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### Monitoring Visit to Stateville Northern Reception & Classification Center 2012

Northern Reception and Classification (NRC) is Illinois' largest male intake facility. It is located approximately 45 minutes outside of Chicago in Joliet, adjacent to the Stateville Correctional Center (Stateville) maximum-security facility.



#### Vital Statistics:

Population: 2,188

NRC Rated Capacity: 1,800

Minimum Security Unit (MSU) Capacity: 384

Source: IDOC 5/12/13

#### Key Observations

- Between 85 to 90 percent of the inmates in the Illinois Department of Corrections (IDOC) enter the state prison system through NRC, and nearly 2,000 inmates cycle in while 2,000 cycle out of the facility each month.
- Chronically low healthcare staffing frustrates NRC's ability to provide adequate care, let alone doing so while conducting thorough intake assessments.
- NRC must rely upon inmates self-reporting their mental health and medical conditions because the state lacks a reliable system to pass information between county jails, mental health facilities, and the prison system.
- NRC has begun opt-out HIV testing as authorized by 2011 legislation. Staff estimated that 75 percent of inmates are taking the HIV test and 25 percent opt-out, mostly because they have already been tested at Cook County Jail.
- Due to overcrowded conditions, inmates at NRC are routinely housed in overflow housing locations, including the gym and classrooms.
- Crowding conditions, staffing levels, and limited resources impede needed improvements for inmate quality of life issues.

# Monitoring Visit to Stateville Northern Reception & Classification Center 2012

## Executive Summary

This report updates JHA's 2011 monitoring visit to NRC.<sup>1</sup> Based on JHA's 2012 visit and on-going communications, we found that overcrowding and a lack of resources and staffing remains problematic, impacting all aspects of NRC's operations. NRC is designed to house inmates only for a reception period of about 10 days, yet numerous inmates stay for months because there is not enough room at other IDOC facilities. Further, staff reported that space at appropriate facilities is not always available for inmates with special needs, including healthcare issues. Therefore, inmates are left longer at NRC, a facility that is one of the least equipped to deal with giving inmates proper attention since it was designed solely for processing.

NRC's operations are complicated by the fact that the facility is part of Stateville Correctional Center. Stateville operates a maximum-security facility and a Minimum Security Unit (MSU), in addition to playing several other disparate roles, including managing court and medical writ inmates,<sup>2</sup> parole violators,<sup>3</sup> and housing low-level inmates waiting for months for space in boot camp programs.

While NRC appeared clean and orderly, it is a place of high stress, and most inmates endure near lockdown conditions. Inmates who have been incarcerated throughout IDOC, even in maximum-security facilities, commonly state that their time at NRC is some of the hardest time they have served. Intake cells at NRC lack windows or access to natural light. Inmates must adapt to sleeping in an environment of constant noise and artificial lighting. Inmates must also abide reception conditions with limited access to commissary, writing instruments, and phones. Conditions in MSU dorm housing at NRC were not much better. Adding to difficulty in resolving issues, NRC suffers from chronic understaffing. For instance, the facility has just three correctional counselors assigned to housing units for the over 2,000 inmates.

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<sup>1</sup> This report is based on a November 28, 2012 monitoring visit and on-going communications with inmates and staff.

<sup>2</sup> Stateville houses, on average, 850 to 900 inmates on court writs each month, meaning they must make court appearances in the northern counties, primarily Cook. NRC typically moves 65 to 120 inmates back and forth to court a day. Inmates at NRC for medical writs – that is, inmates that are receiving medical attention at the University of Illinois hospital or other medical appointments and are sent to NRC from another facility – average four to six months at the facility. At the time of the visit, 17 inmates were at NRC for medical writs. Annually, administrators reported an estimate of 16,000 transfers of inmates to court and another 9,000 to the hospital.

<sup>3</sup> At the time of the visit, 600 inmate parole violators were housed at NRC. The average length of stay for such inmates is two to three weeks, unless the inmate requests a King hearing. The Prisoner Review Board (PRB) comes to the facility monthly to conduct these hearings to determine whether there is probable cause that the inmate violated parole. See discussion in JHA's 2011 NRC report, available at: <http://www.thejha.org/NRC>. For fiscal year 2011, the PRB found probable cause in 84 percent of 2,506 King hearings. See PRB 2011 annual report, available at: <http://www2.illinois.gov/prb/Documents/prb11anlrpt.pdf>.

JHA commends NRC and IDOC for recently implementing HIV opt-out testing, wherein all inmates' blood samples will be tested for HIV unless the inmate refuses consent, instead of having inmates have to affirmatively elect to be tested. Administrators are also to be commended for quality of life improvement efforts since our 2011 visit, which include adding additional law library time, providing inmates with some produce from grounds' gardens, and giving haircuts to inmates.

Ideally, IDOC would use NRC solely as a reception center; however, given the current crowding and lack of bed space throughout the prison system, this is impossible. While IDOC's current population and staff levels impede efforts to improve the facility, NRC administrators' goals include increasing staffing levels (particularly in the healthcare area) and exploring additional programming. JHA commends these efforts. Given the fact that NRC serves as the entrance to IDOC for most of Illinois' inmate population, improvements to the facility and its operations could radiate throughout the prison system.

This report addresses the following areas: Intake, Living Conditions, MSU, Boot Camp, Housing Unit J, Segregation, Staffing, and Healthcare.

### ***Recommendations***

- The Illinois Governor and General Assembly must reduce the prison population through sentencing reform and provide NRC and other IDOC facilities with the funding and staffing needed to meet the population's basic medical and mental health needs. If such action is not taken, it is all but inevitable that this issue will end up being litigated in and decided by the courts.
- JHA recommends that NRC review and update its orientation manual and improve efforts to communicate current, necessary information to inmates. This effort should include ensuring that county jails have accurate information to give inmates who are transferring to NRC.
- JHA continues to recommend routine opt-out Hepatitis C testing at intake.
- JHA continues to recommend counties jails, mental health institutions, and IDOC improve sharing of medical records to allow greater continuity of care. The lack of such a system makes it all but impossible for NRC and DOC to provide inmates with basic, constitutionally-required medical and mental health treatment.
- JHA finds that Illinois needs to hire more medical and mental health staff for the NRC, particularly if Illinois continues to defund community mental health treatment programs and use its prisons as a de facto hospital system to treat people suffering from serious illnesses.
- JHA recommends that IDOC start considering staffing levels and populations at NRC separate from Stateville. In grouping these different facilities together, it is difficult to identify vacancies and needs based in each institution.

- JHA recommends tracking grievances and tickets at NRC separate from Stateville so administration and outside observers can more effectively identify sources of issues and propose particular solutions for them.
- JHA recommends that NRC identify inmates with low literacy and limited English proficiency, as intake is paperwork intensive and inmates who cannot read this information are at a severe disadvantage.
- JHA recommends NRC make efforts to improve inmates' overall quality of life, including: addressing clothing shortages, providing showers more frequently than once a week, reconsidering commissary policy, facilitating better phone access, permitting literature and writing utensils, investigating pest complaints, reviewing yard policies, providing visitation to all inmates within a suitable timeframe unless there is a compelling reason not to do so, and ensuring the facility has a reliable grievance system.

### **Intake**

NRC intake receives 550 to 600 inmates every week. Intake screenings take about an hour and are used to identify inmates' characteristics and needs during incarceration, as well as create an important record that will follow them when they are released.<sup>4</sup>

At intake, inmates receive the NRC "Offender Handbook" (the Handbook), and handouts regarding the Prison Rape Elimination Act (PREA)<sup>5</sup> and requests for Americans with Disabilities Act (ADA) accommodations. At the time of the visit, the Handbook distributed was dated December 2007. JHA recommended that the manuals contain timely and relevant information, and administrators reported that they are now working on updates.

It is essential that inmates be informed about their potential rights under the ADA during intake, which include provisions that help ensure disabled people are able to access information and opportunities afforded to the general population of prisoners. For instance, JHA met with a deaf inmate during our visit who communicates through writing or sign language, and was frustrated because he had been without a TTY phone (which administrators report is now available). Staff noted that the man's cousin had been housed with him at NRC prior to our visit and had served as the deaf inmate's translator. However, as stated in prior reports, JHA advises that appropriate communication methods be available for all inmates and all inmates should be provided means of communicating confidentially without the assistance of another inmate.

Similarly, it is vital that all inmates be able to understand their intake process, but NRC does not thoroughly identify inmates who have limited English proficiency. JHA recommends that NRC identify inmates with low literacy or those needing translation services, which will enable staff to more accurately identify and address the needs of these prisoners.

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<sup>4</sup> For a more detailed explanation of these processes see JHA's 2011 NRC report, available at: <http://thejha.org/NRC>.

<sup>5</sup> Inmates are notified of the IDOC PREA report line, (217) 558-4013, which may be accessed from inmate phones where they must enter their PIN but will get a free call. Third parties may also call this line. Reports to this line with sufficient information will initiate an IDOC investigation.

## Healthcare Intake

At NRC, nurses screen inmates during intake regarding medications, chronic conditions, and current medical concerns. Administrators stated that all inmates presenting with medical conditions will be seen within 24 hours by a healthcare provider (72 hours for a dentist) and that for an urgent issue the inmate will be seen before being celled. Inmates reported upwards of two months to see medical or dental staff. Given current healthcare staffing levels, discussed in the Healthcare section below, JHA doubts that timeliness goals are always met.

In our 2011 NRC report, JHA noted that IDOC had to yet implement Public Act 097-0323, which enabled the prison agency to offer opt-out testing for inmates.<sup>6</sup> Given documented high rates of HIV infections in prisons, JHA supported this legislation and recommended that IDOC provide more effective screening for inmates. Lab work now includes HIV testing unless an inmate opts out. NRC began opt-out HIV testing October 29, 2012 as authorized by 2011 legislation.<sup>7</sup> At NRC inmates are now educated on the opt-out HIV testing at intake in the staging area with signs and information attached to their intake materials.<sup>8</sup> Inmates are advised verbally that intake entails taking blood for lab work, which will include a HIV test. They are told if they have any questions they should ask nursing staff at the point of taking blood and signing the consent form, at which point they could opt-out. Staff estimated that 75 percent of inmates are taking the HIV test and 25 percent opt-out, mostly because they have already been tested at Cook County Jail (Cook). Staff reported that they will soon be showing an orientation video about HIV testing in the bullpens at intake.

While JHA commends the change in testing policy, which increases the likelihood that an infected individual is identified and treated, we continue to recommend that policy should also apply for Hepatitis C.<sup>9</sup> As JHA noted in its 2011 NRC report, this is not simply a problem for the prison system. DOC releases almost 35,000 inmates annually, most of whom after serving less than two years.<sup>10</sup> Inmates with untreated and undiagnosed illnesses will bring their conditions back into their communities, endangering public health and costing taxpayers untold amounts of money.

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<sup>6</sup> Available at: <http://thejha.org/NRC>.

<sup>7</sup> See 730 ILCS 5/3-8-2, Social Evaluation; physical examination; HIV/AIDS, available at: <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=073000050K3-8-2>.

<sup>8</sup> Written information about HIV testing states in the header “YOU WILL BE GIVEN AN HIV TEST” and goes on to clarify, “You will be tested for HIV as part of your blood tests unless you refuse,” and “Testing for HIV is voluntary and you may withdraw your consent to be tested at any time before the laboratory test(s) is completed.” It also explains that HIV records are confidential. This form is also available in Spanish.

<sup>9</sup> See discussion of Hepatitis C within IDOC in JHA’s 2012 Pontiac Correctional Center report, p. 11, available at: <http://thejha.org/pontiac>. See also, Grace E. Macalino, PhD, Darpun Dhawan, BA, and Josiah D. Rich, MD, MPH, A *Missed Opportunity: Hepatitis C Screening of Prisoners*, American Journal of Public Health Volume 95 (10), p. 1739–40 (October 2005), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449429>.

<sup>10</sup> See Illinois Department of Corrections: Annual Report 2010, 5, 25 (2011), found at <http://www.idoc.state.il.us/default.shtml>.

## Medical Records

Best correctional practice calls for continuity of care, “including with respect to medication, upon entry into the correctional system, during confinement and transportation, during and after transfer between facilities, and upon release.”<sup>11</sup> Further, such standards also call for mental health status assessment prior to transfer, with the assessment accompanying the inmate, and with notification to the receiving institution for inmates with needs, as every effort should be made to ensure treatment and avoid unnecessary duplication of tests.<sup>12</sup>

Despite these standards, inmates’ medical and mental health information and medications are rarely provided to NRC from the county jails, and as a result, NRC still primarily relies on self-reporting from the inmates.<sup>13</sup> As JHA noted in our 2011 NRC report, the reliance on self-reporting “is a wholly unreliable means to ensure that inmates receive continuity of care and uninterrupted medication and treatment. A minimum standard of care dictates that records and data of inmates’ diagnoses, treatment, treatment history and recommendations, and medications should accompany inmates when they arrive at NRC from the county jails and when they leave NRC to go to their destination facilities.”<sup>14</sup>

To move away from reliance on self-reporting, JHA continues to recommend that Illinois “improve medical records and data collection and sharing to allow greater continuity of care between county and state correctional facilities, and promote the implementation of data-based correctional healthcare policies and planning.”<sup>15</sup> JHA is pleased that IDOC appears to be beginning to address this issue. Staff reported to JHA that NRC will be a pilot location to test electronic mental health records; however, this system will not yet include other medical information because it would be much larger. The challenge for implementing an electronic medical records system is to set up a compatible system so that multiple county and state agencies can communicate with each other. Administrators reported that they are still in very early stages of putting an electronic system in place and in early November 2012, a technical site visit was conducted at NRC to evaluate the infrastructure and determine any needed equipment. At this time there are no new updates, nor timeframe for rollout. JHA will continue to monitor and advocate for the implementation of electronic medical record keeping system.

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<sup>11</sup> American Bar Association’s Standards on the Treatment of Prisoners, Standard 23-6.5(a), available at: [http://www.americanbar.org/publications/criminal\\_justice\\_section\\_archive/crimjust\\_standards\\_treatmentprisoners.html#23-6.5](http://www.americanbar.org/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners.html#23-6.5).

<sup>12</sup> 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. 793, 802-3, available at: <http://cjb.sagepub.com/content/37/7/749.full.pdf+html>.

<sup>13</sup> NRC staff noted that getting medical records from counties can be difficult. Administrators stated that when inmates are transferred from Cook they come in only with a mittimus, which is an order committing the person to prison. However, other counties will sometimes send a one page health screen report to NRC manually transmitted by the county deputies. One staff member of Wexford Health Sources (Wexford), IDOC’s healthcare contractor, is now designated to manually retrieve Cook medical files.

<sup>14</sup> See JHA’s 2011 NRC report, p. 10, available at: <http://thejha.org/NRC>.

<sup>15</sup> See JHA’s 2012 healthcare report, Recommendation 2, available at: <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.



## Substance Abuse Intake

At intake, Treatment Accountability for Safe Communities' (TASC) counselors screen inmates for substance abuse treatment need. The results from this are incorporated into the IDOC Offender Tracking System (OTS). There are reported to be 2,852 designated male drug treatment beds in IDOC.<sup>16</sup> For Fiscal Year 2012, 4,732 inmates were determined by TASC to be eligible for treatment at intake. Of these, 3,989 inmates volunteered to participate at intake, an additional 551 inmates volunteered at a later time. JHA continues to recommend that Illinois legislature increase substance abuse treatment in its prison system, given the clear need.<sup>17</sup>

## Staffing

NRC shares a warden and most staff with Stateville. Together, Stateville and NRC have approximately 1,100 staff members and 3,800 inmates. NRC typically has one security staff member covering two housing units, and staff reported distress about understaffing. Further, some staff members admitted feeling uncomfortable and unsafe with the overcrowding in the dorm units at current staff to inmate levels and with the overflow of minimum-security un-celled inmates. As one put it, "everything is messed up." Tensions between inmates and staff were reported to be high on these units, with inmates telling JHA that staff commonly lashes out.

There was also understaffing of clerical and administrative support staff, causing security staff to be commonly reassigned to such duties. NRC has 13 designated correctional counselors and one clinical services supervisor, with eight counselors assigned to interviewing and classification, two counselors for field services, and just three counselors are assigned housing unit coverage for all of NRC and over 2,000 inmates.

As JHA has noted in previous reports, this kind of understaffing can lead to serious and dangerous problems. Even under the best of circumstances, the difficult job performed by correctional staff is stressful, dangerous, isolating, demanding, and thankless. When factors beyond correctional officers' control, like understaffing, overcrowding, extensive overtime, and rotating shift work, are introduced into the workplace, these can dramatically increase stress, undermine officers' morale and job performance, damage their physical and mental health and increase tension and conflict. These kinds of working conditions in turn jeopardize the safety and security of other staff, inmates, and the facility as a whole.<sup>18</sup> IDOC has been consistently

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<sup>16</sup> IDOC has two fully dedicated substance abuse treatment facilities Sheridan Correctional Center (Sheridan) (capacity 1,700) and Southwestern Illinois Correctional Center (SWICC) (capacity 700). JHA was told at the time of the visit that the following facilities also have some substance abuse treatment for male inmates: Big Muddy (70 participants as of March 2013), Dixon (zero inmates in treatment as of March 2013), Graham (80 beds reported), Logan (120 beds reported), and Menard (12 participants as of December 2012).

<sup>17</sup> See JHA's 2012 healthcare report, Recommendation 3, available at: <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>. During the visit, JHA visited an orientation class for a substance abuse treatment program, where some inmates expressed that they believed the choice of treatment would be better than their prior IDOC terms at other facilities, which they stated had not resolved the root cause of their prior incarcerations.

<sup>18</sup> See National Institute of Justice, *Addressing Correctional Officer Stress: Programs and Strategies*, (December, 2000), available at <http://www.nij.gov/pubs-sum/183474.htm>.

asked to do more with less, but the reality is that the agency needs more staff to address the security and programming needs of its population.

## **Healthcare**

Healthcare at NRC is a mix of state and contractor Wexford Health Sources (Wexford), employees.<sup>19</sup> Further, NRC shares some healthcare staff with Stateville. Though at times of crisis it is helpful for NRC to be able to have staff pulled from Stateville and to be able to use the Stateville infirmary, not having dedicated staff adds to the difficulty administrating NRC and maintaining the facility's functioning. Staff stress and attrition is clearly high at this facility. Being located in a relatively metropolitan area for an IDOC facility is a double-edged sword in that it may be easier to attract staff, but it is also easier for them to be lured away.

NRC uses both Telemed and Telepsych. At the time of the visit the facility reported 60 hours of state psychiatrist coverage per week and 40 hours of coverage from a fulltime Wexford psychologist. If there is no coverage in an emergency, NRC can pull staff from Stateville, or a physician can write a bridge psychotropic prescription. Other mental health care coverage included one fulltime Wexford Qualified Mental Health Professional, one fulltime state Licensed Clinical Social Worker, and five fulltime state Mental Health Professionals

## **Medical**

Administrators stated that at the time of the visit, staffing shortages prevented them from conducting separate nurse and Correctional Medical Technician (CMT) sick calls. Stateville and NRC had been in crisis mode for nursing (where staff are pulled from other institutions and nurse pay is elevated to two and a half times normal salary) and nurses had been commonly mandated to work significant overtime. This requires nurses to work long, often dangerous hours and keeps them away from their families, adding to staff dissatisfaction and attrition. JHA heard that nursing staff had been mandated in the recent past as often as three or four times a week. Administrators reported that since the visit, crisis mode has ended and now nurses and CMTs average one to two mandated workdays weekly. Administrators further reported Wexford has hired more nurses and has additional slots to fill. Wexford staff stated that new nurses have a four-week orientation that is on the job training. Staff reported that Wexford was considering paying retention bonuses in order to keep medical staff at the facility longer.

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<sup>19</sup> At the time of the visit, approximately one-fourth of the state healthcare workers at NRC and Stateville were on leave. In addition, NRC had only one of two authorized Wexford physician positions filled for 40 hours a week of coverage. Although authorized for 104 hours of Wexford physician assistant services, NRC had only 80 hours covered. Nursing coverage at Stateville and NRC was composed of three state nurses and "58.11" Wexford nurses and PRNs (temporary floating nurse positions). Minimum nursing coverage for NRC is approximately 488.88 hours per week and varies on days of the week and holidays. NRC reported at the time of the visit 40 hours of Wexford dentist coverage and 16.5 hours of state dentist coverage per week. In addition, NRC has 12 hours a week of Wexford dental hygienist coverage and 60 hours a week of Wexford dental assistant coverage (the state dental assistant was on a leave of absence). NRC had been without a Wexford medical director for over a year. Hence, the Wexford regional medical director must facilitate outside consultations. JHA heard reports of inmates waiting months to be seen by outside specialists at the University of Illinois.



Administrators reported that NRC inmates requiring housing in an infirmary are always transferred to the Stateville infirmary, where at the time of the visit, five NRC inmates were housed. Now instead of providing healthcare, in overflow situations the NRC infirmary houses 35 inmates.<sup>20</sup>

JHA observed in the crowded NRC infirmary that employees were wearing their staff badges backwards so that their names were not visible. We believe inmates have the right to know the names of the staff they interact with, and that if this is a purposeful practice, it must be ceased. JHA advised administrators to look into this matter.

Staff expressed that one of the most difficult things for them is that some counties are not very good at letting them know ahead of time about inmates with serious medical issues that are being transferred to NRC. These “surprises” have included receiving inmates with fractures, inmates in need of dialysis, an inmate with a large laceration, or others who are in such bad shape they must be sent directly to the emergency room. In one instance, an inmate was scheduled for surgery the day after transfer, but the county transferring him did not inform NRC staff. JHA reiterates that continuing efforts to facilitate better continuity of care through use of electronic medical records, or any other possible means, should be a top priority for county jails and IDOC.

As at every IDOC facility, inmates reported that the \$5 co-pay was a hardship for them. JHA again recommends abolishing this co-pay, as it frustrates access to care.<sup>21</sup> Inmates are even more likely to be without funds at NRC where they are not able to work or earn state pay. Not knowing how long they will be held at NRC makes their monetary situation even more precarious. Additionally, inability to communicate easily with loved ones makes obtaining funds challenging.

## **Mental Health**

Even though mental health staff at NRC doubled since the 2011 JHA visit, when JHA noted that then current levels were severely compromising the ability to provide adequate screenings, staff and administrators noted that medical staffing levels remain serious problems given the needs of the facility’s population. Administrators stated that mental health is a fast growing segment of their population and related this to closures of mental health care facilities and programs in the community. Administration emphasized NRC is a place not for treatment, as one staff explained, but rather solely to “assess, stabilize, and transfer.” Reception is not well equipped to house people with serious mental health issues for long period of time. Administration reported that it is common for seriously mentally inmates to last in general population for seven to eight days, and then go into crisis. If an inmate has a serious mental illness or is in crisis, NRC may determine that he needs to be placed at another facility and he could be transferred to Dixon Correctional Center (Dixon), which has mental health housing.<sup>22</sup>

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<sup>20</sup> The NRC infirmary’s capacity as an infirmary would be 11 beds, including one isolation bed.

<sup>21</sup> See e.g. JHA’s 2012 healthcare report, Recommendation 5, available at: <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

<sup>22</sup> One staff member reported that 85 percent of the mental health recommendations from NRC are for the inmate to go to Dixon. There are 672 designated mental health beds at Dixon and 94 at Pontiac Correctional Center.

At the time of the visit, approximately 240 NRC inmates were taking psychotropic medication, none involuntarily. The number of NRC inmates receiving psychiatric care is 400 to 500 per month. The average mental health professional caseload ranges from 350 to 400 a month. Staff noted that with caseloads this large there is a high risk for burnout.

As mental health staff noted, on top of already high caseloads, NRC staff does a lot of crisis intervention. There have been seven inmate deaths at NRC in the past five years, two of which were suicides. Administrators reported that the monthly average number of inmates on suicide watch is 40 to 60, and the average length of stay is three to five days. Close supervision watch averages between 50 to 65 inmates a month, with an average stay from two to three days. For mental health housing, NRC is limited to eight single cells, which are used for crisis watch and checked every ten minutes. A healthcare staff member expressed concern about the temperature conditions, particularly relating to suicide watch, where inmates are left with just a paper gown in cold temperatures. Inmates coming off watch may be housed in Housing Unit J, where they may receive more attention than on a general population unit.

Overall, JHA remains concerned about NRC's medical and mental health staffing levels. While JHA appreciates the state's fiscal crisis, IDOC has a constitutional duty to provide adequate medical and mental health treatment. For instance, standards call for one full-time qualified mental health care professional for every 150 to 160 general population inmates, but NRC mental health staff routinely has caseloads of 350 or more inmates, alongside conducting the vital and demanding tasks of intake and crisis intervention.<sup>23</sup> To fulfill its constitutional obligations, NRC needs more medical and mental health staff, particularly if Illinois continues to defund community mental health treatment programs and use its prisons as a de facto hospital system to treat people suffering from serious illnesses.

## **Living Conditions**

### **Standard Housing**

NRC is a complex facility containing a variety of populations. Most inmates are double-celled. Administrators noted that NRC is deemed a maximum-security facility and all inmates are treated as if they are maximum-security inmates, but to the extent possible they try to separate out and cell inmates by size, conviction, aggression level, and length of sentence.<sup>24</sup> NRC primarily relies on mental health intake for red flags for cell assignments, which will identify inmates who are precautionary predators, vulnerable, or both.

Given NRC's reliance on self-reports, current population considerations, and inmate reports, JHA is not confident that inmates will be appropriately identified for suitable double-celling. Several inmates expressed concerns about housing assignments with inappropriate cellmates at

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<sup>23</sup> 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.full.pdf+html>.

<sup>24</sup> Generally special housing consideration is given to inmates designated as predators, vulnerable, protective custody, witness protection, boot camp, those with gender identification issues, and segregation. However, formal "Double Celling Forms" are only used for inmates housed in segregation and protective custody.

NRC.<sup>25</sup> Incidents of inmate-on-inmate assault while double-celled are not uncommon and there had been two assaults in the days prior to the visit that administrators were aware of. JHA received complaints that the emergency call buttons cells were not functioning in some cells. Administrators responded that these buttons are regularly tested. JHA recommends IDOC adopt a screening tool that will help staff and administration more accurately identify the risk inmates' pose for housing purposes.

### **Non-Standard Housing**

NRC is currently using the gym and classrooms to house minimum-security inmates on cots and mattresses on the floor because of overcrowding. In situations where NRC exceeds its normal capacity, administrators reported that inmates may be housed as follows: 34 in the healthcare unit, 80 on cots in housing unit H2 (MSU), 60 on cots in the gym, and 48 in classrooms. At the time of the visit, administrators reported 22 inmates were in a gym or classroom, and 35 were sleeping in the infirmary. JHA also observed many inmates sleeping on about 20 cots in each of the MSU dorm unit dayrooms.

Inmates reported that when they were housed in the gym there were 80 to 90 inmates sharing one toilet and three sinks, and they showered in the intake area.<sup>26</sup> While most inmates at NRC have only one shower a week, MSU inmates typically have daily access on the dorm units because of work assignments, and they complained that they were only able to shower once a week while housed in non-standard housing.

### **Pest Complaints**

Inmates throughout the facility complained of pests, including rodents, roaches, flies, ants, and spiders. JHA recommended that administrators investigate. While no JHA visitor saw any pests during the visit and we found the parts of the facility we visited to be generally clean, we did observe inmates with skin rashes and heard numerous complaints.

### **Idleness and Uncertainty**

Inmates in receiving are in near lockdown status and permitted out of cells only for medical or mental health services, showers, and yard. Inmates stated it is stressful being at NRC because it is like being on lockdown in segregation 24/7 with a cellmate. Idleness is a problem in reception housing. The chaplain makes rounds and distributes religious books,<sup>27</sup> but inmates at NRC have no access to other books, nor do inmates have electronics for news of the outside world. JHA recommends that literature be made available.

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<sup>25</sup> For example, an inmate reported that although he was incarcerated for a minor offense, his cellmate was going back to prison for the rest of his life for committing a murder while on parole. Another inmate had received medical attention at an outside hospital after his cellmate, whom he believed to be mentally ill, attacked him.

<sup>26</sup> The American Public Health Association's *Standards for Health Services in Correctional Institutions* (2003, at p. 151) recommends for inmates housed in dormitories, one toilet for every eight inmates. Also, 77 Ill. Adm. Code 890, Appendix A, Table B, Minimum Number of Plumbing Fixtures, calls for one toilet for every eight inmates in penal dormitories, available at: <http://www.ilga.gov/commission/jcar/admincode/077/07700890ZZ9996abR.html>.

<sup>27</sup> Such chaplain services at NRC constitute the sole religious services available for all inmates other than MSU inmates, who have religious services.

Inmates also commonly commented on the stress of having no idea when they would be transferred to their parent facility and wished that they could be able to count down the days.

In order to prevent fear or apprehension, JHA recommends that NRC clearly explain to inmates the current overcrowding situation throughout IDOC and inform them that if they are at NRC for more than 60 days, they will be allowed certain privileges, so that inmates may plan accordingly. Studies show that the more personal control an inmate feels over conditions of incarceration, generally the more successful his adjustment to prison life will be.<sup>28</sup>

## **Grievances**

JHA has found throughout IDOC that inmates report trouble getting grievances responded to. JHA recommended that IDOC could bring back carbon copy forms for grievances so that inmates can easily retain a record. Administrators reported that carbon paper is not used for security reasons, and it is not cost effective to duplicate paper. JHA continues to recommend IDOC reevaluate and improve the current grievance system.<sup>29</sup>

Grievances at NRC are not tracked separately from Stateville. Administrators reported together for both facilities in 2012, as of the end of November 2012, that 5,041 inmate grievances had been received and 4,530 had been answered. JHA recommends tracking grievances and tickets at NRC separate from Stateville, so administration and outside observers can more effectively identify sources of issues and propose particular solutions for them.

## **Supply Issues**

Inmates commonly complained that the clothing, hygiene, and cleaning products they were given were inadequate or problematic, but they have no other option because they were not getting commissary. The most common reports were inmates not having enough soap, due to the size of bars, and needing it to do laundry; not being issued toothpaste, shampoo, and deodorant per the schedule; and that the issued products caused rashes. Inmates stated written requests relating to supplies issues went unanswered.

Inmates also reported that they lacked adequate clothing. Several inmates told JHA that they had no socks, or no underwear, and numerous others reported having just one pair for over a week at a time. Other inmates reported that for a two-month period they had one pair of boxers, one shirt, and one pair of socks. While administrators report that inmates have access to laundry facilities weekly, inmates report that if they put items in the institutional laundry they often get back soiled items, if they get anything at all. As a result, inmates stated that sometimes they go three weeks in the same uniform without doing laundry and other inmates spoke of washing their only clothing items naked at the sink out of necessity. Inmates also complained of the stained, soiled, and torn conditions of their clothing, mattresses, and sheets, which JHA also observed. Administrators reported that all mattresses are currently being replaced.

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<sup>28</sup> See e.g. Lynne Goodstein and Doris Layton MacKenzie, "Personal Control and Inmate Adjustment to Prison," *Criminology*, Volume 22, Issue 3, pp. 343–69 (August 1984).

<sup>29</sup> See JHA's 2012 healthcare report, Recommendation 14, available at: <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

At the time of the visit, administrators explained that because of staffing issues, inmates who are at NRC for fewer than 60 days would not get commissary. MSU and boot camp inmates reported that they had not had commissary for two months or more. JHA recommended that NRC reconsider its commissary practices. Administrators reported that recent changes should now allow NRC inmates to shop once a month.

### **Showers**

Inmates at NRC, other than those housed in MSU dorm housing, are limited to a weekly shower, typically after yard time. Yard time at NRC for general population and segregation inmates is scheduled one time per week, all at once. JHA heard many requests from inmates to be allowed to shower more often. Administrators noted that the intention and design was for inmates to be at NRC only about a week, in which case they did not believe one shower per week would be a problem. JHA recommended that because inmates regularly stay at NRC for longer terms, administrators should reevaluate whether inmates could be permitted to shower more frequently. Administrators reported that this is still under review for non-segregation inmates.

### **Outside Contact**

Inmates in intake do not have paid work assignments at NRC, nor will they receive state pay. Several inmates reported that they had been waiting over a month for money to transfer into NRC's system from the county jail system. Therefore, contact with the outside world is difficult.

Additionally, at the time of the visit, JHA heard reports ranging from 57 to 154 days that inmates had been waiting for various necessary phone approvals. Some inmates reported long waits to have phone lists approved; some had yet to receive a PIN, which is required in order to call out; and others reported "faulty" PINs. Administrators stated it would take two weeks for PIN numbers to be issued, and up to four weeks for numbers to be added by the vendor to an inmate's approved call list. Inmates were not notified of approvals and kept trying to use the phone, adding to their frustration. Inmates in dorm housing reported that several of the phones did not work and had been out of order for months. In one MSU unit, two phones did not function, so inmates were left with one functioning phone and one malfunctioning phone for 68 men. IDOC has recently switched phone providers. JHA does not know if the new provider will be able to facilitate adding numbers in a more timely fashion at intake. JHA will monitor the issue.

Inmates reported that mail was anywhere from one week to two months behind. One inmate reported he was able to confirm with his loved ones that his mail was getting out, but that mail his relatives sent him had not been received. Another common issue was inmates complaining of the lack of writing instruments and having no write-outs without commissary. Administrators noted that segregation-type writing instruments are available for use according to cellhouse schedule. JHA continues to recommend that NRC be more liberal with writing utensils.

NRC is designed for Receiving and Classification and for inmates to be housed there for seven to 10 days; hence, it has no visiting room, and visits must be conducted at Stateville. Visitation for

inmates at NRC depends on the inmate's classification.<sup>30</sup> In order for visitation to be permitted for inmates housed at NRC for more than 60 days, administrators had to get a variance from department rules to allow these inmates to have visits at Stateville. Moving inmates for visits from one facility to the other for visitation is another duty for staff, which is already stretched thin. Administrators reported at the time of the visit they were awaiting approval from the Policy and Directive Unit of IDOC so that inmates in segregation could also receive visits after 60 days. Administrators reported this is still under review.

## MSU

The MSU has an operational capacity of 384 in four wings; at the time of the visit, roughly half of this space was taken up by boot camp overflow. Inmates housed in MSU are not celled and have access to dayrooms, which are crowded with cots.

Administrators reported that MSU is considered a work camp, and minimum-security inmates for whom NRC is their parent facility have various work assignments throughout Stateville. MSU inmates reported that their only non-work movement was to chow and that they were not receiving recreation. For recreation MSU inmates may choose gym or yard, assuming that gym is not filled with overflow inmates. Inmates reported that jackets they use for movement to chow are kept in a bin next to the door and that these jackets are dirty and never washed; some reported they believed they had bed bugs.

Some of the MSU inmates had been affected by the overflow housing situation and had been housed in the gym. They shared many of the common concerns expressed by inmates throughout NRC, relating to contact with loved ones, commissary, pests, staff relations, healthcare, etc. They do not like sleeping on the floor, and they noted that they have no place to put wet towels other than their cots which then get wet. In one of the dorms, JHA heard reports that 36 inmates were sharing one functioning toilet because two urinals were broken and one toilet had been broken for months.

Inmates in the MSU expressed concern for reentry opportunities. One inmate reported that having to list a felony on job applications gave him no hope of obtaining employment that would support his family. This was especially disheartening because these are low-level inmates who should have the most hope for turning their lives around. There needs to be appropriate programming and education to direct these men toward successful reentry. NRC did provide GED instruction in two classes for MSU inmates, but the instructor had recently passed away. It was unclear if this position would be filled.<sup>31</sup>

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<sup>30</sup> Inmates housed at NRC according to a temporary writ are permitted five visits a month. Inmates with open cases are allowed two visits a month after 60 days. MSU inmates are allowed visits on weekends and holidays. Other non-segregation inmates are currently permitted visits after 60 days.

<sup>31</sup> 17 MSU inmates were enrolled in GED classes as of the IDOC October 2012 Quarterly Report, available at: <http://www2.illinois.gov/idoc/reportsandstatistics/Pages/QuarterlyReports.aspx>. Administrators reported that MSU inmates also have programming including Lifestyle Redirection, TRAC, AA meetings, Drug Programs, Storybook, father-son programs, anger management, and bi-yearly reentry summit. Administrators noted that MSU has a fulltime counselor in the unit.



## Boot Camp

Illinois sentencing law sets forth eligibility requirements for boot camp, and provides that if an inmate is accepted by IDOC for a boot camp program and successfully completes it, typically in 120 to 180 days, IDOC will discharge him.<sup>32</sup> Boot camp inmates are typically low-level and younger inmates. At intake, staff determines whether inmates are eligible for the boot camp program and require participating inmates to sign various certifications relating to medical and mental health. If an inmate at intake does not qualify for boot camp, or later does not complete the program, he must serve the term of incarceration alternatively put forth by the sentencing judge recommending boot camp.

At the time of the 2012 visit, more than 400 inmates waited at NRC for space to open up in boot camp programs. There were no timing guarantees for how long an inmate would be at NRC waiting for one of the extremely limited boot camp spots to open up. JHA spoke with one inmate who had been waiting 200 days, and several who had been waiting more than six months. At one time, there were five boot camp sites in IDOC. At the time of our visit, there were only two boot camps, with fewer than 500 male beds.<sup>33</sup> This backlog undermines the statutory intent of boot camp, strains NRC's limited resources, and creates stress for both inmates and staff.

IDOC recently reported to JHA that they intend to increase boot camp bed space to alleviate this backlog and reduce prison overcrowding. JHA will continue to monitor this issue and publish a separate report on our findings and recommendations.

## Segregation

Administrators reported they review segregation assignments every 30 days and try to get inmates transferred. Like other inmates at NRC, segregation inmates also complained that they rarely see counselors. In other facilities, segregation contacts are mandated at 30 days, but one inmate at NRC told JHA he had not seen a counselor in at least 45 days.

Although generally inmates in reception do not have visiting privileges, except in cases of emergencies or attorney visits, inmates who are housed at NRC for longer than 60 days are not considered in this class of inmates and are typically afforded visitation.<sup>34</sup>

Segregation inmates who had been at NRC for more than 60 days reported that although they had approved visitor lists and no visitation restrictions, they were not able to take part in visiting hours. These inmates reported they had filed grievances on the issue and gotten no response. As mentioned above, at the time of the visit administrators were awaiting approval for a rule variance so that they could allow visitation. It did not seem that they had explained any of this to inmates. JHA advises that administrators keep segregation inmates updated on developments, and recommends that IDOC expedite the rulemaking process.

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<sup>32</sup> See 730 ILCS 5/5-8-1.1, Impact incarceration.

<sup>33</sup> Du Quion Impact Incarceration Center (IIC) has an operational capacity of 200, while Dixon Springs IIC has an operational capacity of 300, with about 30 female beds.

<sup>34</sup> 20 Ill. Adm. Code 525 Subpart A, governs visitation and while it gives the warden broad discretion, it generally presumes or favors visitation.

JHA spoke with some inmates who were in segregation yard, the outside recreation area or bull pen, which is a concrete floored area approximately eight feet by 15 feet that is surrounded by a high fence separated into a few separately contained areas. Administrators reported that four to five inmates per caged area could use the yard at a time. Security staff on the unit reported that eight to twelve inmates could be out at once. JHA visitors observed that there was barely enough room to walk back and forth, and there was not room to run. Inmates stated that they could do pushups, but at the time of the visit the ground was too cold. Inmates said that they mostly just stand around for fresh air. Inmates reported they must stay outside for the whole recreation time, up to five hours, without access to the bathroom or to water. Inmates stated they were dehydrated.

JHA observed inmates outside in light jackets over t-shirts in late November, some of which were clearly too small and others which had broken zippers. Since inmates do not have gloves, some inmates wore socks on their hands, and some fashioned towels into hats. Administrators thought it might be possible to provide inmates with extra socks for cold weather yard use as hand coverings. Inmates said they were very cold but it was better than not going to yard because they are in their cells all day and can only leave for medical, yard (which is offered once a week), and to shower for five minutes once a week after yard.

Administrators stressed that they are allowing inmates “large muscle recreation” and meeting the requirements of the law<sup>35</sup> by providing yard time all at once. They recognized that the situation may not be ideal, but reported that staffing and security issues, including inmate movement and matching inmates who can have yard together without incident, make it infeasible to offer yard more times a week for fewer hours or to move inmates back and forth from yard to cells repeatedly. Administrators also noted that inmates are told how long they will be out for, so they know what they are getting into, and said that staff check on them from time to time. They will not let inmates come in once they are outside for segregation yard time unless the inmates give them a reason.

While JHA appreciates NRC’s lack of adequate staffing, we recommend that administrators reconsider how segregation yard is handled, and in particular to see if it is feasible to permit inmates an additional option of returning to cells at a set time, such as the half point in the four hours.

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<sup>35</sup> See 20 Ill. Adm. Code 504.670, Recreation for Persons in Segregation Status.

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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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