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JHA Special Prison Monitoring Report **Overcrowded, Underresourced, and Ill-Conceived:** **Logan Correctional Center, 2013/14**

Logan Correctional Center (Logan) is located in Lincoln, Illinois, about a two hour and forty-five minute drive south of Chicago and a 30-minute drive north of Springfield. Logan was repurposed in March 2013 as a multiple security level female facility, which also operates the female intake Reception and Classification center (R&C) for the Illinois Department of Corrections (IDOC).



Vital Statistics:

Population: 1,985

Rated Capacity: 1,106

Operational Capacity: 2,019

Average Age: 36

Population aged 50 or older: 11%

Cost per Inmate: \$23,932

Convicted in Cook County: 44%

Population by Race: 47% Black, 43% White, and 9% Hispanic

Source: IDOC, November 2014

Key Observations

- In 2013, the Quinn administration closed several correctional facilities in the face of severe prison overcrowding, consolidating the majority of its female prison population in Logan, a male medium security prison, without adequate resources to do so or a viable plan to reduce the prison population.
- While the Quinn administration argued repurposing Logan would reduce costs and create a more efficient and rehabilitative environment for the state's female prison population, it has exacerbated overcrowded conditions, damaged IDOC's capacity to address the needs of female inmates, and failed to generate meaningful cost savings.
- Class action federal litigation has challenged the constitutional adequacy of mental health treatment within IDOC. Recent suicides at Logan expose the need to address the lack of mental health resources for the state's female prison population.
- Without significant reductions in Illinois' female prisoner population, the best that IDOC's staff and administration can do with Logan is to try to sustain a precarious, ineffective, and expensive status quo.

JHA Special Prison Monitoring Report **Monitoring of Logan Correctional Center, 2013/14**

Executive Summary

In March 2013, IDOC repurposed Logan Correctional Center (Logan) by moving out its male population and moving in the combined female populations from Dwight Correctional Center (Dwight) and Lincoln Correctional Center (Lincoln).¹ JHA opposed the Dwight closure primarily because we were concerned that without first reducing population it would merely consolidate more people into less space and exacerbate prison overcrowding.²

IDOC officials requested that JHA delay visiting the new Logan facility until November 2013, to allow time for the population and staff to acclimate. In the early months of Logan's operation as a female facility, JHA received reports regarding safety concerns, medication issues, and mail delays.

At the time of the November 4, 2013 JHA monitoring visit, the administrative team of wardens had all been assigned to the facility for about 30 days, after the facility underwent a security review in July 2013.³ During that visit we were informed that since the new administration took charge at Logan, immediate improvements were made to inmate movement, commissary procedures, and dietary services. Administrators' goals included improving healthcare, library scheduling, increasing activity for maximum-security inmates, and increased staffing, including in the mailroom. They stated that barriers to improvements included the size and diversity of the population. Given the newness of the leadership team and challenges in creating an essentially new female facility, JHA staff revisited Logan in February and July 2014. IDOC officials were provided with draft versions of this report prior to the July visit and subsequently, to ensure they were aware of our observations and major concerns.

Although JHA cannot confirm the validity of every report set forth herein, we present these perspectives in accordance with human rights monitoring practices.⁴ Many of the concerns detailed herein were common across all interested parties based on inmate, staff, administrator,

¹ JHA's past reports on the former Dwight and Lincoln female facilities are available at www.thejha.org/dwight, www.thejha.org/DRC, and www.thejha.org/lincoln.

² See JHA's statement on Dwight's proposed closure at: <http://thejha.org/dwightclosure>.

³ This report is based on a monitoring visit conducted on November 4, 2013, follow-up visits February 6 and July 9, 2014, and ongoing communications with inmates, loved ones, and staff. IDOC officials and Logan administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA on December 8, 2014. No factual substantive changes have been made since that time prior to publication. All statements of opinions and policy recommendations herein are JHA's unless otherwise stated.

⁴ See JHA's 2013 publication *How JHA's Prison Monitoring Works*, available at www.thejha.org/method. Inmates may send privileged mail to JHA, P.O. Box 10042, Chicago, IL 60610-0042. Other concerned parties may also reach us by email or phone. As John M. Brickman, former Commissioner of the New York State Commission on Public Integrity and board member and former Chairman of the Correctional Association of New York notes, "Watching something affects its course. In facilities that confine people, the presence of civilian overseers humanizes everyone—inmates and staff—and makes the prison a better, more effective, and more enlightened institution for all." John M. Brickman, *The Role of Civilian Organizations with Prison Access and Citizen Members—The New York Experience*, 30 Pace L. Rev. 1562, 1571 (2010), available at: <http://digitalcommons.pace.edu/plr/vol30/iss5/13>.

citizen, and monitor reports. While some issues have improved, accommodating diverse populations in overcrowded, under-resourced conditions is not easily resolved. The most glaring ongoing problem is that mental health resources are clearly and admittedly inadequate at Logan, and hence for the female population of IDOC.⁵

During the visits, as recently as July, JHA heard from inmates and staff that they felt the new administration was taking necessary steps to improve the facility's operations. Staffing had increased slightly with some key hires. Staff also attributed improvements at the facility to better mental health screening and treatment, in addition to the passage of time. Concurrently over this period, changes have begun at Logan in response to ongoing litigation regarding mental health treatment, particularly as it pertains to crisis care and disciplinary issues within IDOC.⁶

JHA appreciated administrators' frankness about problems they faced. Administrators emphasized the importance of communication – for example, communicating the reasons for obstacles they faced, so that an individual prisoner or staff member would not believe that she was treated unfairly where the facility was simply unable to comply with a request. JHA also credits administration for holding staff accountable for misconduct, particularly given the significant staffing shortages at the facility. Due to the hard work and investment of many involved, Logan had begun the move from triage mode to a more stable environment for inmates and staff. However, after two recent suicides occurring within 30 days, JHA has again heard from inmates, families, and staff that they feel Logan lacks the resources and space to address the needs of the population.

This report is presented in five parts—Part I: Transitions, Part II: Reception & Classification, Part III: Healthcare, Part IV: Living Conditions, and Part V: Programming.

Recommendations

- Logan must be given resources to fix the problems it faces.
- JHA recommends IDOC reconsider staffing allocations and fill positions.
- JHA recommends that IDOC critically examine existing staff training on Prison Rape Elimination Act (PREA), professionalism, and recognition of mental health issues.
- In addition to upgrading technology for the eventual full implementation of an electronic medical record system, Offender 360, and the introduction of a risk

⁵ For example, at the time of the visits not all the women who should have been in mental health housing could be accommodated in Logan's Mental Health Unit, which, as of November 2013, had only 39 beds. IDOC responded that Logan's Mental Health Residential Treatment Unit (RTU) is planned to open in 2015, which will have 119 mental health beds. IDOC stated there will be an additional 18 mental health and 10 crisis beds constructed near the Healthcare Unit. IDOC also asserted that recent hires have "closed the gap considerably" for inadequate mental health resources. For a comparison over the past year, see the staffing chart completed by IDOC in this report in Part III: Healthcare. In this period, IDOC was mandated to create a plan for providing adequate mental health beds and fill certain positions under an agreed order in the ongoing mental health litigation.

⁶ *Rasho v. Walker, et al.*, 07-CV-1298 (C.D. Ill).

assessment tool, JHA recommends enhancing video surveillance throughout IDOC.

- JHA recommends that IDOC work with the General Assembly and county stakeholders to minimize the expensive and ineffective practice of “turnarounds, a term which is used for inmates who have short stays in IDOC once they have been credited for time served in county jail custody.
- IDOC should reevaluate intake and work with counties to strengthen information sharing.
- JHA recommends that yard restrictions be used judiciously, reviewed by mental health staff, and reviewed administratively at reasonable intervals
- Logan should increase efforts to support connections between mothers and their children.
- Given the severe overcrowding in Logan and throughout IDOC, the General Assembly must find ways to reduce the state’s unnecessary use of incarceration.

Part I - Transitions

Although JHA supports reducing the number of prisons and prisoners and believes there are definite benefits in consolidating limited resources, the Dwight closure resulted in a net loss of bedspace for female inmates⁷ when Illinois has yet to significantly reduce its prison population and research suggests that females are being incarcerated at an increasing rate.⁸

Since the Dwight closure, non-standard housing has been used periodically for overflow throughout IDOC at both male and female facilities.⁹ There are now only two female prisons in Illinois, Logan and Decatur Correctional Center (Decatur),¹⁰ a minimum-security facility that as of the beginning of November 2014 housed about 770 women.¹¹ Logan must serve all other roles

⁷ Based on operational capacity of Dwight (1,215) plus Lincoln (1,018) vs. Logan (2,019), there are 214 fewer female beds.

⁸ See Bureau of Justice Statistics, *Prisoners in 2011*, p.6, Table 6 (2012), showing increase in female incarceration, available at <http://www.bjs.gov/content/pub/pdf/p11.pdf>. Research in Illinois suggests, while there is no significant decrease, that rates of incarceration for women have stabilized since the early 2000s (averaging between 2,500 and 3,000 from 2000 to 2010 – since 2010 the IDOC Annual Reports reflect female populations of FY2010 2,900, FY2011 2,876, and FY2012 2,834 – as of July 2014 there were 2,907 female inmates in IDOC facilities), after a dramatic increase during the 1990s. See David E. Olson, Gipsy Escobar, & 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 1989-2010*, (June 2011), p. 7 and p. 8 Figure 1. available at http://www.icjia.state.il.us/public/pdf/ResearchReports/female_inmate_report_062011.pdf.

⁹ See the discussion of Gym Housing at Logan in Part II-Reception & Classification of this report.

¹⁰ See JHA’s latest Decatur report at <http://thejha.org/decatur>. Population has increased significantly at the facility (up about 60 women since JHA’s March 2013 visit) and JHA has heard that inmates have also been housed in nonstandard locations at Decatur.

¹¹ Additionally, a small number of minimum-security women in state custody are housed in bootcamp at the Dixon Springs Impact Incarceration Program (IIP or bootcamp), the Fox Valley Adult Transitional Center (ATC) (see

for women. It therefore has multiple security levels, as well as intake, mental health, and substance abuse treatment housing. The population of Logan fluctuates depending on intake from county jails. Higher numbers of women in intake creates overcrowding so that women must wait in gym housing. Meanwhile the lack of special housing and open beds within Logan means administrators have little flexibility, which is essential for population management.

Specific populations and challenges at Logan are discussed throughout the instant report. In Part I, we present how the transition created several foreseeable concerns. Should Illinois and IDOC ever need to plan and perform such a transition again, there are many lessons to be learned from this experience.

Meeting the Needs of Female Inmates

Staffing

In addition to losing over a hundred population beds without reducing female population, JHA had other concerns about the Dwight closure. For one, many staff and volunteers who had been working with the female population at Dwight and Lincoln, and who had built upon years of this experience, could not relocate with the populations.¹² Staffing at Logan has been an issue both in terms of filling positions and having the staff who stayed on when Logan transformed from a male to a female population facility adjust to working with female inmates.

As noted in JHA's 2013 Dwight monitoring report: "The vast majority of female inmates come from backgrounds of serious trauma and physical, sexual, and emotional abuse. Most inmates are also mothers, who were sole parent providers for their children prior to their incarceration, which raises complicated emotional and economic issues surrounding child placement, family dissolution and grief over separation from children. Female inmates also have substantially higher rates of mental illness, self-injuring behaviors, and drug abuse than male inmates."

Recognizing the difference between male and female corrections, IDOC established Women and Family Services (WFS) in 1999 to provide gender-specific training to correctional staff working with female populations. It was unclear whether Logan staff received additional training, and how much, prior to receiving the female population. JHA spoke to some staff who said they had not received any as of July 2014, after being at the facility since before the transition. IDOC responded in November 2014 that all staff have been provided with female specific training via a PowerPoint presentation and that managers receive a one-day immersion training. JHA has received numerous reports from inmates about male staff at Logan being hostile, unprofessional,

www.thejha.org/foxvalley), and about six are at the Women's Treatment Center (see <http://www.womentreatmentcenter.org/>). IDOC officials have told JHA that the "magic number" or capacity for female inmates within IDOC is 2,853 (plus about 35 bootcamp beds). In February 2014, this was exceeded; the total female population was 2,889: Logan 1,799, R&C 193, Decatur 714, Fox Valley 131, Dixon Springs Bootcamp 21, Women and Children's Program 7. In August 2014, the female population is 2,938. During the 2012 facility closure hearings, IDOC's proposal was to release ATC residents to electronic detention (ED, which is electronic monitoring on home detention prior to parole date) and to expand use of ED to alleviate crowding resulting from the Dwight closure. See <http://cgfa.ilga.gov/upload/DwightRecomendationforClosure.pdf>. However, in July 2014 only 22 women were on ED.

¹² See also discussion in JHA's 2013 Lincoln report, available at www.thejha.org/lincoln. IDOC reported that only 10 Officers, a Lieutenant, and a Food Supervisor transferred from Dwight to Logan with transition.

and perhaps untrained in working with a female population. Likewise, staff have stated that working with the female population has been and remains challenging.

Complicating matters, some Logan housing units had a 156:1 inmate to officer ratio.¹³ With mixed populations housed in areas that are difficult to monitor, these staffing ratios have led to numerous safety and security problems reported by staff and inmates. While cameras are helpful in monitoring facilities, and JHA appreciates that there have been some increases in roaming staffing at Logan, there are no substitutes for adequately staffing facilities. Ideally, female facilities would be staffed with adequate female staff to handle supervision on housing units necessary to ensure safety as well as to avoid cross-gender viewing issues under the Prison Rape Elimination Act (PREA).¹⁴ IDOC notes that Logan has hired 120 officers, 100 female, since the transition. JHA notes that Logan reported having only 104 female correctional officers as of August 2014, and that new hires may be counterbalanced by attrition.

Connections

Administrators stated approximately 75% of the Logan population have children under 18-years-old, many of whom live in the Chicago area. On our visits, administration told JHA that the average age of inmates' children is best estimated between four and seven years of age. During the Dwight closure discussions, IDOC proposed creating a children's center and suggested it would offer extended family visits at Logan, but this has not materialized. IDOC responded that Logan has a new visiting room proposed for Fiscal Year 2016 budget, and at this time, Logan offers extended reunification program visits through Lutheran Social Services of Illinois bus program, which allows for women and their children to visit in the gym.¹⁵

Another serious issue with the location of Logan is that women who have "court writs," or open cases, in Cook County are housed further from their attorneys and staff must transport them further for court.¹⁶

Logan administrators acknowledged that they have also struggled to accommodate the volume of mail for female inmates, where delays have further hindered women maintaining contact with loved ones, attorneys, and courts. Women typically send and receive more mail than male inmates. IDOC states that the facility struggled initially with mail volume but staffing has doubled in that area and the mail is current with no backlog. JHA continues to receive some complaints.

¹³ While there are no bright line ideal ratios for correctional staffing, a staffing plan for female inmates must take into account cross-gender viewing issues and that generally women have greater healthcare and family-related needs. See e.g. National Institute of Corrections, *Prison Staffing Analysis: A Training Manual*, p. 109 (December 2008).

¹⁴ See United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 53(3), which provides, "[w]omen prisoners shall be attended and supervised only by woman officers," available at http://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf.

¹⁵ See <http://www.lssi.org/services-prisoner-family.php>.

¹⁶ IDOC was not able to provide a line item estimate of the additional cost of staff time and transportation.

Healthcare

Operating a multi-purpose women's facility is in practical ways different than operating a male medium-security facility. In addition to increased mail volume, women typically take more medications than men, and figuring out how to best run medication lines at Logan was a serious issue. JHA received reports of numerous problems women experienced with medication delivery during the transition. In addition to problems with the volume of demand for medical and mental health services relative to male inmates, based on our observations, JHA was concerned that in the move from Dwight and Lincoln to Logan, valuable individual and cumulative information may not have transferred or been appropriately reviewed.¹⁷

A more effective record keeping system within IDOC, particularly for medical issues, is needed. Though IDOC officials previously told JHA that they were planning to pilot Electronic Medical Records (EMR) in fall of 2012, and more recently announced this would be piloted at the female facilities in November 2013, as of February 2014 technicians were still onsite at Logan. As of July 2014, Logan had reportedly begun the pilot implementation the prior month and was "working out bugs." Records were being scanned as new inmates came in and healthcare staff had begun entering new notes electronically and we noted that a mental health staff member was busy entering her notes on a computer. Administrators reported that initially this switch was slowing things down and that they could still use more computers for the full implementation of the EMR pilot. IDOC reported that as of November 2014, all healthcare and mental health staff have access to current and pertinent inmate records via EMR at Logan.

However, the interface of the EMR system with the IDOC's new general computer system, Offender 360, also had yet to be worked out. Although IDOC announced the Offender 360 would be in use in summer of 2013, this upgrade from the 1980s computer system is not yet in use at facilities.

JHA continues to receive complaints about healthcare and believes that the needs at Logan were grossly underestimated in the transition.

Living Conditions

Prior to female inmates being moved to Logan, IDOC reports \$281,197 was spent on physically retrofitting the facility, from minor alterations like removing urinals to major projects like creating the Mental Health Unit, crisis cells, and the Reception and Classification unit (R&C), all of which raise not only special safety considerations but also practical concerns, such as providing adequate office space for staff. During closure hearings for Dwight, the cost of preparing Logan for the transition was estimated at \$524,000.¹⁸ After approximately a year and a half of operation, it is apparent that the facility will need substantially more work and money to meet the needs of the population, particularly as discussed in the Mental Health section of this report.

¹⁷ During the final review of this report, IDOC stated, for the first time, that they were not aware of any such problem.

¹⁸ See <http://cgfa.ilga.gov/upload/DwightRecomendationforClosure.pdf>, p.5.

While IDOC officials stated that the move was well supervised and disclaimed some of the more sensational reports regarding lack of cleanliness when the female inmates moved in, there were clearly some issues where the coordination of the move resulted in disadvantages for women.¹⁹ Logan faced many challenges at the outset in simply returning inmates to stable routines and the status quo they had been accustomed to, on top of dealing with overcrowding, mixed populations, and the considerable stresses and unforeseen complications that attend any move. Such challenges have resulted in numerous safety and security concerns that are compounded by Logan's physical plant, which is far from ideal for direct supervision, particularly given current staffing levels.²⁰

Part II – Reception & Classification

This section discusses female intake in IDOC and the use of gym housing at Logan for overflow of this population. Logan administrators reported about 220 women a month are processed through IDOC's female R&C with the average length of stay of 30 days.

The R&C is located in two wings of the X-House at Logan. The area of the R&C wing where intake interviews are conducted is the only air-conditioned part of the X-House. Upon arriving at Logan, inmates are placed in small holding cells (which will hold about 10 women and contain one toilet) while initial interviews and screenings are conducted before they are celled on one of two reception wings.

During the November 2013 visit, some inmates who had been at the facility less than a week stated that they were let out of their R&C cells every other day to shower or for screening activities. They commented that the cells are very cramped for two people. Staff noted that space for conducting intake interviews was a challenge in terms of physical space and confidentiality, and also stated that having crisis cells on the unit would be helpful. IDOC stated that they believe confidentiality is adequate in this area and that crisis cells would "actually not be helpful in this area because it is not designated for crisis cells." However, during the July 2014 visit, JHA observed that IDOC had added crisis cell capacity to the R&C wing, as discussed later in the Mental Health section of this report.

Almost universally, inmates describe their time in R&C as the most difficult and stressful period of imprisonment. It is not uncommon for inmates to mentally decompensate during IDOC intake. Inmates will not be given mental health or other medications despite what they may have taking in the community (in the case of parole violators) or in county custody until they are medically reevaluated in IDOC. IDOC responded that there is no way to verify contents of medication via R&C; Medical and Mental Health Records are received from county the day after the inmate arrives and these records are reviewed that day and medications are provided, while inmates are provided emergency services as necessary.

¹⁹ For example, women left property box locks and television cables at their old facilities while the male inmates moved these items to their new locations. JHA received many complaints about this during the November 2013 visit, more than half a year after the transition. IDOC responded that eventually all inmates (other than those in the Mental Health Unit, segregation, and maximum-security unit) were provided TV cables and locks for property boxes at no expense.

²⁰ IDOC noted that Logan has had only one serious staff assault since being converted to a female facility. See further discussion of this issue later in this report, Part IV – Living Conditions.

Currently, Logan, like all IDOC facilities, relies on paper medical records at intake. IDOC reports that mental health records arrive from county one day after the inmate. Although IDOC had stated that Logan would pilot Electronic Medical Records (EMR) in November 2013, this had not occurred at the time of the first visit and there were no reported or observed improvements in intake medical record procedures. As of July 2014, medical records were reportedly being scanned for all women at intake after Logan began to implement the pilot of the EMR system in mid-June. IDOC reports that all Logan medical and mental health staff are now entering notes electronically.

Inmates must go through mental health, substance abuse, and health screenings and must remain in the R&C unit until they are medically cleared and obtain their security classification. Most of these screenings take on average two hours, but medical clearance has been known to take weeks. IDOC responded that this is no longer the case and that average length of time for a complex evaluation is six to seven days. There are different medical clearances at R&C, one to be celled, one to be cleared to be able to eat in the dining area (a perk not offered in male IDOC R&Cs), and the bootcamp medical clearance.²¹

Bootcamp medical clearance is more rigorous than regular medical screening. Ideally, counties would screen women recommended by judges for bootcamp and IDOC would be able to rely on the county's assessment. If bootcamp were able to be used more efficiently in Illinois, it would help alleviate crowding. Administrators expressed that more judges should know about bootcamp as an option for women.²² Illinois sentencing law sets forth eligibility requirements for boot camp and provides that if an inmate is accepted by IDOC for a boot camp program and successfully completes it, typically in 120 to 180 days, IDOC will discharge her at that time instead of continuing her incarceration (e.g. an inmate may be given a sentence of up to eight years but if she is recommended by the judge for bootcamp, meets all other eligibility requirements, is accepted to bootcamp, and successfully completes the program, she can be discharged after four months).²³

In JHA's ongoing monitoring, we have observed several issues with the IDOC intake process and believe the R&C period could be made more productive and informative for the inmate about IDOC and IDOC about the inmate.²⁴ JHA continues to recommend that intake be

²¹ Since bootcamps do not have healthcare providers other than a nurse onsite, issues must be resolved prior to the inmate being transferred. Logan has been struggling to fill healthcare positions and, in particular, JHA heard that it is common for women to be waiting for tooth extractions prior to transferring to bootcamp. IDOC reports that Logan CC has two dentists. Intake healthcare staffing consists of a RN, Nurse Practitioner, Mental Health Professional, Dental, and Lab.

²² See recent news story about bootcamp women growing produce for food pantries, *IDOC Garden Program Expands to Reach More People* (7/18/14), available at <http://www.wsilvtv.com/news/local/Impact-Incarcer-267714601.html>. As of July 2014 there were 15 women at Dixon Springs Impact Incarceration Program (IIP or bootcamp).

²³ See 730 ILCS 5/5-8-1.

²⁴ For instance, intake information given to inmates in IDOC is inconsistent and not kept current with reported agency practice. For example, in November the PREA information sheet at Logan intake was not the current approved version that was supposed to be distributed. This was corrected after it was pointed out by our July 2014 visit. Other inmate intake information forms are incomplete because copied pages are cut off, the forms themselves fail to apprise inmates about relevant topics, or they are poorly written (e.g. the Family Emergency Contact Form lists only a blank for the name of the inmate's "wife," rather than the inmate's "spouse," indicating that the forms, in fact, are not tailored to the population).

improved within IDOC, incorporating evidence-based risk assessment as mandated by the Illinois Crime Reduction Act of 2009.²⁵ Some JHA visitors were surprised that IDOC no longer offers any educational assessment or Test of Adult Basic Education (TABE) during the intake period. JHA has repeatedly expressed concerns that inmates with low literacy or limited English proficiency will not be identified through the current screening method of self-report of academic achievement and will have difficulty with intake materials.

At Logan during the November 2013 visit, JHA noted that many inmates we interviewed were unaware of both facility rules and their rights. Administrators explained that there had previously been some problems with distributing orientation materials. One college-educated inmate expressed that when she arrived at Logan she did not know she had any rights. This is a misconception that the facility must work to correct. IDOC responded that all inmates receive and sign for the Logan handbook and other orientation materials at R&C and that these materials “clearly spell out their rights.” During the July 2014 visit, administrators also reported that the paralegal and notary were making weekly rounds in the R&C.

Logan uses inmate porters in R&C, including one Spanish speaker, to help inform women about what to expect. Telephone translation is reportedly available for healthcare screenings. However, women often consent to having another inmate serve as a translator. IDOC stated that Logan has Spanish translation of the inmate handbook.

JHA was pleased that women interviewed in Logan’s R&C did not express the same complaints that we commonly hear in male R&Cs of being cut off from any outside communication and being severely isolated for lengthy periods. In fact, once medically cleared, women are permitted dayroom time and to go to the communal dining area for meals.

As of July 2014, one male and one female counselor were assigned to the R&C area for about 150 intake inmates, though administrators did not know the current exact count. One stated that when implemented, IDOC’s new computer system, Offender 360, would be helpful for running reports regarding numbers of inmates in particular areas/statuses. JHA was concerned that available tools did not seem adequate for managing the population, because a first principle for population management is that the facility must know which inmates they have and where they are housed, particularly when a facility has to continually shuffle inmates due to limited bedspace availability. For example, as discussed below, we were concerned that at the time of the July visit some women in intake status were housed in a gym while administrators stated they were unaware of that fact. IDOC responded that administrators are always informed when inmates are moved to the gym and it was just of timing issue of the notification during the JHA July visit.

²⁵ For more information about current IDOC intake procedures see JHA’s prior reports on Dwight’s R&C (female), the male intake centers discussed in: Stateville Northern Reception and Classification (NRC), and Menard and Graham Correctional Centers reports. Available at www.thejha.org/publications. For discussion of IDOC’s proposed pilot implementation of risk assessment, please see discussion in JHA’s 2014 Robinson report, available at www.thejha.org/robinson.

Cook County Jail Intake

During the July 2014 visit, JHA was at the facility during Cook County Jail (CCJ) intake. Staff noted that the substance abuse treatment staff member who was doing intake screening was let go, so they could not offer substance abuse screening during intake at the time. IDOC responded that Treatment Alternatives for Safe Communities (TASC) provides substance abuse screening and this position was only vacant for a short amount of time. Staff noted a need for more jumpsuits in R&C. Some intake staff appeared to be overwhelmed and stated that there were several inmates with mental health issues that day. On days when Logan receives inmates from counties other than Cook County for intake, the number of woman is reportedly small, about 8 to 10 in all, with about two women per county.

Staff reported that CCJ had estimated they would be sending 33 women but actually there were 18 on the transport bus. They stated that this level of unpredictability made their work harder. Staff also stated that improved record communication from counties would make the intake process more efficient. For example, if the counties would fax the women's committing papers, mittimus, during the time it took to transport the women to Logan (minimally a 2.5+ hour drive), staff could know who was coming and prepare to receive them.

Turnarounds

Getting records prior to the women's physical arrival would be particularly helpful for women who are "turnarounds," a term which is used for inmates who have short stays in IDOC once they have been credited for time served in county jail custody.

On the day of the July 2014 JHA visit, three of the 18 women from CCJ were same day turnarounds, meaning that they were bused to Logan, met with records staff to calculate their time served, assigned an IDOC number, had their parole host site checked, given dress-out clothes and a bus ticket, and shipped back to Chicago at taxpayer expense.

Staff stated that IDOC has been working with CCJ on this issue but apparently this conversation has been going on for a while with no tangible results. Staff also expressed skepticism that Offender 360 would make any significant difference in terms of county communication. IDOC responded that Offender 360 will make a major difference if Cook County integrates with it, as is likely.

JHA recommends that this turnaround practice cease. For turnarounds that are not same day – who stay at R&C even a few days, they must still go through all of the intake procedures, which uses valuable resources such as space, staff attention, transportation, and has other costs. JHA appreciates that IDOC does not have control over when inmates are committed to their custody. However, in the near term, IDOC staff could perform necessary parts of this process at CCJ, without incurring transport costs. In the longer term, JHA recommends that IDOC partner with the legislature to enable changes in laws to create more efficient practices.

Gym Housing

From November 2013 to April 11, 2014 a gym at Logan was periodically used to house up to 70 minimum-security female inmates.²⁶ IDOC reported that from July 9 until August 29, 2014, the gym housed 16 to 48 inmates. These women are overflow from the R&C. IDOC reports that they are not housing bootcampers in the gym, rather women who are awaiting placement in population at Logan or Decatur.

Logan's gym is not designed as a living space, or set up for security monitoring as inmate housing. Women in the gym had use of only two toilets, while minimum standards included in Illinois law call for one toilet for every eight inmates.²⁷ The women had to shower in another location in other housing wings adjacent to the gym. IDOC responded that this location is "only approximately 20 steps" from the gym. During the November 2013 JHA visit, we observed that there were about 20 women in the gym where a television was set up. We interviewed some of these inmates, who had been in the gym only a few days. One suggested that IDOC should give more sentencing credits up front because inmates like those in overflow who were minimal risk and only there a short time were simply taking up space. Some women liked the gym housing because it was preferable to an X-House cell, and it was even noted to be quieter by some. However, staff expressed concerns that if the gym continued to be used to house women for a longer period of time, it could be a problem.

In July 2014, 16 women were again housed in the gym, although administrators maintained this had not occurred since mid-April, and the women had just been moved out of R&C due to Cook County intake occurring that day. JHA was concerned that the women were bunked on beds that seemed unsafe for those climbing to the upper bunk when there was plenty of room for the women to be on single level beds. One woman believed that her age and weight made her a poor candidate for an upper bunk, although she did not have a lower bunk permit from medical. Administrators stated that such medical permits would be honored. Two women interviewed in the gym reported they were incarcerated for short terms for drug residue. Several women were writing grievances and several who had been incarcerated before said they had never seen anything like this. As of August 11, 2014, there were 48 women housed in the gym. IDOC stated that the gym was emptied on August 29, 2014 and as of late November it housed 16 women. JHA expects that the gym will continue to be used as needed.

Although we oppose practices that crowd our prisons unnecessarily, JHA cannot oppose use of gym housing where necessary to maintain appropriate single-celling practices, as long as women are screened for appropriate placement. However, one woman interviewed in the gym in July 2014, did not appear an appropriate candidate for such housing based on a self-reported history containing a staff assault, while another woman had a murder conviction, as confirmed by an inmate locator search on IDOC's webpage. While convictions are not always a good indication of risk, IDOC historically relies on them. When our system is so crowded, staff overworked,

²⁶ See also JHA's more extensive discussion of similar observed gym housing at Graham Correctional Center in the 2013 report, available at <http://thejha.org/graham>.

²⁷ The American Public Health Association's *Standards for Health Services in Correctional Institutions* (2003, at p. 151) recommends for inmates housed in dormitories, one toilet for every eight inmates. 77 Ill. Adm. Code 890, Appendix A, Table B, Minimum Number of Plumbing Fixtures, also calls for one toilet for every eight inmates in penal dormitories, available at: <http://www.ilga.gov/commission/jcar/admincode/077/07700890ZZ9996abR.html>.

records and communications systems lacking, it is not surprising that such situations occur.

Part III – Healthcare

This section discusses healthcare at Logan. At the time of the November 2013 visit, both the 15-bed infirmary and the 39-bed Mental Health Unit were at capacity. Though healthcare staffing has improved somewhat, in February 2014 the facility still operated with backlogs for chronic care clinics and annual testing for women. IDOC responded that backlogs have been reduced substantially. Staff repeatedly noted the need for better information from committing counties, an issue JHA has seen in all IDOC intake facilities. JHA received numerous complaints about medication issues at Logan, and it is our impression that things were regularly getting missed.²⁸ JHA continues to advocate for electronic medical records and continuity of care for inmates.

This section addresses: Healthcare Staffing, General Medical Care, Pregnant Inmates, Americans with Disabilities Act (ADA), Mental Health, Sex Offenders, and Substance Abuse Treatment.

Healthcare Staffing

As with other staffing areas, Logan had been struggling in healthcare with mandating of overtime. State healthcare positions at the facility include the Healthcare Unit Administrator (HCUA), 16 nurse positions (with four vacancies as of August 2014), the Director of Nursing (DON), Mental Health Administrator, and Office Assistant assigned to the Mental Health Department, all other positions were staffed by contractor Wexford Health Sources (Wexford). There were 67.65 Wexford positions authorized but there were 61.25 staff as of

Logan Healthcare Staff²⁹ (Hours monthly)	Actual Nov. 2013	Actual Aug. 2014
Physician	271.5	384.25
Physician Assistant/NP	175.5	505.75
Obstetrician/Gynecologist	75.50	73.75
Nurses	4,335.5	3,663.25
Pharmacy Technician	420.25	354
Lab Technician	33.60	177
Dentist	271	301.5
Dental Hygienist	109.5	152
Psychiatrist	225.25	210
Psychologist	761.75	699.5
Mental Health Professional	133	218.25
Social Worker	264	370
Optometrist	34.25	32

November 2013. Importantly at that time, key healthcare leadership positions, including the HCUA, were vacant. The facility was operating with one doctor for 2,000 women. IDOC responded that at that time they also had two mid-level practitioners. During the February 2014

²⁸ For example, a woman who was returned to custody at Logan from a work release program reportedly did not undergo any intake healthcare screening. IDOC stated they could not confirm this and requested details to investigate during their final review of this report. JHA can provide such details, though we note this woman was released on parole many months ago.

²⁹ Chart completed by IDOC in November 2014. In December 2011, Dwight operated with weekly healthcare coverage for 989 women including: 48 hours physician, 40 hours physician assistant, 748 hours nursing, 76 hours pharmacy technician, 40 hours dentist, 20 hours dental hygienist, 80 hours psychiatry, 160 hours psychologist, 10 hours optometry, 40 hours lab technician, 40 hours social work, 40 hours Health Care Unit Administrator, and 40 hours Medical Records Director. In JHA's 2010 Logan report when this was still a male facility, the facility was authorized for 12 RNs but had only five, and had only 40 weekly hours of psychology coverage.

visit, the facility had gained a HCUA, but still had only one doctor and considerable backlogs. During the July 2014 visit, administrators expressed that healthcare staffing has improved, but they are still working on this. As of August, the DON position was again vacant but being temporarily assigned. In November 2014, IDOC reported the facility had a Medical Director, Physician, Physician Assistant and two Nurse Practitioners.

General Medical Care

At the time of the November 2013 visit, administrators reported a three to four week backlog for non-emergent general healthcare and eye care, and for dental care a two-week backlog for extractions and seven weeks for fillings, although all appointments are scheduled. There were plans for the Dental Hygienist to begin to offer cleanings. Logan has dialysis equipment onsite but administrators reported they have not had to use it. Women ages 50 - 75 receive mammograms every other year; other inmates may receive them as ordered. A Gynecologist was scheduled to be onsite three days a week. Administrators reported 20 MRSA cases in the prior year, with no clusters identified.

Number of Logan Inmates in Chronic Care Clinics ³⁰	
Asthma	175
Diabetes	101
Hepatitis C	99
HIV	39
Hypertension	457
Seizure	145
Tuberculosis	42
General Medicine	168

JHA was concerned by the number of women who reported having medication issues (for example, staff not crushing medications in front of women so they could be sure they were getting the right medication). Also, women did not appear to be receiving appropriate follow-up care (for example, after having outside medical specialist visits). IDOC responded that all medication is provided and properly dispensed per physician orders, and follow-up care is always scheduled as appropriate. Several women who suffered from seizures reported not having clinical care or needed medication adjustments; particular cases were raised to administrators. JHA also received reports of many assessments of copays at Logan where we believe these charges should not have been assessed (for example, in one case where a woman was given stitches after being assaulted by another inmate).³¹ JHA continues to oppose correctional copays, given the evidence that they unduly restrict inmates' access to healthcare, jeopardizing the health of inmates, staff, and the public.³² IDOC noted that the copay is required by state law and that inmates are not denied medical treatment based on inability to pay. JHA also was concerned by reports from inmates and staff that inmates' sick call requests went missing, resulting in inmates not being scheduled for healthcare appointments and delays in care.

³⁰ Data provided by Logan administrators from November 2013. JHA found it somewhat unusual that there were no women diagnosed with cancer in the population. We inquired about this during the July 2014 visit and were told there had been a recent terminal case. The August 2014 number of women in Cancer clinic was 0.

³¹ IDOC stated that they have no evidence that this occurred and could investigate if provided with details during the final review of this report. JHA can provide these details.

³² See JHA's 2012 healthcare report, Recommendation 5, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>. See also, National Commission on Correctional Health Care, *Position Statement: Charging Inmates a Fee for Health Care Services* (October 2005), available at <http://www.ncchc.org/charging-inmates-a-fee-for-health-care-services>

Pregnant Inmates

During the November 2013 visit, we were told that pregnant women are housed on an air-conditioned housing unit wing where they reportedly will get more attention and have calmer cellmates. These inmates are given special diets. One woman interviewed who had just had her baby at an outside hospital was positive about her experience. However, JHA was concerned to hear that she had not received medication she had been prescribed at the hospital, and she was visibly swollen and uncomfortable. IDOC responded that according to longstanding agency policy in accordance with the law, medications dispensed by IDOC doctors must be prescribed by IDOC doctors who take into consideration previous prescriptions. JHA was also concerned to hear from several women on the wing housing pregnant inmates that nurses had not been conducting rounds on the unit. These issues were brought to administrators' attention. IDOC responded that medical rounds are conducted where required but the protocol for pregnant women is that they go to the healthcare unit immediately at any time.

While Decatur offers the "Moms and Babies" program where women may remain with their children born during incarceration,³³ administrators informed JHA that this program is extremely selective, including that the woman must be within 24 months of release after due date.³⁴ The women at Logan apparently did not qualify, perhaps due to being too high-risk as parole violators or not meeting criteria for a minimum-security setting. JHA encourages Logan to do what it can to support new mothers and bonding of the mother and child, including offering extended visits. IDOC confirmed that Logan affords inmates the opportunity to pump and send breast milk home on visits or for scheduled pickup.

During the July 2014 visit, JHA visitors noted that there was a pregnant woman housed in segregation and later learned of another woman who had recently given birth after being in segregation status due to behavioral issues. Administrators assured us that women are medically screened upon return from medical furloughs with placement in the health care unit if indicated. When we inquired regarding these situations, we were told that due to crowding and individual circumstances, pregnant inmates may be housed throughout the facility (i.e. they are not only housed on a particular wing as had been the impression during the November 2013 visit). Such inmates are identified by wearing pink. Women who have given birth are allowed six weeks where they maintain special classification and are labeled as postpartum. Babies may be placed with family or the state. IDOC reported that Women and Family Services (WFS) Counselors work closely with the pregnant women and family, or available alternatives, in preparation for the appropriate placement of the infant after birth.

Americans with Disabilities Act

Administrators reported in November 2013 that eight women were identified as requesting Americans with Disabilities Act (ADA) accommodation and the facility had nine inmates

³³ See discussion in JHA's Decatur reports, available at www.thejha.org/decatgur, and recent WICS video, *Babies Behind Bars: A Local Prison Allows Newborns to Stay with Inmates* (July 28, 2014), available at http://www.wics.com/news/top-stories/stories/vid_18332.shtml.

³⁴ Although IDOC stated there may be exceptions to this if the woman qualifies for placement at the Women's Treatment Center (WTC).

assigned as ADA attendants.³⁵ There were no inmates identified to be terminally ill, nor any live-ins in Logan's healthcare unit. IDOC did not respond to a request to provide current information. Administrators expressed desire for a hospice program, like the program that had been at Dwight, which would train long-term inmates as aides. JHA supports this recommendation.

Administrators were reconsidering policies for women who were housed in the "ADA housing unit" at Logan, to make the practices more in line with a rehabilitative environment, as opposed to a long-term care facility. It is JHA's understanding that IDOC is moving away from considering some facilities or areas "ADA" and working towards integrating inmates with disabilities into the general population as much as possible. Perhaps this is also an effect of IDOC running out of special space. IDOC responded that space is not the factor; the goal is to promote functional independence within ADA accessibility requirements. During the July 2014 visit, administrators stated that they are training new ADA attendants and continue to offer additional mentoring to the women housed in this unit.

We also note that we believe that if Logan were to consider mental disabilities in identifying those requiring disability accommodations there would be many more than eight women identified.

Mental Health

Administrators reported that about 50% of the female IDOC population is on the mental health caseload. IDOC stated 1,019 women at Logan were on the mental health caseload as of October 2014. The United States Department of Justice, Bureau of Justice Statistics, reports that an estimated 73% of female inmates suffer from mental illness and trauma-related disorders, but only about one-third receive treatment during incarceration.³⁶ As part of ongoing litigation regarding mental health treatment within IDOC,³⁷ facilities have recently had to reevaluate their populations to identify inmates who are "Seriously Mentally Ill" (SMI) (see also discussion regarding SMI review of inmates in segregation in Part IV).³⁸ IDOC healthcare provider, Wexford, is recruiting numerous mental health staff at Logan and throughout IDOC.

³⁵ JHA has received complaints from women with disabilities regarding the lack of physical therapy at Logan. Administrators stated they would like the facility physician to create treatment plans, including physical therapy, for the women to work on. JHA also received numerous complaints about the facility making inmates with physical impairments walk to meals during winter conditions.

³⁶ 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>.

³⁷ *Rasho v. Walker, et al.*, 07-CV-1298 (C.D. Ill).

³⁸ "For purposes of the lawsuit, a person is defined as SMI if, as a result of a mental disorder as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, he or she exhibits impaired emotional, cognitive, or behavioral functioning that interferes seriously with his or her ability to function adequately expect with supportive treatment or services. In addition, the person must either currently have, or have had within the past year, a diagnosed mental disorder, or must currently exhibit significant signs and symptoms of a mental disorder. A diagnosis of alcoholism or drug addiction, developmental disorders, or any form of sexual disorder does not by itself render an individual seriously mentally ill. The combination of either a diagnosis or significant signs and symptoms of a mental disorder and an impaired level of functioning, as outlined above, is necessary for one to be considered SMI." Notice of Class Action, *Rasho v. Walker, et al.*, 07-CV-1298 (C.D. Ill).

Administrators reported 29% of IDOC's female population had been identified as SMI during the month of October 2014 review. IDOC stated that its total SMI female population was 798 with 646 at Logan.³⁹ Administrators stated that SMI evaluation is an ongoing screening for women in Logan's population but that women receive screening if they go on a crisis watch or if they are reported as being good candidates for the screening. SMI assessments are performed during the R&C (intake) process with identification of approximately 20-30 on a weekly basis. The facility hopes to enhance preventative mental health maintenance while acknowledging that cyclical crisis is the norm for many SMI patients.

Logan is the site of the only mental health housing for women within IDOC. During the November 2013 visit, there were only 39 designated beds and the Mental Health Unit was at capacity. IDOC noted that there are 118 beds in building 14, which houses the Mental Health Unit. Staff acknowledged that decisions were being made based on bedspace, although they stated that unstable women would not be returned to general population. IDOC responded that "bedspace determines only which mental-health related housing is used, never "if" an inmate needs it." Logan's infirmary was reportedly used for overflow, but the only other non-multiple-occupancy housing areas are in the X-House. At the time of the November 2013 visit, more than half of the women housed in segregation were receiving mental health care. Lack of space is a pressing issue in the Mental Health Unit. In addition to lacking housing space for inmates, there is also a shortage of office space and computer access for mental health staff and most offices are shared, which limits privacy and necessary treatment such as individual therapy. Administrators stated during the first JHA visit that it would be possible for other wings of the building that houses the Mental Health Unit to be retrofitted for mental health purposes, but this would be costly. Significant changes will have to be made for safety concerns.

As of July 2014, major building projects were reportedly planned as a result of the litigation including transforming the rest of the building that currently houses the Mental Health Unit into a Residential Treatment Unit (RTU) of about 120 beds for the neediest women and possibly retrofitting an another old, unused former healthcare building. IDOC reported they have secured capital funding through the Capital Development Board to make these renovations. Costs are currently estimated at \$8 million.

Administrators stated during the November 2013 visit that they did not have enough crisis cells, while the facility averaged 13 watches of varying lengths a week. The average length of time on watch was eight days. On the date of the November 2013 visit, there were six women on crisis watch, with four on suicide watch. At that time, there had been 39 instances of suicide watch the month prior, and 192 suicide watches and 20 instances of self-injurious behavior since Logan became a female facility in March 2013. During the July 2014 visit, administrators stated that they started the day with two women in 10-minute watches and three in 15-minute watches. Crisis cells were located on the Mental Health Unit and Healthcare Unit. During the July 2014 visit, we were told that a newly created caged off portion of a R&C X-house wing could also be used for crisis watch. IDOC stated placement would be based on room availability and only in emergent situations with authorization and reported there are currently 11 crisis beds.

³⁹ IDOC provided these numbers in November 2014 review. Logan houses 21 women with Guilty but Mentally Ill sentences.

During the November 2013 visit, JHA interviewed women in a lower-level mental health housing wing. While some women interviewed seemed fairly happy and were enjoying drawing and coloring, others wanted to know how to be transferred to a mental health facility. Several women appeared to have developmental disabilities. We noted that the large windows on cell fronts provided good visibility but afforded little privacy. All the wiring on the unit for cable television was removed for safety purposes and JHA visitors observed that the dayroom televisions were very fuzzy.

Mental health staff commented that they house several women who are “cutters,” and when questioned about why certain inmates in mental health housing reported to JHA that they had experienced periods of months without yard, staff stated that this may be because of self-harming behavior where the inmate might but be able to be safe on yard, given a history of banging her head on the walls or cutting. We were also told that there was not electricity in the cells because the women will stick things in sockets. Staff mentioned that one woman had recently swallowed a battery and that several were on “finger foods” meaning they were restricted from using utensils. JHA appreciates the challenges of managing inmates with serious mental illness, but recommends that Logan take steps to ensure that women can be appropriately supervised and not restricted from yard time unnecessarily. As of August 2014, 213 women in various statuses at Logan had yard restrictions of varying lengths.

While there may be limited circumstances where a brief yard restriction may be an appropriate sanction (e.g. for misbehavior on yard), JHA advises that yard restrictions be used judiciously, reviewed by mental health staff, and reviewed administratively at reasonable intervals. Again, this was an area where JHA had concerns that facility recordkeeping may not allow administrators to easily review individuals’ circumstances. For example, during the November 2013 visit, administrators seemed surprised to hear that some segregation status inmates had not had yard in months. IDOC responded that this does not occur absent safety issues or discipline resulting from behavior that makes yard problematic for safety/security, and that a schedule to include recreation for all inmates is in place. At other facilities, JHA has encountered inmates who have not had their restrictions properly reviewed. While the litigation relating to discipline of SMI inmates in segregation may address many of these concerns, yard restrictions are used for inmates in various classifications and clear agency rules must be articulated and enforced.

During the July 2014 visit, it appeared that perhaps the issue of outside recreation for inmates housed in the Mental Health Unit had improved somewhat, perhaps in part due to differences in weather or developments related to the litigation. In fact, as part of the litigation negotiations, inmates who have been on crisis watch for over 10 days are now required to be given out of cell recreation time. This suggests recognition that long-term restrictions on movement can be harmful to individuals with mental illness.⁴⁰

Mental health staff interviewed noted that some of the women in mental health housing were allowed to do some gardening and noted the therapeutic benefits of being able to go outside, shower, make or exhibit art, or listen to music. They also stated that these things could be used to

⁴⁰ See e.g., the ACLU’s report, “Worse Than Second-Class: Solitary Confinement of Women in the United States,” (April 2014), available at <https://www.aclu.org/criminal-law-reform-prisoners-rights-womens-rights/worse-second-class-solitary-confinement-women>.

deescalate behaviors that may otherwise escalate into security or crisis issues, but that they can be difficult to accommodate in a secure setting. JHA appreciated that administrators appeared to be working with providers and security to permit certain privileges. We will continue to monitor these issues.

At the time of the November 2013 JHA visit, administrators reported that 752 inmates were under psychiatric care, while 670, as of September 2013, were on some type of psychiatric medication.⁴¹ Nine women at Logan were involuntarily receiving psychotropic medication; of these three were housed in segregation, with two in mental health segregation. Administrators reported that the average caseload of a psychiatrist was 245, while for other mental health staff caseload varied from 17 to 200, where the smaller caseloads were for professionals managing a wing of the Mental Health Unit and larger numbers would be for general population with less acute mental health needs. Staff stated that caseloads of 200 woman was obviously too high.

As of November 2013, about 244 women participated in mental health groups at Logan including: Anger Management, Seeking Safety, Cognitive Behavioral Therapy (CBT)-Depression/Bipolar, Dialectical Behavioral Therapy (DBT)-Distress Tolerance, PAWS-Socialization, Expressive Art Therapy, and Community Process Group. The waitlist for group therapy in combination was 308 women. For non-emergent mental health, administrators reported a wait of ten business days for seeing the mental health professionals onsite and thirty business days for the psychiatrist. At the time of the November 2013 JHA visit, all psychiatric coverage was provided via TelePsych for six clinics each week. A benefit to using TelePsych was that this allowed women to see providers they had been seeing before at other facilities, providing greater continuity of care. However, there was a backlog for TelePsych due to equipment failures and lockdowns, and an onsite psychiatrist was a priority.⁴² At the time of the February 2014 JHA visit, a psychiatrist was onsite three days a week.

It was apparent that to JHA that mental health staff were invested in providing care and working to create a more therapeutic environment. Mental health staff we interviewed discussed, among other things, the importance of training line staff to recognize mental health issues and the need to balance security and operations. JHA agrees. We noted that administrators appeared to be working well with staff to balance programming and operational concerns during the July 2014 visit. However, recent events point again to the need to ensure all staff appreciate the need for vigilance and sensitivity to mental health issues.

⁴¹ In November 2013, Logan reported the facility's mental health staff consisted of 60 hours of psychiatrist coverage weekly via Tele-Psychiatry (though the facility was also authorized for 24 hours onsite psychiatry coverage), 225.25 hours of psychologist coverage (although the facility was authorized for 280 hours), three mental health professionals, and two social workers. (Note these numbers do not match information provided in the above healthcare staffing numbers chart, also provided by IDOC). In the most recent data JHA received from Dwight in December 2011, that facility reported that there were 549 women under psychiatric care (47 in segregation); Dwight had 80 hours weekly of psychiatrist coverage, 160 hours a week of psychologist coverage, and a full-time social worker. The average mental health professional caseload was reported to be 20-30 inmates. There was a two week waitlist for non-emergent mental health care. 45 women were housed in Dwight's Mental Health Unit, which had the capacity for 52. Dwight administrators noted the need for a larger Mental Health Unit. Lincoln operated in February 2012 with 17 hours of psychiatry and two mental health professionals and had a backlog for non-emergent mental health care.

⁴² However, administrators only reported one eight-hour partial lockdown.

Sex Offenders

At the time of JHA's November 2013 visit, 131 women at Logan were classified as sex offenders. The facility offers no sex offender programming. Five women at Logan were labeled as predators, a label used within IDOC to identify inmates who may be dangerous sexually to others and for housing considerations. Staff stated that inmates will be flagged as predators after something happens, i.e. this is not something that is determined preemptively. IDOC responded that this is not the case and identification of this issue is done at intake and subsequent behavior can also modify these determinations. This was an area where we had some concerns that records regarding such labels may not have been appropriately transferred from prior facilities. JHA continues to recommend that IDOC formalize its use of these labels, ideally tying them to risk assessment.

Four women identified as sex offenders were held as "door violators," meaning that they were considered to have violated parole due to lack of an approved parole site. JHA has commented on the dearth of sex offender treatment and difficulty for these individuals to obtain parole sites throughout IDOC.⁴³ This was also noted by inmates and administrators as a problem during the Logan visit. This issue results largely from laws regarding sex offender housing restrictions.

One woman at Logan is designated as a Sexually Dangerous Person (SDP) and is civilly committed to IDOC custody until she is determined to be "recovered."⁴⁴ The woman was taken into custody at 17-years-old and has been incarcerated more than eight years. Administrators reported that another woman with the SDP designation at Logan had recently been released, but it was unclear whether the remaining woman had the benefit of anyone advocating for her release. As mentioned above, Logan does not offer any special sex offender treatment, but we were informed that this woman was housed in the Mental Health Unit and hence is receiving some services. IDOC reported that an external evaluator licensed under the Sex Offender Evaluation and Treatment Provider Act is contacted for official evaluation completion.

Substance Abuse

At the time of the November 2013 JHA visit; administrators reported that 130 women were in substance abuse treatment provided by contractor Wells Center (Wells). This is the only formal drug treatment program within IDOC for about 2,900 women, as Decatur no longer offers substance abuse treatment. Research suggests that two-thirds of female inmates have a substance use disorder and about 40% have co-occurring substance use and mental health disorders.⁴⁵

⁴³ See e.g. JHA's 2013 reports on Big Muddy and Graham Correctional Centers, available at <http://thejha.org/publications>.

⁴⁴ See 725 ILCS 205. 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). There are currently about 168 male SDPs housed at Big Muddy River Correctional Center, see JHA's 2013 report available at www.thejha.org/bigmuddy.

⁴⁵ The National Center on Addiction and Substance Abuse at Columbia University, *Behind Bars II: Substance Abuse and America's Prison Population*, 1-120, p. 3 (2010), available at <http://www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf>.

Studies further show that treatment is effective and substantially reduces recidivism.⁴⁶ More treatment resources for women are clearly needed.

Inmates in the Wells Program must have a minimum of at least six months left in order to complete the program. Other criteria considered are that the woman cannot: have more than three years left before release, be maximum-security, or have a significant mental health issue. Logan offers a Dual Diagnosis Program for women with mental health and substance abuse issues, with 26 women participating and housed in the dual diagnosis wing. Logan also offers a drug education program with a capacity of 25. Staff stated the majority of the women had alcohol addictions and secondarily alcohol plus marijuana. At the time of the November 2013 visit, there were six Wells staff members, though the program was authorized for eight. Space was noted as a problem for this program as well, and staff noted that increased collaboration with healthcare/mental health staff would be helpful.

During the November 2013 visit, JHA observed that in the substance abuse unit there was only one security staff member on duty for 156 inmates, and he was preoccupied with processing inmates into the commissary, while group and individual substance abuse counseling was being conducted by the Wells staff. The atmosphere was loud and busy. Substance abuse treatment group sessions are available every morning and afternoon for an hour and a half with 50 to 65 women per group. Women in the dual diagnosis program benefit from having treatment in smaller groups. Inmates may participate in other programs or work assignments while in substance abuse treatment/housing.

A JHA visitor with a counseling background felt that the observed substance abuse treatment group where inmates were repeating slogans would only be effective therapy if combined with smaller group or individual counseling. We were informed that participants receive one individual counseling session per month. Some inmates interviewed stated they did not find the group sessions too helpful as they were repetitive and became less helpful over time. These women wanted more one-on-one counseling. Some women expressed concern about the availability of similar programs after their release. Staff noted the lack of community programs/funding for substance abuse treatment and mental health issues creates both front-end and back-end problems for incarcerated women.

Part IV – Living Conditions

This section addresses Housing and Safety, Physical Plant Needs, Populations, Dietary, Commissary, Staffing, Mail, and Inmate Concerns.

⁴⁶ See National Institutes of Health, National Institute on Drug Abuse, *Drug Facts: Treatment for Drug Abusers in the Criminal Justice System*, available at <http://www.drugabuse.gov/publications/drugfacts/treatment-drug-abusers-in-criminal-justice-system#references>.

Housing and Safety

While Dwight had a mixed security population and the female Reception and Classification center (R&C), it also had a significantly lower population than Logan, with a capacity of about 1,200. Despite housing fewer women than Logan, Dwight had more single and double cells

(in largely multiple-occupancy accommodation facilities), and importantly Dwight had larger mental health and healthcare unit capacities, despite having two-thirds of the Logan population. Administrators and staff acknowledged that it has been difficult managing the new Logan population, which essentially combines the population from Dwight and the

Capacity	Logan	Dwight⁴⁷
Bedspace	2,019	1,212
Single-Cells	38	45
Double-Cells	274	538
4 Person Cells	270	Unknown
6 Person Cells	19	Unknown
Healthcare Unit	15	18
Mental Health Unit	39	53
Segregation	106	90

former medium-security female facility, Lincoln, with fewer of these types of housing resources than were at Dwight (without even considering the Lincoln resources lost). An experienced staff member at Logan stated that operational capacity is a fiction at the facility because they need single-cell space. IDOC responded that what this staff member was expressing might be that although there is a capacity of 2,019, because of so many offenders being single-celled (due to mental health issues, Keep Separate From (KSF) orders, etc.), the capacity without opening the gym is closer to 1,980.

Logan's designated housing areas consist of seven E-units (buildings in the shape of that letter from above), three C-units, one X-house (with two wings for R&C, one for maximum-security inmates, and one for segregation), and a 15-bed infirmary. A gym was also being used to hold R&C overflow inmates at the time of the November 2013 visit and again in July 2014, and as of August 2014. Specialized programming housing include substance abuse treatment, Women of Hope (for women with five years or longer to serve), Women of Victory (a transitional wing for women within two years of release), and the dog program wing. In the programming housing units visited, JHA observed decorations and furnishing that made the environment more pleasant.

In JHA's 2010 Logan report on the male facility, we noted a design flaw from a safety and security perspective, namely, that the majority of Logan's housing units have multiple-occupancy sleeping areas with 124-140 people on a unit.⁴⁸ Some of the rooms in these units house up to six women, while others are double-cells.⁴⁹ There are now 156 women housed on some of these units. Multiple-occupancy cells have doors that can be closed but not locked from the inside. There are no toilets in these cells so inmates have to be able to get out. Hence they can come and go from these rooms. Staff expressed concerns that women with serious offenses were housed in locations where they were not locked in their cells. The way the housing units are set up does not allow for close supervision as an officer at the desk cannot see into units and there are multiple units to observe on 30-minute rounds, leaving other areas unmonitored. Further,

⁴⁷ Chart completed by IDOC.

⁴⁸ See www.thejha.org/logan.

⁴⁹ IDOC stated that currently the two man units are not used for any particular purpose. JHA notes that at other facilities, such as at the Fox Valley ATC, smaller rooms are used as an incentive for good behavior.

male officers are limited in their ability to supervise areas, such as bathrooms, because of prohibitions of cross-gendered viewing in areas where women may be undressed.

Administrators reported that there are cameras in dayrooms and housing wings, but that only a few staff have the special clearance required to monitor them. JHA is not sure what impact the cameras are having given the limited real time review and the significant demand for coverage at the facility. Administrators expressed the need for more cameras to cover additional areas, which JHA supports.

Given the mixing of populations and the physical plant design limitations at Logan, it was unsurprising that JHA received numerous complaints from both staff and inmates about feeling unsafe at Logan.

At the time of the November 2013 JHA visit, Logan had recorded 889 grievances and 6,060 tickets (3,227 major and 2,833 minor) since reopening as a female facility. IDOC responded that they expected ticket issuance to slow down from the time of the initial transition. Logan did have a high number of tickets for an approximately eight-month period.⁵⁰ At Logan, simultaneously with the high number of tickets, some staff stated to JHA that it was difficult to enforce rules because many tickets were thrown out. Practically speaking, segregation space is limited and staff may not be given, or educated about, appropriate alternative sanctions. In the six month period from January to June 2014, there were final dispositions finding Logan inmates responsible for 573 major and 2,668 minor tickets. While the number of serious tickets seems to be decreasing, there are clearly still many disciplinary issues at the facility. From January to July 2014, women at Logan filed 645 grievances (45% staff conduct, 29% medical, 12% discipline related, 6% property, 8% other).

Logan had recorded as of November 2013, two Inmate-on-Inmate Violent Assaults and one Inmate-on-Staff Violent Assault.⁵¹ At Logan there were 100 instances of staff using authorized use-of-force, 43 uses of chemical agents,⁵² and 57 cell extractions. Logan's numbers all seem higher than expected; however, administrators were not able to produce prior Dwight figures for comparison. JHA received very different numbers in our November 2013 facility questionnaire and in IDOC's review of our final draft report in November 2014. We are unsure of the discrepancy or time periods covered and recommend that administrators strengthen their ability to review this information. While there may be certain outlying individuals that distort the cumulative picture (e.g. inmates who write many grievances, or officers who write many tickets), being able to track and make more in-depth inquiries can be an effective management tool.

⁵⁰ For contrast, Menard Correctional Center (Menard), a male maximum security facility housing approximately twice as many inmates than Logan, reported fewer than 3,000 inmate disciplinary reports in a year. While at the male minimum-security Robinson Correctional Center, housing approximately 1,200 inmates, inmates were found guilty of 930 major and 4,308 minor tickets in a year.

⁵¹ Dwight had 21 inmate on staff assaults in FY2012 and 23 in FY2011, while Lincoln had 11 in FY2012 and three in FY2011. See Illinois Auditor General IDOC Financial Audit and Compliance Exam for the Period Ending June 30, 2012, p.193, available at <http://www.auditor.illinois.gov/Audit-Reports/Compliance-Agency-List/Corrections/FY12-Corrections-Fin-Comp-Full.pdf>.

⁵² Documents in JHA's files stated that for FY2011 there were 13 uses of chemical agents at Dwight and two at Lincoln.

In the early months of Logan's operations, JHA received an increased number of inmate reports of fights, sexual misconduct, and stealing, including theft of others' medications.⁵³ Some of these issues seem to stem from the need to train correctional staff to work more effectively with female inmates. For instance, several inmates reported to JHA that staff had difficulties maintaining order, particularly when fights broke out. Some stated that many staff who had formerly worked with male inmates said that women should just fight each other to resolve their problems, like the male inmates did. Several women stated that staff do not take inmates seriously when they report safety concerns, while staff expressed that they felt that they could not appropriately sanction women who caused problems, as tickets were thrown out. During the most recent July 2014 visit, JHA was not approached with such complaints, though we continue to receive correspondence regarding particular isolated tensions.

While administrators reported that inmates requesting protective custody (PC) are housed in a R&C wing and would maintain their privileges, there had not been any reported assignments to PC status at Logan. As of July 2014, an area of the R&C had been caged off so as to maintain separation between PC and intake inmates. It was also possible that this area would be used for crisis watch. However, as of November 2014, IDOC reports the facility still had not had any inmates in PC status. Administrators explained that the size of the facility allows them to move inmates to address safety concerns that might otherwise merit PC. They also cautioned that women often ask for PC in order to get somewhere else, either away from or nearer to other women with whom they have relationships. While administrators stated that the major causes of fights among women were personal relationships and theft, they also noted that Logan's large unassigned population—over 50% of the women were not assigned to any structured activity—and lack of staff can create security concerns. Some women continue to report being bullied and victimized on housing units.

Physical Plant Needs

Although Logan has benefited from some capital improvements, administrators reported that there are numerous physical plant needs. JHA visitors noted water damage from leaking roofs in some areas, and observed paint chipping, raising some concerns about lead given the facility's age. Shower room repair was reported to be a deferred maintenance cost. JHA visitors observed that these areas were old with exposed pipes, which some inmates complained about being very hot and a safety hazard. We also observed mold, broken tiles, caked soap holders, and an extremely dirty clogged air vent in a bathroom. Women complained that there was no ventilation in the bathroom causing asthma concerns. Also they felt that wet floors were dangerous. Administrators agreed with JHA that the bathroom set-up of some housing units is not ideal with ratios of about one toilet/shower to 12-15 inmates. Standards call for 1:8.⁵⁴ This is a particular concern with gym housing where there are two toilets for upwards of 70 women.

⁵³ Note that most women lived in multiple-occupancy cells and lacked property box locks after the transition. Locks have since been provided to most women, see above footnote 18.

⁵⁴ The American Public Health Association's *Standards for Health Services in Correctional Institutions* (2003, at p. 151) recommends for inmates housed in dormitories, one toilet for every eight inmates. 77 Ill. Adm. Code 890, Appendix A, Table B, Minimum Number of Plumbing Fixtures, also calls for one toilet for every eight inmates in penal dormitories, available at <http://www.ilga.gov/commission/jcar/admincode/077/07700890ZZ9996abR.html>.

Several staff members noted that office space for confidential inmate interviews was inadequate, in areas including R&C, substance abuse treatment, mental health, and attorney calls.

Populations

Logan houses inmates in reception status, maximum-security, segregation, mixed-security, healthcare and mental health housing, substance abuse treatment, as well as other inmates who must be specially accommodated, such as inmates requiring Americans with Disabilities Act (ADA) housing accommodations, pregnant inmates, and 17-year-olds (who must be sight and sound separated from inmates over the age of 18 in the absence of direct staff supervision).⁵⁶ At the time of JHA's November 2013 visit, Logan housed two 17-year-olds,⁵⁷ and 55 women were under 21-years-old. Currently, there is neither special programming for younger inmates nor those 50 or older, who may have various security classifications. Staff commented that they are seeing more older women at intake and this accords with research findings about the female prison population.⁵⁸ During the July 2014 visit, administrators stated that they now offer a special gym period for women who are over 40-years-old. Coordinating appropriate care, supervision, and movement for these diverse and numerous populations is challenging, especially as Logan is struggling with staffing.

Number of Logan Inmates by Sentence Length ⁵⁵	
1-12 months	781
12-24 months	444
25-60 months	279
61-96 months	98
97-240 months	185
240+ months	134
Indeterminate	1
Life	42

Administrators reported that the average length of stay at Logan is approximately a year and nine months, and about 60% of the women have fewer than two years to serve. One staff member described Logan as a "parole turn-around point." As of August 2014, Logan housed 258 parole violators (about 12% of the population). IDOC reported that the number of non-technical parole

⁵⁵ Data provided by Logan administrators from November 2013.

⁵⁶ See PREA National Standards, 28 C.F.R. §115.14 Youthful inmates, which provides that inmates under 18 must be separated by sight and sound (as well as physical contact) from any adult inmate without direct staff supervision (meaning staff must be within the same room and within reasonable hearing distance); yet, agencies must make best efforts to avoid placing youth in isolation to comply with the rules for separation and youth must have access to activities "to the extent possible." For further information about PREA, see the National PREA Resource Center, <http://www.prearesourcecenter.org/>. See also discussion of this issue within IDOC in JHA's 2013 Danville report, available at <http://thejha.org/danville211>. JHA recommends that Illinois keep 17-year-olds out of IDOC facilities or create a separate locus for housing and should provide programming to these youth to meet their developmental needs.

⁵⁷ One 17-year-old had been at Logan since her 17th birthday, meaning she had to spend an entire year separated from other inmates. Both 17-year-olds were single-celled at Logan, one was housed in the front of an R&C wing closest to staff stationed in the central pod, while the other was housed in the front of the maximum-security wing, again in the cell closest to staff. At the time of the July 2014 visit, administrators reported they did not house any 17-year-olds.

⁵⁸ See David E. Olson, Gipsy Escobar, & 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 1989-2010*, (June 2011), available at http://www.icjia.state.il.us/public/pdf/ResearchReports/female_inmate_report_062011.pdf.

violators was 110. Several of the pregnant inmates at Logan (19 at the time of the November 2013 visit) were serving short terms.

Maximum-Security

Logan's maximum-security unit, located in one of the X-House wings, has a capacity of 112 inmates. However, some of these inmates require single-celling making actual capacity lower. Inmates interviewed during the November 2013 JHA visit, expressed that they are celled 23 hours a day. IDOC responded this was not accurate as maximum-security inmates leave the housing unit for meals, healthcare, recreation, and have dayroom privileges. Inmates who are transitioning from segregation to general population are sometimes moved onto this wing first, and due to limited bedspace women are moved out of maximum-security housing into general population. Staff expressed concerns about this practice. IDOC responded in their final review of this report that this practice does not occur.

Segregation

Logan's segregation wing of the X-House has a maximum capacity of 106 inmates, but administrators reported that the average daily population is 94. Again administrators noted that there was not much room to maneuver due to limited bedspace. At the time of the November 2013 JHA visit, 92 women were double-celled and seven were single-celled on the unit.

Administrators expressed that they would like to install louvers on segregation windows because the way the X-House is configured, some segregation cells face the walkway so that inmates observe everyone coming and going, and often yell out the windows. Segregation is already a loud environment. Women housed in segregation stated that they had trouble getting attention for medical problems due to the level of noise on the unit. Staff also stated that current metal grills on cellfronts in the X-House were not good for visibility and that they intended to replace the cell window fronts in segregation to increase visibility. However, there was some concern about air circulation with this change. To date, the window fronts have not been changed.

Logan's segregation inmates reportedly were permitted three showers a week, which is more than required by law (one a week). JHA commends Logan for going beyond what is mandated. Logan's segregation recreation area has two yard cages that can accommodate a maximum of five women at once. Staff stated that after 30 days, segregation inmates are allowed one hour a week of out-of-cell time (although staff said typically they allow 2-3 hours at a time) and that after 90 days this is increased to five hours a week. While Illinois law requires a minimum of five hours a week for inmates in segregation 90 days absent special circumstances, we do not understand the limitation of yard for those in segregation fewer than 30 days, given that inmates in segregation under 90 days are supposed to be given an hour per week of recreation (absent the Chief Administrative Officer restricting this).⁵⁹ Illinois laws express minimums and IDOC must work to not unduly restrict activity. IDOC responded that with the large number of inmates who are in segregation staff do their best to give as much yard as possible, but they also have other needs to meet such as healthcare appointments, adjustment committee hearings, video conference appointments, non-contact visits, etc.

⁵⁹ See 20 Ill. Adm. Code 504.670.

At the time of the November 2013 visit, about 12 (more than 10%) of the women in segregation had yard restrictions meaning they were not let out for yard. As of August 2014, there were 213 women throughout Logan with yard restrictions (i.e. in general population, mental health housing, or segregation). IDOC stated that yard restriction is only given to segregation inmates if they have been charged with an infraction on segregation yard. Again, JHA advises that yard restrictions be used judiciously, reviewed by mental health staff, and reviewed administratively at reasonable intervals.

Several women in segregation reported that they had lost “good time,” or had sentencing credits taken away, for relatively minor disciplinary tickets, such as housing refusal. IDOC responded that this is part of the discipline process and inmates have the opportunity to earn back the time that was lost due to disciplinary issues. JHA believes such sanctions should be reserved for extreme situations, particularly in light of current overcrowding throughout IDOC and the unnecessary paperwork generated when such penalties for minor misconduct are likely to be later reversed.

There is increasing awareness within corrections that isolating women for reporting safety concerns or who suffer from mental illness is harmful.⁶⁰ Some Logan inmates reported to JHA that they were placed in segregation due to there being no other way to separate them from other women they were having conflicts with on housing units, or that they basically ended up in segregation for safety concerns. One woman stated she was in segregation in relation to a suicide attempt, which staff may have viewed as a recreational overdose. Without even inquiring regarding the specifics of this incident, during the final review of this report IDOC responded that “IDOC refutes that this occurred and the particulars surrounding the incident.” During the November 2013 visit, more than half of the segregation population, 53 inmates, were receiving mental health treatment. The Mental Health Unit also had some segregation capacity. It was unclear to JHA during this visit why some women were accommodated in one area versus the other, and based on what we know about some women’s histories, we found it to be arbitrary and likely a decision based on space considerations. Administrators explained that women who were not managing their symptoms would be housed in segregation on the Mental Health Unit. As part of the ongoing mental health litigation as of December 2013, crisis cells are not located in Logan’s segregation unit. Additionally, facilities have had to reevaluate their populations to identify inmates who are “Seriously Mentally Ill” (SMI) and some of these women have been moved out of segregation.

At the time of the November 2013 visit, administrators reported that the average length of time on segregation was more than 30 days, but stated that this is greatly affected by inmates with very lengthy sentences. Segregation reduction was being used at the facility and inmates with lengthy segregation terms can seek reductions after periods of good behavior. Some inmates interviewed seemed unaware of these programs. We continue to encourage IDOC to aggressively

⁶⁰ See e.g., the ACLU’s report, “Worse Than Second-Class: Solitary Confinement of Women in the United States,” (April 2014), available at <https://www.aclu.org/criminal-law-reform-prisoners-rights-womens-rights/worse-second-class-solitary-confinement-women>.

reduce segregation use and commit to use of incentives in line with the recommendations of the Vera Institute of Justice's segregation reduction project.⁶¹

During the November 2013 visit, we observed some women were having success in their participation in segregation reduction at Logan. Staff expressed that some of these individuals benefited from a "fresh start" at Logan after Dwight.

The Long Term Segregation Incentive Program (LTSIP) is a phase program of three 60-day tiers and women with segregation terms of more than two years who are ticket-free for the prior 60-days and are approved by the warden may participate. At the time of the November 2013 visit, there were only three women participating in the LTSIP. The program at Logan is "very individualized" according to staff in charge, but reportedly uses some of the curriculum of Lifestyle Redirection, Anger Management, and the Healthy Relationships programs. Staff reported meeting with women in the program in more advanced tiers for about 15-minutes weekly. In each tier an inmate and staff set goals (such as being ticket free) which, if met, result in incentives, such as phone calls or increased privileges, and progression in the tier levels. Staff mentioned that they would like to offer beauty shop incentives to women who earn their way to tier 3. Failure to meet goals can result in regression in tier level or even removal from the program. If a woman successfully works through all tiers she can earn her way out of segregation. Staff stated this program enables them to give women attention for positive as opposed to negative behavior. Acting out is noted to be a problem in segregation where inmates at times will take any action to disrupt the monotony of isolation. In segregation reduction programs staff are given tools to disrupt negative behavior triggers and try to intervene through offering constructive goals for inmates to strive for.

Some participants in this program at Logan had incurred lengthy segregation terms at Dwight due to spitting or other staff assaults, often related to mental health issues. One woman participating in the reduction program had a segregation sentence until 2076, although she will be released in 2024. It is in society's best interest that she be released after some sort of step-down from segregation housing that will allow her to reacclimatize. Administrators reported that this woman was doing well in the program, and had only had one major ticket in over eight months.

At the time of the July 2014 JHA visit, some of the women who had been participating in the LTSIP had been designated as SMI and were being evaluated under agreed terms of the litigation. JHA applauds this development. In our monitoring we have noted the low use of LTSIP throughout IDOC, and it appears that the SMI review will have a greater more expedient effect of moving individuals suffering from mental illness out of segregation. LTSIP may remain a feasible tool for non-SMI individuals in segregation.

Logan administrators stated that they started their SMI segregation review with the 10-12 women who had the longest segregation terms and pulled their master files to review in a committee, which is made up of 12-15 multidisciplinary staff members who meet weekly to discuss the cases under review. Administrators were clear that representatives from operations and

⁶¹ See discussion of the partnership and outcomes in JHA's 2013 Pontiac report, available at <http://www.thejha.org/pontiac>.

programming look at each woman and evaluate her as a committee. The committee interviews the inmate and discusses the inmate's criminal and institutional history, childhood, family, medical and mental health history, the inmate's aspirations and goals, mental health issue triggers, and the benefits of being out of segregation. Committee members stated that this process is both draining and rewarding. JHA believes that such interdisciplinary meetings regarding particular inmates are productive and uncommon at most IDOC facilities, though they are used in Illinois juvenile facilities (which have far more staff for many fewer inmates). This practice is very labor intensive and takes staff away from other duties. However, staff seemed very positive about the process and results. As of July 2014, five of the women reviewed have been removed from segregation. The other SMI women in segregation know that they are "on staff's radar" and the hope is to eventually expand the number of women who benefit from SMI review.

In the SMI program, women can be removed from segregation housing right away and do not have to earn back chunks of segregation time as in the LTSIP. All of the five women who have been removed from segregation have managed to stay out, although as of July, two had served brief terms (three days and ten days). The committee continues to meet weekly regarding each woman's progress and privileges. Around the time of the July visit, they issued the five participants cards to wear on their badges that explain what privileges they are allowed to help avoid confusion from other staff. Administrators said that security staff were responding well because they saw that the women were easier to manage now that they were in the program. Administrators remarked that giving these women the ability to see a different future has changed their behavior and outlook. Currently, SMI review does not relate to restoring good time credits lost, but this may be considered in the future.

JHA interviewed one inmate in the SMI program who had been housed in segregation for many years, but who had since been transferred to the Mental Health Unit and was outside on a movement pass. After years of visiting in segregation, it was somewhat jarring to see her outside unescorted, showing administrators artwork she had completed, and looking well. She became emotional talking about how well she is doing, and stated that she would not wish "the hole," or segregation, on her enemy. She had recently had her first contact visit with her family. Although the mental health litigation benefits have yet to reach all SMI women, seeing the positive changes for this inmate are indicative of the importance of this process.

At the same time, as mentioned throughout this report, Logan's existing resources are stretched thin, and given current understaffing, committee attention to this critical issue likely detracts from other issues at the facility and the approximately 1,980 other women at Logan. This is one of the prices we pay for making prisons mental health facilities.

Dietary

JHA visitors found the kitchen to be clean and orderly. Staff who had worked at other facilities and several inmates said that the food was not bad, and was better than at other prisons. Breakfast service begins at 4:30 am and inmates are given 20 minutes to eat in the chow hall. JHA has received some complaints about pests and the sanitary practices of dietary workers. Special meals are prepared for holidays and special diets are available, including for pregnant women. Dietary complaints from inmates included that the food situation was made to look

better than it actually is every day during the JHA visit, that inmates are not served the same food as staff, and that women regularly get soy products, small portions, and salads with only iceberg lettuce. Inmates requested more fruits and vegetables be added to their diets, although administrators stated that the kitchen uses produce from the facility's horticulture program.

Commissary

During the November 2013 JHA visit, some inmates shared that they were supposed to be getting paid for their work once a month, but payments were sometimes delayed. JHA received numerous complaints regarding clothing and bedding, including that the quality and quantity of such items were worse than at Dwight and Lincoln. Some women stated that they were supposed to get three new pairs of underwear, socks, bras, and pants upon admission to Logan, yet they only got two sets. Also, the facility did not always have the sizes needed, and modifying clothing is against the rules. Inmates who were moved from Dwight mentioned that they only had access to towels or sheets that they brought with them. They stated that at Dwight additional items could be purchased off commissary, but this was not the case at Logan. Inmates also stated at other facilities they had been able to exchange their towels every six months. Those that were able to exchange towels at Logan complained that they received used towels. Inmates noted that during the cold months they had to buy hats, gloves, and coats, and that this was a challenge due to lack of funds. JHA also received reports that indigent packs of supplies were difficult to get. Some women stated that staff do not distribute travel-size hygiene products donated to the facility.

Staffing

At the time of the November 2013 visit, Logan had 403 state employee staff (not including contractual staff).⁶² Administrators reported there were a total of 53 vacancies, while 19 security staff were on leaves of

Logan Staff	Authorized Nov. 2013	Actual Nov. 2013	Aug. 2014
Major	8	4	5
Lieutenant	23	19	22
Sergeant	11	8	10
Correctional Officer	274	264	254 (19 COT's)
Correctional Counselor	17	17	17
Clerical/Administrative	98	88	90

absence with 142.5 hours uncovered. Administrators reported security understaffing was resulting in a lot of overtime. IDOC responded that they agree hiring is needed to meet attrition and to fill existing vacancies, but all mandatory security posts are appropriately manned.

As noted above, there are few officers assigned to housing units. Inmates reported that due to understaffing they do not get as much movement for recreation. During the November 2013 visit, an administrator stated that having at least two or three officers per housing unit would be ideal.

⁶² Dwight authorizations (actuals) from August 2011 for a population of about 1,000 inmates were: 10 (9) Majors, 19 (19) Lieutenants, 11 (11) Sergeants, 249 (245) Correctional Officers, 8 (8) Correctional Counselors, 84 (72) Clerical/Administrative. In JHA's 2010 Logan report when Logan was still a male facility there were 300 staff members (196 Correctional Officers) for 1,850 inmates. At that time administrators wanted 74 more security and 59 other staff positions. JHA was told that because Logan has towers, some of these must be manned, which redirects some staff away from other duties.

At the time of the February 2014 JHA visit, administrators stated that the ratio had improved to 1.7 security staff members per unit due to use of “rovers” or security staff who do rounds between units. IDOC responded that they are continuing to hire staff. As of November 2014, IDOC reported at Logan counselor caseload for R&C is 128 and for general population 262, while the WFS counselor caseload is approximately 300 and the Department of Children and Family Services (DCFS) designated counselor caseload is 160 women.

In November 2013, on average three security staff per month were redirected part-time to clerical or administrative duties. Administrators too must spend much of their time dedicated to administrative duties, including producing multiple reports related to operations and on-going litigation because there are simply not other staff to do this work. One expressed that she would much rather be on rounds in the housing unit. Other facilities that handle multiple populations and intake (Menard and Stateville) have additional assistant wardens assigned. This may be helpful at Logan, though filling existing vacancies and stabilizing the leadership team should be prioritized.

Roughly a third of the staff at Logan is female (132 as of November 2013). As of August 2014, there were 104 female correctional officers. 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.⁶³ The majority of female inmates are victims of prior trauma and physical, emotional, or sexual abuse and violence.⁶⁴ 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 retraumatization by incursions into privacy by male correctional staff.⁶⁵ Staff reported that limited female front line staff at the facility, who are essential to supervising certain activities such as body searches, was resulting in significant overtime and burn-out for existing female staff. Some female staff were choosing to transfer to other facilities or positions at the first opportunity. IDOC responded that while overtime remains a challenge at Logan, overtime hours worked are declining.

JHA was concerned with some staff reports that they had yet to be trained on working with a female population, despite having worked at Logan since its transition to a female facility. Other staff seemed unaware of additional training offered regarding mental health issues, but one noted

⁶³ 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.

⁶⁴ 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>.

⁶⁵ 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. 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.

that the annual cycle training on mental health issues had improved and was helpful. Enhancing staff training would be prudent. IDOC responded that staff have been provided training during roll call for working with female inmates and mental health issues, and in annual training. More training on crisis issues is also warranted due to recent incidents, as well as reports that the number of crisis-trained staff on some shifts is insufficient for the population of nearly 2,000 women, many of whom suffer from severe mental illness.

In November 2013, IDOC reported the racial composition of Logan staff was approximately 91% White, 7.5% Black, 0.5% Hispanic, and 1% Asian. JHA continues to recommend hiring more Spanish speaking staff. Only one officer at Logan speaks Spanish and, while telephonic translation services are available, no program groups are offered in Spanish.

During the February 2014 JHA visit, administrators stated that staffing had not yet significantly improved. Although some key positions were filled, other staff were promoted, transferred or let go. Throughout IDOC there was a concern that there will be many retirements in June 2014 due to changes in Illinois pension laws. Comparing security staffing numbers in the above chart does not show much net improvement over the past year, although IDOC reiterated that they are continuously hiring. IDOC responded in the final review of this report that since November 2013, IDOC has increased actual staffing (not counting those on leaves of absence) at Logan from 377 (out of 403 authorized) to 412 (out of 428 authorized), reflecting an increase of 35 staff at the facility.

Mail

In November 2013, there was only one mailroom staff member though the facility was authorized for two, and administrators reported a 22-day backlog of mail. Administrators stated that female facilities process on average much more mail per inmate than male facilities, but that this was not accounted for in facility staffing authorizations. Inmates reported mail delays of upwards of two months to JHA, and in the early months of Logan's operation as a female facility rumors about undelivered mail being discovered in the garbage circulated. Despite mail being one of the top complaints at Logan, mailroom staff were not approved hires and staff were temporarily assigned to help with the backlog and holiday influx. Around the holidays JHA received several complaints regarding mail and disbursement delays resulting in women not being able to provide Christmas gifts for loved ones. JHA reiterated our concerns regarding legal mail delays to administrators and were informed that they were working on the issue. As of July 2014, although the mailroom authorized positions had doubled to four since the facility held male inmates, the extra positions were posted but unfilled. The mailroom was about 10 days behind, processing mail from the end of June at the time of the July 9, 2014 visit. Administrators believed they were making headway. Women still noted that the mail was slow. As of August 2014, JHA was told that there were four full time staff working in the mailroom and IDOC stated that currently they remain fully staffed and no longer have a backlog of mail.

Inmate Concerns

In accord with best correctional practices, JHA continues to advise 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 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.⁶⁶

Many of complaints JHA has received relate to crowding and understaffing at the facility, leading to safety concerns and reports of staff neglecting duties. Safety concerns are discussed throughout this report, but other examples of inmate complaints include instances such as slow mail processing, inmates not being able to add people to their phone lists for months, or where an inmate was not able to discuss housing for release with anyone. IDOC responded that mail has improved, they had not heard complaints relating to phone lists, and that inmates must send a request slip to field services prior to release. JHA also received some complaints about visitors waiting long times due to the inmate not being notified or insufficient staff being assigned to the visiting room for searches. IDOC responded that two staff are assigned on weekdays and four on weekends.

In clearer misconduct reports, some inmates stated that some male staff routinely make derogatory comments regarding female inmates, although some noted that this was improving. JHA was concerned by some staff being dismissive of inmate complaints. Inmates and others reported instances of inappropriate sexual misconduct under PREA involving other inmates or staff. JHA believes that Logan officials are investigating such reports and staff are being reprimanded or disciplined according to the severity of the offense, and we encourage women to report as specifically as possible so that misconduct can be addressed. JHA received some complaints regarding a mass shakedown that occurred in October 2013, where inmates were strip searched in front of other women in their multiple-occupancy cell areas, and the women reported they filed grievances regarding this incident. While specific account details varied, IDOC stated that there was no cross-gender viewing during this exercise, that they attempted to minimize women's exposure to others, and that it was necessary for the searches to be conducted in this manner to control for contraband. As mentioned herein, Logan was experiencing issues safety and theft, particularly of medications, and instances of overdoses, and officials employed this shakedown as a security measure. JHA emphasized to IDOC officials the importance of supervision and clear communication of agency policy regarding such searches, as well as rights under PREA. While in general strip searches should be conducted in only on a one-on-one basis in a private setting, there are some instances where women (like men) will be strip searched in the presence of others of the same sex. We continue advise that such circumstances be minimized to reduce trauma.

Part V - Programming

This section addresses: Academics, Vocational, Work, Bakery, Dog Program, Library, Women and Family Services, and Reentry.

⁶⁶See 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.

At the time of JHA's November 2013 visit, about half of the population at Logan were unassigned, meaning they did not participate in any formal assigned programming or work. As of August 2014, administrators reported there are now 1,096 women at Logan with either school or work assignments. This is an improvement to about 61% of the women assigned at Logan.

Idleness is a problem from both security and rehabilitative perspectives. Everyone agreed that expanded programming at the facility was needed, though staffing and space concerns were cited as barriers. Correspondence courses or peer-facilitated activities conducted on housing units could be more easily implemented than programs requiring movement, staff, funding, and space. However, JHA also believes that the more difficult task of fostering programs focused on maintaining bonds between women and their children is vital. Additional volunteer programs could be helpful if they could be accommodated. At the time of the November 2013 visit, there were 350 volunteers at Logan, with an additional 30 waiting for clearance.

Several inmates felt there were fewer opportunities for long-term inmates at Logan than there had been at Dwight. JHA received numerous inmate complaints about programming and special housing waitlists. Programming staff and volunteers reported that facility space issues and understaffing detract from the programming and rehabilitative goals they are tasked with carrying out. Some felt the operational issues at Logan relating to overcrowding, security, and staffing were requiring them to take on tasks outside their expertise, or felt that administrators were not appropriately attentive to the importance of programming in creating a more positive, rehabilitative environment that would impact operations.

The January 2014 IDOC Quarterly report reflects that 268 Logan inmates, about 13% of the population, were being served in educational or vocational programming.⁶⁷ This had increased to 349 in the April 2014 report and 411 in October.

Academics

At the time of the November 2013 visit, Logan had five teachers, but lacked an Educational Facility Administrator (EFA) and a paralegal. There were five Adult Basic Education (ABE) classes, with 75 women receiving mandatory ABE classes. There were 183 women on the ABE waitlist. Administrators reported in August 2014 that all women assigned to Logan as a parent facility are given the Test of Adult Basic Education (TABE); however, the facility was behind on the testing and attempting to catch up. Only women with more than a two-year sentence will be put in school. IDOC stated that as of September 2014, Logan was up to date with TABE testing.

There were six General Education Development (GED) classes with 150 students enrolled, and 36 women waitlisted. The Education Department has five inmate teacher's assistant assignments. Logan has college level classes with five modules a year offered through Richland Community College, such as English Composition and Spanish. All credits earned at Logan are transferrable within the Illinois Community College system. The costs of certain textbooks were mentioned as prohibitive to offering certain college classes. JHA visitors found the academic classrooms to be a pleasant environment. During the visit, staff noted that the GED program would be gaining 25

⁶⁷ Comparatively the January 2013 Quarterly report reflected 164 students at Dwight and 229 students at Lincoln. IDOC quarterly reports are available at <http://www2.illinois.gov/idoc/reportsandstatistics/Pages/QuarterlyReports.aspx>.

additional computers. Staff stated that the computers at Logan were on average about six years old; some visitors were surprised by outdated technology still in use. Administrators indicated that providing limited access to the internet for educational purposes would be extremely helpful in improving what can be offered at the facility, and staff noted that some licensing and other types of exams were moving toward online format. IDOC responded that inmate internet access cannot be allowed due to safety and security reasons, and that this policy is not uncommon. More classes could be offered if there was more space available. Administrators commented on the difficulty in recruiting teachers, again in part due to hiring procedures within IDOC being lengthy. As of July 2014, administrators reported that they had recently gained an EFA and hired an educator who had been working at another IDOC facility. They were still hoping to add two more educators. Administrators reported that the new GED computer-based testing lab was operational.

Vocational

College level vocational offerings at Logan provided by Richland Community College included Horticulture, Culinary Arts, Construction Occupation, and Career Technology. In November 2013, there were 41 women in these courses out of 60 spots, and 424 on the waitlist. Programs last nine months with rolling admissions. To partake in vocational programming a woman must have a high school diploma or GED, and a score of at least 8.0 on the TABE. Classes have about 15 students at a time. Produce from the Horticulture program is used in dietary and JHA visitors were also impressed with facility composting efforts using vermiculture. During the July 2014 visit, we were able to observe some beautiful plantings on Logan grounds. Inmates in this program also care for plants used in the governor's mansion, for the state fair, and in prairie renovation programs. Others, including some male IDOC work camp inmates, install the plants. Inmates completing the Culinary Arts program are hired as dietary workers. Inmates can earn food sanitation licenses; however, there was some concern regarding this exam switching to an online format so that it may no longer be accessible to inmates. In Construction Occupation inmates learn electric, carpentry, plumbing, maintenance, and other skills. Inmates were building cabinets for offices. In Career Technology inmates who are close to their release date learn computer skills, resume writing, money management, and "a little bit of everything." JHA visitors found the vocational area to be orderly and clean. Logan also now offers cosmetology and nail technology taught by state employee staff.

Work

At the time of the November 2013 visit, there were 427 women with work assignments. IDOC reported that there are assignments for approximately 148 porters, 152 dietary workers, 36 supply/commissary workers, 33 special assignments, 38 maintenance workers, 11 beauty shop workers, three property workers, nine ADA attendants, and Illinois Correctional Industry (ICI) workers. ICI offers a recycling program at Logan with 16 women assigned.

Bakery

JHA visitors found Logan's bakery program particularly impressive. Baked goods from the program are used by the facility for dessert, and special cakes can be ordered, such as when children visit. We observed a portfolio book with hundreds of pictures. During the visit the

bakery was in the process of making special cupcakes to reward the housing unit that raised the most money for a fundraising initiative. We were told that a pie had been prepared for JHA visitors, but it had gone missing. The bakery supervisor would like to expand program to sell baked goods to other facilities to put revenue back into program to expand it. JHA believes this would be a worthwhile goal as it benefits the facility in several ways: the bakers are busy and happy, inmates get special treats, administrators have a positive reinforcement tool, and inmates are taught job skills that are transferable to the outside world (culinary fields are some of the most forgiving areas for obtaining a job with a felony record).

Dog Program

JHA visitors also were very impressed by the dog program, Helping Paws (sometimes referred to as PAWS, which is an ICI program), at Logan. An inmate is assigned a particular dog and lives with and trains the dog for several years. At the time of the visit, there were eight dogs in the program, some of which were service dogs in training, and some of which were dogs from the local shelter that needed socialization prior to adoption. Each dog is assigned an inmate handler and a back-up. The women interviewed were proud of their work with the dogs and appreciated the responsibility they were given. We were told that the program quickly runs out of funds each fiscal year because often the dogs need expensive surgeries or have health issues, on top of costs for regular supplies such as food, poop bags, grooming supplies, and treats. Staff reported that there was “no trouble” from inmates in the program. This is particularly notable as some of the women in the program were serving serious sentences for violent crimes, suggesting that such programming may benefit all security classes of inmates. IDOC offers similar animal programming for only minimum-security male inmates. JHA recommends expansion of such positive programming, which clearly relieves stress for staff and inmate participants.

Library

At the time of the November 2013 JHA visit, although Logan lacked a staff paralegal, the three inmate clerks had received paralegal certificates at Dwight. No such paralegal certification program exists at Logan. Legal library materials seemed to be more up to date than what we have observed in other facilities. However, JHA received reports that women in the X-house were having difficulty receiving access to legal services due to infrequent law clerk rounds. IDOC responded that a schedule has been implemented to accommodate and provide services to all areas of the facility population.

Women and Family Services

Many services are offered at Logan through Women and Family Services (WFS). The primary goal of WFS is helping women and children maintain their bond during the mother’s incarceration. This mission has a powerful rehabilitative potential. WFS staff coordinate many services for women at the facility, and may serve as Department of Children and Family Services (DCFS) and court liaisons. CLAIM (Chicago Legal Advocacy for Incarcerated Mothers)⁶⁸ also holds classes on family law topics quarterly at Logan. WFS helps women with programs on

⁶⁸ See <http://www.claim-il.org/> and archived video news interview with CLAIM staff, Windy City Live, *After Dark: Moms Behind Bars*, (7/10/14), available at <http://windycitylive.com/episodes/After-Dark:-Moms-Behind-Bars/9541388>.

topics such as parenting, budgeting, discipline, and self-esteem. Many of these programs offer translations of materials for Spanish-speaking inmates. WFS also offered a play reading group and inmates were rehearsing "Twelve Angry Women." WFS staff coordinate other volunteer services, such as Lutheran Social Services of Illinois (LSSI), who provide transportation for children to visit their mothers once a month from Chicago. Other parenting programs include the Storybook Program, which allows incarcerated mothers to record themselves reading a book, and mail the book and the recording to their children. WFS also works with volunteers to run the summer Mom & Me camp, which serves about 30 children of women incarcerated at Logan, and two day camps for children a year, typically on Mother's Day and Christmas. Since administrators report that 75% of the women are mothers of minor children, approximately 1,488 women at Logan, the demand for parenting courses and programming with child contact is extremely high. Such programming must be supported and capacity expanded. As of August 2014, WFS Counselor caseloads average approximately 300, with the DCFS designated Counselor having a caseload of 160 women. These counselors meet with the inmates on an intermittent basis dependent on the emergent family issues.

Reentry

Logan offers a voluntary reentry program Females in Transition (FIT) for inmates who have a year or less until their parole date. Women with sex offenses or those with violence against youth designations are precluded from this program. Currently this program only covers Parole District 1 (Northern Illinois), and a band of counties across Central Illinois. IDOC reported there are 187 pre-release FIT participants and 142 post-release participants. Administrators indicated expanding this program would be helpful.

For women who participate in FIT or those who are in the Wells Center drug treatment program, contractor Treatment Alternatives for Safe Communities (TASC) provides prerelease services to help clients develop reentry plans and connect to community resources, including information about obtaining necessary identification and signing up for healthcare under the Affordable Care Act (ACA) Medicaid expansion. TASC case managers for Northern Illinois FIT participants provide assessments and facilitate connections to substance abuse treatment, mental health services, housing support, education, job training, emergency food and shelter, primary healthcare, and transportation. Other groups reported by administrators that offer some reentry assistance include: Seeking Safety, Fighting Addictions (which addresses substance abuse, retail theft, and prostitution), and Goal Setting/Reentry Central IL (which provides a prerelease relationship with a specialist who follows and monitors participants who parole to Central Illinois). Administrators stated individual linkages can be addressed as needed.

Several women interviewed on each visit and those JHA has corresponded with wanted help finding resources for reentry. One stated that she was tired of being locked up for drug use and that she would like some kind of services when she gets home. There is a dearth of reentry services in some, often more rural, areas of the state. Counselor caseloads or other duties can mean that women sometimes do not get timely feedback on such issues. Clinical counselors at Logan average caseloads of 262 women. During the July 2014 visit, some women noted that their counselor's computer was not working.

Administrators reported that the number of Logan inmates who are delayed from release due to lack of placement varies, but was reported to be 18 women for period of January-August 2014. Placement challenges include limited availability of placements that can accept electronic monitoring and inmates with mental health issues. Again, administrators reported that there were no available placements for sex offenders or those with violence against youth designations. Funding uncertainty for placements in the community was also indicated to be a complicating factor. Administrators stated that more reentry programming and community resources are needed. They discussed the difficulty of releasing women, some who suffer from severe mental illness, with little more than a ticket to a parole site. Additionally, they stated having a casework supervisor at the facility to help with difficult placements would be helpful.

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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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