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Monitoring Visit to Big Muddy River Correctional Center 2013

Big Muddy River Correctional Center (Big Muddy) is a medium-security male facility, located in Ina, Illinois, about five hours southwest of Chicago and three hours southeast of Springfield. Big Muddy is designated within the Illinois Department of Corrections (IDOC) to house inmates who are civilly committed as Sexually Dangerous Persons (SDPs).



Vital Statistics:

Population: 1,890

Rated Capacity: 952

Average Age: 38

Average Annual Cost per Inmate (FY 2011): \$16,250

Average Remaining Sentence Length: 3.5 years

Convicting Offense: 5% Murder, 36% Class X, 17% Class 1, 19% Class 2,

8% Class 3, 6% Class 4 felonies, and 9% unclassified.

Convicted in Cook County: 34%

Population by Race: 46% White, 42% Black, 12% Hispanic

Source: IDOC, March 2013

Key Observations

- Administrators at Big Muddy recognize the need to provide inmates with tools for successful reentry.
- Big Muddy benefits from dedicated staff and several outstanding programs, including substance abuse treatment and a housing unit dedicated to reentry preparation.
- Mental health treatment at Big Muddy is inadequate, as the sex offender treatment programs are chronically understaffed and there is a backlog for Telepsych treatment.
- Dental and eye care backlogs persist at the facility.
- JHA has concerns about disabled inmates' accommodations, particularly where they have difficulty participating in treatment.
- The grievance process at Big Muddy has been ineffective and inmates report retaliation for reporting concerns.
- Although JHA commends Big Muddy for recent efforts expanding their vocational offerings, as at other facilities, educational waitlists are substantial.

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Executive Summary

Big Muddy houses approximately 1,900 inmates in a facility designed to house 952 when it opened in 1993.¹ As the average length of remaining sentences for inmates at Big Muddy is about three and a half years, administrators emphasized that reentry and programming are priorities.² They stated once an inmate makes the determination he wants to change, they must provide him with the tools to do so.

Nonetheless, administrators report their greatest challenge is to continue to provide needed services while financial issues force the department to make budgetary decisions that adversely affect programs. Many exceptional, dedicated staff members at Big Muddy run programming while facing tremendous adversity and a chronic lack of vital resources.

Since 2010, sex offenders have composed more than half of Big Muddy's total population.³ Of these inmates, 173 are designated Sexually Dangerous Persons (SDPs)⁴ who are civilly committed to IDOC custody until determined to be "recovered."⁵ Staff stated that age is not a factor for determining recidivism risk; SDP participants have included an inmate over 80 years old, and may be as young as 17.⁶ SDPs are rarely released. Hence, the difficulties of SDP inmates and their aging population are largely analogous to those of other inmates who are "older, sicker, and staying in prison longer than ever before."⁷

Sex offender treatment, and civil commitments in particular, raise many important and difficult questions about risk of recidivism, treatment success, and cost.⁸ These questions lack informed answers, as research data, where it exists, is controversial. Although SDP civil commitments

¹ This report is based on monitoring visits conducted on March 8, 2013, and November 14, 2011, and communications with staff and inmates.

² This average excludes the civilly committed Sexually Dangerous Persons and 16 indeterminately sentenced inmates.

³ See JHA's 2010 Big Muddy report, which summarizes the facility as follows: "Aging sex offenders, a medical staffing problem, far too crowded, but still holding it together," available at <http://thejha.org/bigmuddy0710>.

⁴ This is up from 162 SDPs at the time of the 2011 visit.

⁵ See 725 ILCS 205, available at <http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1989&ChapterID=54>. For a brief explanation of the enforcement of the act, see <https://www.iicle.com/articles/Article.aspx?ID=110>. For a discussion of some of the challenges to the program, see W. Wylie Blair, *The Illinois Sexually Dangerous Persons Act: The Civilly Committed and Their Fifth Amendment Rights or Lack Thereof*, 29 S. Ill. U. L. J. 461 (2005).

⁶ Administrators noted that recent additions to IDOC's directives include specific policies and procedures for inmates under the age of 18. One of the major facility management implications of the federal Prison Rape Elimination Act (PREA) is under PREA Standard 115.14 inmates under 18 must be sight and sound separated from older inmates.

⁷ U.S. Department of Justice, National Institute of Corrections, *Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates*, p. 58 (February 2004), available at <http://static.nicic.gov/Library/018735.pdf>.

⁸ See e.g. Congressional Research Service (CRC) Report for Congress, *Civil Commitment of Sexually Dangerous Persons*, (July 2, 2007), p. 34–35, available at <http://www.policyarchive.org/handle/10207/bitstreams/18628.pdf>;

have survived court challenges and JHA supports sex offender treatment, we must question the appropriateness of these placements where they are dependent on scarce IDOC resources, where treatment staffing is inadequate, where some disabled individuals may lack resources to meaningfully participate in treatment, and where alternative sex offender management approaches may prove effective.⁹

Another concern at Big Muddy is that inmates reported little confidence in the grievance procedure, as JHA has noted throughout our monitoring of IDOC facilities.¹⁰ However, JHA found the number of grievances recorded by Big Muddy to be incredibly low and we received several reports of retaliation for complaints. Administrators stated that in early 2013 they started to track grievances, remarking that “you can’t manage what you can’t measure.”

This report addresses the following: Sex Offender Treatment, Inmates with Disabilities, Grievances, Staffing, Supplement Sentencing Credit, Healthcare, Educational and Vocational Programming, Library, Substance Abuse Treatment, Reentry, and Demographics.

Recommendations

- JHA recommends that hiring sex offender treatment staff at Big Muddy be prioritized and that Big Muddy track the success of their sex offender treatment programs.
- Simultaneously, JHA recommends that Illinois research the cost and effectiveness of its sex offender management laws and expand resources for sex offender reentry housing.
- JHA recommends that IDOC ensure adequate means of communication for deaf and hard of hearing inmates, and retrain staff on disability issues.
- JHA recommends that Big Muddy retrain staff on the importance of a functional grievance system, as well as the inappropriateness of retaliation.
- JHA recommends that Big Muddy track segregation use.
- JHA continues to recommend abolishing the \$5 copay for healthcare.¹¹
- JHA continues to recommend expansion of substance abuse treatment.¹²

⁹ See e.g., Congressional Research Service (CRC) Report for Congress, *Civil Commitment of Sexually Dangerous Persons*, (July 2, 2007), available at <http://www.policyarchive.org/handle/10207/bitstreams/18628.pdf>; Center for Sex Offender Management (CSOM), A Project of the U.S. Department of Justice, Office of Justice Programs, *Legislative Trends in Sex Offender Management*, (November 2008), p. 7–8, available at http://www.csom.org/pubs/legislative_trends.pdf.

¹⁰ See e.g., JHA’s 2012 healthcare report, Recommendation 14, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

¹¹ See e.g., JHA’s 2012 healthcare report, Recommendation 5, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

¹² See e.g., JHA’s 2012 healthcare report, Recommendation 3, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

Sex Offender Treatment

Sex offender treatment at Big Muddy consists of a voluntary sex offender program and the Sexually Dangerous Persons (SDP) program. Sex offenders who receive treatment generally have lower rates of recidivism than those who do not, yet such programs remain scarce in IDOC.¹³

In Fiscal Year 2011, almost 16 percent of the IDOC population, or 7,792 inmates, were labeled as sex offenders¹⁴ and since 2010, they have comprised 50 to 54 percent of Big Muddy's population. At the time of the 2013 visit, there were 974 inmates labeled as sex offenders at Big Muddy, with 173 SDPs housed in units with capacity to house 224, and 94 inmates participating in the voluntary sex offender program, with four on the waitlist. Relatively few criminally convicted sex offenders receive treatment while incarcerated, though arguably such treatment would result in greater public safety benefits than treatment for civilly committed inmates who are less likely to be released.¹⁵

Administrators reported that they have struggled to keep the sex offender treatment program staffed. Treatment staff stated that by comparison, Rushville Treatment and Detention Center, which is operated by Illinois Department of Human Services and houses Sexually Violent Persons (SVPs), has 30 clinical care staff compared to three at Big Muddy.¹⁶

While Big Muddy keeps the civilly committed SDP population separate from the voluntary sex offender program, staff are shared and the treatment philosophy and programming, consisting of cognitive behavioral therapy, are basically the same. Teaching empathy is an important part of the program. General population inmates convicted of a sex offense have access to the voluntary sex offender program if they meet the criteria including that they request treatment, have at least 12 months remaining on their sentence, admit at least partial guilt, and have no major disciplinary tickets in the previous six months.

An inmate participating in the voluntary sex offender program told JHA that he feels blessed to be at Big Muddy and feels that every inmate should have therapy. However, inmates reported that the program is understaffed with only one staff member for 94 active participants, and the majority of the groups are peer-facilitated. Inmates reported that there is also a stigma to participating. JHA has some concern that there is a disincentive for participating in treatment

¹³ See e.g. Congressional Research Service (CRC) Report for Congress, *Civil Commitment of Sexually Dangerous Persons*, p. 18–19 (July 2, 2007), available at <http://www.policyarchive.org/handle/10207/bitstreams/18628.pdf>; R. Karl Hanson, et. al., *A Meta-Analysis of the Effectiveness of Treatment for Sexual Offenders: Risk, Need, and Responsivity*, (2009), available at <https://www.ncjrs.gov/App/Publications/Abstract.aspx?id=260177>.

¹⁴ See IDOC FY2011 Annual Report, p. 23, available at <http://www2.illinois.gov/idoc/reportsandstatistics/Documents/FY2011%20Annual%20Report.pdf>.

¹⁵ See e.g. CSOM, *Legislative Trends in Sex Offender Management*, (November 2008), p. 8, available at http://www.csom.org/pubs/legislative_trends.pdf.

¹⁶ See 725 ILCS 207, available at <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1990&ChapterID=54>. The SVP population is also seeing an expansion, see [http://quincyjournal.com/rushville-treatment-and-detention-facility-targeted-for-\\$13-million-expansion1360103805.html](http://quincyjournal.com/rushville-treatment-and-detention-facility-targeted-for-$13-million-expansion1360103805.html).

where inmates may avoid disclosing information necessary for their treatment, due to the fear that such disclosure may result in later civil commitment.¹⁷

Big Muddy administrators reported that they had no data on recidivism for inmates receiving sex offender treatment versus those who do not. JHA recommends that Big Muddy track the success of their sex offender treatment programs.¹⁸

SDPs

As noted in JHA's 2010 report, Big Muddy houses the SDP population in separate housing unit wings apart from criminally convicted inmates; however, they are not isolated, and these inmates live like others at Big Muddy.¹⁹ Nothing has been done to make their environment less sterile to reflect any distinction to their confinement.

SDPs may decline to participate in treatment, though this decreases their likelihood of being supported for release. Out of the 173 civilly committed inmates, 25 have chosen not to participate. Administrators reported that each SDP who wishes to participate in treatment receives two to eight hours of staff-facilitated therapy a week and also has the opportunity to participate in peer-facilitated groups.

Although SDP inmates are allowed one petition a year for release, it can take over a year for the petition to be heard; hence staff report no one petitions every year. In the past five years, a total of 12 SDPs have been supported for release by Big Muddy sex offender treatment staff.²⁰ Since August 2012, the evaluation for release is conducted by contractor Wexford Health Sources (Wexford) mental health staff, instead of by staff providing treatment in the SDP program.

While some inmates JHA interviewed found the treatment program life-changing and effective, understaffing challenges the program. Although many inmates commented on the dedication and hard work of the staff, with only two treatment staff members for 173 inmates, some inmates reported that their treatment is being compromised because at times staff are unable to remember who they are and who said what. This is an obvious problem. JHA questions whether staff can

¹⁷ See e.g. CSOM, "Legislative Trends in Sex Offender Management," (November 2008), p. 8, available at http://www.csom.org/pubs/legislative_trends.pdf.

¹⁸ See e.g. CSOM, "Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction," (January 2009), p. 16, available at http://www.csom.org/pubs/twenty_strategies.pdf ("Performance data (i.e., number of clients successfully completing and unsuccessfully terminating) as well as outcome data (e.g., reoffense following treatment) should be collected and analyzed by an objective party, where possible. If outcomes fall short of expectations, adjustments in program services should be made.")

¹⁹ See JHA's 2010 Big Muddy report, available at <http://thejha.org/bigmuddy0710>. Unlike general population inmates, SDPs have open movement within the wing and are only confined to cells during counts and at night. SDPs have approximately five weekly one-hour yard or gym opportunities. These inmates have the same visiting guidelines, commissary rotation, and library access as general population inmates. When not on their housing units, SDPs may encounter general population inmates.

²⁰ Of those supported, six have been released, two have been placed on conditional release, one was granted release but is pending release for housing, and three cases are still pending in court. Support for one of the 12 has been retracted. Staff noted that the 12 SDPs supported had evaluations that identified support for release and the evaluation then has to go through the court process, which can often be lengthy, and then housing and treatment in the community is set up. Hence someone may be supported in one year but not released until the next.

appropriately individualize treatment given these caseloads.²¹ Staff expressed concern with the “overflow” second housing unit for the SDP program, and acknowledged that these individuals did not receive as much treatment. As long as IDOC civil commitments of SDPs continue, Big Muddy must be provided with adequate resources for this program.

JHA has concern about the disparate developmental abilities of the SDP population. While some inmates were clearly highly educated and articulate, others had severe intellectual and developmental disabilities. We have serious questions about the appropriateness of prison housing for such individuals and whether some of these individuals can meaningfully participate in treatment.

Staff stated that it is important to have consistency among inmate population so they can work in peer groups. They stated sometimes inmates are paired with a “helper” inmate; but one inmate told JHA that his helper just does the work for him. Staff said they have “special groups,” but there are no special materials for inmates with low-level comprehension abilities. Inmates generally noted updated educational treatment material would be helpful, as the current material is roughly a decade old.

JHA also has concerns about sexual misconduct allegations for this population. Some SDP inmates reported that they were uncomfortable being double celled with other SDP inmates who they reported are psychotic or acting out sexually.²² Some inmates reported that nothing is done about sexual abuse, though they did not report specific incidents that could be investigated.

Research demonstrates that inmates incarcerated for violent sexual offenses, inmates with mental health issues, and non-heterosexual inmates all report higher incidences of sexual victimization in prison.²³ The Prison Rape Elimination Act (PREA) mandates zero tolerance.²⁴ JHA notes that the facility’s PREA coordinator is a SDP treatment staff member. While undoubtedly this individual has valuable expertise, this closeness and authority over release decisions for program participants may result in failures to report.

²¹ See e.g. CSOM, “Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction,” (January 2009), p. 16, available at http://www.csom.org/pubs/twenty_strategies.pdf. (“Sex offenders are a diverse population and, therefore, treatment must take into account important variations such as levels of risk and intervention needs. Treatment is more effective when research-supported assessment tools are used to determine the appropriate level of service (i.e., dosage and intensity), to identify the specific risk factors that should be targeted in treatment, to assess progress that offenders are making in treatment, and to make ongoing adjustments to treatment plans.”)

²² The SDP treatment staff provide, on request, a cell request form to SDPs, in which they can state a preference of cellmate. SDP treatment staff review the request also taking into consideration possible safety concerns and request appropriate cell moves through the placement office. In making such decisions, SDP treatment staff take into consideration offense history, age, physical size, physical and mental disabilities, health concerns, aggressive behaviors, etc. Single cells are reportedly assigned on an as needed basis, with two SDPs single celled currently.

²³ See e.g. U.S. Department of Justice, Bureau of Justice Statistics, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*, p. 6–7, available at <http://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>.

²⁴ For more information about PREA see <http://www.prearesourcecenter.org/>. Reports may be made under the PREA for incidents of harassment or inappropriate behavior, it is not limited to instances of prison rape. For further information see IDOC’s webpage, at <http://www2.illinois.gov/idoc/programs/pages/prisonrapeeliminationactof2003.aspx>. Inmates may call the IDOC PREA report line, report by submitting a request slip, a grievance, telling a trusted staff member, or asking a family member or friend to call the IDOC report line, 217-558-4013.

While SDP inmates expressed many complaints common among all inmates, including the inadequacy of \$10 state pay and poor ventilation in the housing units, they also spoke of difficulty with other inmates and staff treating them poorly because of their classification. They reported instances of name calling, written slurs, canceled yard, and not being given equal food servings. Most poignantly, some inmates had given up hope of ever being released, and one hoped to be executed.

Inmates with Disabilities

As Big Muddy is an Americans with Disabilities Act (ADA) compliant facility, the 109 inmates identified as having a disability may be housed in any housing unit, as well as the healthcare unit. These inmates may participate in separate gym and yard opportunities. Some inmates with disabilities are housed with other inmates who have work assignments as attendants and aid them. There were 48 inmate attendants in general population and seven in healthcare.²⁵ Some inmates with disabilities do not like being housed with an attendant. JHA observed that double cells with a wheelchair were very tight, allowing for little open floor space and making use of the toilet difficult.

As noted above, JHA has concerns about some disabled individuals' accommodation in the SDP program. Where a program requires active participation for success, IDOC must provide inmates with the means to participate. JHA encountered several hearing-impaired and deaf inmates in the SDP program and in general population who reported experiencing difficulties, and requested accommodations. The Big Muddy inmate orientation manual does detail that inmates can receive ADA communication plans.²⁶ However, in one case, an individual reported that he asked to be moved to the front of the housing unit to be able to be aware of activity or announcements, and this had not been resolved months after the request.

Inmates reported difficulty obtaining hearing aids and adequate translators, yet inmates are regularly disciplined and disadvantaged for not hearing. JHA recommends that IDOC create adequate means of communication for deaf and hearing-impaired inmates, and retrain staff on disability issues. As Illinois' prison population ages, such problems will only increase.²⁷

²⁵ In JHA's 2010 report we noted, "About 45 disabled inmates have until now been housed alone in cells large enough to accommodate a wheelchair. Plans call for those cells to be equipped with an upper bunk so as to house two inmates rather than one." Available at <http://www.thejha.org/bigmuddy0710>.

²⁶ According to the manual dated November 28, 2012, the facility's ADA Coordinator (the Healthcare Unit Administrator) will help develop a plan, which may include accommodations such as written material, notification of daily activities, sign language interpretation services, hearing aids, amplifying/assistive listening technology, teletypewriter (TTY) phone usage, closed captioned televisions, and other auxiliary aids and services. Sign language interpreter services are reportedly available for interactions that are complex, lengthy, or involve legal due process, including: introduction to facility rules, counseling sessions, educational and vocational programs, medical & mental health services, religious and other group setting services, due process procedures including disciplinary hearings and prisoner review board hearings, and field services' prerelease instructions.

²⁷ Over the past decade, Illinois' elderly prison population grew by more than 300 percent. See "Minutes of the Illinois Department of Corrections Adult Advisory Board Meeting," (July 26, 2010), p. 2, available at http://www2.illinois.gov/idoc/aboutus/advisoryboard/Documents/20100726_Advisory_Board_Minutes.pdf.

Grievances

Current administrators acknowledged that there have been problems with the grievance process and stated that they also commonly hear from inmates that their grievances were not addressed. Since early 2013, administrators noted that they are making an effort to start addressing this by tracking grievances. At the time of the visit, Big Muddy had only recorded 196 inmate grievances in the prior year. Further, the facility did not maintain data for grievances by category.²⁸

Inmates stated that they have difficulty obtaining grievance forms²⁹ and that grievances are regularly not responded to, which inhibits the inmate's ability to appeal. Inmates also reported that they are retaliated against for grievances and requested outside oversight of the grievance system. After JHA's visit, we received reports of retaliation from inmates expressing concerns, including that multiple unnamed inmates were sent to segregation. JHA recommends that Big Muddy retrain staff on the importance of a functional grievance system and the inappropriateness of retaliation.³⁰ Administrators stressed that inmates are not retaliated against because of grievances or any issue expressed to an outside agency, that staff are trained on the grievance system annually and reminded of it constantly, and that no inmate was taken to segregation as a result of speaking with JHA.

In addition to claims of mishandling of grievances, JHA received reports of staff misconduct and lack of professionalism, including that some officers are verbally and physically aggressive. Several inmates reported racial tensions with staff. Some claimed that white inmates were given preferential treatment or inappropriately had authority over others. The administration strongly denies this claim.

Inmates reported that staff take property without issuing receipts for confiscation, and will also allow other inmates to pack property when an inmate is sent to segregation. Some inmates requested that video cameras be installed to monitor the facility. JHA supports the use of video cameras to aid investigations of misconduct.

JHA also received reports that mail commonly is lost or delayed; reports of three or more weeks for mail delays were common. Inmates reported that their privileged and legal mail was being read and JHA has received privileged letters since our visit referencing other letters that we had not received. Inmates also reported that many publications, permitted in other institutions, were censored for being sexual.

²⁸ Healthcare grievances are discussed in the Healthcare section below.

²⁹ JHA reminds inmates that they can file a grievance on a regular piece of paper.

³⁰ 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. 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." Ashley M. Belich, Note: *Dobbey v. Illinois Department of Corrections: A Small Piece of a Growing Policy Puzzle*, 5 Seventh Circuit Review 272, p. 301-02 (2009), available at <http://www.kentlaw.iit.edu/Documents/Academic%20Programs/7CR/v5-1/belich.pdf>.

Also, at the time of the visit, staff and inmates alike reported difficulties transitioning to the new phone system. One inmate reported that after three months he did not have any approved phone numbers, and that he had not heard any response to his grievance. Administrators reported that staff are continually working with the telecommunications provider to ensure that they process all phone-related matters as quickly as possible.

Some inmates complained that some months they had only about ten yard or gym opportunities, instead of the reported six one-hour periods each week. Inmates reported that if they were held in segregation while under investigation for up to 30 days, they did not get any yard time. JHA also heard a report that staff were abusive in their use of investigative segregation detention and inmates were commonly held for investigation but then did not receive tickets. Big Muddy currently does not track segregation use; JHA advises they do so.

Some inmates complained about the food quality and small portions. Other inmates reported trouble getting special diets. Although administrators stated they run a half-hour feed, some inmates throughout the facility complained of not getting enough time to eat. JHA received multiple reports of inmates being denied food as punishment for infractions such as talking in chow lines. Administrators responded that no inmate would be denied food as punishment, and if an inmate needs additional time to eat he must obtain a slow-eater pass from the facility's medical director.

Inmates at Big Muddy, as at other IDOC facilities, complained of not having access to sufficient cleaning materials, which forced some to use shampoo to clean. Several inmates reported difficulty obtaining items from commissary. JHA also received multiple reports that televisions purchased from commissary were not able to be repaired and would be confiscated for minor defects. Inmates again reported difficulty using the grievance procedure to resolve all such issues. JHA reiterates that an effective grievance system will be an asset to the facility.

Staffing

Big Muddy has seen an increase of staffing since the closure of other southern facilities in 2013.³² At the time of the visit, Big Muddy had 397 staff members, of whom 120 were female. Racial makeup was approximately: 92 percent White, five percent Black, two percent Hispanic/Latino, and one percent two or more races.

Big Muddy Staff	Authorized	Actual³¹
Major	6	5
Lieutenant	18	19
Sergeant	15	13
Correctional Officer	208	203
Correctional Counselor	10	10
Clerical/Administrative	10	7

Twelve security staff were on leaves of absences, however, administrators reported no hours were unfilled due to these leaves. Two clerical staff were on leave but, unlike at most IDOC facilities, no security staff had to be redirected to such duties, though other clerical staff were

³¹ Data provided by administrators from March 2013.

³² In addition to new staff members, Big Muddy also obtained some medical equipment, computers, office supplies, and maintenance equipment.

working overtime. Big Muddy had a fully staffed mailroom; administrators reported a backlog of four days on mail processing but inmates reported longer delays. Administrators reported that additional clerical staff are needed in multiple areas of the facility to process needed paperwork.

Supplement Sentencing Credit

At the time of the March 2013 visit, the implementation of Supplement Sentencing Credit (SSC) throughout IDOC had created a new administrative burden on staff and generated many inmate inquiries.³³ Administrators said that inmates felt frustration because they expect SSC to be automatic like prior types of credits; however, SSC is discretionary and many factors must be weighed.

Administrators stated that this new type of credit is more of a behavioral incentive program, rather than a population management tool. Staff must carefully screen eligible inmates by looking at their entire master file and institutional history. Administrators stated that staffs are doing their best, given this discretion, to ensure that the credits are implemented fairly and that supervisory staff review all SSC recommendations. This includes two separate reviews at the facility level to ensure that awards are given out equitably.

At the time of the visit, Big Muddy administrators stated they were approving about half of the candidates submitted by Springfield after file review. Big Muddy released the first inmates due to awards of SSC a few days after the visit. As of the end of May 2013, a total of approximately 619 inmates, and 14 inmates from Big Muddy, had been released after SSC awards.³⁴

Healthcare

At the time of JHA's 2013 visit, Big Muddy's healthcare unit housed 16 inmates, out of a capacity of 18. The unit frequently meets, or borders on, its capacity. Of the inmates housed in the infirmary, 13 inmates were described as live-ins, some of whom are oxygen dependent. Big Muddy reported it currently housed no terminally ill patients. There were 22 in-facility deaths over the past five years, including one suicide. Over the prior year, Big Muddy reported 39 instances of suicide watch. The healthcare unit contains the only three designated single cells at Big Muddy, which are for medical isolation.

Big Muddy's medical, dental, and mental health services are provided through contractor Wexford Health Sources (Wexford), with the only state healthcare position being the Healthcare Unit Administrator (HCUA). Big Muddy had a full-time physician, a full-time physician assistant, twenty full-time nurses (for 320 hours of registered nurse (RN) and 480 hours of licensed practical nurse (LPN) time), a full-time pharmacy technician, a full-time dentist, a full-

³³ See IDOC's statement on SSC at <http://www2.illinois.gov/idoc/news/2013/Pages/NewAdministrativeRuleonSentenceCredit.aspx>.

³⁴ Data on the SSC implementation is publicly available at <http://www2.illinois.gov/idoc/Offender/Pages/CommunityNotificationofInmateEarlyRelease.aspx>.

time dental hygienist, a part-time optometrist who provides 12.5 hours of coverage biweekly, a psychiatrist via Telepsych for 20 hours a week, and three full-time mental health professionals.³⁵

Facility administrators have for several years openly acknowledged that they need more mental health staffing, particularly for the sex offender treatment program where there are currently two critical vacancies for sex offender therapist positions.

At the time the visit, 344 inmates were under psychiatric care and about 19 percent of the population were taking psychotropic medications, one involuntarily. Of the 51 inmates in segregation, 11 were receiving mental health treatment.

In 2013, the average caseload of mental health staff was reported as 130 inmates, compared to 175 in December 2011. Typically mental health treatment visits occur in the professional's office in the healthcare unit and average 15 to 45 minutes based on the inmate's need. A staff member discusses limits to confidentiality with inmates during initial appointments and asks inmates to sign a treatment plan that describes confidentiality, which is then reviewed every six months.

Telepsych hours are available one to three times each week. Administrators report that prior to seeing patients, the psychiatrist receives copies of their mental health reports and evaluations. In 2011, Big Muddy staff reported that Telepsych had been effective for maintaining stability of inmates on medication, as evidenced in part by the decrease in the number of inmates who have been on crisis watch. However, at the time of the 2013 visit, there was a one to two month backlog for Telepsych, with patients being triaged according to needs.

Big Muddy sick call is conducted daily by nursing staff on housing units. On average, 20 to 25 patients are seen on sick call per day by nursing staff for about 10 to 15 minutes each. Inmates may wait three to seven days between sick call and a physician visit.³⁶ Inmates are offered regular physician checkups at Big Muddy on the IDOC schedule: for patients under 30, every five years; for those 30–39, every three years; and for those over 40, every two years.

Big Muddy reported that out-of-facility care, including specialist visits or outside medical testing, is provided almost daily, and that urgent referrals are scheduled within five days or at the next available appointment. Administrators stated that outside specialist care has on occasion been backlogged due to specialist unavailability or hospital-renovation projects.

³⁵ Comparatively, in 2011, Big Muddy reported only eight psychiatrist hours; however, Big Muddy now reports no authorized psychologist hours.

³⁶ For the previous year, Big Muddy administrators reported: 493 nursing staff emergency sick calls; 8,316 nursing staff nonemergency calls; 120 nursing staff chronic clinic visits; 4,923 physician or physician assistant sick calls; and 3,069 physician or physician assistant chronic clinic visits.

Chronic clinic patients are given disease-specific information.³⁸ Telemed is used for HIV and Hepatitis C clinics. Inmates are seen for clinics every four months for chronic conditions including hypertension, diabetes, asthma, and seizures; every three months for HIV; and every six months for Hepatitis C. Inmates are seen more frequently as indicated by the doctor. Big Muddy also offers a general medical clinic conducted every six months for conditions not covered by the other clinics. Nearly 200 inmates had conditions that do not fall into the other categories but require monitoring, such as thyroid problems, Benign Prostatic Hyperplasia (BPH), and Gastroesophageal Reflux Disease (GERDs).

Number of Big Muddy Inmates Diagnosed ³⁷	
Asthma	192
Cancer	0
Diabetes	117
Hepatitis C	89
Chronic Hepatitis B	2
HIV	17
Hypertension	332
Seizure	50
Tuberculosis	3
MRSA	3

The facility offers peer education on the topic of STDs and HIV during orientation, one-on-one as requested, and prior to discharge. Inmates are provided with Prison Rape Elimination Act (PREA) information through posters on housing units and the inmate television channel. Additionally, the Jackson County Health Department comes to Big Muddy quarterly to discuss healthy lifestyles, including healthy eating, safer sex practices, and positive habits.

Administrators reported that additional healthcare staff would be beneficial in order to reduce the backlogs of dental and eye care. Big Muddy had three operational dental chairs, up from two at the time of JHA's 2011 visit. At that time, the facility had substantial backlogs for dental treatment, including 16-weeks for extractions, a year-and-a-half for fillings, and two-years for dentures. Administrators at the most recent visit reported this backlog continues, as Big Muddy continues to receive inmates with poor dental health, and there is no funding for additional dental coverage. In the year prior to the 2013 visit, 383 extractions were performed and 688 fillings were completed. In 2011, Big Muddy also had a large backlog of 361 inmates waiting eight to nine months for eye care. During the 2013 visit, administrators reported that there is still a backlog due to the large number of inmates that require such services, with 293 inmates on the waitlist. Facility administrators reported the limited optometrist hours at Big Muddy preclude reduction of the backlog. One initiative that may help would be permitting inmates to buy reading glasses through commissary.

³⁷ Data provided from Big Muddy administrators for March 2013. Of the diabetic inmates, 13 have Type 1 diabetes.

³⁸ Asthma patients are instructed in proper use of inhalers and how to avoid triggering factors. Cancer patients are specifically instructed on medication compliance; follow-up care; adequate diet, rest and exercise; and following up on labs, appointments, and following doctors' orders. Diabetic patients are given information about diet compliance, weight maintenance, proper exercise and rest, foot care, and compliance with monitoring blood sugar levels and medication. Inmates diagnosed with Hepatitis C are informed about avoidance of risk behaviors, alcohol abuse, and treatment compliance. Inmates with HIV are given information about high-risk behavior, exercise, rest, proper diet, and medication compliance. For hypertension, inmates are informed about medication compliance, diet, exercise, monitoring blood pressure, and risk factors that contribute to increased blood pressure. Tuberculosis patients learn about medication compliance, risk factors, testing and exposure. For MRSA, inmates are informed about medication compliance, exposure factors, wound cleaning and dressing, good hand-washing technique, and told not to pick at wounds. For other conditions patients are instructed in medication compliance and testing, and how to receive services from the healthcare unit.

JHA received inmate complaints relating to dental and eye care backlogs. As at every facility, inmates reported that the \$5 copay frustrated their access to healthcare. JHA continues to recommend that the copay be abolished.³⁹ Inmates also reported: repeated visits and copay assessments without diagnosis, security staff denying crisis mental health care, failure of proper procedure during an inmate seizure, improper medication delivery, long waits for the physician as well as specialists, over-the-counter pain relief pills being given frequently, failure to notify an inmate's family when an inmate has a serious health issue, and various failures to treat and test.

Educational and Vocational Programming

Big Muddy administrators stressed the importance of programming at the facility, noting that operations are run around inmate assignments, and declared commitment to ensuring the facility is rehabilitative.⁴⁰

At the time of the visit, Big Muddy employed eight teachers with one on a leave of absence. 218 inmates were enrolled in Adult Basic Education (ABE) classes and 120 in General Education Development (GED) classes. 185 inmates were receiving mandatory ABE classes. 208 inmates were on the wait list for ABE and eight on the GED wait list. Last year, 52 inmates graduated from the ABE program and 48 from the GED program. Staff expressed concerns about upcoming changes requiring computerized GED testing, stating that many inmates lacked typing skills. However, Big Muddy recently inherited some computers from the closure of Tamms Correctional Center, and will use those computers to provide inmates with self-taught GED programs. Administrators reported that this project should be fully functional by the end of July 2013.

Big Muddy offers a literacy program that includes 14 paid inmate tutors with job assignments as educational assistants. JHA strongly encourages the use of any educational help that facilities can get, be it through more teachers, volunteers, teaching assistants, or peer mentors. As many inmates in educational classes are at different levels, having peers help may be the most efficient use of time to prepare for testing.

Big Muddy, through Lake Land College, offers open-entry vocational certificate programs for Automotive Technology, Commercial Cooking, and Horticulture. Each course consisted of approximately 16 students, with 159 inmates waitlisted. These programs range from 65 to 149 days of classroom instruction. At the time of the visit, Big Muddy anticipated offering Construction Occupations and Restaurant Management in May 2013. Administrators reported that these classes are now up and running.

Big Muddy also offers a 20-day Career Technology class as well as night college courses, which begin every 12 weeks. The night courses typically enroll 25 to 32 students. Inmates are eligible to be placed on waitlists for these vocational and college courses once their GED or high school diploma has been verified and a Test of Adult Basic Education (TABE) of 8.0 is achieved.

³⁹ See e.g., JHA's 2012 healthcare report, Recommendation 5, available at

<http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁴⁰ In addition to school and treatment program assignments, there are 595 inmate work assignments at Big Muddy.

Notably, Big Muddy offers English as a Second Language (ESL) class and Special Education, which are sadly rarely available within IDOC.⁴¹

Library

In our 2010 report, we noted the Big Muddy library was particularly noninstitutional.⁴² During the 2013 visit, JHA still found the library to appear pleasant and informative with many helpful postings and passionate staff. However, staff and inmates were upset because of recent changes to the library. These changes were implemented due to security concerns and including reducing the number of inmate workers and rearranging the room to get rid of blind spots. During the visit, JHA found administrators' reasons for the changes and new inmate staffing levels to appear reasonable, and to accord with our observations at other facilities. Administrators reported that they compared the inmate worker staffing level to Pinckneyville Correctional Center, and added an additional worker to account for the SDPs.

Nonetheless, we were disheartened to hear that the day after our visit, staff had again rearranged the library and discarded more materials. While legitimate reasons may exist for these changes, the timing did seem punitive. JHA reminds Big Muddy that the library is an asset to their programming offerings and that it can function to improve security through providing a positive outlet; to quote the librarian, "If inmates are reading a book, they're not making a shank."

JHA has received complaints from inmates about reduced law library access. Staff stressed that if an inmate has a deadline he needs to write that on his call slip, and that they are triaging inmate requests. Inmates and staff also noted the need for electronic legal research in the library, stating that they do not have up-to-date materials. JHA has found this to be a common issue throughout IDOC and supports electronic legal research accessibility.

Substance Abuse Treatment

Administrators reported that Big Muddy River staff and IDOC administration worked diligently to ensure that Jefferson County Comprehensive Services' substance abuse treatment contract was renewed. Throughout IDOC, programs including substance abuse treatment are being cut as the state struggles to pay its bills.

At the time of the visit, Big Muddy's residential substance abuse treatment program had 70 inmates under contract for treatment and 25 on the waitlist, with five counselors. This program operates as a therapeutic community that utilizes cognitive behavioral therapy.⁴³

⁴¹ See IDOC's April 2013 Quarterly Report, at p. 6–7, Table 3, available at http://www2.illinois.gov/idoc/reportsandstatistics/Documents/IDOC_Quarterly%20Report_Apr_%202013.pdf.

⁴² Available at <http://thejha.org/bigmuddy0710>.

⁴³ Classes offered include: Parenting, Anger Management, Dispelling Criminal Thinking, Relapse Prevention, Life Skills, Healthy Relationships, and Trauma Resolution. Inmates participating also have Therapy Group, Pharmacology class, and 12-step self-help groups for alcoholics, narcotics, gamblers, cocaine, and adult children of alcoholics.

The substance abuse treatment housing unit housed 106 inmates, including some not under contract for treatment, for example, program graduates and inmates waiting to begin the program. All treatment program participants have individual treatment plans that they complete with their counselor. Each inmate treatment client is mandated to attend a minimum of 15 hours of programming a week, though staff noted many choose to attend more. Participants are required to have individual therapy sessions with a counselor as well as group therapy. Educational groups are also run on the unit.

Substance abuse treatment staff stated that they would like to expand the program to offer treatment to more inmates; however, Illinois Department of Alcohol and Substance Abuse (DASA) regulations limit their caseloads. JHA recommends increasing the availability of substance abuse treatment within IDOC and as an alternative to incarceration.⁴⁴ However, as expressed in the Sex Offender Treatment section, we do have concerns about the dilution of programs' efficiency when caseloads are not limited.

JHA noted the respectful and familiar interactions between staff and inmates on this unit. Staff seemed to know inmates well and went out of their way to accommodate some young or developmentally disabled inmates who had difficulty with the standard program materials. JHA also appreciated that an indeterminately sentenced, older individual was given a chance to participate in this program; he stated that the program was wonderful and had changed him. Inmates expressed that staff did not give up on them, and they had learned not to give up on themselves. We were particularly impressed with this program's individual attention, use of peer mentoring, and focus on educational ability, which is vital to reentry success.

Substance abuse treatment staff reported that they track recidivism rates of people coming out of the program. JHA applauds them for these efforts.

Reentry

To aid inmates in avoiding recidivism, administrators stressed that healthcare, substance abuse treatment, mental health staff, and other departments work closely with Big Muddy's field services in providing referrals to programs and services for inmates upon release. Nonetheless, reentry for sex offenders remains challenging. Administrators reported that at the time of the 2013 visit, 163 inmates at Big Muddy had been approved for release yet could not be released because they did not have an approved place to go. JHA recommends that Illinois research the cost and effectiveness of its sex offender management laws⁴⁵ and expand resources for sex offender reentry housing.⁴⁶

⁴⁴ See e.g., JHA's 2012 healthcare report, Recommendation 3, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁴⁵ See e.g. CSOM, "Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction," (January 2009), p. 44, available at http://www.csom.org/pubs/twenty_strategies.pdf.

⁴⁶ The Illinois Sex Offender Information website currently lists only one housing site, which is located in East St. Louis, with a capacity of 20 inmates, available at <http://www.isp.state.il.us/sor/>. There are over 2,700 registered sex offenders living in Chicago.

Big Muddy has a housing unit wing dedicated to the Transition Program, a residentially-based educational and psychological-educational program designed to assist inmates with successful reintegration into society. This six-month “Hazelden”-based program works to change inmates’ thinking and core beliefs, and helps them make plans for the future. The program runs groups in which inmates work on issues including criminal thinking, substance abuse, and facing everyday challenges. Staff noted that many inmates have experienced terrible childhoods and never learned to deal with their emotions. 112 participants were housed in the Transition Program wing while other participants were housed in general population in order to spread the program philosophy throughout the facility. 40 inmates were on a waitlist for the program. To participate, an inmate must volunteer and be interviewed by clinical services. Some inmates in the program thought that others participating in the program only did so to be with their friends, and that staff should implement a better screening mechanism.

Administrators also reported the following programs are offered to assist with reentry planning: TRAC 1 (Trained, Reformed, and Capable), a one-week 15-hour program that provides insight into issues surrounding incarceration and helps with initial development of a comprehensive case management plan; Lifestyle Redirection, which begins at intake and continues throughout incarceration with a continuum of services to motivate an inmate to use his incarceration in a productive manner and diminish the probability of recidivism; Parole School, which provides specific information pertaining to release and parole; Positive Entry Program (PEP), which uses peers to provide general orientation to inmates on arrival, and stresses the importance of programming to avoid recidivism; and Re-Entry Summit, which introduces inmates to agencies that can assist with jobs, housing, and education to enhance reentry back to the community.

Inmates throughout Big Muddy expressed anxiety about reentry. Some expressed that they would appreciate having more schooling while incarcerated, while others noted interest in having work release as part of a parole plan. Other inmates reported they would appreciate the opportunity to be paroled to areas other than where they came from to avoid past bad influences.

Demographics

At the time of the 2013 visit, population demographics at Big Muddy were reported as approximately 46% White, 42% Black, and 12% Hispanic. Cook County convictions made up 34% of the population. Committing offenses were approximately: 5% Murder, 36% Class X, 17% Class 1, 19% Class 2, 8% Class 3, 6% Class 4 felonies, and 9% unclassified (the SDPs). Big Muddy housed 113 inmates for technical parole violations and 39 for violations due to a new charge.

The average age of inmates is 38. Approximately 19%, or 360 inmates, were over 50 years old. Inmates who are older or disabled are offered separate gym and yard opportunities. Over a hundred inmates are identified as having a disability at Big Muddy, an ADA compliant facility.

At the time of our 2013 visit, 81 inmates reported themselves as veterans. Administrators reported that a Veterans Affairs representative visits the facility quarterly and attends the bi-annual Re-entry Summit, and that upon inmate request, information is provided regarding benefits for veterans and their dependents.

Nearly 52% of Big Muddy's population, or 974 inmates, are sex offenders. However, only eight inmates were designated by IDOC as "predators," meaning that they have been identified at intake as likely to victimize others while incarcerated, while 15 were identified as "vulnerable," meaning they have been identified as likely to be victimized. Six inmates were identified as both.

At the time of the visit, there were 107 inmates held at Big Muddy on Immigration Customs Enforcement (ICE) detainees. Big Muddy had identified 56 inmates with limited English proficiency. In addition to phone interpretation services, Big Muddy has two staff members who can act as Spanish interpreters and offers a Spanish version of the grievance form, orientation manual, and other documents. Medical information is available in languages other than English, and telephonic translation services are available. Additionally, staff will verbally describe medical forms with low literacy. Big Muddy offers an ESL class, and can provide GED and TABE tests in Spanish.

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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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