



# John Howard Association of Illinois

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## Monitoring Visit to Lincoln Correctional Center

Lincoln Correctional Center is a medium security adult female facility located in Lincoln, Illinois, about three hours southwest of Chicago and 40 minutes northeast of Springfield.



### Vital Statistics

Population: 995  
Rated Capacity: 1018  
Design Capacity: 500  
Average Annual Cost per Inmate: \$22,571  
Average Age: 35  
Source: IDOC facility webpage and IDOC Quarterly Report, July 1, 2012

### Key Observations

- In 2011, Lincoln administrators reviewed and modified their grievance system to improve record tracking procedures. JHA stresses that a reliable grievance system is vital to a just correctional system.
- Lincoln needs increased substance abuse and mental health services. Lincoln had waitlists of over 60 women for both substance abuse treatment and non-emergent mental health services.
- Unlike most correctional facilities that JHA has visited, Lincoln has the benefit of both a medical doctor and nurses who are fluent in Spanish.
- Lincoln suffers from crucial teacher shortages with half of the teaching positions empty.
- Lincoln, like other IDOC facilities, suffers from nursing shortages. Several inmates complained of low quality of care and delays or denials of medical treatment, including diagnostic testing. Additionally, inmates at Lincoln, as at other IDOC facilities, report that medical copayments frustrate their access to healthcare. JHA commends Lincoln administration's dedication to increasing medical literacy among inmates.
- Lincoln women benefit from several notable facility-based and volunteer programs, and from staff who actively recruit and promote such services.

## Facility Overview

On February 22, 2012, the John Howard Association (JHA) visited Lincoln Correctional Center (Lincoln), a Medium Security Adult Female facility located in Lincoln, Illinois, about three hours southwest of Chicago and 40 minutes northeast of Springfield. Lincoln was built in 1984 and consists of 14 buildings situated on 25 acres. The facility includes five dormitory-style general population-housing units that contain bunk beds for 20 female inmates per room, an 11-bed segregation unit, and a seven-bed healthcare unit. The facility does not have a separate mental health unit. At the time of JHA's visit, Lincoln housed 1,009 inmates, making it roughly 198 percent over its design/rated capacity of 500 inmates.<sup>1</sup> The facility has bed space for 1,018 women. The segregation unit and the healthcare unit were full to capacity, housing 11 inmates and seven inmates, respectively.

In his 2013 fiscal year budget, Governor Quinn proposed closing several Illinois correctional facilities, which would involve repurposing Lincoln. Specifically, the Governor's proposal includes plans to: (1) close Dwight Correctional Center (Illinois' only Maximum Security Adult Female Facility and the current location of the Reception and Classification Center for female inmates); (2) move the population of Logan Correctional Center (a Medium Security Adult Male Facility) to Lincoln; and (3) relocate and redistribute Dwight's and Lincoln's populations between Decatur Correctional Center (a Minimum Security Adult Female Facility) and Logan Correctional Center (which is to be converted into a female facility).

The logistics remain challenging as to how and where Dwight's special populations (which include chronically and terminally ill inmates, inmates with serious mental illness, and inmates in protective custody) will be placed. As it stands, Dwight, Lincoln, and Decatur are already filled well beyond their design capacities.<sup>2</sup> The collective design/rated capacity for Logan and Decatur (the proposed sites to house all female inmates in Illinois in the future) is 1,574 inmates.<sup>3</sup> The collective number of female inmates in Illinois, however, is approximately 2,700.<sup>4</sup>

The discrepancy between the number of inmates in the female population and the facilities' design capacities raises obvious concerns. Namely, crowding of female inmates and effective delivery of services threatens to become even more problematic. Absent a clear plan to reduce population, the shuttering of Dwight is likely to exacerbate crowded conditions, which may further undermine the health, welfare, and safety of staff and inmates. An additional concern with the proposed relocation of Lincoln's population to Logan, and vice versa, is that it is unclear whether correctional staff at the respective facilities will follow the populations in the move. As Lincoln has more female correctional officers than Logan, the proposed move means the potential loss of female correctional officers to supervise female inmates. Lincoln's administration indicated, however, that the Illinois Department of Corrections (IDOC) is seeking to increase hiring of female correctional officers at all female correctional facilities.

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<sup>1</sup> See Illinois Department of Corrections (IDOC) Website, Quarterly Report, April 2012, available at: <http://www2.illinois.gov/idoc/reportsandstatistics/Documents/IDOC%20Quarterly%20Report%20Apr%202012.pdf>.

<sup>2</sup> See *Ibid.*, note 1. Per the IDOC's April 2012 report, Decatur was filled to 138 percent beyond its design capacity, Dwight was at 144 percent beyond its design capacity, and Lincoln was at 198 percent beyond its design capacity.

<sup>3</sup> *Ibid.*, note 1.

<sup>4</sup> *Ibid.*, note 1.

JHA supports IDOC's agenda to hire more female security staff and advises that every effort be made to retain and increase female correctional officers at women's facilities attendant with the proposed closing of Dwight and relocation of female inmates to Logan.<sup>5</sup> The majority of Lincoln inmates, and the majority of female inmates in general, are victims of prior trauma and physical, emotional, or sexual abuse and violence.<sup>6</sup> Best correctional practices and minimum standards of treatment dictate that female correctional staff perform all direct supervision and bodily searches of female inmates who, by virtue of having histories of trauma and abuse, are particularly vulnerable to re-traumatization by incursions into privacy by male correctional staff.<sup>7</sup>

In accord with best correctional practices, JHA further advises that: (1) all staff assigned to work with female populations (including all cadets and staff in training) be screened to ensure they are sympathetic and open to working with female inmates; and (2) that all staff assigned to work with female inmates be given gender-sensitive specific training to ensure knowledge of and sensitivity to female inmates' special issues and needs, cross-gender supervision issues, the role of security staff, and the importance of using gender-responsive strategies when working with female populations.<sup>8</sup> JHA also advises that increased gender-responsive training, including training on issues of trauma and abuse among female inmates, be provided to all of existing correctional staff at Lincoln. Administrators informed JHA that staff are given annual training entitled "Gender Specific Practices for female offenders" and administrators are providing the power point used in this training to JHA.

To their credit, Lincoln's administrators are adamant that physical/sexual/verbal abuse of prisoners is not tolerated and that all allegations of abuse are investigated. Administration of Lincoln and IDOC further encouraged JHA and encourage inmates to bring any allegations of misconduct to their attention to allow for investigation.<sup>9</sup> Such initiative by correctional

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<sup>5</sup> See American Bar Association, *Standards on Treatment of Prisoners, Standards 23-3.2 (c) and 23-7.10, "Conditions for Special Types" and "Cross-gender Supervision,"* available at: [http://www.americanbar.org/publications/criminal\\_justice\\_section\\_archive/crimjust\\_standards\\_treatmentprisoners.html#23-7.10](http://www.americanbar.org/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners.html#23-7.10). See also *United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 53*, which provides, "[w]omen prisoners shall be attended and supervised only by woman officers," available at, <http://www2.ohchr.org/english/law/treatmentprisoners.htm>.

<sup>6</sup> See Jessica Reichert, Sharyn Adams, Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Victimization and Help-seeking Behaviors Among Female Prisoners in Illinois*, 1-75, p. 32 (April 2010) (estimating that nearly all, roughly 99 percent, of female inmates in Illinois have histories of prior trauma or emotional, physical or sexual abuse), available at: <http://www.icjia.state.il.us/public/pdf/ResearchReports/Victimization%20and%20help%20seeking%20behaviors%20among%20female%20prisoners%20in%20Illinois.pdf>.

<sup>7</sup> See United Nations Office on Drugs and Crime, *Handbook for Prison Managers and Policymakers on Women and Imprisonment*, (2008) 1-115, p. 14-16, available at: [www.unodc.org/documents/...prison.../women-and-imprisonment.pdf](http://www.unodc.org/documents/...prison.../women-and-imprisonment.pdf). See also Barbara Bloom Barbara Owen, Stephanie Covington and Myrna Raeder, United States Department of Justice, National Institute of Corrections, *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*, 1-140 (2002), available at: [www.static.nicic.gov/Library/020418.pdf](http://www.static.nicic.gov/Library/020418.pdf).

<sup>8</sup> U.S. Department of Justice, National Institute of Corrections, *Prison Staffing Analysis: A Training Manual With Staffing Considerations for Special Populations*, 1-233, p. 115-117 (December 2008), available at: [www.asca.net/system/assets/attachments/.../staffing\\_analysis-1-3.pdf](http://www.asca.net/system/assets/attachments/.../staffing_analysis-1-3.pdf).

<sup>9</sup> One means for this to report instances of sexual abuse or harassment is under the protections of the federal Prison Rape Elimination Act (PREA). Reports may be made under this Act for incidents of harassment or inappropriate behavior, it is not limited to instances of prison rape. For further information see IDOC's webpage: <http://www2.illinois.gov/idoc/programs/pages/prisonrapeeliminationactof2003.aspx>. Inmate procedures for such reports are discussed in detail in the below Grievance section of this report. Training on PREA is part of academy

administrators is commendable and key to preventing prisoner abuse and maintaining a correctional culture that is humane, professional and respectful. However, having a fair and effective prisoner grievance system is even more important to ensure abuse and misconduct are timely identified and addressed.

Throughout IDOC, JHA has found the grievance system to be flawed and unreliable. At Lincoln and, indeed, every IDOC facility visited, JHA has received multiple reports from inmates of grievances being lost or not responded to or even acknowledged. In our discussions with staff and administration, however, JHA has not uncovered a uniform, consistent system or policy in IDOC to ensure that grievances, once turned over by a prisoner to the facility, are logged, docketed and recorded as having been filed. This is hugely problematic, given that: (1) the Illinois Administrative Code, which dictates the grievance process, places time limits on filing a grievance;<sup>10</sup> and (2) the Prison Litigation Reform Act of 1995 (PLRA) makes exhaustion of administrative remedies under the grievance system mandatory for a prisoner to bring a claim over prison conditions in Federal Court.<sup>11</sup>

A troubling alleged instance of grievances being lost was at Lincoln, where administrators informed JHA they had been unable to locate a single grievance filed by any inmate regarding a cadet training and strip search that multiple inmates protested to JHA and stated that they and others had filed numerous grievances about. Administrators were adamant that had the matter been brought to their attention by these inmates it would have been thoroughly investigated. They indicated that they were aware of one woman reportedly grieving the issue, but that the grievance was not located. While JHA cannot confirm or deny the validity of inmates' accounts, we did receive what we believe to be a significant number of consistent, unsolicited, and independent reports. Our policy is not to provide the identity of inmates to IDOC without the inmate's permission. Without identifying information IDOC cannot investigate further. While the alleged incident occurred in March 2011, far beyond the 60 day time limit for filing grievances absent special circumstances, JHA and administrators encourage inmates to renew their efforts to report directly if they have any ongoing concerns.

Administrators indicated that they too found the alleged loss of grievances dubious and vexing, and had thus undertaken to review and modify the grievance system to improve records tracking procedures. The improved grievance procedures at Lincoln are detailed in the below Grievance section. JHA commends Lincoln's administrators for their candor in recognizing problems in the facility's grievance system and proactively seeking to address these.

Lincoln's administration reported that the majority of Lincoln inmates are convicted of Class 2 or lesser felonies; approximately 80 percent of the Lincoln inmates have children; and over 80 percent of female inmates report problems with alcohol and substance abuse. These statistics are consistent with state and national data on female inmates.<sup>12</sup> In general, female inmates commit

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training, as is the topic "Dealing with the Female Offender." Again see IDOC's webpage:

<http://www2.illinois.gov/idoc/aboutus/Pages/TrainingAcademy.aspx>.

<sup>10</sup> See Title 20 Illinois Administrative Code, Section 504.810, "Filing of Grievances," available at:

<http://www.ilga.gov/commission/jcar/admincode/020/020005040F08100R.html>.

<sup>11</sup> See 42 U.S.C. § 1997e (2000), available at: <http://www.law.cornell.edu/uscode/text/42/1997e>.

<sup>12</sup> See Jessica Reichert, Sharyn Adams, Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Victimization and Help-seeking Behaviors Among Female Prisoners in Illinois*, 1-75 (April 2010) (estimating that

fewer violent crimes than males, and are more likely to be convicted of lower level drug and property offenses.<sup>13</sup> Female inmates are also more likely to act as primary or sole providers/caretakers for children, and, consequently, to have fewer job skills and less work experience than their male counterparts.<sup>14</sup> Compared to male inmates, females are also more prone to higher rates of drug and alcohol abuse and addiction.<sup>15</sup>

Lincoln's stated mission reflects these gender-specific concerns and aims to promote "independence for the female offender and her dependents" by providing a continuum of services and treatment specially-tailored to female inmates' needs in a safe and humane custodial environment. Meeting this mission is challenging, given systemic overcrowding, lack of resources, understaffing, and the fact that nearly half of Lincoln's population will remain at the facility for less than a year. Lincoln's administration is nevertheless dedicated to creating a supportive, empowering environment for female inmates and has worked exceptionally hard to increase programming, despite limited resources.

For instance, a construction operations training class was engineered by Lincoln's administration in response to data showing a significant increase in the demand for female workers/gender diversity in the construction trades. Lincoln's Warden likewise pioneered an equally innovative program called "Women of Victory." In this program, roughly 100 qualified inmates with three years or less on their sentences are housed together, meet with the Warden once a month, and participate in treatment and classes designed to put them in "a different mindset" before reentry. Recognizing that the vast majority of Lincoln's population are victims of prior trauma and physical, emotional, or sexual abuse, the program is directed at building inmates' self-esteem and sense of self worth. To illustrate, an exercise was for inmates to write a "love letter" to themselves that sets out why they are worthy of being treated with dignity, love, and respect.

The treatment-minded philosophy of Lincoln's administration was also evident in the fact that most administrators and providers referred to inmates as "ladies," "patients," or "clients" during JHA's visit, rather than reductively as "offenders." A number of inmates commented favorably to JHA that particular staff and administrators "really care" about inmates.

It is vital that correctional professionals respond to female inmates' needs by promoting correctional environments that are not only physically secure, but also emotionally and socially supportive. Masculine stereotypes and traditional male correctional models too often permeate women's prisons in ways that can replicate the control and aggression experienced by women in abusive relationships.<sup>16</sup> Because corrections culture is characterized by punishment and control,

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nearly all, roughly 99 percent, of female inmates in Illinois have histories of prior trauma or emotional, physical or sexual abuse), available at:

<http://www.icjia.state.il.us/public/pdf/ResearchReports/Victimization%20and%20help%20seeking%20behaviors%20among%20female%20prisoners%20in%20Illinois.pdf>; Barbara Bloom, Barbara Owen, *Women Offenders and the Gendered Effects of Public Policy*, Review of Policy Research, Center for Gender and Justice, Issue 1, Vol. 21, 31-48 (2004).

<sup>13</sup> *Ibid.*, note 12.

<sup>14</sup> *Ibid.*, note 12.

<sup>15</sup> *Ibid.*, note 12.

<sup>16</sup> Faith E. Lutze, "Ultramasculine Stereotypes and Violence in the Control of Women Inmates," *Women in Prison: Gender and Social Control*, 183-204, p. 201 (Lynne Rienner Publishers, Inc., 2003).

it is often in conflict with a culture of treatment.<sup>17</sup> However, in order to improve behavioral and rehabilitative outcomes for female inmates, the correctional environment must be not only safe and consistent, but also emotionally and socially supportive.<sup>18</sup> Thus, in interactions with female inmates, correctional staff and administrators must be aware of “[t]he significant pattern of emotional, physical, and sexual abuse that many of these women have experienced, and every precaution must be taken to ensure that the criminal justice setting does not reenact those types of earlier life experiences.”<sup>19</sup>

The reality remains, however, that many of the elements needed to promote a rehabilitative environment—*i.e.* adequate physical space, staffing, and funding—are outside of staff’s and administration’s control. To illustrate, at the time of JHA’s visit, Lincoln employed two full-time teachers, but had two vacancies for teaching staff and no immediate resources to fill the positions. A total of 45 inmates were enrolled in Adult Basic Education courses (ABE), leaving 59 inmates on the waiting list. A total of 30 inmates were enrolled in GED courses, with 25 inmates on the waiting list. All told only several hundred inmates, a small part of Lincoln’s population of more than 1000, have the benefit of any educational or vocational instruction or employment in prison industry.

Absent access to programming, education, and vocational training, most inmates are left idle, feeling frustrated and depressed. To illustrate, an inmate that JHA spoke with, who had a grade-school level education and had been at Lincoln for five months, was upset because she was still waiting to get into ABE classes. During the JHA visit, inmates reflected: “There are wait lists for everything,” and “there is nothing to do all day in these units.” Ultimately, only about one-fourth of Lincoln’s population receives any programming.

Administration stated there is also a serious need for increased programming for “youthful offenders,” women ages 18 through 26. Administrators report they currently have two programs for “youthful offenders” initiated within the last year. The “Keeping It 100” program, started January 9, 2012, is a faith based group supervised by the Chaplain where 15 women ranging from age 18-25 are paired with long term inmate mentors and meet weekly one-on-one to discuss struggles the “youthful offender” may be facing and work on coping skills and goals. Since June 2012, the “Diamonds in the Rough” group of 55 women ages 18-22 and 10 older more experienced inmate mentors have met bi-weekly to work on character building skills and allow open expression. The mission of this group is to build strong, intelligent, self motivated women who are confident in their ability to function productively in society.

JHA believes that increased recruitment and use of volunteers could also help to increase programming at Lincoln and other IDOC facilities. Performing community outreach, identifying, organizing and coordinating community partners, establishing volunteer programs to meet identified inmate needs, and setting, monitoring and maintaining volunteer program standards is

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<sup>17</sup> Barbara Bloom Barbara Owen, Stephanie Covington and Myrna Raeder, United States Department of Justice, National Institute of Corrections, *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*, 1-140, p.xix (2002), available at: [www.static.nicic.gov/Library/020418.pdf](http://www.static.nicic.gov/Library/020418.pdf).

<sup>18</sup> *Ibid.*, note 17.

<sup>19</sup> *Ibid.*, note 17.

time-consuming, labor-intensive work that, realistically, require at least one full-time staff member.<sup>20</sup>

Notably Lincoln has 55 volunteer groups that provide various programs. Lincoln's Warden, Women Services Coordinator, and Chaplain are all active in recruiting volunteers from the community and are to be commended for their efforts. Recently, Lincoln has partnered with Illinois State University in Bloomington on bringing a theater production to the facility and women were able to write and perform monologues under the supervision of artist Dr. Ashley Lucas of the University of North Carolina.

Lincoln needs increased alcohol and substance abuse treatment and mental health services. Staff reported that while 132 inmates were receiving substance abuse treatment, an additional 62 inmates were on the waiting list. The facility employs a part-time psychiatrist (17 hours per week) and two full-time social workers, but lacks any staff psychologist. Consequently, there are also backlogs of inmates waiting to receive non-emergent mental health care. Given data showing that a vast majority of female inmates have issues with substance abuse and/or mental illness, particularly in relation to post-traumatic stress disorders connected to trauma, it is evident that Lincoln requires additional resources and mental health staffing to address the population's needs.<sup>21</sup>

In an age of crowding and prison budget constraints, allocating space and staffing for programming and treatment is often seen as secondary to the priority of maintaining institutional control.<sup>22</sup> However, studies confirm that investing in inmate programming, education and mental health and substance abuse treatment is cost-effective and increases public and institutional safety by reducing recidivism and crime as well as improving inmates' behavior and adjustment during incarceration.<sup>23</sup> Policy makers and elected officials should heed these evidence-based findings by directing more resources and staffing towards rehabilitative programming and treatment.

Accordingly, in furtherance of public safety, institutional security, crime reduction, and responsible fiscal management, JHA advocates that IDOC, with support from elected officials: (1) seek to hire full-time volunteer programming coordinators at every IDOC facility so as to capitalize on volunteer community resources and extend educational and vocational

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<sup>20</sup> See Shane Bryans, Clive Martin and Roma Walker, *Prisons and the Voluntary Sector: A Bridge Into the Community* 1-208, p. 90 (Waterside Press, 2002).

<sup>21</sup> See *Ibid.*, note 12; Lauren E. Glaze, Doris J. James, *Mental Health Problems of Prison and Jail Inmates*, U.S. Department of Justice, Bureau of Justice Statistics (September 6, 2006), available at: <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=789>.

<sup>22</sup> Sarah Lawrence, Daniel P. Mears, Glenn Dubin, and Jeremy Travis, Urban Institute Justice Policy Center, *The Practice and Promise of Prison Programming*, 1-28, p.7 (May 2002), available at: [http://www.urban.org/uploadedpdf/410493\\_PrisonProgramming.pdf](http://www.urban.org/uploadedpdf/410493_PrisonProgramming.pdf).

<sup>23</sup> See e.g. Francis T. Cullen and Paul Gendreau, *Assessing Correctional Rehabilitation: Policy, Practice, and Prospects*, *Criminal Justice*, Vol. 3, 109-175, p. 128 (2000), available at: <http://learn.uci.edu/media/SP06/99015/Assess%20Rehab%20Cullen%2003d.pdf>; Audrey Bazos and Jessica Hausman, *Correctional Education as a Crime Control Program*, available at: <http://www.spsr.ucla.edu/ps/research/Correctional.pdf>; Ralph C. Serin, U.S. Department of Justice, National Institute of Corrections, *Evidence-based Practice: Principles for Enhancing Correctional Results in Prisons*, 1-39, p. 3 (December 2005) available at: <http://static.nicic.gov/Library/023360.pdf>.

programming and job training to more inmates; and (2) prioritize providing timely substance abuse treatment, counseling and mental health services to every inmate at Lincoln and in IDOC who has any need or desire for these services during their incarceration.

## **Housing and Living Conditions**

Lincoln opened in 1984 and is comprised of 14 buildings on 25 acres. Its campus includes nearly 30 gardens, including gardens where inmates grow cucumbers, green beans, watermelons and tomatoes. As a 28-year-old facility, it has substantial physical plant issues. Some of the more serious issues involving repair of gutters, air ducts and fencing were in the process of being addressed at the time of JHA's visit. However other issues, including broken windows and deteriorating asphalt and walkways, remained to be fixed.<sup>24</sup> JHA received several reports from inmates that flies enter through the cafeteria's window fixtures in summer; that toilets leak and bathrooms lack ventilation. Despite these issues, JHA found Lincoln to be generally a clean, well-maintained condition given its age. Notably, several inmates commented favorably on the facility's cleanliness.

Lincoln's general population inmates are housed in dormitory-style rooms that contain 10 bunk beds and house 20 inmates per room. There are a total of five general population units, containing 500 bunks or 1000 dormitory beds in total. Each general population contains two wings, which, in turn, contain five dorm rooms housing 20 inmates apiece. The current double-bunking solution is necessary to accommodate Lincoln's increased population of more than 1000. As previously noted, Lincoln's rated design capacity is for 500 inmates. Staff and administration indicated that that double-bunking is a workable solution for the time being, but not ideal.

Because of crowding, living space for general population inmates is very limited. An inmate's personal living space is basically restricted to the area of the bunk bed and a small space adjacent to her bunk where personal property, such as a television or fan, can be stored. Having many inmates crowded into small confined areas beyond design capacity creates conflict and animosity, diminishes the facility's ability to effectively deliver services, and reduces staff's ability to monitor inmate behavior.<sup>25</sup> Correctional officers usually sit outside of the housing wings during their shifts. JHA received conflicting opinions from inmates regarding this practice. Some preferred that officers be present inside the living units, while others preferred that the officers remain outside.

A factor that helps to ameliorate crowded conditions is that Lincoln inmates are allowed to spend a substantial amount of time outside the dorms. Administration reported that inmates are allowed to spend up to three and half hours in the yard, and up to five and half hours at the gym or on the outside patio areas adjacent to the housing units. If weather permits, inmates are sometimes allowed additional yard time after dinner. JHA observed a number of inmates enjoying "patio

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<sup>24</sup> In 2010, JHA similarly noted that Lincoln's roads and walkways were in disrepair and in need resurfacing. See JHA Monitoring Report of Lincoln, March 2010, available at: <http://www.thejha.org/lincoln30310>.

<sup>25</sup> Craig Haney, *Wages of Prison Overcrowding: Harmful Psychological Consequences and Dysfunctional Correctional Reactions*, Journal of Law and Policy, Vol. 22, 265-293 (2006), available at: <https://docs.google.com/viewer?a=v&q=cache:uXWtUhX3FucJ:law.wustl.edu/Journal/22/p265Haney.pdf>.

hours” on the afternoon of our visit. One inmate was using this time exercise, while inmates were simply talking and sitting outside.

Lincoln has a specialized unit set aside for housing long-term inmates, which includes some of the older inmates. However, some inmates expressed the view that Lincoln’s population is “too mixed,” in that inmates serving short and long sentences are too often housed together. They explained that this is problematic because some inmates with longer sentences behave poorly because there are fewer consequences.

JHA staff and volunteers were struck by the idleness and lethargy of many of the inmates we observed in the general population dorms. At mid-afternoon, the lights were turned out and many women were asleep on their bunks or watching television. Some women congregated on bunks or in the common areas attached to the housing units and talked together. Administrators explained that the women work different shifts and require different rest hours thus they use minimal lighting in the housing units in the daytime to respect this.

Inmates are permitted to move freely throughout their assigned units unless they are on disciplinary restriction. Each housing unit ostensibly has three phones that inmates may use between the hours of 6.00 a.m. and 9:30 p.m. However, several inmates reported to JHA that some of the phones in the units were broken. For a time, this had left only one phone for 100 women to use in one of the housing units, which had led to conflicts. Inmates reported, however, that they had used the grievance procedure and the issue had eventually been resolved.

A high point of JHA’s visit to Lincoln was seeing the Women of Victory housing unit, mentioned earlier in this report. This special housing unit is focused on providing inmates who have good disciplinary records and three or less years to serve on their sentence with reentry skills. JHA found the common room of the unit to be cheerful, colorful and decorated with materials focused on that month’s programming theme: “Self Esteem and Loving of the Self.” Past monthly themes for the unit have included titles such as “Loving Myself,” “My Best Year” and “Spring Ahead – Leave It Behind.”

Another recent programming initiative in the unit involved engaging inmates in a focus group to give feedback and constructive criticism to staff and administration regarding strengths and weaknesses with the program and with Lincoln in general. JHA commends Lincoln’s administration for this initiative and encourages IDOC to similarly adopt inmate focus groups at other facilities, particularly with respect to frequently overlooked special populations such as elderly and disabled inmates and long-term prisoners. While focus groups have mainly been used in the business and marketing fields as a way to get opinions on products and services, they have proven to be very effective tools for correctional officials to elicit information about inmate satisfaction and their needs with respect to particular services and programs.<sup>26</sup>

The only drawback of the Women of Victory program is that it is not available to more inmates. While eligible inmates can request to be transferred to the unit, the unit’s population is limited to

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<sup>26</sup> See Stacy Calhoun, Nena Messina, Jerome Cartier and Stephanie Torres, *Implementing Gender-responsive Treatment for Women in Prison: Client and Staff Perspectives*, Federal Probation Journal, Vol. 74, No. 3, available at: <http://www.uscourts.gov/uscourts/FederalCourts/PPS/Fedprob/2010-12/implementing.html>.

100. Some inmates that JHA spoke with in other housing units expressed frustration and resentment that inmates in the Women of Victory unit seem to “get all the services.” JHA was extremely impressed with the services and programming in the Woman of Victory unit and encourages administration to make efforts to extend the services and programs to all Lincoln inmates.

### **Clothing, Bedding & Commissary**

The standard items issued to inmates upon admission to the facility include: two sets of underwear, two bras, two pairs of socks, two pants, two shirts, one coat, one stocking cap, one bath towel, one washcloth, two sheets, one pillowcase, and two blankets. General population inmates have daily access to laundry facilities, as well cleaning supplies upon request. JHA received reports from inmates of being issued bedding and clothing that was stained, soiled, worn thin, or missing buttons, zippers, or snaps. JHA saw evidence of this in the clothes and bedding displayed by some Lincoln inmates. Lack of adequate clothing and bedding is an endemic issue that JHA has seen repeatedly at Illinois facilities. Minimum standards of care dictate that inmates should be provided with adequate and serviceable clothing and bedding that is decent and in a good state of repair.<sup>27</sup> The prevalence and continuing nature of this problem is evidence that IDOC has insufficient funding and resources and is struggling to meet even the basic needs of the prison population at its current level.

Lincoln inmates may shop at the commissary once a week, but are subject to spending limits to prevent illegal traffic and trade and stockpiling of certain items. Several Lincoln inmates reported that prices at the commissary had suddenly increased 25 to 45 percent without notice. JHA heard reports from inmates that commissary products are of poor quality. Apart from this, inmates suggested that commissary would be improved by providing hair products for more diverse hair types and vitamins for older inmates. Healthcare staff and administrators also suggested that commissary should be expanded to include more over-the-counter medications for inmates, particularly given the increased copayment of \$5 that inmates must now pay for non-emergent medical visits.

### **Visiting Room and Library**

The exceptional condition and welcoming atmosphere of Lincoln’s visiting area and library demonstrate that Lincoln’s administration and staff take care and pride in this facility. JHA found the visiting room to be very cheerful and clean. It included a children’s play area decorated with an animal-themed mural designed and painted by an inmate artist. The children’s area was also well-stocked with toys, games, coloring sheets and books. General population inmates are permitted unlimited visits, seven days a week, including holidays, in two-hour increments. Segregation inmates are permitted two one-hour visits per month on weekdays.

Lincoln staff indicated that they would welcome donation of more children’s books for the visiting room, particularly books for Spanish-speakers. JHA commends Lincoln’s administration

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<sup>27</sup> See ABA Standards for the Treatment of Prisoners, Standard 23-3.5, “*Provision of Necessities*,” available at: [http://www.americanbar.org/publications/criminal\\_justice\\_section\\_archive/crimjust\\_standards\\_treatmentprisoners.html#23-3.5](http://www.americanbar.org/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners.html#23-3.5).

for an ongoing initiative to see that informational postings, signs, commissary information, grievance forms and the inmate orientation manual are issued in both Spanish and English. Consistent with staff recommendation, JHA additionally encourages Lincoln and IDOC administrators to reach out to Hispanic community resources to help identify potential donors of Spanish-language children's books.

Like the visiting room, JHA also found Lincoln's library in excellent condition. The library has a very pleasant, inviting atmosphere, and was well-organized and well-stocked with law and general library books. Lincoln's library is open five days a week for seven and a half hours a day to general population inmates. Segregation may request items from the library daily. Notably, several inmates specifically mentioned and complimented Lincoln's library and library staff when speaking with JHA.

### Segregation

Lincoln's segregation unit is relatively small compared to other facilities. It has the capacity to house 11 inmates, and was filled to capacity on the date of JHA's visit. The unit contains five cells with double bunks and one single-bed cell. Conditions for inmates in the double-bunked cells are cramped, exacerbating already stressful living conditions. While companionship is usually a good thing, forced companionship with a cellmate for upwards of 23 hours a day in a double-bunked segregation cell tends to intensify tension and strain and can lead to violent outbursts, especially among mentally ill inmates.<sup>28</sup> Three of Lincoln's 11 segregation inmates were under psychiatric care and receiving psychotropic medication at the time of JHA's visit. As documented in other JHA reports, evidence indicates that the use of segregation with mentally-ill inmates is clinically inappropriate because of its propensity to intensify mental illness.<sup>29</sup>

Administrators noted that inmates in segregation at Lincoln are monitored daily by medical and mental health staff with documentation to support appropriate checks. Lincoln also has a practice for inmates receiving mental health care that they will be reviewed by the adjustment committee and a mental health professional prior to any discipline being imposed.

JHA found the conditions in Lincoln's segregation unit harsh, but comparable to, and in some respects better than, other Illinois facilities. Typical of most segregation units, staff reported that Lincoln's segregation inmates spend most of the day sleeping because have nothing else to do. Inmates are allowed only one 15-minute personal phone call per month. Laundry is done on the unit once per week. While inmates may take three showers per week, inmates reported to JHA that the showers in the segregation unit did not have hot water. Administrators report that they had never heard this complaint from inmates and that when the temperature was checked it was appropriate.

Chaplaincy services are provided on a weekly basis, and healthcare staff visits the unit two times a day. Inmates' personal property is limited and audio/visual privileges are not permitted absent

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<sup>28</sup> Sasha Abramsky, Jamie Fellner *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness* Human Rights Watch, 1-223, p. 153 (2003), available at: <http://www.hrw.org/sites/default/files/reports/usa1003.pdf>.

<sup>29</sup> See, e.g., JHA's report March 2012 report: "A Price Illinois Cannot Afford: Tamms and the Costs of Long-Term Isolation," and the source materials cited therein, available at: <http://www.thejha.org/tamms>.

special approval by administration. Administration reported that, consistent with the Illinois Administrative Code, inmates in segregation for less than 90 consecutive days are afforded one hour of outside recreation/gym time per week, while inmates in segregation more than 90 consecutive days are permitted a total of five hours of outside recreation/gym time per week.<sup>30</sup>

Unlike many segregation units, inmates with educational assignments can be provided with schoolwork in their cells by teaching staff. Further, unlike most segregation units, inmates in Lincoln's segregation unit are permitted to frequently shop in the commissary, about once per week. The kind and number of items that segregation inmates may purchase is limited, however, and some inmates expressed frustration that they are unable to purchase more hygiene and food items. Administration reported that segregation inmates may request books daily from the library. A rolling cart of library books is also stationed in the unit from which inmates can make selections.

Lincoln's administration reported that correctional counselors are required to meet with segregation inmates once per week. Mandating routine contact by counselors with segregation inmates is vital, as these inmates are otherwise unable to access and request services through regular correctional channels. Unfortunately, due to understaffing general population inmates do not have an equal level of access to their correctional counselors as segregation inmates at Lincoln (as discussed in greater detail in the section of this report on grievances).

JHA was heartened to learn that the average stay in segregation at Lincoln is less than 30 days. Lincoln's administrators further indicated that it is their policy to try to use segregation as little as possible and as a last resort. For instance, if inmates fight, the preferred policy at Lincoln is to separate the inmates into different housing units, rather than automatically putting them in segregation. Consistent with best practices and treatment standards, JHA strongly supports correctional policies, such as Lincoln's policy, that promote using segregation seldom, judiciously, and for minimal lengths of time.<sup>31</sup>

## Medical Care

Lincoln has a seven-bed medical unit that was at full capacity on the date of JHA's visit. Despite crowding, the unit was clean and well maintained. Healthcare information is posted in English and Spanish in the unit. Unlike most correctional facilities that JHA has visited, Lincoln has the benefit of both a medical doctor and nurses who are fluent in Spanish.

The healthcare unit is made up of four exam rooms, a telemedicine room, a six-bed infirmary, and a single-bed isolation room. Medication lines are run twice daily from the unit. Administration indicated that if the need for medical bed space exceeded capacity, bunk beds will be brought into the unit. Female inmates who have more serious health problems are

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<sup>30</sup> See Illinois Administrative Code, Title 20, Section 504.670, "Recreation for Persons in Segregation Status," available at: <http://ilga.gov/commission/jcar/admincode/020/020005040D06700R.html>.

<sup>31</sup> See ABA Standards on the Treatment of Prisoners, Standard 23-2.6, "Rationales for Segregated Housing," available at: [http://www.americanbar.org/publications/criminal\\_justice\\_section\\_archive/crimjust\\_standards\\_treatmentprisoners.html](http://www.americanbar.org/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners.html).

generally transferred to Dwight Correctional Center. As noted previously, it is not clear where these inmates would be housed in the future with the proposed closing of Dwight.

With the exception of the healthcare administrator and a dental assistant who are employed by the state, Lincoln's healthcare staff are employed by a private contractor, Wexford Health Sources, Inc. Lincoln is authorized for and staffed with one fulltime general physician (40 hours per week), a part-time gynecologist (six hours per week), and a full-time physician's assistance and pharmacy technician (each 40 hours per week). Like most Illinois facilities, Lincoln was understaffed with nurses. One of six full-time registered nursing positions was vacant, and three of ten fulltime licensed practical nursing positions were vacant. Instead of 240 hours of weekly registered nurse coverage, Lincoln was making do with 200 hours; and instead of 400 hours of weekly licensed practical nurse coverage, Lincoln was making do with 280 hours. Studies show that time pressures occasioned by insufficient resources are a major source of occupational stress for correctional nurses that can interfere with job performance.<sup>32</sup> Given Lincoln's nursing shortage, JHA was not surprised to hear reports from several inmates of some nursing staff being short-tempered or rude towards inmates.

With respect to preventative care, administrators report all Lincoln inmates are provided with yearly PAP smears, and mammograms are provided every other year to inmates between the ages of 50 and 70. Out of the total population of 1009, 181 inmates are aged 50 or older. Administration reported only one death at the facility in the preceding five years.

Chronic care clinics are available for inmates with HIV, Hepatitis C, Diabetes, Asthma, Hypertension, Tuberculosis, Seizures, and General Medicine issues. Inmates who are appropriate candidates for the chronic care are identified upon arrival at the facility through a health assessment. A single chronic care nurse manages appointments for all the clinics. A focus of all the chronic care clinics is to educate inmates on how to manage and monitor chronic illness through healthy behavior and lifestyle choices. At the time of JHA's visit, there was a four-week wait period/backlog for inmates to be seen in some of the chronic care clinics. Telemedicine is used with chronic care clinics, and staff indicated that they found it to be effective.

Medical examinations at Lincoln take place behind closed doors with only clinical staff present. JHA noted signs posted in the infirmary stating, "No male staff allowed beyond this point without authorization." JHA commends administration for its initiatives in protecting female inmates' privacy in the clinical setting. In accord with best correctional practices, JHA agrees that male correctional staff should be barred from access to areas where female inmates are commonly undressed and not assigned to positions that could undermine female inmates' modesty and privacy.<sup>33</sup>

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<sup>32</sup> Nancy A. Flanagan and Timothy J. Flanagan, *Correctional Nurses' Perceptions of Their Role, Training Requirements*, *Journal of Correctional Health Care*, J Correct Health Care, Volume 8, Issue 1, 67-85, p. 75 (2001), available at: <http://jcx.sagepub.com/content/8/1/67.full.pdf>.

<sup>33</sup> See United Nations and World Health Organization, *Women's Health in Prison: Correcting Gender Inequity in Prison Health*, 1-51, *Recommendations 2.3 and 2.4*, p.44 (2009) available at: [www.unodc.org/.../Declaration\\_Kyiv\\_Women\\_60s\\_health\\_in\\_Prison](http://www.unodc.org/.../Declaration_Kyiv_Women_60s_health_in_Prison).

Number of Lincoln Inmates Diagnosed with Chronic Illness (February 2012)	
Asthma	91
Cancer	0
Diabetes	36
Hepatitis C	80
HIV	13
Hypertension	150
Tuberculosis	3
MRSA	4
Seizures	45

For non-emergent medical care, inmates are scheduled for appointments within a three-week timeframe. Typically, nurses see between six and 15 patients per day on the daily sick call. An administrator commented that female inmates “like to present” for medical treatment, and noted that 329 sick call visits had been logged in the preceding month, amounting to about 11 sick calls per day.

However, JHA found the average number of inmates seen on daily sick call at Lincoln to be less than the average number of inmates seen on daily sick call at many male facilities. This discrepancy is troubling, given research showing that female inmates “[a]re likely to have more serious health problems than both women in the general U.S. population, largely because of chronic poverty, lack of access to medical care, and problematic lifestyles,” and “[t]heir health

problems are also worse than those of incarcerated males.”<sup>34</sup> Studies further show that female inmates have less access to healthcare in prison than their male counterparts.<sup>35</sup>

As evidenced by one administrator’s comment, a common gender stereotype nevertheless persists that female patients overuse healthcare services, are more demanding, burdensome and emotionally volatile than male patients, and more apt to somaticize emotional upsets into physical problems and seek medical treatment for psychosomatic illnesses.<sup>36</sup> This false perception is dangerous because it can lead to less thorough diagnostic evaluations and underestimation of female patients’ medical needs.<sup>37</sup>

A number of inmates complained of low quality of care or delays or denials of medical treatment. Several inmates reported that an anti-inflammatory medication, Mobic, was overprescribed to treat all manner of conditions, even when ineffective and inappropriate. Another patient reported that she had been without treatment for Hepatitis C for four years, while another reported that her medications to treat acid reflux had been discontinued a year prior. Several inmates reported that they were denied timely access to diagnostic procedures, including an ultrasound, resulting in serious illnesses going undetected and untreated for some time. JHA cannot confirm or deny the validity of inmates’ medical reports. However, the volume of reports we received indicates at the least that a substantial number of inmates are frustrated and

<sup>34</sup> Tammy L. Anderson, *Issues in the Availability of Health Care for Women Prisoners*, in press in *Female Prisoners in the United States: Programming Needs, Availability, and Efficacy*, (Prentice Hall Publishing) available at: <http://www.udel.edu/soc/tammya/pdfs/Issues%20in%20the%20Availability%20of%20Healthcare>.

<sup>35</sup> *Ibid.*, note 34.

<sup>36</sup> See Barbara Bernstein and Robert Kane, “Physicians’ Attitudes toward Female Patients,” *Medical Care*, Vol. 19, No. 6, 600-608 (1981), available at: <http://www.jstor.org/stable/pdfplus/3763923.pdf?acceptTC=true>.

<sup>37</sup> *Ibid.*, note 36.

dissatisfied with their care and that there may be problems of miscommunication between inmates and healthcare providers.

JHA nevertheless was impressed with the commitment of administration and staff to increasing medical education and medical literacy among inmates. Yearly health fairs are held to provide information to inmates on a variety of health issues, and staff in the healthcare unit stated they are focused on educating inmates on hypertension and diet. Inmates also act as peer educators to one another, with a focus on communicable diseases, especially HIV. Lincoln's administrators stressed that health education is key because most major most health issues that they see in the population relate to lack of education and inmates not taking care of themselves. JHA commends Lincoln's administration and staff for their efforts in health education. In accord with recommendations by the World Health Organization, JHA further encourages that all IDOC inmates be provided with health education on a range of topics including diet and exercise, sexual and reproductive health, HIV/AIDS, mental health, substance abuse, dental health, coronary heart disease and stroke, and cancer as part of a public health initiative.<sup>38</sup>

### **Dietary Issues**

With respect to diet, at the time of JHA's visit Lincoln inmates reported that fresh produce is rarely available; most of the fruits and vegetables they receive are canned and highly processed. As one inmate stated, "I've not had a banana in five years." In JHA's March 2010 report, we noted that Lincoln administration was exploring the possibility of offering fresh fruit for sale at the commissary, but this does not appear to have occurred.<sup>39</sup>

Seasonal produce grown by Lincoln's inmates in the facility's 28 gardens is incorporated into the menu to the extent possible. Administrators also noted that the inmate garden crew finds their work rewarding and therapeutic. However, Lincoln's gardens are not large enough to consistently supplement inmates' diets with fresh produce, given the size of the population. Subsequent to JHA's visit, we were heartened to hear from a Lincoln inmate that fresh produce was provided to the inmates. Nevertheless, the provision of fresh produce likely remains the exception, not the rule, at Lincoln and most facilities. This lack of fresh produce is particularly troubling given that JHA saw noticeable evidence of obesity among a significant portion of the population. Inmates also noted that cheese was a rarity and that milk was only served with breakfast. Another inmate reported that food portions had grown smaller, leaving some inmates hungry.

Administration indicated that inmates' minimal daily nutritional and caloric intake conforms to government guidelines and that they proudly and creatively provide quality meals within Lincoln's budgetary constraint of 55 cents per meal. They note the use of the facility gardens to supplement inmates' diet. As JHA visitors observed during our visit, Lincoln dietary offers special meals utilizing inmate culinary talent for African American Heritage month and other occasions. JHA visitors found Lincoln dietary to be clean, organized and professional.

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<sup>38</sup> See generally *Health in Prisons: a WHO Guide to The Essentials in Prison Health*, 1-179, available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/99018/E90174.pdf](http://www.euro.who.int/_data/assets/pdf_file/0009/99018/E90174.pdf).

<sup>39</sup> See JHA Monitoring Report of Lincoln Correctional Center, March 2010, available at: <http://www.thejha.org/lincoln30310>.

Non-communicable diseases, like obesity, are often overlooked in corrections. Yet, studies indicate that the healthcare costs of obesity exceed those of smoking.<sup>40</sup> Studies further indicate that female inmates in the United States are more likely to be obese than non-imprisoned women.<sup>41</sup> Consistent with sound fiscal and public policy, JHA recommends that increased resources be devoted to improving inmates' diet and nutrition in order to decrease inmates' rates of obesity-related illnesses (such as diabetes, hypertension and heart disease), and thereby reduces long-term correctional and public healthcare costs.

## Medical Copayments

The most frequent healthcare complaint JHA heard from Lincoln inmates, and from IDOC inmates in general, concerned the increase in the inmate medical copayment from \$2 to \$5 per visit.<sup>42</sup> Inmates explained that they typically must see the nurse three times before being referred to a doctor. Even if the treatment prescribed by the nurse is ineffective, inmates must still pay \$5 per sick call visit. For inmates who do not have outside financial support from family, this is a dilemma. The state pay that indigent inmates rely on to purchase hygiene products, food, stamps, and writing supplies from the commissary is quickly drained by sick call visits. Consequently, poor inmates are choosing to forgo medical treatment because it is too costly. Healthcare staff and administrators suggested that the commissary should be expanded to include more over-the-counter medications to help minimize the burden on inmates from the increased copayment for non-emergent medical visits.

JHA recognizes there are arguments both for and against requiring inmates to pay medical copayments. On the one hand, requiring inmates to invest in their own healthcare can help to limit abuse and overuse of healthcare services. On the other hand, lack of adequate access to care is already an endemic problem for inmates—the majority of whom are indigent and disproportionately suffer from higher rates of serious illness due to chronic poverty, medical neglect, poor diet, and drug and alcohol abuse.<sup>43</sup>

In consideration of the above, and in agreement with the National Commission on Correctional Health Care, JHA opposes fee-for-service copayment programs given the evidence that these unduly restrict poor inmates' access to care, jeopardizing the health of inmates, staff, and the

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<sup>40</sup> Moriarty JP, Branda ME, Olsen KD, Shah ND, Borah BJ, Wagie AE, Egginton JS, Naessens JM, *The Effects of Incremental Costs of Smoking and Obesity on Health Care Costs Among Adults: A 7-year Longitudinal Study*, Journal of Occupational and Environmental Medicine, Volume 54, Issue 3, 286-291 (March 2012).

<sup>41</sup> Katharine Herbert, Emma Plugge, Charles Foster, Helen Doll, *Prevalence of Risk Factors for Non-communicable Diseases in Prison Populations Worldwide: A Systematic Review*, The Lancet, Volume 379, Issue 9830, 1975 – 1982 (May 2012).

<sup>42</sup> See Public Act 097-0562, effective date January 1, 2012, which amended 730 ILCS 5/3-6-2 by increasing inmates' medical copayments from \$2 to \$5, available at: <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=097-0562>.

<sup>43</sup> See Patricia O'Brien and Diane S. Young, "Challenges for Formerly Incarcerated Women: A Holistic Approach," Families in Society: The Journal of Contemporary Social Services, 359-366, p. 362 (2006), available at: <http://www.familiesinsociety.org/new/Teleconf/070316OBrien/87-3obrien.pdf>; Andrew P. Wilper, Steffie Woolhandler, Wesley Boyd, Karen E. Lasser, Danny McCormick, David H. Bor, and David U. Himmelstein, *The Health and Health Care of US Prisoners: Results of a Nationwide Survey*, American Journal of Public Health, Vol. 99, No. 4, 666-672 (April 2009), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661478/pdf/666.pdf>.

public.<sup>44</sup> Absent a categorical elimination of the inmate medical copayment in Illinois, however, JHA recommends that elected officials and IDOC reassess and modify the existing copayment program to conform to the NCCH's guidelines to insure that inmates' access to care is not impeded.<sup>45</sup>

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<sup>44</sup> *Ibid.*, note 36.

<sup>45</sup> *Ibid.*, note 36. The NCCHC's ten guidelines for inmate copayment programs are:

(1) Before initiating a fee-for-service program, the institution should examine its management of sick call, use of emergency services, system of triage, and other aspects of the health care system for efficiency and efficacy.

(2) Facilities should track the incidence of disease and all other health problems prior to and following the implementation of the fee-for-service program. Statistics should be maintained and reviewed. The data should demonstrate that infection levels, or other adverse outcome indicators, as well as incidents of delayed diagnosis and treatment of serious medical problems within the facility, are either consistent with or lower than the levels before implementation. Data that show an increase in infection levels or other adverse outcomes may indicate that the fee-for-service program is unintentionally blocking access to needed care.

(3) All inmates should be informed on the details of the fee-for-service program upon admission, and it should be made clear that the program is not designed to deny access to care. Inmates should have a full working knowledge of the situations in which they will or will not be assessed a fee as well as any administrative procedures necessary to request a visit with a health care provider.

(4) Only services initiated by the inmate should be subject to a fee or other charges. No charges should be made for the following: admission health screening (medical, dental, and mental) or any required follow-up to the screening; the health assessments required by facility policy; emergency care and trauma care; hospitalization; infirmary care; perinatal care; in-house lab and diagnostic services; pharmacy medications to maintain health; diagnosis and treatment of contagious disease; chronic care or other staff-initiated care, including follow-up and referral visits; and mental health care including drug abuse and addiction.

(5) The assessment of a charge should be made after the fact. The health care provider should be removed from the operation of collecting the fee.

(6) Charges should be small and not compounded when a patient is seen by more than one provider for the same circumstance.

(7) No inmate should be denied care because of a record of non-payment or current inability to pay for same.

(8) The system should allow for a minimum balance in the inmate's account, or provide another mechanism permitting the inmate to have access to necessary hygiene items (shampoo, shaving accessories, etc.) and over-the-counter medications.

(9) The facility should have a grievance system in place that accurately tracks complaints regarding the program. Grievances should be reviewed periodically, and a consistently high rate of grievances should draw attention to the need to work with staff to address specific problems that may have accompanied the fee-for-service program.

(10) The continuation of any fee-for-service health care program should be contingent on evidence it does not impede access to care. Such evidence might consist of increased infection rates, delayed diagnosis and treatment of medical problems, or other adverse outcomes.

## **Dental & Eye Care**

JHA had the opportunity to visit Lincoln's dental unit and found it very clean and well maintained. However, the unit has only one operable dental chair. Lincoln is authorized for an employed one fulltime dentist (40 hours per week) and one fulltime dental assistant (40 hours per week). As Lincoln is not authorized for and does not employ a dental hygienist, only the dentist may perform teeth cleanings. Thus, inmates have access to teeth cleaning only insofar as the dentist's schedule permits.

Despite limited staffing and space, Lincoln's dental unit has less of a backlog for treatment than most facilities JHA has visited. Dental staff attributed this to the fact that they work very well together as a team. At the time of JHA's visit, there was a wait period of four to six weeks for non-emergency tooth extractions and tooth fillings, and a wait time of one month for dentures and dental prosthesis. Unlike most facilities, inmates at Lincoln sometimes receive dental crowns. In the preceding 12 months, dental staff performed 781 tooth extractions and three crowns for inmates.

With respect to eye care, Lincoln is authorized and employs one part-time optometrist for eight hours per week. As at most IDOC facilities, understaffing has led to a backlog in inmates waiting to receive eye care. Staff reported that 25 inmates were scheduled for eye care appointments in the two weeks following JHA's visit, and that a goal had been set to reduce backlogs for eye care. Medical staff and administrators suggested that providing reading glasses for purchase through the commissary would also be helpful to inmates. JHA agrees and encourages IDOC to explore providing reading glasses to Illinois inmates through commissary, as is already being done in the federal prison system.

## **Mental Health Care**

At the time of JHA's visit, 174 inmates were under psychiatric care. Of these, 173 were taking psychotropic medication, none involuntarily. Apart from individual counseling and treatment, group therapy sessions are available dealing with a variety of issues, including domestic violence and drug and alcohol abuse.

As previously noted, Lincoln was authorized for and employed one part-time psychiatrist (17 hours per week) and two fulltime social workers, but did not employ a psychologist at the time of our visit. Lincoln has observation cells set aside for crisis/suicide watch, but does not have a separate mental health unit. According to staff, the average length of time for an inmate on crisis/suicide watch is seven days.

Despite limited mental health staffing, administration indicated that inmates who are actively being treated with psychotropic medications at the time of their transfer to Lincoln usually continue to receive medications, without a lapse in medication. Administrators reported that when they make their rounds through the housing units they will sometimes directly refer inmates for mental health treatment and services if they notice a problem. According to administration, inmates generally are evaluated by a mental health professional within a week of their arrival Lincoln.

Because the demand for mental health treatment exceeds staffing levels, however, there is a month and a half wait time for non-emergent inmates to see the psychiatrist. At the time of JHA's visit, there was also a backlog of 61 inmates waiting to receive non-emergent mental health services.

Targeted treatment for substance abuse and addiction, provided through the Wells Center, is also available to 130 inmates in two housing units. Again, the demand for treatment exceeds available staffing and resource levels, as there were 62 inmates waiting to enter this program at the time of JHA's visit.

The United States Department of Justice, Bureau of Justice Statistics reports that an estimated 73 percent of female inmates suffer from mental illness and trauma-related disorders, but only about one-third receive treatment during incarceration.<sup>46</sup> Lincoln's staff and administration similarly reported that the majority of Lincoln inmates are victims of prior trauma and abuse and have issues with substance abuse and addiction. Studies confirm that the majority of female inmates in Illinois (upwards of 80 percent) suffer from prior trauma and abuse and substance abuse or addiction.<sup>47</sup> Studies further confirm that those female inmates who receive substance abuse treatment while incarcerated are less likely to be rearrested following their release than those who do not.<sup>48</sup> Given the profile of Lincoln's inmate population, it clear that the facility needs substantially more resources and staffing to adequately identify and treat inmates with mental health and substance abuse issues.

Several inmates reported to JHA that increased mental health screening is also needed because some inmates with serious mental illnesses are inappropriately housed at Lincoln. Notably, three of the 11 women housed in Lincoln's double-bunked segregation unit were under psychiatric care and receiving psychotropic medication at the time of JHA's visit. As documented in prior reports, JHA generally opposes the use of segregation with mentally-ill inmates given the strong evidence that it tends to exacerbate mental illness.<sup>49</sup>

## Grievances

As previously noted, Lincoln administrators candidly acknowledged that the facility's grievance system was flawed, and that new staff had been put in place to improve record keeping and accountability measures, including using a grievance log. As at other IDOC facilities, JHA heard many reports at Lincoln of grievances being "lost" or never responded to or acknowledged.

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<sup>46</sup> See Lauren E. Glaze, Doris J. James, *Mental Health Problems of Prison and Jail Inmates*, U. S. Department of Justice, Bureau of Justice Statistics (September 6, 2006), available at: <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=789>.

<sup>47</sup> See Jessica Reichert and Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Post-traumatic Stress Disorder and Victimization Among Female Prisoners in Illinois*, 1-25 (November 2010), available at: <http://www.icjia.state.il.us/public/index.cfm?metastory=9953>; Jessica Reichert, Sharyn Adams and Lindsay Bostwick, Illinois Criminal Justice Information Authority, *Victimization and Help-seeking Behaviors Among Female Prisoners in Illinois*, 1-75 (April 2010), available at: [www.icjia.state.il.us](http://www.icjia.state.il.us).

<sup>48</sup> See David E. Olson, Gypsy Escobar and Loretta Stalans, Illinois Criminal Justice Information Authority, *An Examination of Admissions, Exits and End-of-the-Year Populations of Adult Female Inmates in the Illinois Department of Corrections, State Fiscal Years 1989 – 2011*, 1-33, p. 28 (October 2011), available at: [www.icjia.state.il.us/.../Female\\_Inmate\\_Report\\_through\\_SF2011](http://www.icjia.state.il.us/.../Female_Inmate_Report_through_SF2011).

<sup>49</sup> *Ibid.*, note 29.

Lincoln inmates were generally disillusioned and dissatisfied with the grievance process. They reported that because they seldom saw their correctional counselors, they did not have the opportunity to attempt to raise and resolve issues informally.

This is a serious problem. Lack of access to counselors effectively negates the ability of an inmate to invoke the grievance system at the outset, as the Illinois Administrative Code (Code) mandates that an inmate first attempt to resolve issues and complaints informally by raising them with her counselor before she can file a formal grievance.<sup>50</sup> JHA further learned that, under IDOC policy, counselors are only required to see general population inmates on their assigned caseloads once every 60 days. Yet, the Code dictates that an inmate must file a formal written grievance within 60 days “after the discovery of the incident, occurrence, or problem that gives rise to the grievance.”<sup>51</sup> It begs the question how an inmate can reasonably comply with the Code’s timing requirement if she has the opportunity to see her counselor only once every 60 days.

Grievances aside, counselors are vital because they serve as the primary liaison and point of contact and communication between inmates and the prison system. For instance, to request placement in educational, work or programming assignments, an inmate must go through her counselor. With respect to healthcare, inmate issues often stem from miscommunication or confusion. Counselors typically assist in resolving these issues by facilitating communication between inmates and medical staff. Yet, several Lincoln inmates expressed to JHA that they were unaware that they could and should bring problems with medical care to the attention of their counselor.

Lincoln administrators acknowledged that lack of ready access to counselors was a problem at the facility, but indicated they were working to improve the situation. They further observed that understaffing contributed to the issue, as one counselor position had been vacant for some time just prior to JHA’s visit and several other counselors were on leave.

The current grievance procedure at Lincoln was detailed to JHA as follows:

A Clinical Services Supervisor, Case Work Supervisor retrieves grievances from the Housing Units. Then the DAO/CAO or Counselors retrieve grievances during Housing Unit rounds. The Case Work Supervisor screens all incoming grievances for emergency grievances and for those that should be returned to the inmate for various reasons (e.g. submitting grievance over 60 days, inmate needs to sign and date, etc.).

Emergency grievances are walked up to the Warden’s office for the Warden’s review, appropriate sign off and at that time handed back to clinical services staff for processing.

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<sup>50</sup> See Title 20 Illinois Administrative Code, Section 504.810(a), which provides in relevant part: “An offender shall first attempt to resolve incidents, problems, or complaints other than complaints concerning disciplinary proceedings through his or her counselor.\*\*\*. If an offender is unable to resolve the complaint informally or if the complaint concerns a disciplinary proceeding, the individual may file a written grievance on a grievance form that shall be made available in all living units. A grievance shall be filed within 60 days after the discovery of the incident, occurrence, or problem that gives rise to the grievance.\*\*\*.” available at: <http://www.ilga.gov/commission/jcar/admincode/020/020005040F08100R.html>.

<sup>51</sup> *Ibid.*, note 10.

If the grievance is not an emergency and not a disciplinary issue, the Case Work Supervisor will log the grievance and forward to the Housing Unit assigned Counselor. The Counselor will respond to the grievance in the Counselor Response section of the grievance and return to the Case Work Supervisor so that he can log the resolution as either having merit, denied or moot. The grievance will then be mailed to the inmate. At that time, the inmate can appeal the grievance, by writing "appeal" on top of the grievance and sending it back to Clinical Services. It is then assigned to a Grievance Officer, who will complete the Grievance Officers Report, and forward that report to Case Work Supervisor for logging, then the grievance is provided to the Warden for her final decision.

If the grievance is Health Care Unit related, it is forwarded directly to the Director of Nursing for processing. The response is completed on a separate form and attached to the grievance and returned to Case Work Supervisor. Case Work Supervisor will paraphrase that response in the Counselor Response section and it is mailed to the inmate. The original response is kept on file approximately for 60 days, in case the inmate appeals. A copy of the grievance and response is placed in the miscellaneous section of the medical file.

If the grievance is an ADA issue, it is directly referred to the designated ADA Coordinator, who will make their response, forward the grievance back to clinical for logging and then it is forwarded to the Warden for her final review.

If the grievance is a disciplinary issue, it will be forwarded to a Grievance Officer for processing. Once the Grievance Officer completes their response on the Grievance Officer Report, the grievance will be sent to the Warden for review. Once reviewed by the Warden with a final decision completed, the grievance is returned to the Case Work Supervisor for logging and is mailed to the inmate.

The Warden personally reviews all grievances that are emergency, ADA related, staff related, disciplinary issues or counselor responses that has been appealed to a Grievance Officer. The original of these grievances are forwarded for filing in the master files and clinical retains a copy for auditing purposes. These are to be filed by year. A list that is considered "red flag" issues is directly brought to the attention of the Wardens before being provided to the Counselor.

Additionally, administrators stressed that inmates do not need to utilize the grievance procedure to bring issues to their attention. They note that the Warden and Assistant Wardens conduct call lines regularly and executive IDOC staff tour Lincoln monthly. Lincoln women also have the ability to contact the Executive Staff in the Women's Division privately by writing a communication delivered in a sealed envelope. Administrators state that this information as well as contact information is provided on the housing units. Also, as discussed in the introduction, inmates may use the protection of PREA to report instances of sexual harassment. IDOC's PREA webpage states: "Offenders serving their sentence within an IDOC facility are urged to report allegations of sexual abuse and sexual harassment. Offenders can report by submitting a

request slip, a grievance, telling a trusted staff member, or asking a family member or friend to call the report line [217-558-4013].”<sup>52</sup>

Problems with the former grievance system are exemplified in alleged issues involving a mass shakedown/strip search performed by cadets from the correctional academy as part of a training exercise in March 2011, noted earlier in this report. Inmates reported to JHA that they personally filed grievances about the incident, and they further believed that between 80 and 150 grievances were filed in total, as the grievance boxes on the housing units were “overflowing” after the incident. However, none of the inmates who reportedly filed grievances knew what happened to them since and they had received no response on the grievances. One inmate expressed frustration that she had been “told three different stories” by her assigned correctional counselor about where the grievance forms had gone.

Lincoln administrators vehemently deny that there were any problems with the strip search. They stated that the strip searches were conducted in accordance with accepted correctional standards, in that inmates were placed in private areas of the gym, one per bathroom stall, while individual strip searches were conducted by female cadets. They reported that particular attention was paid to ensure that the privacy of the women during the strip search and this privacy interest was a paramount consideration in the proceedings. Administrators recount that the Warden, Chief Denning, Assistant Warden Reynolds, and the Chief of Staff of Development and Training were all present during the entirety of the March 2011 training, provided appropriate supervision, and that they received no complaints from the women at that time. Also they reported they have not since received any inmate complaints, other than the one report of a single woman grieving the issue.

Administrators further indicated that it is a standard practice to allow correctional cadets into facilities to perform mass searches of inmates and their belongings as part of training. However, they explicitly note that cross gender searches are strictly prohibited in the IDOC Women and Family Services Division. JHA applauds this policy, which is in line with human rights standards and best correctional practices.<sup>53</sup>

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<sup>52</sup> See IDOC’s PREA webpage: <http://www2.illinois.gov/idoc/programs/pages/prisonrapeeliminationactof2003.aspx>. Note that: “Calls to this [PREA hotline] number at IDOC Headquarters are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit. You do not have to give your name, but it is critical that you provide as many details as possible.

This includes:

- The name(s) and locations of persons involved;
- the name(s) or description of any witnesses to the incident;
- IDOC offender number (if an offender)
- A brief description of the incident(s)
- A brief description of where the event(s) occurred;
- The date(s), time, and place of occurrence(s);
- Names and contact information of others who might have additional information about the incident;
- Your contact phone number and address (optional)

IDOC investigates all allegations of offender–on–offender sexual abuse and staff sexual misconduct. Investigations initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation.”

<sup>53</sup> See American Correctional Association standards pertaining to searches, Standards 4-192 through 4-194 (4<sup>th</sup> Edition, 2003); ABA Standards on Treatment of Prisoners, Standard 23-7.9, “*Searches of Prisoners’ Bodies*,”

While JHA cannot reconcile these conflicting accounts, we believe they point to the need for a more effective grievance system.<sup>54</sup> An inmate grievance system is a fundamental element of a functional prison system. “When inmates view the system as credible, they can also serve as a source of intelligence to staff regarding potential security breaches in addition to excessive force or other staff misconduct. Ostensibly, the grievance process under the Illinois Administrative Code is intended to provide some minimum due process protections to prisoners by giving them notice and an opportunity to be heard, and some right of appeal and review.<sup>55</sup> Not only should the grievance system be readily available and easily accessible to all inmates, it should also allow prisoners to file their grievances in a secure and confidential manner without threat of reprisal, and have them answered by staff that performs its responsibilities in a responsive and prompt manner.”<sup>56</sup>

Based on this report and the recommendations of JHA’s 2012 Healthcare Report,<sup>57</sup> IDOC’s Chief of Performance Based Audits will begin examining the grievance process in her annual review of facilities.

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available at:

[http://www.americanbar.org/publications/criminal\\_justice\\_section\\_archive/crimjust\\_standards\\_treatmentprisoners.html](http://www.americanbar.org/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners.html); United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 53.(3), available at:

<http://www2.ohchr.org/english/law/treatmentprisoners.htm>; United Nations/ World Health Organization, *Women’s Health in Prison: Correcting Gender Inequity in Prison Health Recommendations: 2.2 Gender-Sensitive Training and 2.3 Appropriate Female-Male Staffing Balance*, available at:

[http://www.unodc.org/documents/commissions/CNDSession51/Declaration\\_Kyiv\\_Women\\_60s\\_health\\_in\\_Prison.pdf](http://www.unodc.org/documents/commissions/CNDSession51/Declaration_Kyiv_Women_60s_health_in_Prison.pdf). See also *Byrd v. Maricopa County Sheriff’s Department*, 07-16640 Slip Op. 1-25 (9<sup>th</sup> Cir. 2011) (pat down

search if male inmate’s genitals by female correctional training cadet was unreasonable under the Fourth Amendment where there were no exigent circumstances or showing of unavailability of male officer to do the search), available at: <http://www.ca9.uscourts.gov/datastore/opinions/2011/01/05/07-16640.pdf>.

<sup>54</sup> Lack of reliability, credibility and consistency in the Illinois prison grievance system are not new problems, but were noted by JHA and the Illinois Bar Foundation decades ago in studies of the grievance systems at Cook County Jail, Stateville Correctional Center and Vienna Correctional Center See Ashley M. Belich, Note: *Dobby v. Illinois Department of Corrections: A Small Piece of a Growing Policy Puzzle*, 5 Seventh Circuit Review 272 (2009), available at: <http://www.kentlaw.iit.edu/Documents/Academic%20Programs/7CR/v5-1/belich.pdf>.

<sup>55</sup> See Title 20 Illinois Administrative Code, Section 504.800 *et. seq.*, “*Discipline and Grievances*,” available at: <http://www.ilga.gov/commission/jcar/admincode/020/020005040F08000R.html>.

<sup>56</sup> See Ashley M. Belich, Note: *Dobby v. Illinois Department of Corrections: A Small Piece of a Growing Policy Puzzle*, 5 Seventh Circuit Review 272 (2009), available at: <http://www.kentlaw.iit.edu/Documents/Academic%20Programs/7CR/v5-1/belich.pdf>.

<sup>57</sup> “Unmasked Questions, Unintended Consequences: Fifteen Findings and Recommendations on Illinois’ Prison Healthcare System,” available at: <http://thejha.org/sites/default/files/Unmasked%20Questions-Unintended%20Consequences.pdf>.

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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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