2013 Monitoring Visit to Danville Correctional Center

Danville Correctional Center (Danville) is located in Danville, Illinois, about a two and a half hours drive south of Chicago and 40 minute drive east of Champaign at the Indiana border. It is a medium-security male facility that offers notable volunteer educational programs within the Illinois Department of Corrections (IDOC), including the University of Illinois’ Education Justice Project and the Divine Hope Reformed Bible Seminary.

Vital Statistics:
- Population: 1,840
- Rated Capacity: 896
- Operational Capacity: 1,864
- Average Age: 34
- Population aged 50 or older: 11%
- Cost per Inmate (FY 2012): $16,412
- Convicted in Cook County: 57%
- Convicting Offense: 18% Murder, 35% Class X, 16% Class 1, 18% Class 2, 7% Class 3, and 6% Class 4 felonies.
- Population by Race: 59% Black, 21% White, and 20% Hispanic

Source: IDOC, October 2013

Key Observations

- Although generally JHA hears Danville positively compared to other IDOC facilities, in the past year, Danville was faced with some challenges beyond administrators’ control, including systemic overcrowding resulting in use of gym housing.
- Accommodating 17-year-olds within IDOC in accordance federal Prison Rape Elimination Act (PREA) standards is extremely problematic, as they must be kept separate from adult inmates unless directly supervised.
- Even at a facility with many programs, educational needs outstrip supply.
- The necessity for better determination of needs at beginning of incarceration and planning for reentry is apparent, as Danville averages 80-100 inmates per month who have completed their term of incarceration but cannot be released due to not having an approved parole site.
- Similarly, the need for electronic medical records to alert staff of needs was again evident, as Danville reported having had no advanced warning of receiving a blind inmate from IDOC reception and classification.
2013 Monitoring Visit to Danville Correctional Center

Executive Summary

On the date of the 2013 visit, Danville housed 1,844 inmates, with an average length of stay of about a year and a half, though four inmates were serving life sentences. Key staff shortages in healthcare and education inhibit the success of the facility, as they do throughout IDOC. Crowding and increased demand for healthcare services also create challenges.

As stated in our 2011 Danville report: JHA recognizes that neither Danville nor IDOC controls the number of inmates who are committed to state custody. The Governor and General Assembly must act to find ways to safely reduce the state’s prison population.

Similarly, Danville and IDOC do not control the age of the inmates committed to their custody, and at the time of JHA’s visit, Danville housed two 17-year-olds. JHA takes this opportunity to discuss some of the issues we have observed within IDOC, as the agency implements policies to comply with federal Prison Rape Elimination Act (PREA) standards. Gross disparities in age between inmates can create serious issues, including heightened risk of victimization. While 17-year-old individuals represent a transitory and small part of the IDOC population, they impact operations and implicate important policy considerations that Illinois must face.

JHA generally receives few complaints from inmates at Danville. However, we saw a significant increase in the number of complaints this past year connected to the facility housing inmates in the gym due to systemic crowding, and the outbreak of a pulmonary illness caused by a regionally occurring fungus, discussed in the Healthcare section of this report. However, both of these issues were no longer directly affecting operations by the time of the 2013 monitoring visit.

At the time of the October 2013 JHA visit, Danville appeared to be a well-run facility with many unique opportunities for inmates and a team of administrators dedicated to safety and rehabilitation. In addition to unique volunteer-initiated educational programs, another positive aspect of this facility is emphasis on in-house reentry services and substance use disorder education programs. Administrators at this facility stressed correctional professionalism, teamwork, communication, and involvement with the day-to-day operations. Despite having more than 20 years of correctional experience each, the wardens acknowledged that there is something new to learn every day and are open to continual improvement.

During the visit, JHA visitors were impressed with administrators’ hands-on approach and their corresponding awareness of issues at the facility. JHA was also pleased to observe counselors engaged with inmates on the housing units. Administrators reported they regularly make rounds

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1 This report is based on a monitoring visit conducted on October 9, 2013 and ongoing communications with inmates, loved ones, and staff. Since the visit, Danville has a new warden. This report supplements JHA’s previous monitoring report on this facility, available at http://thejha.org/. IDOC officials and Danville administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA on May 14, 2014. No factual substantive changes have been made since that time prior to publication. All statements of opinions and policy recommendations herein are JHA’s unless otherwise stated. See also JHA’s 2013 publication How JHA’s Prison Monitoring Works, available at www.thejha.org/method.
on all housing units and make an effort to visit segregation frequently, with one warden visiting the segregation unit every other day. While JHA commends Danville for reducing the number of segregation beds, administrators reported their motivation for this reform was the need for more general population beds, and not based on any reassessment of segregation’s appropriate use, nor in response to JHA’s 2011 recommendation that Danville reevaluate and reduce segregation use in line with the Vera Institute of Justice’s segregation reduction project.2

Administrators seemed generally knowledgeable about inmates’ issues. For instance, administrators were already aware of several inmate concerns raised on the visit, and explained how those issues were in the process of being addressed. JHA visitors noted the rapport and respect between administrators and inmates. Staff also complimented administrators. One JHA visitor commented on the relaxed socialization among inmates, particularly noting the perceived lack of racial tension. The generally positive social environment maintained by Danville staff benefits all concerned, and is to be commended.

This report addresses the following areas: 17-Year-Olds, Healthcare, Gym Housing, Grievances, Programming, and Staffing.

**Recommendations**

- IDOC must reevaluate its needs for staffing and technological improvements in light of increased population.3 In addition to upgrading technology to allow for the planned implementation of a new electronic medical record system and risk assessment tool, JHA strongly recommends enhancing video surveillance throughout IDOC.

- Illinois should keep 17-year-olds out of IDOC facilities or create a separate locus for housing them where programming can be provided to meet their developmental needs.

- IDOC must identify inmate needs and track effects of programming on recidivism to properly allocate reentry planning resources.

- JHA again advises IDOC to better track medical needs to support comprehensive agency wide planning, continuity of care, and support outside oversight.4

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2 See discussion of the partnership and outcomes in JHA’s 2013 Pontiac report, available at [http://www.thejha.org/pontiac](http://www.thejha.org/pontiac). Danville administrators reported 636 segregation placements year-to-date as of October 2013. JHA was pleased on the latest visit to be able to view an empty cell in the segregation unit, which is somewhat uncommon on our visits to adult facilities, and gave us an opportunity to note graffiti as a maintenance issue.


17-year-olds

While recently adopted Raise the Age legislation in Illinois will keep some youth out of IDOC in the future, other youth were already in IDOC before this change in the law became effective and 17-year-olds who are subject to adult prosecution for certain serious, violent felony offenses will remain in Illinois’ adult prisons. Though transfers from Illinois Department of Juvenile Justice (IDJJ) facilities are increasingly disfavored and rare, youth with adult sentences may also be transferred to IDOC custody once they turn 17.\(^5\)

IDOC’s most recent Annual Report from 2012 indicated at that time there were 75 17-year-old inmates throughout IDOC.\(^6\) When JHA visited Stateville Northern Reception and Classification (NRC), IDOC’s largest intake center, in March 2014, that facility reported they housed 32 17-year-olds. An IDOC official reported in April 2014 that there were still 45 17-year-old inmates in IDOC, which JHA notes is more youth than are housed at some IDJJ facilities. Again, IDOC does not control the number or age of inmates committed to its custody.

17-year-olds must be accommodated in IDOC in compliance with federal Prison Rape Elimination Act (PREA) standards, which require that youth under the age of 18 be sight and sound separated from inmates over the age of 18 in the absence of direct staff supervision.\(^7\)

At the time of JHA’s 2013 visit to Danville, the facility housed two 17-year-olds. Both of these youth interviewed at Danville appeared to have entered IDOC during a period when facilities were still trying to figure out how to comply with PREA standards for 17-year-olds, which were implemented in 2013. JHA was told by IDOC officials that the individual IDOC facilities were responsible for creating Institutional Directives (IDs) in compliance with the federal PREA standard for housing 17-year-olds in adult facilities, as opposed to the agency developing a uniform Administrative Directive for all IDOC facilities. Hence, JHA believes there may be a distinct ID for each of IDOC’s numerous adult facilities and that practices may have differed at individual facilities over the past year as facility policies were developed. From what we have observed at IDOC facilities recently, we believe that 17-year-olds are not celled with older inmates, and they are typically housed closer to staff posts.

While the two particular 17-year-old inmates are no longer at Danville and have since turned 18, their stories exemplify the challenges of housing 17-year-olds within IDOC in compliance with PREA. IDOC’s Director of Communications objected to JHA’s use of these individuals’ examples, stating that administrators thought of one of the two as “a high-maintenance inmate with a history of poor behavior.” However, juveniles could be considered “high-maintenance” in

\(^5\) 730 ILCS 5/3-10-7.


\(^7\) See PREA National Standards, 28 C.F.R. §115.14 Youthful inmates, which provides that inmates under 18 must be separated by sight and sound (as well as physical contact) from any adult inmate without direct staff supervision (meaning staff must be within the same room and within reasonable hearing distance); yet, agencies must make best efforts to avoid placing youth in isolation to comply with the rules for separation and youth must have access to activities “to the extent possible.” For further information about PREA, see the National PREA Resource Center, [http://www.prearesourcercenter.org/](http://www.prearesourcercenter.org/).
an adult correctional setting, and most who find themselves there have such histories. IDOC’s Director of Communications stated “it is highly problematic to base the following paragraphs on the claims of even both 17-yr-olds... let alone one who is deeply lacking in credibility.” JHA disagrees; these youth like others JHA has interviewed within IDOC, typify something distressing occurring in our system that must be acknowledged and addressed.

While JHA cannot independently verify every claim from inmates or others, what follows is what we were told by and about these 17-year-olds at Danville. During the visit we observed that the two 17-year-olds were housed together in a cell in the receiving or orientation area of Danville, which administrators reported was for their protection. One youth stated that he had been transferred from an IDJJ facility to IDOC and to Danville by way of Menard Correctional Center’s maximum-security facility. He reported that when he first arrived at Danville he was housed with general population inmates for about a month and a half. This ended after the youth and another inmate got into a fight, at which point he was moved into “youth offender” housing and told that he was to have “no contact with inmates.” The other 17-year-old inmate reported that prior to being housed as a “youthful offender” in Danville’s reception unit, he had been assaulted by an inmate serving a life sentence. IDOC’s Director of Communications stated that they have incident reports for all such things and that it is highly unlikely they would put a 17-year-old in a physical situation to be assaulted by an inmate serving a life sentence. IDOC further responded following review of JHA’s draft report, that a Danville incident report involving one of the youth found that the youth inflicted “significant physical harm” on an inmate who was not much older and was not serving a life sentence (he was in fact paroled shortly after the incident) after the two had “verbally sparred” earlier in the day. The IDOC investigation concluded this was a mutual fight, which “stopped of the inmates’ own accord and they separated,” not an assault, and that the 17-year-old had “no injuries or marks.” Thorough review of all prior housing and incident history for both individuals is beyond the scope of this report; however, JHA raises these example complaints to detail the realities of housing 17-year-olds within IDOC, which we believe is a problem. While a particular 17-year-old possibly may have exaggerated the details of an incident, the situation of conflicts occurring between youth and older inmates, often with longer sentences, is a generally well-documented concern in corrections.

Application of IDOC’s policies on the treatment of 17-year-old inmates in accordance with PREA standards was a source of considerable confusion and distress for the two youth at Danville. For example, a youth expressed that he did not understand why sometimes contact with adult inmates was permitted, while other times it was prohibited. It seemed that the requirement that be direct staff supervision anytime adult inmates and 17-year-old inmates came into contact was not clearly explained to the youth. IDOC’s Director of Communications responded that this was explained and that the youth should have asked if he required repeated explanation. A youth also complained that adult inmates were allowed out of their cells during his shower times. Regardless of the practice’s permissibility or the level of direct staff supervision used, this practice caused the youth significant anxiety. In addition, a youth reported that staff resented them and reportedly told the youth they made their “job harder.” IDOC’s Director of Communications responded that they deny this and stated that “it is impossible to verify such claims, particularly those of a 17-year-old.” JHA disagrees. IDOC could ask their staff or other witnesses, and consider the fact that logistically these youth do make staffs’ jobs more complex.
JHA received an unanswered copy of the youth’s grievance on this matter naming a specific staff person. IDOC responded that staff were questioned and no proof exists that these things were said. IDOC staff responsible for PREA compliance assured JHA that staff training was an ongoing priority.

The youth at Danville also complained of little access to dayroom, not having televisions, and of being locked in their cell for “over 23 hours per day.” IDOC responded that these youth got one hour of exercise, three meals out-of-cell (after any segregation time, if applicable), and other privileges taking them out-of-cell. Administrators stated these youth, like other unassigned general population inmates at Danville, typically have 18 hours in cells daily, and could have two dayroom periods of over an hour and an hour of gym or yard seven days a week. The youth were allotted a separate time in the dayroom by themselves, and administrators stated they had previously been provided with a state-loan television but had lost the privilege due to disabling cable for the unit. IDOC’s Director of Communications stated that if the youth disabled the cable, they deserved to lose the television as this is policy. Administrators reported that the youth ate with the rest of the adult housing unit, but were placed at the front of the line to go to the cafeteria. The youth indicated that they were uncomfortable with this practice.

Although 17-year-old inmates are celled separately from adult inmates, they are not, in fact, separated from the adult inmates by sight and sound, as required by the PREA standards. According to administrators, this was problematic because one youth used this as an opportunity to “taunt” others on the unit, although he had since changed his behavior upon learning that he would be placed in the general population on turning 18. From the youths’ perspective, the lack of sight and sound separation from adult inmates was equally problematic. As one youth explained, adult inmates on the unit sometimes peered into his cell and said suggestive or threatening things like they “wished he were 18.” JHA notes that it does not seem to be physically possible for IDOC to both sight and sound separate 17-year-olds without further isolating them and diverting more staffing resources if they are to continue to be housed in the various overcrowded adult facilities.

While the agency is perhaps doing what it is able to ensure safety for these inmates, the current system is harsh and unworkable. Currently it seems that many 17-year-olds within IDOC prisons do not partake in education, vocational, work, or congregate religious opportunities because of the presence of older inmates or the general lack of programming resources within IDOC facilities. IDOC denied this is the case, but did not provide counterexamples of how youth can be and are actually accommodated in these situations. In short, JHA believes that 17-year-olds are some of the most restricted, marginalized, and isolated individuals within IDOC. They are also clearly labeled as special or different within prisons, making them targets of some undesirable attention. Further, they demand scarce facility staffing/operational, programming, and mental health resources.

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8 As comports with common sense regarding operating a facility with more than twice the inmates that it was designed for, administrators noted a difficulty at the facility was managing the numbers of inmates who wish to attend yard or gym. Having to accommodate 17-year-olds on their own and not use that yard or gym time for other inmates is a problem.
These issues demonstrate the need for different housing and programming solutions for youth committed to IDOC. On the one hand, segregating young inmates from adult inmates is essential to prevent their abuse, exploitation and victimization for which they are at high risk in adult prisons. On the other hand, isolating this population within IDOC prevents normative social interaction, which is essential for youths’ development. In the absence of better options, youth in IDOC custody spend long periods of time idle and confined in their cells, factors that may exacerbate behavioral problems and mental illness, increase risk of recidivism, impede normal social, psychological, cognitive, and physical maturation and brain development, and heighten the risk of suicide. As IDOC attempts to comply with PREA, it lacks budget and physical space for necessary improvements that would allow separation and services for 17-year-olds.

JHA recommends that Illinois and IDOC rethink practices for 17-year-olds who remain in adult systems. Because 17-year-olds make up a very small part of IDOC’s population but are spread across facilities, each facility may face significant management issues accommodating this population. One possible solution would be to house 17-year-olds together, and provide them with specialized programming tailored to their developmental needs. Meanwhile, IDOC facilities should take measures to ensure that youth are not unduly restricted, providing additional security supervision where required to include young inmates in positive activity, and should require mental health staff to have frequent contact with youth.

### Healthcare

At the time of JHA’s 2013 visit, Danville’s 15-bed healthcare unit, which is also used for crisis watch, had six permanent party residents. Danville was authorized for 31 healthcare staff members but had 25. The only state healthcare position at the facility was the Healthcare Unit Administrator (HCUA) and all other positions were staffed by contractor Wexford Health Sources (Wexford). While authorized for eight Registered Nurses (RNs)

<table>
<thead>
<tr>
<th>Chronic Care Clinic</th>
<th>Number of Danville Inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>106</td>
</tr>
<tr>
<td>Cancer</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>22</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>65</td>
</tr>
<tr>
<td>HIV</td>
<td>19</td>
</tr>
<tr>
<td>Hypertension</td>
<td>204</td>
</tr>
<tr>
<td>Seizure</td>
<td>20</td>
</tr>
<tr>
<td>General Medicine</td>
<td>182</td>
</tr>
</tbody>
</table>


12 Though male and female 17-year-old youth will need to be separated (generally there are far fewer female 17-year-olds) and 17-year-olds have varying security classifications that must be considered in housing.

13 Data provided by Danville administrators from October 2013.

14 Staff reported that recently a dementia patient was allowed to return to general population after staff found an appropriate cellmate for him.
and 10 Licensed Practical Nurses (LPNs), the facility had only five RNs and eight LPNs. At the time of the visit, two of the RN positions had been vacant for six months. Another staffing need was to fill a social worker vacancy for mental health services, which had been vacant for five months, but someone was hired and expected to start soon. In addition to filling vacancies and uncovered hours at the facility, Danville administrators felt additional healthcare staff was needed.

Danville had optometry coverage five hours a week and at the time of the visit had a backlog of about 120 patients. However, the HCUA attributed this backlog to the outbreak of a pulmonary illness, Histoplasmosis, at the facility (discussed below) and resulting lockdown. Danville has one fulltime dentist. In 2013, JHA visitors were told that there was a 48-week wait for inmates to get dental fillings and about a two-week wait for extractions. However, in review of this report, IDOC responded that at that time the wait for fillings was approximately three to four weeks, and stated the wait time as of April 2014 is two and a half weeks; no further explanation was provided. Fillings, extractions, and cleanings are done on the premises. More complex type of dental problems such as abscesses and severely impacted wisdom teeth are sent to an oral surgeon in Champaign. Although the facility is not authorized for a dental hygienist, this position was needed.

JHA visitors noted the professionalism displayed by healthcare staff interviewed including the HCUA, psychologist, and social worker. The Danville HCUA expressed pride in her department. Her background of 20 years in emergency medicine and experience in the community appeared to facilitate connections with local medical resources including pharmacies and hospitals. The HCUA stated that medical staff can be anywhere within the facility in four minutes and that crisis team members can perform basic triage before medical staff arrive. The day of the visit the emergency protocol was used to treat a diabetic inmate’s hypoglycemia after he reportedly skipped breakfast. The HCUA indicated that there were many medical furloughs from Danville and that they did not have difficulty getting specialist care for inmates. However, the HCUA reported that the facility did have difficulties in getting a special transport van for medical visits that could accommodate a wheelchair (referred to as an Americans with Disabilities Act (ADA) van). This van had to be borrowed from another IDOC facility hours away. The efficient scheduling of ADA van transportation could be better accommodated if IDOC had proper medical tracking mechanisms. JHA again advises IDOC to consider the needs of its increasingly aged and infirm population by creating comprehensive agency wide planning for how inmates

15 The HCUA informed JHA that Danville benefits from having students from local healthcare educational institutes complete externships at the facility. JHA applauds Danville for taking advantage of this community partnership. However, given this ready resource of qualified nursing staff, JHA is particularly concerned by Wexford’s inability to consistently staff positions at this facility.
16 While JHA cannot independently confirm nor deny inmate reports, one inmate recounted that he had been told he had cavities but that he would have to wait eighteen months for filings, yet when his turn came the dentist said there was nothing wrong with his teeth, which he stated left him feeling angry and confused. IDOC officials in review of this draft reported denied that there was ever an eighteen month wait for filings at Danville.
17 In the prior year Danville reported 485 extractions and 795 filings were completed; this is lower than the completions reported by other facilities with one full-time dentist who have assistance of a dental hygienist. Authorized dental staffing at IDOC facilities does not appear to directly correlate to population.
can best be housed and accommodated humanely and without needlessly compounding costs.  

Another serious concern resulting from IDOC’s lack of a comprehensive electronic medical record system is that facilities receive inmates without any notice of their serious medical needs. Danville staff reported receiving a blind inmate without any prior notice from the Stateville Northern Reception and Classification Center (NRC). JHA saw this inmate, who seemed to be doing well, housed in the Danville healthcare unit. However, space in healthcare units is at a premium. Ideally, and in accordance with common-sense, staff should be notified of inmates’ medical needs prior to receiving them off the transport bus. In other examples reported by staff, Danville received no prior notice of an inmate with a broken jaw, and staff reported that often they were not given proper notice of inmates’ mental health needs from reception centers, which may reflect a need to improve initial screening as well as communication. Danville administrators appreciated that security staff are attuned to bringing medical concerns to their attention. Communication was again stressed as key to facility success.

**Medical Grievances**

The HCUA noted that she reviews all medical grievances weekly and attempts to respond within 10 days. While JHA cannot confirm or deny particular inmate medical complaints and although we received some reports that the doctor was rude, most of the complaints JHA received at this facility related to IDOC policies or delays in care, instead of denials of care, as we commonly hear at other facilities. A number of the medical complaints were from inmates who were new to the facility in the receiving unit. Inmates reported not getting all necessary prescribed medications. Inmates again stated that medications they had been taking at Cook County Jail were discontinued. JHA continues to advocate for electronic medical records and continuity of care for inmates. Inmates should document their issues to ensure information is tracked and properly communicated. JHA received complaints about inmates not having inhalers. Administrators reported that there is an issue with inhaler abuse and inhalers being traded as contraband, so it is department policy to confiscate inhalers if they are not used correctly. While JHA appreciates administrators’ desire to teach accountability and prevent medication abuse, this practice seems on its face dangerous and we advise it be reconsidered. At a minimum, we recommend that healthcare staff be held responsible for ensuring inmate access to inhalers is appropriately maintained.

**Medical Discharge Planning**

The HCUA reported that Danville medical staff are involved with discharge planning six weeks prior to an inmate’s release. When inmates are discharged from IDOC facilities, they will receive a two weeks supply of medication and a prescription for a refill for two more weeks.  

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19 For information about IDOC inmate reception screening see e.g. JHA’s reports on NRC and Graham, available at [http://thejha.org/publications](http://thejha.org/publications).

20 HIV patients get a one month supply of medications and get an appointment set-up for them in the community. Cook County HIV patients may be referred to the CORE Center in Chicago. Hepatitis C patients will also have
typically also get to take with them any medications leftover from their current prescription at Danville. When inmates are discharged from the facility, they are also given a medical summary that lists the contact information for the facility medical records manager. Inmates are encouraged to obtain their medical records before leaving, and the first 50 pages of their facility medical records are provided to them for free. JHA visitors were particularly concerned that IDOC staff do not facilitate mental health follow-up appointments for inmates on discharge, although inmates are given information about agencies in their community where continued treatment could be received. Due to continued cuts in funding for community-based mental health services, it can be difficult for anyone to be seen within a reasonable amount of time. JHA encourages IDOC to strengthen their partnership with community-based services to ensure continuity of care and help inmates who will qualify upon release for the Medicaid expansion under the Affordable Care Act (ACA). IDOC reports that they are currently assisting parolees with ACA enrollment, but that no steps are taken at the facility to pre-enroll qualified individuals. JHA believes that IDOC should assist minimally with education about enrollment, and ideally begin the enrollment process with inmates (if this is found legally permissible by Medicaid officials), as part of reentry preparation for all inmates.21

Substance Abuse

For substance use disorders, a Danville counselor offers a 90-day substance abuse education class for which good time credit can be earned (with 34 enrolled and 70 on the waitlist) and inmates have the opportunity to partake in a Certified Associate Addictions Professional (CAAP) program. Staff commented on the difficulty of not having an integrated “Dual Diagnosis” mental health and substance use disorder program available, and noted that the number of dual diagnosis inmates is climbing.

Mental Health

Administrators would like to have more mental health staff. Mental health staff stated that five full-time mental health staff would be appropriate for the population needs. Staff noted that there have been requests for externships at the facility, which are referred to Springfield for approval. JHA notes that some prisons have successfully established mental health extern programs in partnership with teaching facilities, and encourages IDOC to foster relationships that will increase professional interest, awareness, and experience in correctional healthcare.

At the time of the visit, the facility’s mental health staff consisted of 10 hours of psychiatrist coverage weekly, one full-time psychologist and a social worker. Approximately 337 inmates follow-up appointments scheduled. The HCUA noted that it can be more difficult to provide needed treatment courses on the outside, as while the inmate is incarcerated he can be more easily monitored. The many Chicago-based inmates are referred to Stroger hospital.

were under psychiatric care, while about thirteen percent of Danville’s population (284 inmates) were on some type of psychiatric medication.\textsuperscript{22} Staff noted that the facility has a nickname of “Dixon Southeast” because they often receive stable inmates who have stepped-down from Dixon Correctional Center’s mental health housing.

Administrators reported that there had been three incidents of self-injurious behavior and six incidents of suicide watch in the prior year and that time of suicide watch averaged three to four days. At the time of the visit, seven inmates housed in segregation were on psychotropics and nine were receiving mental health treatment. Mental health staff regularly make rounds on the segregation unit. As observed at other facilities, inmates receiving mental health treatment average longer segregation terms than other inmates (45-60 days compared to 30 days at Danville).\textsuperscript{23} Administrators reported that mental health staff are consulted about the appropriateness of ongoing segregation for inmates already on mental health caseloads, and segregation cuts of two-weeks are sometimes given. However, mental health staff are not currently consulted about the appropriateness of the initial decision to place an inmate in segregation, and are not consulted about the appropriateness of ongoing segregation for inmates not already on mental health caseloads. IDOC’s Director of Communications responded that “it is physically impossible to consult when an inmate has just committed assault or another serious seg-worthy offense. The immediate need is to get them segregated. Consulting MHPs [Mental Health Professionals] occurs ASAP thereafter.” JHA notes that inmates commonly receive segregation for more minor incidents (for example, according to the Illinois Administrative Code an inmate can receive up to three months for contraband or disobeying an order), we point out that segregation placement and appropriately addressing discipline issues for inmates with mental illness (and those with unidentified mental illness) is an ongoing area that must be considered and improved in practice, and we continue to recommend more mental health training for IDOC line staff. IDOC responded that they do already consider the issue of addressing discipline issues for inmates with mental illness on an ongoing basis. JHA notes that this issue is being particularly examined within IDOC facilities at present in relation to litigation.\textsuperscript{24}

\textsuperscript{22} Commonly used psychiatric medications were reported to include clorazepam, risperidone, and valproic acid, and not atypical antipsychotics such as Seroquel, Zymprea, and Latuda. While the debate about particular drugs is outside our purview, JHA commonly receives complaints from inmates who have their medications changed within IDOC and recommends that the formulary be reviewed by an outside entity in line with our recommendations for outside oversight and adequate mental health care. \textit{See e.g.} JHA’s 2012 Healthcare Report, available at http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf.

\textsuperscript{23} JHA interviewed one inmate housed in segregation who reported that although he was working with mental health staff he was having a hard time coping with segregation, where he reported he had been housed for over two months with an additional month on suicide watch, and that his troubles were acute because of the similarity to abuse he experienced as a child being locked in a closet and related Post Traumatic Stress Disorder (PTSD). IDOC responded that suicide watches, where the inmate is checked every 10 minutes, do not extend longer than five days. JHA notes that crisis watches do, and that the inmate may have misused terminology or be confused about his situation, which is not unusual for individuals in distress. IDOC’s Director of Communications also responded that none of the inmate’s issues “changes that fact that he committed a serious assault.” JHA recommends IDOC review this inmate’s charges, as individuals are commonly segregated for incidents much more minor than “serious assaults,” in fact inmates committing a “serious assault” necessitating a long segregation term, would likely be transferred to a higher security setting.

\textsuperscript{24} \textit{See, Rasho v. Walker, et al., 07-CV-1298 (C.D. Ill).}
At the time of the visit, the Danville psychologist’s practice was mostly focused on providing individual therapy (largely Cognitive Behavioral Therapy (CBT)) to approximately 120 inmates, treating inmates with more serious mental health needs, and performing administrative duties. Meanwhile, the Danville social worker mostly worked with more stable inmates and ran group therapy. At the time of JHA’s 2011 report, there were no social workers and no group therapy offered. Groups have in the past years included: bipolar disorder, anxiety, insomnia, depression, and anger management. At the time of the visit, two anger management groups with 10 inmates participating in each were offered, with more than 100 inmates on the waitlist. Mental health staff reported that inmates say that they use what they learn in anger management to avoid getting disciplinary tickets. Further, mental health staff stated that they had tracked data on the success of this group in reducing tickets. JHA recommends that staff formalize their findings to promote adoption and expansion of such programs, and, importantly, to provide evidence to support prioritizing funding.

Sex Offenders

About 19 percent of Danville’s population (348 inmates) are classified as sex offenders. However, no sex offender treatment is offered. JHA has commented on the dearth of sex offender treatment and staff throughout IDOC. Though sex offender treatment was at one time offered at Danville, current staff caseloads make this impossible. Further, current sex offender treatment staff certification requirements call for 400 hours of experience, which is proving prohibitive to IDOC filling positions. As noted in prior reports, sex offenders, as well as other inmates requiring mental health treatment, often have difficulty obtaining reentry housing after they have finished their terms of incarceration within IDOC. Danville reports that they average about 80-100 inmates each month who have served their sentence and been approved for release but cannot be released because they have no appropriate approved parole site. Throughout IDOC there are enough of these so-called “door violators” to fill an entire prison. Several inmates opined that they did not think that the Parole Placement Resources Unit (PRU) did enough to help with securing housing; however, laws restricting residency do make appropriate housing scarce. JHA strongly encourages Illinois to dedicate resources to community services so that such inmates do not continue to clog our overcrowded prisons. Simultaneously, we recommend that IDOC strengthen its PRU.

Histoplasmosis

In August 2013, inmates at Danville became ill and administrators reported the facility was locked down from August 28 to September 13, while inmates were treated and the cause investigated. Initially some ill inmates falsely tested positive for a virus, but the cause was eventually determined to be Histoplasmosis, a disease caused by fungus and not spread between individuals. Staff stated that inmates were very cooperative throughout the incident. Danville worked with the Illinois Department of Public Health (IDPH) and the federal Centers for Disease Control and Prevention (CDC) to diagnose and control the outbreak. JHA commends

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25 See e.g. JHA’s 2013 reports on Big Muddy and Graham Correctional Centers, available at http://thejha.org/publications.
26 For more information on Histoplasmosis see e.g. Illinois Department of Public Health’s information sheet, available at http://www.idph.state.il.us/public/hb/hbhisto.htm.
administrators for drawing on these resources. Danville administrators stated that a prior experience with the H1N1 virus a few years ago was helpful in giving them experience handling such a situation.

At the time of the visit, the origin of the Histoplasmosis outbreak was attributed to the fact that Danville grounds had trees that were popular with starlings who defecated in the area, and three of these trees were removed to create better lines of sight from a tower for security reasons. Removing the trees caused the fungal spores to be airborne. Individuals who live in an area with the fungus naturally build immunity, and this was thought to be the reason why reportedly no staff were affected. Overall, the incident sent two inmates to the hospital and affected 102 with symptoms, of which 47 individuals received more in-depth treatment. At the time of the JHA visit in October 2013, some treatment and testing was ongoing. Administrators described the Histoplasmosis incident as a learning experience, and at the time of the visit, were developing new standards of practice to deal with such a crisis if it were to happen again. Also, the facility was planning removal of all trees from the grounds to discourage bird congregation. Some JHA visitors felt this was unfortunate because the trees softened the institutional environment, while others had concerns that safe removal might be costly or create more risk of illness. IDOC responded that Danville, IDOC’s Central District, and Chief of Operations followed all CDC instructions and policies for removal and that there were no resulting health issues.

JHA commends IDOC for attempts to clearly communicate with the public and loved ones about the Histoplasmosis situation at Danville. Withholding information in such situations creates needless fear while transparency leads to support for positive agency efforts. JHA appreciates IDOC’s efforts to contain illness in facilities and the fact that crowding increases the spread of disease. However, we recommend as lockdowns for illness is becoming increasingly common throughout the state, that IDOC consider advancing policies that are less restrictive for unaffected inmates – for example, facilities housing more than 1,000 people have been locked down without visits or phone calls where only a small fraction of inmates are affected, or only a few diagnosed cases. Restriction on inmate communication adds to loved ones’ anxieties. IDOC’s Director of Communications responded that while they understand such anxieties, they are “irrelevant because the Illinois Department of Public Health requires strong preventive measures, regardless of if a small fraction of inmates are affected. Our procedures prevented a much worse situation; the numbers showed that.” Recently JHA has been encouraged to more commonly hear that some facilities have been permitting some visits and phone calls for unaffected housing units during lockdowns.

Gym Housing

From March 3 to July 24, 2013, Danville’s gym was used to house about 100 inmates. Administrators stated that inmates were screened by intelligence, mental health, and medical personnel before they were assigned to the temporary gym housing. Administrators expressed confidence that inmates’ needs were met, and noted they had installed large television monitors and microwave ovens. However, the 100 men in the gym had use of only two toilets and two urinals, while minimum standards call for one toilet for every eight men. JHA received numerous complaints about gym-housing from inmates. Again, we hope that lessons will be learned from this period in IDOC history that will allow the agency to better anticipate and address temporary housing issues in the future, and encourage Illinois to reduce its prison population.

Grievances

Although JHA cannot confirm or deny the validity of every particular inmate’s report set forth herein, including these perspectives in our reports provides IDOC with an important opportunity

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29 See also JHA’s more extensive discussion of similar observed gym housing at Graham Correctional Center in the 2013 report, available at http://thejha.org/graham.


31 While JHA cannot independently confirm every inmate report, some issues reported by Danville inmates in gym housing are included herein. Inmates complained that staff “threatened” that they would lose good time for refusing gym housing, to which IDOC responded that discipline is imposed for any refusal of housing. Inmates stated that grievances relating to gym housing were “lost,” and that the gym had leaks, as well as temperature and ventilation issues. IDOC denied grievances were lost, denied that there were leaks, and stated that temperatures are monitored and recorded. Inmates also expressed concerns about lack of fire safety and evacuation plan, and claimed that staff told them they did not have keys to all doors. IDOC responded that there is a fire and evacuation plan and that staff have keys to all doors. Inmates also stated that the two bathrooms (each with a partitioned urinal and toilet) were sometimes locked while many older inmates were housed in the gym with greater need for access. IDOC again denied that the bathrooms were locked and noted that a separate, special sink with hot running water was brought into the gym. Inmates also reported that there was inadequate supervision in the gym and that they felt they had to stand guard on shifts. IDOC stated that there were the requisite number of guards around the clock at gym posts and stated that there were no violent incidents in the gym. Inmates voiced concerns about being housed with other inmates with mental illness, and opined that inmates were not properly evaluated for gym housing. IDOC denied this and reiterated that gym candidates were selected from the list of “A-Grade,” well-behaved, low-security-risk inmates, and added the typical profile was over-40 years of age. JHA notes that an inmate housed in the gym who reportedly assaulted a female staff member in May 2013 in an area outside of the gym did have an aggravated domestic battery conviction. Some inmates reported that since the gym was used for housing, some equipment has not been returned for inmate use. IDOC responded that Danville actually bought new equipment. IDOC also stated in regard to the gym housing complaints: that they installed three phones for inmate use, dramatically increasing phone use for gym inmates; they brought in three 60-inch televisions for the inmates and installed wireless audio transmitters directly to inmates’ “Walkman-type” personal audio units so an inmate could select the audio for the channel tuned in on whatever television set he chose to look at; and they permitted inmates housed in the gym a special privilege of television use, lights, reading, and staying up as long as they wished, as long as they behaved properly despite lights out/lock time for Danville being 9:15 p.m. IDOC’s Director of Communications stressed that inmates housed in the Danville gym did behave properly and enjoyed the added privileges in return for being in this nonstandard housing, and stated that some actually wanted to stay in the gym.
to respond and correct both problems and misconceptions.\textsuperscript{32} As is common throughout IDOC, some inmates believed the grievance process is “useless” or that their grievances were improperly handled or lost.\textsuperscript{33} The majority of the current complaints (not relating to gym-housing or Histoplasmosis) JHA received during the visit were related to healthcare or from inmates in receiving, where inmates were new to the facility and may not understand rules, and from segregation, where inmates were deprived of privileges.

\textit{Access to Supplies}

At Danville, receiving is located next to segregation and there was a sign displayed that staff said was to discourage reception status inmates from asking segregation staff for supplies stating, “no pens, no soap.” Some segregation inmates also complained of not having writing utensils. This suggests inmates may have difficulty communicating their needs via the written grievance procedure. IDOC’s Director of Communications responded that all inmates have adequate hygiene supplies and all inmates with commissary privileges and funds have access to writing utensils and all other reasonably essential non-hygiene items, and any inmate proven indigent receives hygiene items free of charge.

\textit{Reassignments}

At Danville, JHA only received a few complaints about lack of access to counselors, which is a common issue due to high caseloads at IDOC facilities. However, we received a few more reports about counselors being ineffective in assisting inmates. For example, some inmates reported that counselors were not helpful with transfer requests. However, with current crowding throughout IDOC facilities, it is likely that there is not much a counselor can do to facilitate transfers outside of exceptional circumstances. One inmate complained that he wanted to go to boot camp as recommended in his sentencing order.\textsuperscript{34} However, as JHA has previously pointed out, spaces in IDOC’s boot camp are limited and many inmates wait months at reception and classification centers, which are harsh incarceration environments with few privileges, for spaces to become available.\textsuperscript{35} Many defense attorneys and judges are not aware of, or properly advising people about, current incarceration conditions and realistic options prior to sentencing.

Inmates reported that conflicts with other inmates are not taken as seriously as they should be at Danville. One inmate reported that he was bullied several times a week but that correctional officers did not take his concerns seriously, while another stated he requested different housing due to threats, but the request was dismissed. The number of complaints JHA receives regarding housing assignments with other inmates has been on the rise as crowding limits options for

\textsuperscript{32} See JHA’s 2013 publication \textit{How JHA’s Prison Monitoring Works}, available at www.thejha.org/method. Inmates may send privileged mail to JHA, 375 E. Chicago Ave., Suite 529, Chicago, IL 60611. Staff and other concerned parties may also reach us by email or phone (main line (312) 503-6300).

\textsuperscript{33} Administrators reported 724 grievances recorded in the year-to-date (as of October) compared to 1,032 in the last year.

\textsuperscript{34} In the particular inmate’s case, it appears if the judge indeed recommended boot camp it would be an unrealistic expectation given the committing offense (aggravated battery of a peace officer). There are many inmates with non-violent offenses waiting for boot camp.

\textsuperscript{35} See e.g. JHA’s 2012 report on Stateville Northern Reception and Classification Center (NRC), available at www.thejha.org/NRC.
moving inmates. IDOC responded that they carefully research and utilize mental health professionals, Investigations and Intelligence Unit (Intel) and other personnel to determine best placement. JHA recommends that inmates file grievances where their issues cannot be informally resolved to document their concerns. It can be difficult for administrators to determine where an issue is a housing preference versus a security threat. Administrators said that Intel units will investigate inmate reports. However, at facilities such as Danville, lack of video surveillance limits investigative capacity and staff expressed concerns about this issue. Studies have shown both law enforcement and those monitored by cameras comport themselves better when they know they can expect to be recorded, resulting in both fewer conduct complaints and fewer uses of force. JHA strongly recommends enhancing video surveillance throughout IDOC.

**Dietary**

JHA received some complaints about food and during our visit. While we observed inmates hard at work in the kitchen, several visitors commented that the food did not look appetizing and were concerned about practices observed in the dietary area. For example: a large vat of unidentifiable hot food was being poured into other smaller containers placed directly on the floor, food storage cardboard boxes were not elevated off of the ground, and the garbage area adjoining the dietary unit was poorly maintained with some dirty open containers and pools of fluids that would likely attract pests. While JHA was informed that meals are served regularly (breakfast at 5 am, lunch at 9:30 am, and dinner at 4 pm, with each meal taking about two hours for all housing units to be served in two dining areas), some inmates in segregation complained that food was delivered at irregular hours. Some visitors expressed concerns that having a 13-hour period between dinner and breakfast could be difficult for inmates who could not afford to supplement their diet with commissary items. JHA was pleased at Danville that many inmates were reported to be accommodated with medical and religious diets. We recommend the agency review what can be done to improve diet and review staff and inmate worker training in compliance with food industry safety standards.

**Programming**

**Educational and Vocational**

JHA visitors were impressed with the pleasant environment of Danville’s education building, with bulletin boards displaying colorful posters and communications about course curriculum, class schedules, and availability. While the building is large and has 15 classrooms, we were told that limited space is still a hindrance to providing additional positive activity. JHA visitors also noted the positive environment of the library. However, at the time of JHA’s visit there was no librarian on staff at Danville and this position had been filled with temporarily assignments for about a year and half. However, administrators stated that a librarian would be starting shortly after the visit and IDOC reported that the librarian has stated since the visit. Inmates complained that library legal materials were outdated and incomplete, as is a common concern throughout

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IDOC facilities. JHA again recommends greater electronic legal resources and investment in educational services at facilities. We believe all IDOC facilities should ensure both law and general library access in some form is available to all inmates on a consistent basis.

In JHA’s 2011 Danville report we noted insufficient teacher staffing for Adult Basic Education (ABE) and General Educational Development (GED) classes. At the time of the 2013 visit, there were five ABE/GED teachers on staff, which was a substantial increase in the prior year. There are still long wait lists for classes. For ABE, administrators reported 191 inmates enrolled (127 of whom were receiving mandatory ABE classes), 27 completed ABE in the prior year, and 57 inmates were waitlisted. JHA heard from an inmate who reported he had a TABE score of 2.5 and was not enrolled in mandatory ABE classes. IDOC’s Director of Communications responded that this inmate did get into ABE, after waiting his turn. For GED, administrators reported 64 inmates enrolled, nine obtained their GED in the prior year, and 49 inmates were waitlisted. We continue to be disappointed in IDOC’s ability to help inmates with basic educational needs due to teacher staffing issues and other factors. Further, we fear IDOC is not adequately identifying and aiding inmates with low literacy or limited English proficiency. IDOC’s Director of Communications responded that this is an unfounded fear. We will have to respectfully disagree based on our experiences with IDOC inmates and parolees.

There were 148 inmates held on Immigration and Customs Enforcement (ICE) detainers at Danville. Although administrators were not able to identify the number of inmates at the facility with limited English proficiency at the facility, they stated that there is an English as a Second Language (ESL) class, Language Partners, available to inmates at Danville through the University of Illinois, with 10 inmates participating. JHA applauds this.

During the 2013 visit, inmates and staff complained of educational budget and programming cutbacks. IDOC denied that a staff reported 15% cut was planned or implemented. Educational staff reported old textbooks were a problem. IDOC responded that while the books show signs of wear but the content is current. The transition towards more computer learning (as for the 2014 GED format) was noted as helpful. However, staff commented that the programs with audio enhancement are more effective and believed combining computer based learning with traditional classroom teaching works best. In monitoring computer-based educational programs (mostly in juvenile facilities), JHA has found that while some students respond well to the computer format, others find it challenging and frustrating, and prefer traditional classroom instruction from a teacher. However, we believe increased use of technology may be the best possible solution to the shortage of educators throughout IDOC.

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37 Initial IDOC inmate intake educational screening at reception and classification centers relies on oral self report of grade completion. Danville administrators stated that at the parent facility inmates are supposed to be given the Test of Adult Basic Education (TABE) within 20 work days of arrival with a score under 3 resulting in special assistance. Inmates with a score under 6 will be designated as mandatory ABE students by law. However, JHA fears that considerations of time left to serve, as well as prohibitive waitlists, mean inmates are not getting needed services. IDOC responded that the waitlists are not prohibitive, “but rather inadequate time on the inmate’s original sentence. Not enough time to get in, even when prioritized, based on short sentence.”
Danville inmates benefit from having college level courses available and vocational classes offered through a local community college, some of which were suspended during our visit.\textsuperscript{38} The Horticultural and Automotive programs were anticipated to resume after the visit with expected hires and IDOC reported that since the visit these programs have resumed.

Danville is unique in offering two notable volunteer-based college level educational programs: the University of Illinois Education Justice Project (EJP)\textsuperscript{39} and a new Divine Hope Reformed Bible Seminary program.\textsuperscript{40} The EJP program offers college level courses to inmates with 60 or more transferrable credits and has its own library and computer lab at Danville. The new seminary program has reportedly been well received at the facility, which also offers many diverse religious programs utilizing many volunteers. Danville’s model of utilizing quality long-term volunteer educational programs should be expanded throughout IDOC.

\textit{Work and Industry}

Inmates stated that they wanted more opportunities to work while incarcerated. In addition to more traditional correctional inmate worker assignments, Danville offers some inmates an opportunity to work in impressive industry programs, where inmates operate shops for embroidery, sewing, silk screening, digital banners, book binding, and box production. In one shop, JHA observed inmates doing shipping paperwork work on computers, while others sewed reflective safety vests for state workers. JHA was impressed with the quality of product and technical nature of much of the work, as well as the integrated computer use. However, several visitors commented that there were not very many inmates working and they seemed self-supervised. IDOC responded that no self-supervision occurs as officers and or Illinois Correctional Industries (ICI) instructors are present on all shifts. JHA felt the lack of direct supervision may contribute to some of the safety issues we noted in the box factory. For example, inmates were not wearing safety glasses or hand protection, and an inmate was observed to have his hand inside a compactor while it was operating.

Staff commented that the industry workers are the “Rockefellers of the institution” as they can earn a much higher wage than inmates employed in traditional worker jobs. Typically industry workers work six hours a day for five days a week at a wage of $1 per hour. In contrast, monthly state pay for an unassigned inmate is $10, while an inmate in school earns $15. JHA was

\textsuperscript{38} The October 2013 IDOC Quarterly report reflects about 520 Danville inmates were being served in educational or vocational programming, with several in more than one program (905 assignments). IDOC quarterly reports are available at \url{http://www2.illinois.gov/idoc/reportsandstatistics/Pages/QuarterlyReports.aspx}. Custodial programming teaches inmates everything from scrubbing floors, to setting up and running their own janitorial business, and these individuals gain practical experience working in the facility. The Horticulture program, suspended due to lack of staff at the time of the visit, works with the inmates to learn the various techniques and administrators stated that the inmates plan and run a sale of a variety of garden plants annually to staff but not members of the outside community. One of the most popular areas of vocational training is automotive, which too was suspended during the visit, due to lack of staff. In this program inmates learn everything from how to rebuild engines to minor repair, sometimes using staff’s vehicles for servicing such as old changes, but they do not cover body work. In Career Technology inmates work in a computer lab and learn life skills such as budgeting. IDOC noted that Horticultural and Automotive classes have resumed since the visit.

\textsuperscript{39} For more information see \url{http://www.educationjustice.net}.

\textsuperscript{40} For more information see \url{http://www.divinehopeseminary.org}.  

surprised that administrators reported there were only five inmates on the waitlist for industry jobs.\footnote{Administrators reported that qualifications for industry jobs were A or B grade status, minimum or medium security classification, three to 15 years remaining before parole, no staff assaults, no escape history, no previous tool violations, no sex offenses, high school diploma or GED, no termination from a previous assignment in the prior six months, having a valid social security number, and no gang leadership.} We would like to see such employable skill building programs expanded. JHA also believes IDOC should make a greater effort to market prison industry products outside of the agency, such as to non-profits.\footnote{For more information see Illinois Correctional Industries’ website http://icicatalog.illinois.gov and Fiscal Year 2013 report, http://icicatalog.illinois.gov/Documents/AnnualReport/ICI%20FY13%20Annual%20Report.pdf.} IDOC’s Director of Communications responded that they believe they make as great an effort at marketing as is needed, as “We are selling everything we make, and non-profits are among our best customers. Remember, ICI is self-sustaining, per its mandate from the Illinois General Assembly.” JHA believes that ICI sells products based on pre-orders, so we find it unsurprising that they sell what is ordered, and suggest that orders and work opportunities for inmates could be increased through more directed marketing efforts.

\textbf{Reentry}

JHA visitors were impressed with staff’s awareness of reentry challenges and their engagement with the subject matter. Counseling staff conveyed that they create and present programs in response to the specific needs identified among the population at any given time. They utilize their experience with addiction counseling using the Hazelden treatment model and evidence-based methods. Counseling staff emphasized that rehabilitation can only occur if an inmate wants to change. Staff reported they offer a three-day cognitive behavioral therapy program for inmates prior to release and a voluntary one-hour parole plan writing class. In addition, they offer a traditional two-day Parole School (which is available to all inmates), and a 12-week Lifestyle Redirection program, which deals with attitude issues, but is available on a more limited basis. Staff noted at the time of the visit Lifestyle Redirection had about 25 participants with a waitlist of 80 inmates. While these reentry programs are commendable, long waitlists mean that many inmates do not have access to these services or information they may need to best prepare for successful reentry. This is especially true for inmates who are sentenced to IDOC facilities for only a short period. IDOC’s Director of Communications responded that in addition to in-prison programs they run “Summit of Hope” events 12-14 times per year around the state for parolees.\footnote{For more information see http://www2.illinois.gov/idoc/communityresources/Pages/SummitofHope.aspx.}

JHA reiterates our hope that the eventual implementation IDOC’s planned Risk Assets Needs Assessment screening tool will permit the agency to reconsider funding allocations to further promote successful reentry.\footnote{See JHA’s special report \textit{Reforming Illinois’ Prison System from the Inside Out}, available at http://www.thejha.org/rrp.} Some staff members have commented on current screening not properly identifying issues such as substance abuse treatment need. Staff also commented that inmates need to start thinking about reentry needs earlier and stated they often sign up late and then complain about not getting in. IDOC’s Director of Communications added that inmates know the procedures and that “We can’t hold them by the hand and we expect personal responsibility.” Having an assessment of inmates at intake that is regularly revisited by staff will doubtlessly aid planning.

\footnote{For more information see http://www2.illinois.gov/idoc/communityresources/Pages/SummitofHope.aspx.}
As noted above, Danville houses many inmates who are having difficulty with reentry. Staff discussed challenges of registry requirements, substance use disorder treatment availability, and other issues that create a revolving door of recidivism. Some major challenges to reentry include sex offender residency restrictions, mental health issues, and rigid electronic detention (ED) criteria. IDOC’s Director of Communications responded, “rigid ED criteria is not a problem, it is a necessity.” Staff again noted in particular the lack of available reentry services in southern and rural communities. IDOC’s Director of Communications responded that many of the Summit of Hope events are in those southern and rural communities. JHA notes that Summit of Hope events primarily serve as conduits of information combined with parole check-ins, and although inmates may be given helpful assistance, for example with state identification, these events do not necessarily provide parolees with needed direct services such as housing or jobs that were noted by Danville staff to be lacking in parts of the state. Greater effort should be made to develop and use group homes in areas of the state where jobs are present to avoid recidivism. Several JHA visitors felt that recidivism statistics should be compiled by program, or at least by facility, so that effective programs could be supported and replicated.

During the visit, we discussed the procedures for inmates to obtain temporary photo IDs for use for 60 days post-release, where we were told by staff and as stated in the Danville Orientation Manual, the inmate must first already have both his birth certificate and social security card (which may take time, effort, and funds to obtain). Identity theft is increasingly becoming an issue for parolees, and JHA recommends that IDOC staff be trained in helping inmates with this issue. JHA believes that informational videos or brochures could stand in for some services, provided facility staff are available to explain issues. Staff commented that funding issues have been limiting in-facility participation of other government agencies in IDOC presentations regarding reentry community services. IDOC’s Director of Communications responded that staff have no way to know funding levels of other state agencies and many Illinois state agencies participate in the Summit of Hope. IDOC also stated that the Illinois Department of Employment Security (IDES) minimally biannually brings to each prison a specially-designed reentry program and tells future parolees how to, upon release, utilize the Workforce Investment Act at IDES offices at 26 locations in Illinois.45

While such existing programs are laudable, JHA notes there is need for more coherent reentry planning services for inmates in IDOC including consideration of family involvement,46 better intergovernmental linkages and linkages to community services, as well as individualized determinations of needs. IDOC’s Director of Communications responded “we have such coherent reentry planning services. Again, in-prison, the Summit of Hope and parole agent recommendations once outside.” JHA recommends, based on our experiences with and knowledge of the system, that improvements are still needed, which until IDOC counselor caseloads are reduced and technology made available to them to facilitate linkages, seem unlikely to occur. For example, some inmates still leave IDOC prisons without documentation necessary to get an Illinois State ID. Administrators at Danville recognized that increased clinical

45 See http://www.ides.illinois.gov/Pages/Re-Entry_Employment_Service_Program.aspx.
46 While IDOC does not track information about male inmates with children under 18, Danville reported that they had 50 inmates per session participate in the Story Book project (where inmates read books on tape for their children) with 70 fathers on the waitlist. JHA believes creating more resources for fathers to stay involved with their children is important.
services staffing, programming, and training would help them improve reentry services. As staff noted, the most important time in determining reentry success is the first 90 days post release and IDOC must work to positively affect these first 90 days. IDOC’s Director of Communications responded that they believe this is clearly already improving.

**Staffing**

At the time of the visit, Danville had 227 security staff, 57 non-security state employee staff, 30 contractual Wexford staff, four educational staff provided by Danville Area Community College (DACC), and over 100 volunteers. As noted herein, Danville highly values the quality contributions volunteers make at their facility and staff noted a second-shift (evening) Leisure Time Services position would help to facilitate volunteer activities at the facility. Clerical staffing was noted by administrators to be a problem, as is common throughout IDOC. Administrators reported 37 staff vacancies and three officers on leaves. Demographics for the staff were approximately 96 percent White, two percent Black, and two percent Hispanic, and about 12 percent female. While some segregation inmates complained that mail was not given out regularly, JHA did not receive general population mail complaints, which are common at other IDOC facilities. At the time of the visit, administrators reported that they had recently added a new staff member to mailroom and were up-to-date with mail. JHA considers this to be another major indicator of a well-run facility where administrators appreciate the importance of outside contact for inmate well-being. JHA notes that overtime costs of not filling positions likely favor filling positions more quickly and administrators noted controlling overtime was a challenge. IDOC’s Director of Communications added “overtime is primarily driven by call-in of staff for sick time or family needs time. IDOC says, throughout its system, the use of sick time is both legitimately utilized and also abused. Further, overtime costs are caused by Leaves of Absence, the shifts of which cannot be filled by new hires. Overtime is required, per IDOC’s contract with AFSCME. We note we are not criticizing that contract, simply stating this provision from it, which affects overtime.”

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Data provided by administrators from October 2013.

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47 Data provided by administrators from October 2013.
This report was written by Gwyneth Troyer, Director of JHA’s Prison Monitoring Project. Gwyn can be reached at (312) 503-6304 or gtroyer@thejha.org.

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Since 1901, JHA has provided public oversight of Illinois’ juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.

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