
**John Howard Association Testimony, April 17, 2024
Illinois Department of Corrections FY25 Proposed Budget
Illinois State Senate Appropriations - Public Safety and Infrastructure Committee**

John Howard Association (JHA) is the only independent, not for profit, not partisan, citizen correctional oversight organization in Illinois. JHA monitors Illinois' prisons by going into them to observe conditions and speak with people who are incarcerated, administrators and staff; and by conducting systemwide surveys and receiving privileged mail and other information from directly impacted people through our prison communications unit. JHA's work increases system transparency, identifies issues and puts forward recommendations for reform in order to improve conditions of confinement, treatment inside prisons, outcomes upon release from prison and public safety for our communities.

I. JHA puts forth the following findings and recommendations regarding the proposed budget for IDOC, FY 25:

1. The [Facility Master Plan report](#) completed by outside consultant CGL, identifies and prioritizes which of IDOC's physical infrastructure should be addressed in order to allow it to more effectively meet its mission and goals. According to the report, billions of dollars are required to address the ravages of excessive deferred maintenance at many of the prisons, several of which are beyond fixing and that can never reasonably be made to be appropriate spaces to treat, rehabilitate or house people in custody. It also makes clear that given the reduced prison population and ongoing correctional staffing deficits, Illinois can and should consolidate, repurpose and close prisons. These steps will allow for better use of limited resources, providing opportunity to invest in strategies and approaches that will lead to better outcomes and increased public safety throughout Illinois.
2. In order to facilitate the process of best allocating limited resources to improve outcomes for people leaving IDOC custody and the communities they return to, the Agency must focus on filling all lower security beds maintained by IDOC or the entities with which the Agency contracts to run the Adult Transition Centers. This will place people in the facilities that offer the most productive/rehabilitative/reintegrative activity while also reducing security costs borne by IDOC.
3. Illinois/IDOC must ensure that there are resources for contracts in place that provide constitutionally adequate medical and mental healthcare. IDOC is legally mandated via consent decrees due to litigation to have staffing levels sufficient to treat peoples' medical and mental health while in state custody that have not yet been realized. Additionally, continued poor conditions of confinement for people in prison degrades the identified goals of rehabilitation and a return to useful citizenry, while also perpetuating inhumane treatment and creating and exacerbating health issues for people in prison.

4. IDOC must utilize early release mechanisms to release more people from prison and Illinois must revise sentencing policies that keep people in prison far longer than is required to further public safety and applying these revisions retroactively.

II. JHA puts forth the following reasons for the recommendations pertaining to the IDOC FY25 budget:

Recommendation 1: In CY2023, CGL finalized and IDOC publicly shared the [Facility Master Plan report](#). The CGL team conducted an existing conditions assessment of each correctional facility, identified individual facility practices, and prioritized overall system needs. The report provides cost estimates for what is needed to address physical plant deferred maintenance and structural issues, it identified over \$2.5 billion in needed investments – an amount that continues to grow exponentially each year issues remain unaddressed. The report is a useful tool to guide decision-making on the smart allocation of limited resources in order to increase successful outcomes for individuals leaving state custody and public safety.

Infrastructure problems in IDOC have reached the point that they render the Department effectively incapable of meeting the programmatic, medical and mental health, and rehabilitative needs of people in custody. Leaking roofs, broken equipment, the presence of vermin, and failed plumbing are but a few of the many systemic problems that are pervasive throughout IDOC. JHA has witnessed these issues firsthand as an independent citizen monitoring organization that routinely goes into prisons to observe and document the conditions of Illinois' correctional facilities. Most of Illinois' prisons were built before the Americans with Disabilities Act and the Prison Rape Elimination Act became law, making them out of compliance with legal safeguards that should be provided to every person and in violation of the civil rights of people who suffer because of this. Wheelchairs and assistive devices cannot be accommodated, establishing sight lines and protections to stop or deter sexual victimization is not possible, and beyond these issues are the horrible conditions people incarcerated in these prisons and staff contend with every day; mold, poor ventilation, discolored, odorous, and particle filled water in cells and showers, water damage that leads to ceilings and floors collapsing, roofs caving in, infestations of rodents and vermin, and sewage and sanitation system failures, all of which impact the safety, health and wellbeing of the people who live and work inside the prisons.¹

JHA has also heard from incarcerated people who are deeply concerned with whether the water they drink is safe or the air they breathe is clean.² Our [monitoring reports and survey data and comment reports](#) share in great detail the many detrimental, unsafe and inhumane conditions people incarcerated in and working in IDOC prisons experience. Many of IDOC's prison staff have also described the immense challenges they routinely face when trying to implement modern correctional practices and treatment using antiquated equipment and spaces in outdated facilities, and the legitimate security concerns created by problems such as failing

¹JHA statement on March 15, 2024, announcement by Governor Pritzker, <https://static1.squarespace.com/static/5beab48285ede1f7e8102102/t/65f46649bf21770be50d864d/1710515785472/JHA+2024+Rebuild+Statement+3.15.24.pdf>

² See, e.g., JHA, *Monitoring Visit to Menard Correctional Center 2021*, 37-39 (describing serious infrastructure concerns at Menard) <https://static1.squarespace.com/static/5beab48285ede1f7e8102102/t/627c020a1d630f549d123b8e/1652294155395/JHA+Report+Menard+2021+FINAL.pdf>; and JHA facility-based reports (for other issues regarding conditions of confinement in Illinois prisons) <https://www.thejha.org/what-we-do?sectionscrollto=section-special-reports-section>.

communication systems. Until Illinois addresses the degrading and inhumane conditions people who live and work inside the state prison system must endure, improvements to treatment, programming and reentry success will remain difficult to obtain, if not impossible.

The [Governor's announcement](#) to rebuild Logan and Stateville Correctional Centers made on March 15, 2024, provides the very beginning of a plan to respond to the urgent needs of the Illinois prison system. Rebuilding existing prisons, however, should not be the only response. Given the reduced size of the incarcerated population, the challenges of staffing prisons to authorized headcounts, and the costs of addressing deferred maintenance in many of the prisons, it makes sense to consolidate, repurpose and close some prisons. It does not make sense to spend millions of dollars annually to operate facilities that require major physical plant investment, are not able to meet the Agency's current mission, and are not needed given the size of the population.³

Recommendation 2: Focus on filling all lower security beds maintained by IDOC and the entities with which the Department contracts to run the Adult Transition Centers. This will place people in the facilities that offer the most programming and out of cell time while also reducing security costs borne by IDOC.

In order to sensibly use resources and facilitate successful reentry, lower-security beds in IDOC should be filled. Lower-security facilities typically have more access to vocational and educational programming, rehabilitative opportunities and allow incarcerated people more freedom of movement, significantly improving their quality of life and providing a chance to gain needed life skills for reentry. It also makes fiscal sense to keep as much of the incarcerated population as possible in lower security facilities given the reduced costs of operating these facilities as compared to higher-security prisons.⁴

In addition to increased programming at lower-security facilities, incarcerated people at these facilities are able to obtain Earned Program Sentence Credit, shortening their sentences by hitting program goals, while also gaining vocational skills that will help them outside of prison. Adult Transition Centers also allow people to work in the community, facilitating reentry by allowing people to begin their transition away from prison life more gradually, and allowing them to save money. IDOC's lowest-security beds should be filled for the benefit of incarcerated people, for fiscal reasons, and because it will facilitate successful reentry.

Recommendation 3: Ensure that there are resources for and contracts in place that provide constitutionally adequate medical and mental healthcare. IDOC is legally required to meet the health needs of people in its custody, finding enough, qualified professionals to provide care is essential, as is addressing the poor conditions of confinement that degrade care and the identified goals of rehabilitation and a return to useful citizenry, while also perpetuating inhumane treatment and bad health outcomes.

IDOC is not, and has not been, adequately funded or structured in a way that allows the Department to fulfill its goal of increasing public safety by promoting positive change and rehabilitation, operating successful reentry programs, and reducing victimization. Currently the Department can merely incapacitate the majority of the men and women in its custody, but

³ As of November 30, 2023, population was just over 29,900, <https://idoc.illinois.gov/content/dam/soi/en/web/idoc/reportsandstatistics/documents/quarterlyreports/IDOC-Quarterly-Report-January-2024.pdf>

⁴ See Conn. General Assembly Office of Legislative Research, ("A minimum-security prison costs less per inmate than a maximum-security prison") <https://www.cga.ct.gov/PS95/rpt/olr/htm/95-R-0728.htm> .

cannot provide the level of care, education, training, and treatment necessary to further its mission or serve the best interests of Illinois. Securing needed medical and mental health treatment for people who are incarcerated has not come to fruition.⁵ Ongoing water problems and shortages in commissary items⁶ inside Illinois prisons make clear that IDOC has not provided adequate food, clothing, hygiene items and other necessities to people in custody for quite some time and must begin doing so. All of these conditions further erode existing medical issues people in prison face and lead to other health issues that negatively impacting them and the people in their proximity.

IDOC is also not in full compliance with consent decrees or court orders resulting from litigation⁷ and several statutes, including the Crime Reduction Act of 2009, which calls for much more than implementing risk assessment instruments, one of the areas in which the Department is finally beginning to execute. The Legislative Audit Commission, for example, reported multiple statutory compliance problems outstanding as of CY 2021.⁸

The reduced prisoner population may provide IDOC some opportunity to make up for lost ground by meeting urgent needs that have gone unaddressed for years and respond to needs made even more clear during the pandemic, such as need to improve technological infrastructure throughout IDOC and make communications devices available to everyone in state custody.⁹ IDOC's population is also aging, which increases the costs of incarceration due to needed care.¹⁰ Funds for services and programming for individuals in custody should not be reduced as they remain inadequate, however more careful scrutiny of the availability to people in prison and outcomes from them must be given to ensure that resources are being wisely invested.

Recommendation 4: Utilize early release mechanisms to release more people from prison and revise sentencing policies that keep people in prison far longer than is required to further public safety and applying these revisions retroactively.

Excessive sentences have been shown to have little impact on public safety, while causing harm in myriad ways.¹¹ Recent scholarship using Illinois data indicates that retroactively reducing

⁵ Lippert (medical care): <https://clearinghouse.net/case/12384/> ; Rasho (mental health care) <https://clearinghouse.net/case/12369/>; *IDOC Lawsuit: Mentally ill Black inmates are majority in segregation* (Nov. 1, 2022) <https://www.wglt.org/local-news/2022-11-01/idoc-lawsuit-mentally-ill-black-inmates-are-majority-in-segregation> ; and *Federal judge orders IDOC to comply with health care decree*, WGLT (Feb. 22, 2023) <https://www.wglt.org/local-news/2023-02-22/judge-orders-idoc-to-comply-with-health-care-decree> .

⁶ JHA 2022 Commissary survey: <https://www.thejha.org/special-reports/071322> ; JHA 2021 Commissary statement: <https://www.thejha.org/statements-and-testimony/120621>

⁷ Lippert: <https://www.aclu-il.org/en/cases/lippert-v-godinez> , <https://clearinghouse.net/case/12384/> ; Monroe: <https://www.aclu.org/cases/monroe-v-rauner> , <https://clearinghouse.net/case/17355/>

⁸ Legislative Audit Commission *FY 2020 DOC Audit*, <https://ilga.gov/commission/lac/Reviews/DOC20.pdf> .

⁹ Illinois Fiscal Year 2024 Operating Budget, 305 (“IT infrastructure upgrades and device purposes,”) <https://budget.illinois.gov/content/dam/soi/en/web/budget/documents/budget-book/fy2024-budget-book/Fiscal-Year-2024-Operating-Budget.pdf>

¹⁰ It costs over twice as much to house an elderly prisoner in comparison to younger prisoners according to the National Institute of Justice (*See Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates*, <https://s3.amazonaws.com/static.nicic.gov/Library/018735.pdf>).

¹¹ Council on Criminal Justice Task Force on Long Sentences, *The Impact of Long Sentences on Public Safety* <https://counciloncj.org/wp-content/uploads/2022/11/Impact-of-Long-Sentences-on-Public-Safety.pdf>

long prison sentences would be unlikely to significantly increase the crime rate.¹² Better aligning punishment with rehabilitative and community safety goals will make more efficient use of limited funds and recognize our common humanity. In order for sentencing policy reforms to affect the current prison population, they must be made retroactive.

Currently available, limited, avenues of early release should be used and complimented by additional avenues. The Joe Coleman Medical Release Act and prosecutorial resentencing motions are both welcome reforms, but have been narrow in their application. Medical release and prosecutorial resentencing should both continue to be used, and expanded. In addition, other early release opportunities that will apply to a larger portion of the population must be adopted and implemented.

Retroactive sentencing reform is also imperative to any plan for reducing the prison population long-term. Research on Illinois indicates that retroactively shortening long prison sentences is critical to reducing the custodial population.¹³ For reforms of long prison sentences to affect currently incarcerated people, and to benefit Illinois by decreasing the prison population, they must be applied retroactively.

With fewer facilities to run and better use of resources, IDOC will be able to provide better conditions and services for people in custody, and improved living and working conditions for people who are incarcerated and staff. Providing humane and safe spaces for people to live and work will foster rehabilitative programming and mindsets and improve outcomes, which will ultimately increase public safety.

JHA appreciates the opportunity to share our findings and recommendations with the Illinois General Assembly.

Respectfully Submitted,



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¹² See Council on Criminal Justice Task Force on Long Sentences, *The Public Safety Impact of Shortening Lengthy Prison Terms* <https://counciloncj.foleon.com/tfls/long-sentences-by-the-numbers/the-public-safety-impact-of-shortening-lengthy-prison-terms>

¹³ *Id.*