Monitoring Visit to Decatur Correctional Center

Decatur Correctional Center is a Minimum Security Adult Female facility located in Decatur, Illinois, about three hours southwest of Chicago.

**Vital Statistics***
- Population: 690
- Rated Capacity: 719
- Design Capacity: 500
- Average Annual Cost per Inmate: $39,154
- Average Age: 36
- Percentage of Population aged 50 or older: 11%
- Racial Demographics of the Population: White, 54%, Black, 38%, Hispanic, 7%, Asian, 1%.

*Sources: IDOC administration, IDOC facility webpage, and IDOC Quarterly Report, July 1, 2012

**Key Observations**

- Decatur is home to innovative rehabilitative programs that promote positive mental health and strong parenting relationships. These programs include the acclaimed “Moms and Babies” prison nursery program, a Reunification Program where women live in a special housing unit where they can regularly visit their children, a mental health group-therapy program that uses an on-site service dog, and a “Parent & Child Together” program that uses of video visitation.

- Decatur, like other IDOC facilities, suffers chronic understaffing of medical personnel. Staffing for nursing and dental care is insufficient to meet the population’s needs.

- Healthcare issues predominated over all other inmate concerns. In particular, inmates reported that the medical co-payment frustrated their access care. This is particularly dangerous as female inmates require even more medical and mental health services than male inmates.
Executive Summary

The instant report contains a general overview of conditions and programs at Decatur, but is not comprehensive in scope and instead focuses primarily on medical and mental health issues. The following topics are individually addressed: Medical Care; Dental & Eye Care; Mental Health Care; and Substance Abuse Treatment.

On February 8, 2012, the John Howard Association (JHA) visited Decatur Correctional Center (Decatur), a Minimum Security Adult Female facility located in Decatur, Illinois, about three hours southwest of Chicago. The facility is comprised of eight housing wings that are all located under one roof. Decatur is one of the facilities in the Illinois Department of Corrections (IDOC) designated to house inmates under the Americans with Disabilities Act.

Decatur opened as a prison in 2000, after being converted from a mental health facility. In design, architecture, and atmosphere, the facility retains the feel of residential treatment center. It is filled with large windows and has outside patios and extensive gardens. Decatur’s administrators likewise speak of the facility as a treatment community, not a prison. In line with this philosophy, their stated goal is to foster an environment that encourages inmates to be active participants in their own rehabilitation, by building healthy relationships with their families, children, and each other. Meeting this goal is often challenging given limited space, staffing and resources. As an administrator expressed, “If you want to empower people to become better citizens, and not just warehouse them, there has to be an investment in the facility.”

Despite limited resources, Decatur’s administration has done a remarkable job in fostering a supportive environment that encourages community-building and open dialogue between inmates and administrators. The respect and high value placed on inmate’s opinions and input by Decatur’s administration is exemplified by the “Quality of Life” meetings and reports that are held quarterly at the facility. At these meetings, inmates are invited to meet with administration and staff to candidly voice concerns, identify unmet needs, ask questions, and offer suggestions to improve the facility, programming, and rehabilitative services. In staff-directed focus groups, inmates are asked to give their honest opinions on issues impacting inmates’ quality of life at the facility, including healthcare services, food service, sanitation, safety, grievance procedures, and programming. Based on inmate feedback at the meeting, reports are subsequently issued that identify and list inmates’ concerns and suggestions, as well as follow up actions to be taken by staff and administration to address these issues.

In line with best practices, JHA strongly supports correctional management using inmate feedback and focus groups to improve facility functioning and relations, and advocates that quarterly “Quality of Life” meetings and reports be utilized at every IDOC facility.¹ Studies indicate that the facilitating dialogue and feedback between inmates and administrators not only

¹ See, e.g., Committee of Ministers of the Council of Europe, European Prison Rules, Rule 50: “Subject to the needs of good order, safety and security, prisoners shall be allowed to discuss matters relating to the general conditions of imprisonment and shall be encouraged to communicate with the prison authorities about these matters,” available at: https://wed.coe.int/ViewDoc.jsp?id=955747. See also Norman Bishop, Prisoner Participation in Prison Management, Penal Field, Volume III (2006), available at http://champpenal.revues.org/487.
improves institutional security, by acting as a safety valve for potential tensions, but positively impacts rehabilitation by empowering inmates to act as valuable citizens in a community, despite their incarceration.²

Decatur’s general population inmates live in multi-occupancy rooms that house four to eight inmates. The facility also contains a 16-bed segregation unit and a nine-bed healthcare unit, which each housed two inmates on the date of JHA’s visit. The facility does not contain a separate mental health unit. However, inmates with acute mental health issues requiring special observation and care can be temporarily housed in the infirmary. Two of the nine beds in Decatur’s infirmary are designated as crisis/suicide watch cells. There has not been a single suicide at the facility in its 13 years of operation.

On the date of JHA’s visit, Decatur housed 691 inmates, making it roughly 140 percent over its design/rated capacity of 500 inmates.³ Given that Decatur is already full beyond capacity, it is questionable that additional inmates can be safely housed here in the event that Dwight Correctional Center (Illinois’ largest and only Maximum Security Female facility) closes, as has been proposed by Governor Quinn.

The prospect of increased population is of particular concern to Decatur because it is home to several innovative, highly successful special housing and treatment programs that require adequate space, staffing, and resources to continue to thrive. Most notably, Decatur houses the acclaimed “Moms and Babies” prison nursery program, which allows non-violent offenders who meet certain screening criteria to bond and live with their infant children in a special housing unit while going to school and receiving rehabilitative programming in the facility.⁴ The program, which has a capacity to house ten mothers and children, was at capacity at the time of JHA’s visit, housing eight mothers and their infants, in addition to two pregnant inmates. Twenty trained inmate caretakers also work and reside in the unit to assist with childcare while mothers attend classes. In addition, Decatur houses a Reunification Program that allows 20 eligible inmates to live together in a separate housing unit where they can regularly visit and nurture their children in a home-like environment.⁵

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⁵ Ibid., note 4.
Both the prison nursery program and the family reunification program, although small in size, have proven to dramatically reduce recidivism and improve outcomes for inmates and their children. However, the threat of increased crowding invariably threatens such programs by necessitating that scarce resources be redirected to meet the population’s most basic needs. As it stands, Decatur already lacks sufficient resources and staffing to satisfy the general population’s needs for medical, mental health, and dental care.

To illustrate, while authorized for ten fulltime nurses (40 hours each per week), two nursing positions were vacant leaving Decatur staffed with only eight nurses. Administration indicated that to maintain minimal nursing coverage, nurses were required to perform a substantial amount of overtime. These conditions raise serious concerns. Nursing shortages, longer shifts and overtime are linked to greater stress and burnout for nursing staff and increased safety risks and medical errors for patients. A healthcare staff member that JHA spoke with admitted that Decatur’s nursing staff levels were insufficient to meet the population’s needs. Unsurprisingly, given medical staff shortages, the most frequent reports JHA heard from Decatur’s inmates pertained to a lack of access to and quality of healthcare.

One longtime IDOC healthcare staff member observed to JHA that there seemed to be an inverse relationship between medical staffing levels and increased population, in that medical staffing decreased as IDOC’s population had grown. To illustrate, this staff noted that Decatur previously employed 12 fulltime nurses when its population was 370 inmates. Today, with a population approaching 700, this same facility is now budgeted for only ten nurses.

JHA has observed similar staffing trends at other IDOC facilities. In Illinois and across the country, state budgetary shortfalls have prompted increased scrutiny of correctional facility staffing requirements because staffing makes up the largest portion of correctional operating budgets. When states have to reduce budgets, correctional staff positions and services are often prime target for budget cuts, particularly given the general lack of public sympathy for prisoners.

While JHA supports increasing staff efficiency and controlling costs, there is a dangerous incentive to underestimate correctional facilities’ service and staffing needs in a time of fiscal crisis. As dramatically illustrated by the United States Supreme Court’s recent decision, Brown v. Plata, detailing the collapse of California’s prison system, reducing prison staffing and services,

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without likewise reducing population, comes at a high cost to the safety and welfare of inmates, staff, and the public. From a purely economic and public health perspective, decreasing medical staff and services, without decreasing population, at facilities like Decatur is counterproductive because it increases the risk of disease transmission and escalates public healthcare costs when untreated inmates return to the community.

Medical Care

Healthcare at Decatur is provided by a mixture of state employees and employees of Wexford Health Sources (Wexford), a private contractor. While the nursing staff and healthcare administrator are state employees, all additional healthcare staff are employed by Wexford. Nursing coverage is provided 24 hours a day, seven days a week. As previously noted, Decatur was seriously understaffed with nurses at the time of JHA’s visit. Decatur additionally is authorized for and employs a fulltime physician (40 hours per week), a part-time gynecologist (2.3 hours per week), and a part-time radiology technician (4 hours per week).

Immediately preceding JHA’s visit, Decatur had been without a fulltime medical director for roughly ten months. According to staff, this led to significant delays and approximately a five-week wait time for inmates to receive non-emergency medical treatment. On the date of JHA’s visit, however, we were informed that the facility had officially hired a fulltime medical director. Staff indicated that in order to meet the needs of the population, the healthcare unit needed to be staffed with 12 fulltime nursing staff members, a fulltime medical director and a fulltime director of nursing. However, the likelihood of medical staffing increases is slim. As evidenced in JHA’s April 12, 2011, prior monitoring report on the facility, Decatur, like other IDOC facilities, has suffered and continues to suffer chronic understaffing of medical personnel.

On the date of our visit, Decatur’s nine-bed healthcare unit was clean but crowded. The unit contains two crisis/suicide watch cell, one which was occupied when JHA visited. Medical visits in the healthcare unit are conducted behind closed doors in the presence of the doctor and a nurse. Correctional officers are not present during exams, but are stationed in the small patient waiting area located adjacent to the infirmary.

Decatur offers chronic care clinics via telemedicine to treat inmates with HIV and Hepatitis C. These clinics are held at three-month and four-month intervals, respectively. Inmates with kidney conditions are also treated via telemedicine. According to staff and administration, telemedicine was “working well” thus far. Inmates with chronic medical conditions (e.g., asthma, diabetes,

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general medicine) are seen by a doctor at the facility every four months. Staff reported that some of the more common chronic conditions are hypothyroidism, hyperlipidemia, arthritis, anemia and GERD (gastro-esophageal reflux disease).

With respect to preventative care, routine physicals are provided regularly according to an inmate’s age. For inmates less than 30 years old, physicals occur every five years; for inmates between 30 and 39, they occur every three years; and for inmates older than 40, they every two years. In the previous five years, there were two in-facility deaths at Decatur. At the time of JHA’s visit, two inmates were reported to be pregnant.

Every inmate is scheduled for a yearly PAP smear during the month of her birthday. Inmates who are 50 years of age or older also receive annual mammograms. At the time of JHA’s visit, 77 inmates, roughly 11 percent of Decatur’s population, were age 50 or older. While targeted health education is not specifically provided to older inmates, staff indicated that all inmates are invited to attend monthly health education seminars focusing on various health topics, including HIV, hypertension, asthma, and blood-borne pathogens and sexually-transmitted diseases.

Unlike most facilities, nurses do not make daily sick rounds in the housing units. Administration indicated that one of the advantages of Decatur being housed “under one roof,” rather than spread out among several units, is that inmates can easily access medical services in the healthcare unit. To access sick call, inmates sign up in their housing units and are issued a sick call pass. On average, nurses see between 15 and 20 inmates per day on sick call. The average length of time for a sick call visit is ten minutes. Administration reported that one nurse performs sick call per shift. Both staff and inmates indicated that inmates are seen by a nurse within 24 hours after signing up for a sick call visit. Medication lines are also held three times a day at which healthcare staff distribute medications to inmates.

Medical visits with a doctor at the healthcare unit average about 15 minutes. Staff indicated that the length of time between an inmate being referred by the sick call nurse to the doctor and the actual time the inmate is seen by a doctor varies depending upon the amount of medical staffing/physician coverage the facility has at a given time. Inmates that JHA spoke with indicated the wait times to see a physician were sometimes several months. According to administration, one month is the average wait time to see a medical specialist outside the facility after an inmate is referred.
A substantial number of Decatur inmates reported difficulty with access to and/or quality of healthcare. Significantly, in JHA’s interviews with Decatur inmates, healthcare issues predominated over all other concerns. An illustrative cross section of the reports JHA received from inmates follows.

One inmate who had undergone surgery for a serious intestinal disorder and was receiving ongoing treatment from both outside medical specialists and facility medical staff reported that the two sets of medical providers were “not in sync.” She explained that information and treatment recommendations given to her by outside specialists conflicted with the information and treatment she actually received from facility staff. She further noted that in one instance lack of communication between outside medical specialists and facility medical staff had resulted in several months delay in her receiving necessary medications.

An inmate with a chronic seizure disorder described a similar incident involving medical miscommunication. This inmate explained that upon transferring to Decatur, the amount of her seizure medication was suddenly changed without explanation. The inmate stated that although she immediately brought this to the attention of facility medical staff, it took several days of “constant complaining” to persuade staff to review her medical charts, confirm that a mistake had been made and rectify the situation.

A number of Decatur inmates likewise reported denials or delays in receiving regular medications for chronic illnesses such as hypertension, diabetes, and heart conditions. In another instance, an inmate who suffered a bacterial infection after having a tooth extracted, reported that she was unable to obtain antibiotics for over a week because of her inability to obtain a doctor’s appointment. She indicated that she was finally able to obtain an appointment after her mother called the facility multiple times demanding medical treatment and threatening legal action. In another instance, a diabetic inmate reported to JHA that medical staff refused to authorize her request to be given diabetic dietary trays at mealtimes.

Again, JHA cannot confirm nor deny the validity of these inmates’ reports. However, lapses in care, a lack of consistency, and mistakes in administering medications are consistent with correctional medical staff shortages, like those experienced at Decatur. Further, the number of reports JHA received from inmates regarding lack of access to care was too great to dismiss them as isolated incidents.

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<tr>
<th>Number of Decatur Inmates Diagnosed with Chronic Illness</th>
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<td>Asthma</td>
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<td>Seizures</td>
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With respect to the attitude and professionalism of medical staff, JHA received uneven reports. Some inmates reported that nursing staff were “nice” and “good.” Others, however, reported that certain doctors and/or nurses were “rude,” “short-tempered” and “uncaring.” To illustrate, an inmate recounted an instance where a medical staff member slammed the door on an inmate after she exited from an examination room crying. JHA also received reports from some inmates of medical staff failing to use or change gloves when treating multiple patients in succession.

The medical issue most frequently and consistently heard from Decatur inmates, however, concerned the administration of the medical co-payment system at the facility, and the resulting frustration of inmates’ ability to access care, in particular, treatment by a physician. Numerous inmates independently reported that, as a prerequisite to being referred to a doctor for examination, they must first be seen three times by a nurse on sick call. Inmates reported that because of the increased amount of their medical co-payment from $2 to $5, impoverished inmates who had only their state pay to rely on (averaging $14 to $15 a month) quickly exhausted their available funds before they could be seen by a doctor. A refrain heard time and again from Decatur inmates was that it was “nearly impossible” to get a referral to see the doctor. Inmates also reported that, even after being referred to the doctor by a sick call nurse, there was usually a delay of several months before they would actually be seen.

A number of inmates who routinely took medications for chronic conditions likewise reported that they were unfairly required to pay $5 each month for a medical visit to have existing scripts refilled, or else face a lapse in medication. Finally, a number of inmates reported that their ability to timely obtain medical care was frustrated by the staff policy of addressing one medical issue per $5 visit. Thus, inmates suffering from multiple medical problems went without treatment because they could not afford to return several times to have each issue separately addressed.

As stated in prior reports and in agreement with the National Commission on Correctional Health Care, JHA opposes correctional fee-for-service medical copayment plans, given the evidence that they unduly restrict inmates’ access to healthcare, jeopardizing the health of inmates, staff, and the public. We also find that the use of medical copayments also presents particular hazards when employed with the female population.

Historically, the healthcare needs of female inmates have been neglected by virtue that female inmates are far less numerous in the correctional system than men. On the whole, the correctional system and, by extension, correctional healthcare, are based on a male model.

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14 See e.g. JHA’s 2012 Lincoln Correctional Center report, discussing medical co-payments.

Studies confirm, however, that in comparison to male inmates, female inmates suffer more frequent and serious disease and illness, including reproductive disorders, and require more medical and mental health services. Against this backdrop, JHA believes that use of a medical copayment system with the female population is especially precarious because it threatens to further reduce access to medical care for an inmate population that is already underserved. Further, given that the female inmates typically have fewer financial resources than their male counterparts, the medical copayment system disproportionately impedes the female population’s access to care.

Eye & Dental Care

Decatur is authorized for and employs one part-time optometrist (four hours per week). Unlike nearly every IDOC facility JHA has visited, healthcare administration reported no backlog of inmates waiting to receive eye care.

The same is not true of dental care at Decatur. The facility was authorized for and employed one part-time dentist (20 hours per week) and one part-time dental hygienist (10 hours per week). At these staffing levels, there were substantial wait times to receive dental care: 13 weeks for teeth extractions; 76 weeks for dental fillings; 64 weeks for dentures; and 53 weeks for dental cleaning. Staff reported that, at a minimum, a fulltime dentist and a fulltime hygienist were needed to meet the population’s needs.

Decatur had two operational dental chairs when JHA visited. However, staff indicated that while dental equipment was operable, several pieces of equipment did not function optimally. According to staff, obtaining replacement dental equipment was difficult because they had to “jump through hoops” to obtain funding and approval from central management.

Administrators noted that a large number of Decatur inmates have serious tooth problems because of methamphetamine abuse. To meet the population’s dental needs, administration submitted a request for additional dental coverage, but it had yet to be approved. In particular, staff indicated that additional dental hours were needed to minimize the backlog of inmates who had multiple teeth extracted, but were still waiting to have teeth replaced with dentures/prosthesis. A total of 583 tooth extractions were performed at Decatur in the previous 12 months.

Some inmates missing multiple teeth reported to JHA that they were rushed at meal times because they needed more than the ten minutes allotted to consume their food. Administration indicated that healthcare staff could issue “slow eating” passes to inmates missing multiple teeth in order to give them extra time. However, none of the inmates that JHA spoke with had been issued such passes.

Staff and administrators reflected that treating the dental needs of Decatur inmates was critical, not only for health reasons, but because many female inmates felt deep shame about their
appearance and missing teeth. Administration emphasized that to get these women back on the “right track,” they needed to help build their self-esteem, which included providing decent dental care and replacement teeth.

JHA agrees and recommends, consistent with minimum standards of care, that dental staffing levels be increased at Decatur and throughout IDOC.\(^{18}\) As oral health is inextricably linked to overall health as well as to self-esteem, greater efforts should be undertaken by IDOC and elected officials to ensure that dental services are available and accessible to all IDOC inmates.\(^{19}\)

### Mental Health Care

At the time of JHA’s visit, 216 inmates, who comprise roughly 31 percent of Decatur’s population, were under psychiatric care. Of these, 162 inmates were receiving psychotropic medication, including three inmates in segregation. No inmates were receiving medication involuntarily. Decatur does not have a separate mental health unit or mental health housing. At the time of JHA’s visit, one inmate was under observation in a crisis/suicide watch cell in the healthcare unit.

Staff reported that, on average, inmates remain on crisis/suicide watch for three to five days. Administration indicated there have been no suicides at Decatur in its 13 years of operation. This statistic is striking and indicative of a well-run crisis unit, given that the suicide rate among female inmates is high, roughly the same as male inmates and twice that of non-incarcerated females.\(^{20}\)

With respect to mental health staffing, JHA found Decatur better situated than most IDOC facilities. At the time of our visit, the facility employed one part-time on-site psychiatrist (eight hours per week), and two fulltime mental health professionals (40 hours per week apiece). In addition, the facility has access to 6.5 hours of telepsychiatry coverage each week. With these staffing levels, administration reported an average ten ten-day wait time to receive non-emergent mental health care.

Subsequent to JHA’s visit, administration reported that hours of psychiatrist coverage had increased from 6.5 hours a week to 14.5 hours per week. Administration indicated that inmates


who are referred to a psychiatrist for non-emergent care and consultation are seen within 30 days of referral.

All on-site mental health staff members have their own offices in which to treat inmates privately. On average mental health visits last 30 to 45 minutes. Administration reported that the average caseload for a mental health professional at Decatur is 125 to 175 inmates.

Thus, unlike most Illinois facilities, Decatur’s mental health-staff-to-inmate ratio falls roughly within the parameters of staffing guidelines recommended by the International Association for Correctional and Forensic Psychology.  As evidenced by the average ten-day wait time for non-emergent mental health care, however, these staffing levels are still not ideal. Further, 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, which correlates both to pervasive histories of emotional, physical and sexual trauma and increased stress at being separated from children during incarceration.

Indeed, with female populations facilitating visitation between inmates and their children is as vital as mental health staffing to achieving good therapeutic outcomes. On being separated from their children during incarceration, female inmates experience intense isolation, distress and guilt. Lack of contact and visitation with children during incarceration tends to elevate female inmates’ depressive symptoms.

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21 The International Association for Correctional and Forensic Psychology recommends a caseload ratio of 1 mental health staff member for every 150 to 160 general population inmates. See Standards for Psychology Services in Jails, Prisons, Correctional Facilities, Standard B-3(a), Criminal Justice and Behavior, Vol. 37, No. 7, 749-808 p. 767 (July 2010), available at: http://cjb.sagepub.com/content/37/7/749.full.pdf+html.


24 Ibid., notes 22 and 23.

25 Ibid., notes 22 and 23.
To their credit, Decatur’s administrators recognize the importance of visitation and have adopted liberal visitation policies aimed at fostering relationships between inmates and their children. General population inmates are permitted eight family visits per month of up to five hours duration apiece. Four adults and an unlimited number of children are permitted to attend these family visits. The facility’s child-friendly visiting room, which is light-filled, welcoming, decorated with murals, and filled with children’s toys, also reflects that the facility values visitation between Decatur inmates (85 percent of whom are mothers) and their children. In addition, Decatur offers video visitation to some inmates through the “Parent & Child Together” video conferencing program. JHA commends administration for these policies, and encourages other IDOC facilities to likewise adopt visitation policies that promote strengthening relationships between inmates and their children.

With respect to clinical services, Decatur inmates can request mental health treatment or may be referred by correctional staff of medical personnel. Upon transfer to Decatur, the nursing staff reviews each inmate’s medical records and history to determine her mental health status. Depending on the inmate’s behavior and symptoms, she may be referred for immediate mental health treatment. Inmates who have psychiatric histories or issues, but are otherwise non-emergent, are scheduled for a mental health assessment by a psychiatrist within ten days.

For inmates who have been victims of violence or abuse, a therapy/support group called “Seeking Safety” meets twice a week to discuss issues related to trauma. Decatur is unique in its use an on-site service dog to assist in group therapy. Staff reported that for inmates who have been victim of emotional, sexual or physical trauma, having the dog present during therapy has “worked wonders” because it encourages inmates to “open up,” puts them “at ease” and allows them to receive and express love without fear or judgment.

JHA commends Decatur’s innovative use of animal-assisted therapy. 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. In light of this research and the exceptionally positive experiences of Decatur staff and inmates, JHA encourages IDOC to consider expanding animal-assisted therapy to other Illinois facilities.

Substance Abuse Treatment

Like most Illinois facilities, the demand for substance abuse treatment at Decatur far outpaces supply. The Wells Center runs a residential substance abuse treatment program in two facility housing units with a 90-bed capacity. A 12-week substance abuse education course is also available, in addition to “Inner Circle” meetings, a weekly peer-led support group run by the

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TASC (Treatment Alternatives for Safe Communities) organization that focuses on teaching inmates skills to remain drug-free upon reentry.

At the time of JHA’s visit, 120 inmates were enrolled in substance abuse treatment programs, leaving 312 inmates on a waiting list. Staff and administrators bluntly acknowledged that Decatur needs more substance abuse treatment programming.

Data confirms that the need for substance abuse treatment among female inmates is particularly acute. Female inmates are likelier than male inmates to have a substance use disorder (66.1 percent vs. 64.3 percent), and significantly more likely to have co-occurring substance use and mental health disorders (40.5 percent vs. 22.9 percent).27 This high incidence of co-occurring mental health disorders and substance abuse is linked to the fact that female inmates are seven times more likely to have been sexually abused and four times more likely to have been physically abused than male inmates.28

Studies show that substance abuse is strongly correlated with a history of physical and/or sexual abuse, with drugs and alcohol often serving as self-medication for the experiential impact of trauma.29 Studies further show that treatment can cut rates of substance abuse in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.30 JHA urges Illinois elected officials to consider these pragmatic realities in making budgetary and correctional judgments and make the provision of substance abuse treatment at all IDOC facilities a priority.

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28 Ibid., note 27.


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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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