Monitoring Tour of Dwight Correctional Center
October 12, 2010

Summary: Too many, too long.

On Oct. 12 a group of John Howard Association board members, staff and volunteers conducted a monitoring tour of Dwight Correctional Center. The prison is located 80 miles south and west of Chicago. Dwight is the main prison for women in Illinois. It also serves as the Reception & Classification unit for women entering prison. Much of this report will deal with problems in Reception & Classification.

When a person is sentenced to prison, they are first sent to Reception & Classification, more commonly referred to as R&C. Dwight’s R&C serves women exclusively.

Inmates undergo evaluation in R&C. They are examined for medical and psychological needs. Their security status is decided, which determines whether they will go to a maximum, medium or minimum security prison. They are also reviewed for a number of other factors. For example, staff tries to determine if an inmate is likely to be victimized or is likely to be a predator.

Currently inmates at Dwight’s R&C are denied previously prescribed psychotropic medication for approximately a month because of a shortage of psychological care. Such abrupt withdrawal of medication can trigger serious medical and mental health problems, including psychosis.
Those inmates denied medication who develop acute mental illness are given expedited medical treatment and medication.

Put another way, some women with controlled psychiatric conditions are denied medication, undergo mental collapse, and then are immediately treated with medication they were first denied. Perversely, this further delays the treatment of women who need medication but have not yet become overtly psychotic.

The mental and medical health staff and prison management agree that the current situation runs counter to best practices but say it is beyond their control.

Several factors are to blame.

Dwight is authorized for four psychologists to provide 160 hours of service each week. The prison has just three psychologists and they are providing 120 hours of service a week.

Dwight’s psychiatrists will not accept the diagnosis and medical treatment of doctors at other institutions. For example, Dwight psychiatrists will not accept as valid diagnosis and medication orders for inmates arriving from the Cook County jail. In any case, it is difficult or impossible for Dwight medical staff to obtain health records of inmates.

Dwight’s R&C must now process more individuals than in the past. At the same time, mental health staff at Dwight and other prisons say the people they see now tend to have more serious psychiatric problems than in the past.

For example, in January approximately 220 Dwight inmates were receiving psychotropic medication. By early October the number was 438. The number of inmates receiving psychiatric care during that time has risen from 379 to 574. (All numbers in the report are provided by the Illinois Department of Corrections and fluctuate frequently.)
Dwight’s mental health staff used to have several pre-doctoral interns to help, but that program ended two or three years ago. Currently the unit has 24 women on suicide watch as compared to the usual 7 to 10 on observation.

Dwight’s R&C faces another problem.

In January the state ended a decade’s old early release program used to limit prison population.

The reasons for the termination of early release are beyond the bounds of this report. But the end of early release has caused a dramatic increase in the number of people in Illinois prisons.

In less than 10 months, the prison population has risen from approximately 45,000 to well over 48,000. This increase is equal to that of a large prison. Each week a new record is set in the number of people held in Illinois prisons. (To follow prison population trends, visit [http://www.thejha.org](http://www.thejha.org))

As a result, there is a shortage of beds at the prisons. This means individuals who have completed the R&C process must remain in the R&C unit until a place for them can be found.

Before the early release program was terminated, it normally took about two or three weeks for a Dwight inmate to complete R&C and move on to her assigned housing. Now that same inmate may spend two or three months in R&C.

Because inmates are supposed to be in R&C for only a brief time, they have historically been denied the rights and privileges of other inmates. For example, they could not receive visitors, make phone calls, spend time outdoors or purchase items at the commissary.

Dwight’s management has moved to ease conditions for inmates. Warden Sheryl Thompson said R&C inmates are permitted to go outside, to make phone calls, to receive visits and use the gym. Inmates do not get full commissary privileges because there is insufficient space to store their purchases.
Observations: Many of the problems in mental health care cited in this report were noted in a JHA report in January (See http://www.thejha.org/dwight022010). While circumstances have changed since then, it appears there has been little or no progress in the overall provision of mental health care at Dwight.

Recommendations: The IDOC should fully staff Dwight’s mental health unit and consider increasing the number of personnel to meet inmate needs. Medical staff should reconsider their policy of automatically rejecting diagnoses and prescription recommendations made at other institutions.

Other Medical Issues

Dwight has had no Health Care Unit Administrator for at least eight months. This is a key position because, as the name implies, the administrator is the top overseer of medical care in a prison.

Dwight is setting up a hospice program. The prison is used to house chronically ill inmates. Its population is aging and will need more medical care in the future. Dwight simply cannot allow its medical program to continue without permanent leadership.

Other than the shortage noted above and an inadequate number of psychologists, Dwight appears fairly well staffed. Nurses typically work about four hours of overtime a week, according to medical staff. At some other prisons, nurses routinely work 60 hours a week.

Staff says inmates can expect to receive a teeth cleaning and dental examination about once a year. At some prisons, the interval in dental hygiene is four years.

Inmates interviewed by the JHA did not express serious complaints about medical care. The medical unit and infirmary appeared adequate and is more spacious than most in the prison system.

Observation and Recommendation. The Health Care Unit Administrator position is critical. It should be filled as soon as possible.
Physical Plant

Dwight makes a poor first impression. Visitors enter through a grim gatehouse. The visiting room is somewhat more attractive and is being set up for video visitation. This will greatly increase the opportunity for women to remain in contact with their children and other loved ones. (For more about video visitation, view the recent JHA report at http://www.thejha.org/videovisits)

The prison grounds are attractive. Many inmates live in cottages shaded by mature oaks and surrounded by spacious yards. Except for the razor ribbon, much of Dwight resembles a small, private college.

Unfortunately, the cottages, built in the 1920s, are in need of extensive rehabilitation if they are to remain inhabitable.

Roofs are visibly deteriorated. The ceiling of a freshly painted corridor in one cottage is already disfigured by water damage. Cells are covered with peeling paint. Mold is visible in some areas. Windows are drafty and plaster is crumbling.

Warden Thompson says the prison is in need of a plumber. That was evident in one cell, where water could not drain from an inmate’s sink. Showers were clean but worn.

Living areas are wired by cable in conduit mounted on ceilings and walls, a potential security and safety hazard. Some electrical appliances are served by unsecured, residential grade extension cords.

Despite these defects, the prison was clean and orderly throughout.

*Observation*: Some residential buildings at Dwight will become unusable in the foreseeable future unless extensive renovations are forthcoming.

*Recommendation*: The John Howard Association recognizes that Illinois suffers from dire fiscal problems. Nevertheless, renovation of housing units at Dwight is far cheaper than constructing new facilities. The state should rehabilitate Dwight at least to the point that the prison’s infrastructure is protected from further deterioration.
Other Observations

Warden Thompson and other Dwight staff appear to have excellent relations with inmates. The warden has worked in corrections for 22 years, 10 of them at Dwight. She is familiar with the background of many inmates, and she and inmates greet one another respectfully.

Inmates in disciplinary segregation can see their term reduced by good behavior. The warden said that incentives must be tailored to the individual, as some inmates can accomplish more than others. One inmate in segregation said that she had talked on the phone with her family the previous day, a reward for her not cursing or shouting. She sounded delighted. “This works for me,” the inmate said.

The prison is allowing lifers to take jobs. Typically inmates serving life are denied the opportunity to work, meaning they have little to do with their lives. Allowing lifers to earn even a tiny salary as a groundskeeper or custodian is a humane correctional policy.
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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 instrumental in improving prison conditions.

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