspecified program requirements precluded most women from participating. Again, inmates claimed that staff favoritism permitted certain inmates to partake, while others were excluded. Inmates claimed that family reunification, help with custody issues, ongoing mental health care, etc. are in fact, not commonly available, rather are only for a few select inmates. Administrators strongly disputed that this occurs and say that everyone will be fairly considered.

With the elimination of the substance abuse treatment program, many inmates were deeply worried about their recovery, reentry, and sentencing credit eligibility. At the time of the visit, the only substance abuse counseling was two days a week for two hours, with very limited inmate participation. Administrators reported that they are now offering a 12-week substance abuse education program with 25 participants for three hours a day, five days a week. Additionally, Decatur reportedly now offers Narcotics Anonymous three times a week on each housing unit. At the time of the visit, women reported that volunteer run twelve-step programs were helpful and particularly requested that Gamblers Anonymous (GA) be offered at the

⁵⁵ Other than women in Housing Unit E, which houses the Moms & Babies and Family Reunification programs, the facility patios are not open in the winter.

⁵⁶ See e.g. JHA's 2012 healthcare report, Recommendation 4, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

facility. JHA hopes an appropriate volunteer connection can be made. JHA interviewed many women who reported they were incarcerated based on addiction issues and resulting minor theft or drug charges.⁵⁷ Inmates also requested increased mental health counseling for issues including kleptomania, anger management, and domestic violence. Inmates would also appreciate more job training and assistance. These women worried about recidivism and wanted help.

At the time of the visit, the implementation of the new Supplemental Sentencing Credit (SSC) was generating many inmate questions and concerns.⁵⁸ The majority of the Decatur population are incarcerated for relatively low-level crimes. Some inmates at Decatur expressed concern that they were not being given SSC because they had not participated in mandated substance abuse treatment, but it was unavailable at the facility. JHA notes that IDOC has discretion to modify or waive such conditions⁵⁹ and recommends they do so given the current inability of IDOC to provide treatment. Other inmates complained that discretionary SSC was not given for inmates who have Driving Under the Influence (DUI) convictions. JHA recommends that as the SSC program continues to be implemented, IDOC consider or reconsider inmates who demonstrate positive behavior given the agency's broad discretion.

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⁵⁷ See Jessica Reichert, Sharyn Adams, Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Victimization and Help-seeking Behaviors Among Female Prisoners in Illinois*, p. ii (April 2010) (noting that most women are incarcerated for drug or property offenses), available at <http://www.icjia.state.il.us/public/pdf/ResearchReports/Victimization%20and%20help%20seeking%20behaviors%20among%20female%20prisoners%20in%20Illinois.pdf>.

⁵⁸ See IDOC's statement on SSC at <http://www2.illinois.gov/idoc/news/2013/Pages/NewAdministrativeRuleonSentenceCredit.aspx>. As of May 2013, a total of approximately 128 inmates from Decatur, more than from any other IDOC facility, had been released after SSC awards. Data on the SSC implementation is publically available at <http://www2.illinois.gov/idoc/Offender/Pages/CommunityNotificationofInmateEarlyRelease.aspx>.

⁵⁹ See 20 Ill. Admin. Code 107.210 (e)(2), available at <http://ilga.gov/commission/jcar/admincode/020/020001070C02100R.html>.

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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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