Monitoring Visit to Pinckneyville Correctional Center

Vital Statistics:

- Population: 2,282
- Design Capacity: 2,234
- Average Annual Cost Per Inmate: $17,415
- Average Age: 34
- Population by Race: 62% Black, 22% White, and 16% Hispanic
- Committing Offense: 11% Murder, 33% Class X, 21% Class 1, 22% Class 2, 7% Class 3, and 6% Class 4 felonies.

Source IDOC, November 2011

Facility Overview

On November 15, 2011 the John Howard Association (JHA) visited Pinckneyville Correctional Center (Pinckneyville), a Level Two Secure-Medium Adult Male facility situated on 148 acres of land in Pinckneyville, Illinois, about five and a half hours southwest of Chicago. Pinckneyville, which opened in 1998, is comprised of 19 buildings and is located adjacent to the DuQuoin Impact Incarceration Program, a short-term rehabilitative boot camp, which is overseen by Pinckneyville’s administration.

Pinckneyville has five X-shaped housing units. Four and one-half units are dedicated to housing general population inmates, while the remaining one-half housing unit is set aside for segregation inmates. The segregation unit consists primarily of double-bunk cells and has the capacity to house 231 inmates. On the date of JHA’s visit, the unit was near to capacity, housing a total of 224 inmates. Pinckneyville additionally contains a 15-bed medical unit, which housed five inmates on the date of JHA’s visit. The facility does not contain a mental health unit or separate mental health housing.

Like many Illinois facilities, limited bed space, scarce resources, and understaffing (particularly of medical, mental health, teaching, and clerical staff) are challenges for Pinckneyville. The facility was originally designed to house inmates in single-occupancy cells. However, like most Illinois Department of Corrections (IDOC) facilities, double-celling is now the norm at
Pinckneyville due to crowding. In total, Pinckneyville contains 1,110 double cells, 24 multi-occupancy cells, and 48 single cells. As of February 2012, the facility, with its rated/design capacity of 2,434, was nearly full, housing 2,425 inmates.¹

When JHA visited Pinckneyville in November 2011, the facility had been struggling with serious physical plant issues. Administrators acknowledged that it can be very challenging to operate and maintain a facility. They noted that they have been operating with original equipment from when Pinckneyville opened in 1998, which they said speaks volumes about the facility’s maintenance department, the preventive maintenance protocols, and work to be fiscally responsible. Administrators reported that they will continue to have repair and maintenance work on an everyday basis to maintain the facility, largely due to the amount of use that takes place in a prison setting. Further, they noted the facility is required to have emergency protocols in place to address any issue as it may occur, such as an act of god situation that damaged the physical plant structure.

At the time of the visit, Pinckneyville’s dietary unit was in need of new equipment, including ovens, a skillet, and a dish machine. The dental unit likewise needed five hand drills to be replaced. Roofs were leaking in several areas and the facility also needed paint, parts to repair leaking toilets, sinks, and showerheads, and new vehicles to transport inmates on court writs. To illustrate, an administrator pointed out a vehicle in the facility’s fleet that was noticeably falling apart and had 314,000 of mileage on it.

Administrators noted that Pinckneyville has a vehicle maintenance department that continually maintains their vehicles to ensure they are road safe and if they are not, they are sidelined until they have been repaired and inspected before they are returned to operations. However, since JHA’s visit, three of the oldest vehicles with high mileage were replaced with new vehicles. Additionally, subsequent to JHA’s visit, administrators reported that the dietary department received some new equipment and is schedule for more new equipment next year. Lastly, administrators reported the leaking roofs have been repaired per the emergency protocol.

Adding to the physical plant challenges, prior to JHA’s visit, Pinckneyville’s water provider experienced physical plant issues and because of breaks in water line, water had to be shut off for repairs to the facility and to local civilians on two occasions in the preceding year. During that time, fresh water had to be trucked into the facility. Administrators noted that the facility immediately initiated their emergency management protocol to ensure the operation of the facility was maintained.

As a designated facility under the Americans with Disabilities Act (ADA), Pinckneyville has 64 beds designed to serve the needs of disabled inmates. At the time of JHA’s visit, there were 16 inmates in wheelchairs. The facility also has a substantial elderly population, with 219 inmates, roughly nine percent of the total population, aged 50 or older.

JHA saw evidence and received reports from inmates that certain multi-occupancy ADA cells are overly congested and overcrowded, limiting access and movement. Administration stated that ADA cells conform to legal standards, but acknowledged that crowding can be a problem. Thus, to the extent possible, efforts are made to assign inmates with wheelchairs or walkers to different ADA cells.

As far as special populations, healthcare staff additionally noted that five elderly inmates at Pinckneyville suffered from dementia. According to staff, this could create problems because correctional officers did not know “how to deal with it,” and would sometimes issue disciplinary tickets for behavioral misconduct that is symptomatic and a product of an inmate’s dementia and diminished capacity.

This tension between appropriate correctional responses and appropriate clinical responses to elderly behavioral issues is certain to become more problematic in the future with the growth of the elderly prison population. Over the last decade, the number of elderly inmates (ages 50 and older) grew by 300 percent in Illinois, and today elderly inmates represent the fastest growing segment of the federal and state prison populations. For older inmates who break prison rules and live with dementia or weakened mental capacities, correctional disciplinary responses must be adjusted in recognition that inmates may not be engaging in willful disobedience. While older inmates may appear to be violating rules or orders, they, in fact, may have neither heard nor understood. To effectively plan for and meet the needs of the growing elderly population, JHA recommends, in accord with corrections experts, that all staff who work with the elderly be provided with training to give them the core competencies necessary to work with the population, including an understanding of common mental disorders and chronic health conditions that affect conduct and social behavior in the elderly population.

Since JHA’s visit, administrators reported that Pinckneyville has taken a proactive approach to ensure that when an inmate with mental illness is issued an inmate disciplinary report for any reason, the inmate is seen by the mental health professional. They stated that if there is any

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question as to the inmate’s stability at the time of the alleged disciplinary infraction, it is revoked. Additionally, administrators reported that they are continuing to educate all staff on the handling of mental health issues through various training provided by mental health staff. JHA commends administrators on these efforts.

To their credit, Pinckneyville’s administrators have worked to increase programming for special population inmates. For instance, administration implemented a special two-hour gym period once a week for physically handicapped inmates, along with inmates ages fifty and older. However, lack of sufficient space and staffing remains a serious impediment to increasing programming and out-of-cell time for Pinckneyville inmates across the board. A number of inmates reported that yard, gym and day room times are often cut short or cancelled. Administration likewise indicated that out of 2,425 inmates, only 370 have job assignments. There are also substantial waitlists for education. For example, at the time of JHA’s visit, there were 166 inmates enrolled in Adult Basic Education (ABE) classes, with 168 inmates on the waitlist, and 119 inmates enrolled in GED high-school equivalency classes, with 62 on the waitlist. With programming and jobs in short supply, the majority of Pinckneyville inmates spend 18 or more hours a day in their cells.

Staff, administrators, and inmates frankly acknowledged fights between inmates are frequent, especially between cellmates. Faced with overcrowding, administration indicated that single-occupancy cells are largely reserved for vulnerable inmates who are at risk of being harmed if celled with others, such as inmates with severe mental illness, those who are very young or slight of stature, and those who are elderly or frail. A total of 45 inmates were designated as “vulnerables” and 35 inmates designated as “predators” at the time of JHA’s visit.

Administration indicated that Pinckneyville’s placement coordinators do an excellent job in screening and matching inmates as cellmates, considering their aggression level, size, age, gang affiliation, sentence and institutional history, while contending with the practical reality of limited beds. However, the reality remains that limited space places limits on the facility’s discretion and flexibility in making housing assignments. JHA heard reports from several inmates that they were discouraged from asking for different housing, despite being bullied by cellmates, because the typical response is to punish both inmates by placing them in segregation.

This environment raises serious concerns for the safety of inmates and staff. Studies confirm that double-bunking, crowding, inmate idleness and limited out-of-cell time are strongly correlated to increased violence and exacerbation of mental illness. Crowding and lack of bed space likewise diminish the ability of staff to separate cellmates who are poorly matched to prevent fighting and exploitation of more vulnerable inmates.


Administrators responded that it is a reality that dealing with population levels they have can be another challenging aspect of operating a facility. They acknowledged that one of the most important parts of operating a facility is to properly house inmates to ensure the safety and security of everyone. They noted that the process of appropriately housing inmates is complex and a tedious review is conducted by the placement office staff. They stated that inmates can request to be moved and often times they are moved but that some inmates refuse housing knowing they will be placed in segregation. Administrators explained that this is the very reason they have a review team of administrative, mental health, and internal affairs staff who will review all of the facts provided by staff and inmates surrounding the situation and utilizing those facts make appropriate housing decisions.

In visiting Pinckneyville, JHA also noticed a high level of tension and animosity between inmates and staff. A significant number of inmates reported instances of staff being verbally or physically abusive, unfairly singling out certain inmates for disciplinary action, or treating African-American and Hispanic inmates in a racially discriminatory way. Notably, between 2010 and 2011, the number of grievances by Pinckneyville inmates regarding staff conduct rose from 144 to 182. Likewise, between 2010 and 2011, the number of inmate assaults on staff rose from 17 to 22. This data is troubling but consistent with research indicating that chronic crowding breeds dysfunction and increased aggression by severely limiting ability of prisoners to be productive, pushing officers to rely on forceful or abusive means of control rather than communication, pitting inmates, staff and administrators against each other, and making it harder for facilities to classify and a safely assign inmates and identify those who are the mentally ill.\(^8\)

JHA found the need for increased mental health staffing to be particularly acute at Pinckneyville. At the time of JHA’s visit, the facility was staffed with one fulltime licensed clinical social worker and one fulltime licensed counselor to meet the needs of a population of over 2,000. Roughly 496 inmates, over twenty percent of Pinckneyville’s population, were actively under psychiatric care. Administrators indicated that at these staffing levels, the average caseload per mental health staff member was 253 inmates.

While the facility was authorized to employ an additional full-time clinical psychologist (40 hours per week) and a part-time psychiatrist (20 hours per week), both positions were vacant with no immediate plan to fill them. Administrators noted that there seems to be a geographical issue in getting qualified mental health staff to work these positions. Healthcare staff and administrators expressed understandable frustration that these essential mental health staff positions had yet to be filled by Wexford Health Sources (Wexford), the private contractor that provides the majority of healthcare services to IDOC facilities. As one staff member stated, “The vendor needs to be held accountable for the positions it promised to fill.”

JHA has received similar reports from staff at other IDOC facilities of Wexford failing to fill medical staff vacancies in a timely fashion. Apparently, other states that have contracted with Wexford for correctional healthcare services likewise have experienced issues with staffing

shortages. For instance, in 2007, the State of New Mexico terminated its contract with Wexford after an audit by the state’s Legislative Finance Committee revealed legislative financial audit revealed, among other things, that there were overcharges and shortages in the number of physicians, dentists and optometrists provided by Wexford at facilities.\(^9\)

The gravity of this problem cannot be overstated. The International Association for Correctional and Forensic Psychology recommends a caseload ratio of one mental health staff member for every 150 to 160 general population inmates.\(^10\) At the time of JHA’s visit, the number of inmates for each mental health staff member exceeded this by over 100. Best correctional practices and minimum standards of care dictate that there be “[a] sufficient number of qualified mental health professionals (e.g., psychologists, counselors, social workers) to meet the mental health needs of the facility’s inmate population.”\(^11\) Prison litigation bears out that inadequate medical staffing is a principal factor in most medical malpractice and neglect actions.\(^12\) To minimize harm to inmates, prevent costly litigation, and ensure that Illinois taxpayers receive the medical staffing and services contracted, JHA recommends that the Illinois Legislature undertake a similar comprehensive audit of Wexford’s medical staffing levels and services in IDOC facilities.

Since our visit, as of December 2012, administrators reported that Pinckneyville has a state position of a Social Service Administrator and three mental health professionals servicing the facility’s mental health population. New hires were a psychiatrist and a mental health professional, who administrators stated can fulfill the need of a psychologist. They also state they have made some organizational changes and changes in responsibilities that have made the mental health services more effective and efficient.

**Medical Care**

Pinckneyville contains a 15-bed air-conditioned medical unit/infirmary, which includes three regular infirmary cells that can house four inmates each, and three isolation or crisis watch cells. The facility is staffed with a mixture of state employees and private contractual employees.


through Wexford who provide Pinckneyville with medical, mental health, dental, and vision services. Staff reported that, on average, 11 inmates are housed in the infirmary.

At the time of the visit, five inmates were housed in the infirmary, representing one-third of the unit’s capacity. These five inmates were permanently housed in the medical unit and administrators reported were housed there due to diagnoses of dementia, Multiple Sclerosis, Chronic Obstructive Pulmonary Disease, stroke and geriatrics. Overall JHA found the medical unit crowded, but clean and well organized. However, JHA found the area where the inmates were housed to be poorly lit, cramped, and hot, despite it being mid-November. Four inmates’ beds lined the outer walls of the room, with a small space adjacent to the beds for storing personal items. One inmate was relegated to a cot in the middle of the room, making it difficult to maneuver and move about the space. According to staff, the close quarters frequently caused inmates to argue. These environmental conditions also run contrary to best clinical practices. To reduce agitation and confusion among inmates with dementia, experts recommend that housing environments should be well lit, quiet, and uncluttered, with personal space and bathroom areas clearly delineated. With crowding and minimal space, however, it’s not clear what healthcare administrators can do to improve this situation.

Administrators stated the need to maintain proper room temperature is imperative and responded that unit has a sophisticated heating and cooling system that is controlled by a computer and is designed to meet the proper cooling and heating needs of the medical patients. Administrators also noted that the inmate patients are dressed in smocks and underwear and so would not be as hot as JHA visitors. They further clarified that the lighting on the unit is adjustable from low light for counting to full lighting for handling medical care.

The question of how to house, care, and manage inmates with dementia presents a looming issue in corrections. As the number of elderly inmates continues to grow in Illinois and across the country, the number on inmates with dementia likewise continues to grow. While there currently are no national studies establishing the rate of dementia for the U.S. prison population, the rate of dementia among the general adult population, aged 65 and older, is estimated to be 13 percent. However, the rate of dementia among elderly prisoners, aged 50 and older, is estimated to be up to three times higher given their increased risk factors, including preexisting mental disorders, head trauma from violence, and chronic substance abuse.


15 Ibid., notes 13 and 14.
Like persons in the community, prisoners with dementia suffer gradual, irreversible loss of memory, judgment, and cognitive and functional abilities, ultimately resulting in death.\textsuperscript{16} The psychiatric and behavioral symptoms of dementia present especially pressing concerns for correctional staff, and commonly include “[a]gitation, wandering, aggression, depression, impulsivity, catastrophic emotional reactions, paranoia, delusions, hallucinations, self-neglect and incontinence.”\textsuperscript{17} On average, persons live about six years after being diagnosed with dementia, and roughly 90 percent of them eventually require full-time nursing care.\textsuperscript{18} The financial cost of caring for persons with dementia is extremely high, especially in prisons. The estimated public spending for caring for persons with dementia in the community is currently 202 billion dollars.\textsuperscript{19} Although exact estimates are unavailable, treatment of dementia in prison is likely to be more costly than in the community when the additional need for security staff is factored in, given the nature of the secure care environment.\textsuperscript{20}

As evidenced by Pinckneyville’s experience in managing older inmates, some of whom suffer with dementia, Illinois prisons are unprepared to incarcerate a large population with dementia. The correctional system must begin to prepare for this inevitability, however, through institutional planning, environmental modifications and staff training. Pinckneyville staff and administrators indicated they do not have sufficient space or resources to meet the complex healthcare needs of the growing elderly population, particularly inmates with degenerative illnesses who require intensive monitoring and assistance. Staff suggested that providing Certified Nursing Assistant classes to inmates to care for elderly inmates would be beneficial and allow healthcare staff to perform other medical duties. They further suggested that costs could be minimized and the delivery of specialized care could be improved by establishing a correctional facility solely devoted to housing geriatric inmates. Finally, they suggested that more preventative medical care and routine screenings should be provided to the entire population.

JHA supports staff members’ recommendations. In accord with correctional and healthcare experts, JHA further recommends that IDOC, in collaboration with the Illinois Governor and Legislature: (1) conduct a detailed study to estimate the current and projected prevalence of dementia among the prison population and identify this population’s needs; (2) institute screening measures to identify inmates with dementia as early as possible; (3) develop staff training and specific policies to manage inmates with dementia, including alternative methods for dealing with behavioral issues; and (4) investigate using safe, cost-effective housing alternatives for elderly inmates with dementia, such as secure nursing homes, supervised release for low-risk elderly inmates, and the establishment of geriatric units for high-risk, older offenders.\textsuperscript{21}

\textsuperscript{16} \textit{Ibid.}, note 14, p.1.

\textsuperscript{17} \textit{Ibid.} note 13, at p.12.

\textsuperscript{18} \textit{Ibid.} note 13.


\textsuperscript{20} \textit{Ibid.}, note 14, p.1-2.

\textsuperscript{21} \textit{Ibid.}, note 14, p.9.
At the time of JHA’s visit, Pinckneyville was authorized for and employed one fulltime physician (40 hours per week), one fulltime physician’s assistant (40 hours per week), and one fulltime pharmacy technician (40 hours per week). The facility was understaffed with nurses, having three nurse vacancies. While authorized to employ 25 nurses (for a total of 1083 hours per week), the facility was getting by with only 22 nurses (for a total of 880 hours per week). Staff and administration indicated that nursing coverage would be sufficient if the existing vacancies were filled. Staff reported that, apart from filling nursing vacancies, the timely delivery of care would be greatly improved by employing a fulltime lab technician experienced in drawing blood and two fulltime nursing aides to assist in the infirmary.

Nurses perform daily sick call and pass out medications twice daily in the housing units. If an inmate requires medication three or more times a day, he is brought to the healthcare unit for additional doses. On average, medical staff treats 50 inmates per day on sick call. The average length of time for a sick call nursing visit is ten minutes and the average length of time for a medical visit with the physician is 15 minutes. Administration reported that there was no backlog for inmates to receive non-emergent medical care, diagnostic testing, or care in the chronic clinics, and that inmates who were referred by a nurse to see the physician were seen within 72 hours.

Chronic care clinics are available to treat HIV, asthma, hypertension, TB, Hepatitis B and C, and general medicine issues. Only the Hepatitis C and the HIV clinics take place via telemedicine. Staff reported that their experience using telemedicine was “fair.” When an inmate is referred to an outside specialist for medical care, there is on average a one month delay between the time of the referral and the time the inmate sees the specialist.

One terminally ill inmate was housed at Pinckneyville when JHA visited. In the last five years, the number of in-facility deaths at Pinckneyville was 25. Staff indicated that an electronic medical record/charting system would help improve efficiency and the quality of care.

JHA received reports from a number of inmates of being denied access to timely medical care. To illustrate, several inmates reported having necessary diagnostic tests, such as MRI’s and X-rays, delayed or denied.

An inmate with arthritis, an inmate with back spasms, and an inmate with a pinched nerve reported their conditions went untreated or that they were given only aspirin, which was ineffective to treat their pain. JHA also received a number of reports from inmates of outbreaks of scabies and MRSA, especially among segregation inmates. A high number of inmates in general population and segregation reported that cell conditions were often unsanitary because they did not have regular access to cleaning supplies or clean clothes and linens.

JHA can neither confirm nor deny the truth of these reports. However, we can confirm that a large number of the grievances filed by Pinckneyville inmates relate to healthcare/ mental health/ dental care issues. In the year 2011 (between January and October) 258 grievances were filed by inmates pertaining to healthcare, the largest category of grievances filed, comprising roughly 23
percent of the total 1,132 grievances filed. Further, consistent with conditions described by Pinckneyville inmates and noted by JHA, outbreaks of MRSA and scabies are strongly associated with crowded and unsanitary living conditions.  

Administrators responded that they do receive inmates from time to time from initial intake that may have symptoms of scabies or MRSA but that the facility has an aggressive protocol that isolates and addresses those singular instances. They would not call these events “outbreaks.” Administrators reported that the facility maintains a high level of sanitation to combat these types of issues and have a designated washing area in the health care unit that launderers all clothing and bedding of the medical patients, which assists in reducing the chance of infection.

In JHA’s experience, crowding, shortages of medical staff, and high volumes of inmate medical complaints and grievances are often indicators of problems in the delivery of care at a facility. To address inmates’ immediate sanitation concerns, JHA recommends that administration monitor and review its policies and staff’s practices with respect to on distributing cleaning supplies, clean linens and clothing to ensure that inmates are held in hygienic conditions that inhibit communal infection. JHA further recommends that IDOC, the Illinois Governor and the Illinois Legislature take steps to ensure there are adequate nursing staff levels at Pinckneyville and all IDOC facilities, including but not limited to auditing the level of healthcare staff provided by Wexford.

**Dental and Eye Care**

Pinckneyville is authorized for and employs one fulltime dentist (40 hours per week) and two fulltime dental hygienists (each 40 hours per week). Inmates with dental emergencies are seen immediately. The facility has three operational dental chairs. However, as at other IDOC facilities, there are substantial delays to receive non-emergent dental care. Administration noted that a fair number of inmates in the population had the condition commonly referred to as “meth mouth,” the rapid, extreme tooth decay that accompanies methamphetamine abuse.

At the time of JHA’s visit, there were wait times of 18 months for fillings, nine months up to one year for dental cleanings, nine months for dentures, and one month for tooth extractions. The most common dental procedure is tooth extractions, with 1,219 extractions performed in the preceding 12 months. Administration reported that the quality and timeliness of dental care had greatly improved over the last year with the hiring of a new dentist.

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<tr>
<td>Seizures</td>
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With respect to eye care, Pinckneyville is authorized for and employs one part-time optometrist (ten hours per week). At the time of JHA’s visit, there was a two-month wait for inmates to be seen by the optometrist—significantly less than at most IDOC facilities JHA has visited.

Mental Health Care

On the date of JHA’s visit, one inmate was on suicide watch. Administration reported two inmate deaths from suicide in the past five years. As previously discussed, Pinckneyville does not have a separate mental health unit and was severely understaffed on the date of JHA’s visit, with only two fulltime mental health professionals, and no regular hours of coverage by a psychiatrist.

At the time of the visit, staff reported a two-month delay for inmates to see a psychiatrist. Inmates seeking general non-emergency mental health treatment were seen by mental health staff members within ten days of requesting or being referred for treatment. Upon an inmate’s transfer to the facility, staff will review his medical master file and refer the inmate for mental health services if he is currently or was recently receiving mental health treatment. JHA was impressed with the dedication and commitment of Pinckneyville’s mental health staff and administrators. However, their ability to meet the mental health needs of the population is hindered by understaffing and lack of resources.

Administration reported that the average length of time for a mental health visit is 15 to 25 minutes, depending on the inmate’s needs. Apart from understaffing, staff indicated that another challenge is maintaining a confidential therapeutic environment due to security issues. For inmates in general population, mental health sessions can be conducted from behind closed doors, but are in offices with glass windows so that security staff can continually observe. For inmates in segregation, maintaining confidentiality and privacy is more challenging for staff, as mental health sessions must be conducted with the door open.

Mental health staff noted an increase in the number of inmates with serious mental illness at Pinckneyville, particularly those with bipolar disorder and schizophrenia. Staff also observed that their ability to connect inmates with continuity of care upon release from prison has become increasingly difficult due to state budget cuts that reduced community mental health services. As one Pinckneyville administrator observed, “There is nowhere for these people to go but back to IDOC.”

Data confirms that funding for mental health services in Illinois has decreased dramatically. Between 2009 and 2012, Illinois cut $187 million in state funding for mental health services. 23 JHA questions the fiscal wisdom of these cuts, given the evidence that decreasing funds for mental health services ultimately serves to increase state costs by shifting these to the prison system where intervention is far more expensive. 24


Substance Abuse Treatment

Pinckneyville does not have a residential substance abuse treatment program. While some resources are available to assist inmates with substance abuse, the demand for these far exceeds availability. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are offered once a week to inmates in the mornings and evenings. At the time of JHA’s visit, a total of 25 inmates were enrolled in the sessions.

Inmates are also offered a 12-week introductory substance abuse course to teach inmates basic knowledge and skills needed for recovery. Upon completion, some inmates may be eligible to transfer to another IDOC facility that has a residential substance abuse treatment program. At the time of JHA’s visit, 48 inmates were enrolled in the class and 315 inmates were on the waiting list. Because space is limited, entry into the program is based largely on the amount of time an inmate has remaining on his sentence with priority given to inmates who are nearing release and have two years or less left to serve on their sentences. Given that the average length of time a Pinckneyville inmate has left to serve is 13.5 years, the delay in receiving treatment can be substantial.

The shortage of substance abuse treatment found at Pinckneyville is not anomalous, but typical of correctional facilities throughout Illinois and the country. While 61 percent of state prisons offer substance abuse treatment, the amount of treatment provided is hardly to scale.25 Nationally, only 11 percent of inmates in need of substance abuse treatment receive any treatment during their incarceration.26 While it is estimated that approximately 27,000 adult and juvenile inmates in Illinois need substance abuse treatment, few actually receive such treatment because there are only 3,100 treatment beds available.27 As matter of sound fiscal and public policy, JHA urges that Illinois elected officials prioritize funding and supporting drug abuse treatment in all IDOC facilities, given the evidence that providing such treatment greatly reduces recidivism, crime rates, and the cost to taxpayers.28

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26 Ibid., note 25.

27 Ibid., note 25.