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2014 Monitoring Visit to Lawrence Correctional Center

Lawrence Correctional Center (Lawrence) is located in Lawrence County, Illinois, about a four hour drive south of Chicago and an hour southeast of Effingham, near the Indiana border.¹ It is a medium-security male facility within the Illinois Department of Corrections (IDOC).



Vital Statistics:

Population: 2,352

Rated Capacity: 2,257

Operational Capacity: 2,458

Average Age: 36

Population aged 50 or older: 12%

Cost per Inmate (FY12): \$16,807

Convicted in Cook County: 58%

Convicting Offense: 12% Murder, 40% Class X, 20% Class 1, 19% Class 2, 5% Class 3, and 5% Class 4 felonies.

Population by Race: 64.5% Black, 21% White, 14% Hispanic, and 0.5% Other.

Source: IDOC, March 2014

Key Observations

- With three onsite providers and TelePsych for approximately 560 individuals on the mental health caseload, and with 340 men, about 15% of the population, now designated seriously mentally ill, more mental health staff and training are needed at this facility.
- Waitlists for educational and substance abuse offerings at Lawrence were staggering, both estimated in the four digits, representing nearly half of the population.
- Lawrence did not offer non-legal general library due to a hiring requirement that the librarian hold an advanced degree.
- There is a need for IDOC to adopt use of evidence-based risk assessment as mandated by the Illinois Crime Reduction Act of 2009, which should help the agency make better resource allocation decisions to improve reentry results.

¹ New visitors to this facility should note that the facility address used for inmate mail using GPS will direct them to the middle of a cornfield; Lawrence is located directly off of Route 50 (take exit 116 off of I-57 and head east) between Claremont and Sumner. Google Maps finds the facility with the following address: Il Dept of Corrections/Lawrence County, Claremont, IL 62421.

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Executive Summary

IDOC has reported some notable improvements at Lawrence since JHA's March 2014 visit in response to review of our draft report, including expanding use of dayroom, creating a transitional housing unit, filling counselor vacancies, and acknowledging some hiring priorities, particularly as related to mental health care.² We commend this progress and look forward to observing these changes on future monitoring visits.³

At the time of JHA's March 2014 visit, staff and inmates alike stated that Lawrence is "a medium run like a max." Lawrence opened in November 2001 as a "Level 2" facility, a step below a maximum. Lawrence is a high-security medium facility and staff at Lawrence remarked, "IDOC changed from seven security levels to three, but there are more than three types of inmates." When IDOC used a seven-level security system, administration told JHA that they often placed inmates in facilities like Lawrence as a kind of warning, alerting them to the fact that they were one step away from being moved to a maximum-security facility. With the 2013 facility closures and IDOC reclassifying facilities as only minimum, medium, or maximum-security, Lawrence has recently undergone the beginning of a transformation, with dayroom first being offered at the facility for some inmates in the past year.

More than half of the population at Lawrence, 1,215 inmates, were unassigned and lacked work or educational assignments. This meant without dayroom, outside of meals, showers, and five hours of recreation weekly, these medium-security inmates had no opportunity to leave their cells. Waitlists for programming at Lawrence were some of the highest reported to JHA, although we commend staff for capturing demand at the facility instead of artificially capping the lists. The fact is that some other IDOC medium-security facilities are less restrictive environments. Many inmates viewed transfers from other medium-security facilities to Lawrence as punitive or wanted to transfer out. IDOC noted that inmates often desire to be transferred closer to their home region and due to bedspace constraints this is difficult to accommodate.

It is unusual for staff to approach JHA regarding inmates being "warehoused" and for inmates to approach JHA stating that they need staff to better manage the population, but at the time of the JHA Lawrence visit in early March 2014, both felt that population and staffing issues at the facility had resulted in problems. Inmates interviewed consistently expressed feelings that they were unsafe, neglected, or unduly restricted compared to other IDOC facilities. Meanwhile, some staff expressed concerns about inmates with higher security classifications being housed at

² This report is based on a monitoring visit conducted on March 5, 2014 and ongoing communications with inmates, loved ones, and staff. IDOC officials and Lawrence administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA on September 26, 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.

³ See JHA's 2013 publication *How JHA's Prison Monitoring Works*, available at www.thejha.org/method. Inmates may send privileged mail to JHA, PO Box 10042, Chicago, IL 60610-0042. Other concerned parties may also reach us by email or phone.

Lawrence⁴ and that non-violent and violent inmates were being mixed, e.g. someone with a DUI and someone with a history of violence. Over the past five years, this has been a common complaint JHA hears from staff and inmates. In the past year, Lawrence both inherited inmates who were considered low enough security to be housed in other facilities' gyms and also added Administrative Detention (AD) within its segregation housing.⁵ IDOC responded that the agency follows its policy of basing all decisions on an inmate's proven level of aggression and likely future aggression and strives to ensure all facilities are operated safely and securely, and noted that the level of serious assaults at Lawrence has been very low.

Despite the high-security environment at Lawrence, the current average length of time served at the facility is just a little more than a year.⁶ Almost half of the inmates at Lawrence will return to their communities in less than two years. JHA and Lawrence staff wondered how without more programming this facility could be appropriate for sending inmates to the streets on parole – as one staff member stated, “How do you expect people will return to society if they are locked down all day?” During the visit, staff suggested perhaps creating a transitional housing unit for those closer to their parole date as some other IDOC facilities have established. IDOC reported that since the visit, six of eight general population housing units now have dayroom and that in July 2014 Lawrence started the new “Transitional Housing Unit” program.

On the date of the March 2014 visit, the Assistant Warden of Operations had newly taken over as Acting Warden a few days before and has since been assigned as Lawrence's Warden. He appeared to have a good rapport with staff and inmates. It was clear during JHA's visit that there was a desire to make Lawrence a more rehabilitative environment and JHA was impressed by the professionalism and dedication of the staff we interviewed. Security staff expressed that inmates must “learn to follow rules” for society from their example. Yet, staff stated that they were overworked and unprepared to deal with mental health issues. Staff interviewed acknowledged that security staff needed to be educated about mental health issues because inmates with such problems in general population will be treated just like all other inmates.

⁴ In respect to heightened security at other facilities since the closure of Illinois' super-maximum prison Tamms, a Lawrence administrator expressed the view that some former Tamms inmates at Lawrence are now realizing that they did not have it so bad. While certainly this depends on the individual and his current circumstances, JHA did speak with one older inmate who was once at Tamms in general population who also espoused this opinion based on the fact that Tamms had much more consistency, structure, less chaos, better temperature control (Tamms had air conditioning), less crowding (hence better clothing etc.) and was better staffed than Lawrence. Some staff at Lawrence seemed concerned about former Tamms inmates in their population and believed that these inmates were not receiving the services or supervision they need. However, staff did not seem to understand that some former Tamms inmates had participated in an intensive step down program or were currently confined in an equally restrictive environment. JHA encourages everyone to move past the “former Tamms” label. JHA supported the closure of Tamms for several reasons including that a growing body of evidence suggests that the practice of long-term isolation is psychologically damaging and does not serve a legitimate correctional purpose. See <http://thejha.org/tammsclosure>.

⁵ At the time of the March 2014 JHA visit, Lawrence housed 14 inmates in AD status. While AD is a “nondisciplinary status,” it is intended to remove the inmate from general population to segregate him for either investigative or safety and security motives, and commonly it is used for inmates who are believed to be particularly dangerous. See 20 Ill. Admin. Code 504.660 Administrative Detention. At that time, Lawrence also housed 8 inmates designated Weapons Violators, 39 designated Staff Assaulters, and 13 designated High Escape Risk.

⁶ Administrators reported that the average length of stay at Lawrence is approximately a year and five weeks. On average Lawrence houses 100 parole violators daily.

During the visit, JHA was struck by the mental health treatment need at this facility, particularly in segregation, and an impression that staff were overwhelmed. With about a fourth of the total Lawrence population identified as needing mental health treatment as of March 2014, about 560 individuals, the facility had just three onsite providers, lacked an onsite psychologist and had part-time Telepsych. JHA appreciated that staff at Lawrence were frank that they are not trained to deal with mental health issues on the scale that IDOC is burdened with – one stated “we are going to have to learn better ways to deal with mental health issues, identify and address them.” JHA encountered multiple inmates who had been transferred from IDOC mental health housing to Lawrence. Several inmates merely made requests for crisis care or to be seen by mental health staff. While some may see this behavior as attention seeking, in JHA’s experience it is highly unusual for inmates to ask us for mental health staff contacts, and points to a lack of staffing or training at this facility. A toxic cycle can occur where individuals who are not getting responses will cage every request as a crisis and this will cause staff in turn to become suspicious of such reports. One nurse reportedly said to an inmate seeking care: “do you realize how many people would be at health care if they let everyone come over there that said they had a medical emergency?” It is a common attitude that inmates are malingerers. However, such uniform skepticism means that some who need help may not get it. In response to review of this report IDOC stated that inmates making requests are seen by mental health professionals and are placed as deemed appropriate, and that recruiting mental health staff department-wide, including at Lawrence where a psychiatrist position has been repeatedly posted, is a top priority for IDOC.

Currently, throughout Illinois, IDOC and contractor Wexford Health Sources (Wexford) are attempting to hire additional mental healthcare staff in relation to ongoing litigation and an agreed order between IDOC and representatives of a class of plaintiff inmates.⁷ As of July 2014, Wexford had posted several additional mental health staff positions at Lawrence. If Wexford and IDOC cannot appropriately staff prisons where inmates with serious mental illness are housed, something must be changed either in recruiting tactics or location of inmates.

JHA is hopeful that with additional training and attention to genuine issues at this facility, Lawrence can build on its strengths and improve its environment for staff and inmates alike. Strengths at Lawrence included dedicated staff, a strong educational department, and a desire for change. Recent improvements reported by administrators include offering Anger Management (which is taught by a counselor, with six classes of 25 inmates per year), adding Alcoholics Anonymous (AA) to help prevent relapse and increase self-help skills, and increasing leisure time services such as intramural sports and other events. Administrators planned to improve programming at the facility as well as increase the number of counselors and records department staff to meet inmate needs and promote reentry success. Needs reported by administrators included more mental health staff due to demand and need for follow-up care. Administrators acknowledged the majority of grievances at Lawrence are healthcare related and that hiring additional healthcare staff would also be helpful. Other staffing concerns included the lack of the librarian and the resulting closure of the general library due to the inability to find a qualified candidate with a Library Science Degree as required to fill the position. IDOC responded in review of this report that they continue to recruit for a qualified candidate.

⁷ *Rasho v. Walker, et al.*, 07-CV-1298 (C.D. Ill).

This report addresses the following areas: Healthcare, Living Conditions, and Programming.

Recommendations

- IDOC must reevaluate staffing needs in light of existing population and ensure that positions are filled.
- JHA continues to recommend that the legislature abolish the correctional copay.
- Lawrence needs to offer greater reentry preparation for inmates soon returning to communities; a transitional housing unit could be a good option for this facility.
- JHA recommends that individual determinations based on legislatively mandated evidence-based risk assessment inform assignments,⁸ in contrast to the current system wherein assessments are based primarily on committing offense and disciplinary history. To do so, counselor caseloads and capacities must be reevaluated.
- Given IDOC's inability to fill librarian positions, we recommend qualifications be revisited so that general library can operate at all facilities.

Healthcare

At the time of the March 2014 JHA visit, the facility was authorized for 45 healthcare staff and had 42, though the other positions were reportedly filled with temporary as needed staff.⁹ All healthcare employees are employed by contractor Wexford Health Sources (Wexford) except for the Health Care Unit Administrator (HCUA) and an office assistant position (which had been vacant since December 1, 2011).

⁸ See JHA's special report *Reforming Illinois' Prison System from the Inside Out*, available at <http://www.thejha.org/rrp>.

⁹ General medical care staff authorized at Lawrence includes: the HCUA, Medical Director, Director of Nursing, 1.5 Nurse Practitioners, seven Registered Nurses (RNs), seven Licensed Practical Nurses (LPNs), 1.5 Dentists, two Dental Assistants, a Dental Hygienist, part-time Optometrist, Pharmacy Technician, part-time Radiology Technician (X-rays on-site), part-time Physical Therapist, Physical Therapy Assistant, Medical Records Director, two Staff Assistant I, and two Staff Assistant II. The part-time dentist (16 hours) position was authorized to be filled by Wexford but had been vacant since March 1, 2012. IDOC responded that as of August 2014 a candidate had been offered the job and the fulltime dentist works 10 extra hours, leaving a shortfall of six hours.

Administrators reported that the average of 15-20 inmates are seen for nurse sick call per nurse daily and 18-20 inmates are seen by each of the doctors or nurse practitioners on call line. Administrators reported that they believe it would be helpful to increase nurse staffing minimums from four per shift to five.

| Number of Lawrence Inmates in Chronic Care Clinics ¹⁰ | |
|--|-----|
| Asthma | 280 |
| Diabetes | 130 |
| Cancer | 3 |
| Hepatitis C | 120 |
| HIV | 27 |
| Hypertension | 405 |
| Multiple Sclerosis | 3 |
| Seizure | 70 |
| Tuberculosis | 0 |

JHA found records in our office that indicated that about 10 years ago the facility had seven more nurses for a population of 632 fewer inmates.¹¹

IDOC responded that healthcare is a high priority for IDOC and that there are processes and systems in place to ensure inmates needing care receive it.

Lawrence's infirmary has capacity for 14 inmates and at the time of the visit housed 11. Administrators reported that Lawrence housed two terminally ill inmates in the infirmary, although both were hospitalized at the time of JHA's March 2014 visit. Administrators reported there had been 14 in-facility deaths in the prior five years, with zero suicides. IDOC pointed out that this is a low per capita death rate.

During the visit, healthcare staff stated that in addition to more mental health care staff, they could use 20 more beds in the infirmary. IDOC responded that there are consistently fewer patients than the capacity of 14. Nonetheless, staff stated that although a health care unit population of 10 or 11 inmates is typical, six patients housed in the infirmary suffer from chronic conditions and some of them are continually housed in the unit or must be single-celled. One issue in the infirmary is that the rooms are very large and smaller rooms are needed for inmate patients who cannot be housed with others. The multiple-occupancy infirmary rooms create security complications and other issues, such as live-in inmates reporting that fights result from sharing a TV. Inmates requested to be able to use personal TVs in the health care unit.

In FY13 about 17% of the recorded inmate grievances (437 grievances) related to medical care. At the time of the visit in March 2014, about 21% of the grievances thus far filed in FY14 related to medical care (210 grievances). Inmates reported to JHA that they were upset about paying copays for what was perceived as inadequate treatment. IDOC responded that treatment is adequate. For the prior year, Lawrence reported they had collected \$17,320 in correctional copays for 3,464 visits. By law inmates are not assessed fees for emergency visits, chronic

¹⁰ Data provided by Lawrence administrators from March 2014. Asthma clinic was scheduled for February, June, and October. Diabetes clinic was scheduled for January, May and September. HIV tele-medicine clinics are held every six months as scheduled by the University of Illinois-Chicago. Hepatitis C telemedicine clinics were held every six months as scheduled by Wexford providers. Hypertension, Hepatitis (on-site), and General Medicine (used for Multiple Sclerosis patients) clinics were scheduled in March, July, and November. Clinics for Seizures and inmates with multiple chronic illnesses were scheduled for April, August and December.

¹¹ When JHA visited Lawrence in September 2004, the facility had seven RNs and 14 LPNs with an inmate population of 1,720.

condition clinical care, follow-up visits ordered by a prison doctor, or if they are determined to be “indigent,” which is defined for the purpose of the copay statute as “a committed person who has \$20 or less in his or her Inmate Trust Fund at the time of such services and for the 30 days prior to such services.”¹² Yet some in IDOC had a different interpretation, responding: “Indigence is determined by “no activity” on account for 30 days, no \$ in the account and no pattern of previous non-essential products purchased.”¹³ Administrators reported that only 36 Lawrence inmates were determined to be indigent. JHA continues to oppose the correctional copay, given evidence that it is not consistently interpreted and unduly restricts inmates’ access to healthcare, jeopardizing the health of inmates, staff, and the public, and likely has a higher cost of administering than is recovered.¹⁴

JHA received complaints from inmates who were not receiving treatment because their outdates were too soon (particularly in relation to Hepatitis C). One inmate inquired why he should file a grievance regarding his medical care when this would just be referred back to Wexford. IDOC responded that the HCUA reviews all healthcare grievances. Yet, while the state employee HCUA will review healthcare grievances, disagreement regarding treatment must be elevated through a Wexford/IDOC review. Inmates must comply with administrative procedure and document their issues and continue to pursue them through the multiple levels of review. Without creating documentation of requests, there will be no way for others to audit the care they receive.

Lawrence had a five to six month wait for eyecare with 274 inmates waiting to see the optometrist. Inmates requested reading glasses be made available on commissary. IDOC responded that this is a reasonable idea and will be considered. JHA supports this option and has repeatedly recommended it in our reports given the growing number of elderly inmates who would benefit.¹⁵ One inmate reported that he was not receiving glaucoma medication because it was not on the formulary and JHA has received other complaints regarding glaucoma treatment. There were also dental care backlogs, including a 2.5 month wait for dental cleanings (277 inmates waitlisted), a 2.5 week wait for extractions (22 inmates waitlisted), a four month wait for fillings (76 inmates waitlisted) and 35 inmates were waiting for partial and 15 for full dentures. In the prior year, 879 extractions and 642 fillings were completed at Lawrence. Administrators reported no other non-mental health healthcare backlogs.

In addition to more mental health staff, administrators reported healthcare could benefit from a full-time optometrist, physical therapist, and certified nursing assistants to offer more prompt service and reduce backlogs. Other healthcare needs reported included office assistants and office chairs for the medical records area.

¹² 730 ILCS 5/3-6-2(f).

¹³ JHA has also been told at some facilities that inmates will not be charged for soft-tissue infections. Administrators reported 24 MRSA cases in the prior year, with no clusters identified.

¹⁴ 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>.

¹⁵ Administrators reported that 284 inmates were over 50-years-old.

Mental Health

At the time of the March 2014 JHA visit, Lawrence's authorized Mental Health staff consisted of two Clinical Social Workers, one Qualified Mental Health Professional, and part-time Tele-Psychiatrist. This was clearly inadequate. IDOC reported that currently there is TelePsych available for Lawrence inmates for 150 hours a month offered Tuesday-Thursday and every other Friday. There were 559 inmates under psychiatric care, almost a fourth of the population.¹⁶ IDOC reported that there are currently 12 inmates housed at Lawrence who received Guilty but Mentally Ill sentences. No inmates at Lawrence were involuntarily receiving psychotropic medications at the time of the visit.

As part of ongoing litigation regarding mental health treatment within IDOC,¹⁷ facilities have recently had to reevaluate their populations to identify inmates who are "Seriously Mentally Ill" (SMI).¹⁸ As of August 2014, Lawrence identified 340 inmates as SMI during the 2014 review.

At the time of the March 2014 visit, one-on-one therapeutic treatment was offered and four groups minimally were offered weekly. These groups included Parenting, Symptom Management/Post Traumatic Stress Disorder (PTSD), Grief Counseling, and Gender Dysphoria. Anywhere from six to 20 inmates may be enrolled in group treatment. Administrators reported that there was at the time no waitlist for group. IDOC responded that on average inmates have one-on-one treatment once every "60+" days.

During the visit, crisis cells were located both in the infirmary and the segregation unit. As part of the above mentioned litigation, crisis cells must be removed from segregation. IDOC reported that there are no longer crisis cells in Lawrence segregation. At the time of the March 2014 JHA visit, there were four inmates on crisis watch, in January there were 15, and in the prior year, 261. The average length of time on crisis watch was three days. There had been one reported incident of self-injurious behavior in the prior year. Some inmates complained that crisis watch at Lawrence was used inappropriately and that the experience of crisis watch itself further traumatized inmates in crisis. JHA agrees that while crisis watch is intended to minimize harm and ensure that inmates in crisis are continuously monitored, the experience can be counter therapeutic and distressing for inmates. Crisis watch cells are commonly referred to throughout IDOC as "the naked room" because inmates on crisis can be stripped. IDOC responded "Inmates

¹⁶ When JHA visited Lawrence in September 2004, about 12% of the population (approximately 207 inmates) took psychotropic medications. Mental health staff ten years ago consisted of a full time psychologist, a social worker, and 16-hours of psychiatric coverage on-site. Already at that time, staff were noting a strain on mental health treatment resources.

¹⁷ *Rasho v. Walker, et al.*, 07-CV-1298 (C.D. Ill).

¹⁸ "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).

in a serious mental health episode are seen by mental health professionals who are the most qualified to determine appropriateness of crisis watch. If IDOC is too sparing in using crisis watch, JHA and inmates' families would be justifiably concerned that we are not protecting these men. IDOC remains committed to making the mental healthcare of the mentally ill incarcerated population a priority."

In JHA's monitoring we have observed that at several facilities IDOC staff may lack training and tools to address an inmate in crisis who threatens to hurt himself other than taking away all items that may be a danger and putting the inmate under a watch. During the Lawrence visit, an inmate requesting crisis watch was discouraged upon hearing staff's explanation of standard crisis watch procedures. IDOC responded "It is critical that the appropriate procedures for placing offenders in 'crisis' are consistently followed by the staff." Another inmate on a watch in the healthcare unit was wrapped in a blanket standing at the window rocking and appeared to be praying or uttering words in repetition. Staff commented that the inmate "likes the spotlight." We note that JHA did not interview or purposefully observe the inmate, but he was housed in a crisis cell in the area where we spoke with healthcare staff. While changes to mental health training and practices within IDOC are still in progress, we believe there is beginning to be an awareness of the seriousness of the situation and need for expanded training and resources.

At the facility multiple inmates presented with apparent mental health issues and asked for help from mental health staff. Some appeared in distress and were difficult to interview. JHA encountered several inmates at Lawrence who previously were housed in IDOC mental health housing units at other facilities. Some inmates expressed that they were transferred from mental health housing when they stopped taking medication. In discussions with administrators at other facilities with mental health housing, they explained to JHA that inmates who do not take their medications can be removed (e.g. to Lawrence) because they are not compliant with treatment. Some inmates at Lawrence reported that their prescriptions for mental health medications were allowed to expire on transfer. JHA also received some reports that mental health staff shared private information with other staff. IDOC responded "This is not allowed and we have no evidence of that. Complaints are taken seriously and investigated." We note that maintaining privacy in a correctional setting can be very difficult and that this will be something for the agency to seriously consider as procedures for addressing mental health issues and discipline are modified in respect to ongoing litigation. IDOC responded "As previously discussed, mental health treatment is evolving in a very positive fashion in IDOC right now. IDOC and the administration are committed to providing proper levels of treatment to those offenders in need. The wholesale changes that are being implemented in regards to the delivery of mental health services are proof of this commitment."

At the time of the March 2014 JHA visit to Lawrence, there was a ratio of 559 inmates to three onsite mental health staff members. There has not been any reported improvement in these staffing levels, while 340 inmates at Lawrence have been determined to suffer from mental illness of sufficient severity to be designated seriously mentally ill (SMI). JHA hopes with transparency regarding the challenges the agency faces, improvements will be made.

Sex Offenders

Approximately 423 inmates at Lawrence were classified as sex offenders, but no specific sex offender programs were offered. Seven inmates within the two months prior to the visit had been violated at the door due to not having an approved host site. Administrators reported that in 2013, about 69 inmates were approved for release from Lawrence but were violated at the door due to the absence of available housing meeting the statutory requirements for sex offenders.¹⁹ JHA has commented on the dearth of sex offender treatment and difficulty for these individuals to obtain parole sites throughout Illinois.²⁰ IDOC responded “that difficulty is due primarily to state, county and local laws restricting where sex offenders can live. IDOC has no desire to continue incarcerating offenders eligible for parole.” Currently there are enough door violators to fill an entire prison in Illinois.

Substance Abuse

Lawrence offers a 12-week Hazelden²¹ Substance Abuse education program taught by counseling staff with 25 inmate participants. Inmates within 30 months of release and with court mandates or recommendations for drug treatment are prioritized. Inmates in this program do not earn Educational Good Conduct Credits (EGCC) sentencing credits. Administrators reported that the waitlist for this program varies but is approximately 1,000. Clearly there is demand for expanded programming.

Living Conditions

Lawrence is composed of eight general population housing units, with a capacity of 2,305 beds, a 153-bed segregation unit, and a 14-bed infirmary. Housing in general population is determined by inmate assignments. However, as mentioned above, about 50% of the population, 1,215 inmates, were unassigned.²²

¹⁹ One Lawrence inmate claimed that he was serving dead time (i.e. time beyond his parole date) due to the Prisoner Review Board (PRB) not coming to the facility. In fact the PRB uses video conferencing in the educational building at the facility to review parole violators, and administrators commented that they process many at a time. It was unclear why this individual may not have been reviewed.

²⁰ See e.g. JHA’s 2013 reports on Big Muddy and Graham Correctional Centers, available at <http://thejha.org/publications>.

²¹ See <http://www.hazelden.org/>.

²² With four medically unassigned.

Lawrence began holding dayroom in three of eight housing units starting December 1, 2013. During dayroom, inmates are allowed outside of their cells and can socialize with each other in the housing unit's common area. As of August 2014, six of eight have dayroom. IDOC stated that the remaining two general population housing units that do not have dayroom have education out-of-cell four days a week.

| Number of Lawrence Inmates by Sentence Length ²³ | |
|--|-----|
| Up to 12 months | 668 |
| 12-24 months | 416 |
| 25-60 months | 437 |
| 61-96 months | 260 |
| 97-240 months | 505 |
| 240+ months | 46 |
| Indeterminate | 6 |
| Life | 19 |

At the time of the March 2014 visit, only three of the eight general population housing units had dayroom – therefore many of the unassigned general population inmates at Lawrence had only five hours of recreation time per week in yard or gym, movement for chow three times a day, and were permitted to shower twice weekly. This meant that non-segregation or AD status, medium-security inmates at Lawrence could be in their cells 22 or more hours on a given day, depending when the five hours of weekly recreation were scheduled. Other medium-security IDOC facilities with dayrooms have an 18/6 schedule, where unassigned inmates can expect to be locked in cells 18 hours a day. Lawrence inmates during the JHA visit uniformly stated they had too much time in their cells. Some Lawrence general population inmates stated they were out three times a week for 1.5 hours and had three showers a week. IDOC responded that currently inmates in six of eight housing units get 4.5 hours of dayroom (1.5 hours 3 times a week) and 5 hours of yard, while the other two housing units that did not yet have dayroom have out-of-cell education four days a week. Hence now all unassigned inmates should be getting 9.5 hours outside of their cells weekly in addition to movement for meals and showers. This is an improvement.

During the March 2014 visit, for the three housing units with dayroom, a quarter of the inmates housed on a wing, 25 men, were out in dayroom for an hour and a half at a time, 3 times a week, for a total of 4.5 hours of dayroom. At that time, administrators reported that they were awaiting chairs and tables to be manufactured at the Shawnee Correctional Center's Illinois Correctional Industry metal shop for use in additional dayrooms.²⁴ Administrators hope to offer dayroom in all non-segregation housing units by the end of the year. They reported the transition to offering dayroom had thus far been smooth with minimal problems observed. The first three housing units piloting dayroom were selected based on positive adjustment and housed workers, who would already have more out-of-cell time than the typical Lawrence inmate due to their

²³ Data provided by Lawrence administrators from March 2014. Ten years ago, JHA documentation states that approximately 42% spent less than a year at Lawrence before discharge due to the large percentage of parole violators (with 100-150 inmates at that time being released monthly to parole) and the facility housed on average only about 3-5 lifers.

²⁴ JHA's 2004 Lawrence report noted: "The primary differences between inmate housing at Lawrence and other prisons in that dayrooms at Lawrence contain no furnishings (e.g. – tables and chairs) of any kind. This is consistent with the preferred practice at Lawrence of confining inmates who are not engaged in work or school assignment or other activity to their cells. While this practice ensures a high degree of control over the inmate population, it also results in a punitive experience for the great majority of inmates (500-800) [out of then 1,720] who have little opportunity for productive activities."

assignments. Some staff reported that giving inmates dayroom caused some inmates relocate to other housing units in the facility because they feared that dayroom supervision would not be adequate to ensure their safety from inmates who had targeted or threatened them.²⁵ IDOC responded “IDOC and the administration have been committed to hiring the appropriate levels of staff to ensure proper supervision.” JHA does not find it unusual for there to be some anxiety about increasing inmate movement and it appeared that the dayroom roll out has been undertaken very cautiously. Inmates interviewed uniformly stated that even if it could be anticipated that some inmate fights would occur, the trade off for more time out of cells would be worth it. IDOC responded “It is irresponsible for any party to accept fighting, and we will not.” Inmates may choose not to use dayroom. In general, most inmates interviewed wanted some or more dayroom time.²⁶

Movement is further restricted for inclement weather or during lockdowns.²⁷ Some inmates claimed they had not had gym in two months at the time of the March 2014 visit, because correctional officers did not like to run movement in the snow and called it off. IDOC responded that two months without gym did not occur and that only administrators can call off gym, which was done for 3.5 weeks in February when the gym was used as a quarantine area, per instruction by the Illinois Department of Public Health. Lawrence like other IDOC facilities had some housing units locked down for a flu outbreak. As is a common complaint throughout IDOC, Lawrence inmates reported they were not given adequate cleaning supplies.

Physical Plant and Dietary

Administrators reported that physical plant needs include re-piping the underground boiler, which requires approval from the Capital Development Board for procurement. Necessary maintenance for the water softening system is also being deferred. JHA has received staff and inmate complaints regarding plumbing issues, including lack of hot water and standing water, which JHA also observed on our visit. IDOC responded that they are aware of the dietary standing water issue and are in the process of making appropriate repairs, but were unaware of issues regarding lack of hot water.

Lawrence’s dietary area was in need of improvement. While IDOC took issue with some dietary complaints, JHA notes that our staff directly observed several of the reported equipment concerns at the time of the March 2014 visit and heard repeatedly about dietary issues over the past year from inmates and staff. During our March 2014 visit, staff stated that grievances filed by inmates regarding poor kitchen sanitation have merit. Staff indicated that last year in summer 2013, the inmate food line in the cafeteria had to be shut down more than once due to maggots, which staff attributed to improper sanitation. IDOC responded this was not true. Staff stated that serious safety and sanitation concerns in dietary included flooding and clogged drains, resulting in six inches of standing water in some locations. JHA observed standing water and inmate

²⁵ Lawrence does not have protective custody housing.

²⁶ JHA heard from some inmates who had dayroom that it was difficult to get a chance to use the phones during dayroom.

²⁷ In the year prior to the March 2014 JHA visit, Lawrence reported five instances of Level 1 lockdown lasting 29 days total and two instances of less restrictive Level 4 lockdown for 10 days. As of July 2014, Lawrence has had a few more instances of lockdown (40 days total; six days Level 1).

workers sweeping the water into a drain during our visit. Staff stated that because the dishwasher needed to sanitize food trays is commonly broken, they at times have to use foam trays. The soap dispenser for washing pots and pans in the sink was broken and some plumbing was coming apart or did not work. One oven was inherited from the Tamms Correctional Center closure and the other one did not work. Staff explained that many pieces of equipment are in disrepair, from lacking knobs to several missing temperature controls requiring guesses about whether food is properly cooked. IDOC responded that thermometers are available and used, so there is no need for guessing. Only two of five kettles were operational. A contractor, CCI, is hired to repair these machines; however, staff were clear that problems were longstanding.

Staff also stated that there were issues with food delivery and the kitchen cannot follow the state master menu at times. IDOC responded that appropriate substitutions are made to ensure the master menu is followed and that such changes result in added planning time and labor but not menu deficiency. Dietary and security staff, as well as inmates, reported that food is often served cold. Carts that are used to deliver trays to many inmates who cannot go to the dietary area for meals are not temperature controlled. While cold food may be better than no food (as staff suggested the alternative was), Lawrence must upgrade its dietary department to align with the minimal IDOC statewide standards. Staff suggested that having more kitchen supervisors would be helpful. At the time of the visit staff stated that there were three per shift with about 60 inmate workers, and that this results in inadequate supervision. IDOC responded that the agency remains committed to hiring the appropriate numbers of staff to ensure proper supervision. Staff reported that inadequate supervision results in sanitation and theft problems.

In FY13 there were 112 dietary grievances recorded at Lawrence with zero found to have merit. As of the time of the March 2014 visit, 25 dietary grievances had been recorded for the year to date, again with zero found to have merit.²⁸

Special Populations

Six inmates at Lawrence were identified by administrators as transgender or intersex, one of whom was receiving hormone therapy. JHA interviewed and corresponded with the individual on hormones who was requesting a work assignment. Administrators explained that there was a policy prohibiting inmates who are classified as “vulnerable”²⁹ from having work assignments. However, the particular inmate in question was not classified as vulnerable, so certain assignments could still be considered. JHA questions whether a flat policy prohibiting all work for a class of inmates is appropriate, and encourages individualized determinations.

At the time of JHA’s March 2014 visit, Lawrence housed two 17-year-olds.³⁰ At Lawrence administrators reported that 17-year-olds are placed in the front of the Orientation wing but are

²⁸ For the broader category of “Conditions” there were 223 and 78 grievances for FY13 and as of March 2014 in FY14. Two conditions grievances in FY13 were found to have merit. Inmates also reported that mattresses were in poor condition.

²⁹ Lawrence had identified 24 inmates as vulnerable and 32 inmates as predators; such classifications require special housing consideration.

³⁰ 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

offered the same programming opportunities as other inmates, they walk in the front of movement lines, and are singled-celled until they turn 18.

Administrators reported that 93 inmates were identified as disabled and the facility had 21 inmates assigned as Americans with Disabilities Act (ADA) attendants. Lawrence offers ADA gym.

About 18% of the population was estimated to have limited English proficiency.³¹ About 17% of the population is Spanish speaking. Lawrence has one educator with limited Spanish speaking ability, and attempts to hire bilingual inmates as teacher aides.

Segregation and Administrative Detention

At the time of the visit, there were 120 inmates in segregation status, with 96 inmates double-celled and 24 inmates single-celled. Administrators reported that the average time in segregation was three months at Lawrence.³² Segregation inmates are permitted five hours of outside recreation and two showers weekly. Administrative Detention (AD) conditions must minimally meet segregation standards, but AD is not meant to be equivalent to segregation.³³

Staff and inmates in segregation and AD status housed in the segregation unit reported that cuffing up for movement cuts into recreation time. Some inmates stated they were not getting yard, only one two-hour period a week, or just one shower weekly. IDOC responded that segregation inmates who have been housed in segregation under 90 days get two hours of yard per week and that those over 90 days and in AD status receive five hours, “same as General Population.” This is the minimum segregation recreation required under Illinois law.³⁴ Inmates reported not getting hot food. Such complaints echoed what we heard from dietary staff. Inmates also stated that the high security push button phones used for non-contact visitation, which are recorded, often malfunction and disconnect. IDOC responded that such malfunctions are rare and that “It is in IDOC’s best security interest to have this equipment working at all times as part of our recording system.”

At the time of the visit, administrators stated that 35 inmates in segregation were receiving mental health treatment and the average length of time in segregation for this population was one

(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 www.thejha.org/danville. Administrators reported that 511 inmates at Lawrence were under 25-years-old.

³¹ Lawrence housed 124 inmates who had Immigration Customs Enforcement (ICE) detainees.

³² Inmates can receive segregation time for major tickets. Lawrence recorded 253 major tickets (94 minor) at the time of the JHA visit in March 2014, and 1,351 major (1,075 minor) tickets in the prior year. The facility recorded had 17 inmate-on-inmate and 25 inmate-on-staff assaults in the prior year. There were 27 uses of chemical agents, 16 uses of restraints, and two cell extractions.

³³ See 20 Ill. Admin. Code 504.660, Administrative Detention, and discussion of AD in JHA’s 2013 Menard Update report, available at www.thejha.org. In response to some of the concerns discussed in this and prior reports, IDOC issued revised AD internal policies in May 2014. JHA will continue to monitor this issue.

³⁴ See 20 Ill. Admin. Code 504.670, Recreation for Persons in Segregation Status.

month, lower than the overall average for Lawrence's segregation unit. Administrators stated that they were reviewing inmates' status and using early segregation release for good behavior. JHA commends this.

In accord with prevailing research and expert opinions in the disciplines of corrections, criminology, psychiatry, sociology and medicine, JHA continually advocates that IDOC reduce use of segregation and that: (1) the use of long-term isolation be prohibited with respect inmates who have a history of mental illness because of its tendency to exacerbate mental illness; and (2) the use of long-term isolation be strictly circumscribed across the board, and employed with caution, for minimal periods of time, and only when required to preserve inmate and staff safety. IDOC responded "Long-term isolation already is strictly circumscribed across the board, employed with caution, only for time needed and when required to preserve safety of our staff and other inmates."

While JHA commends agency efforts to reduce and review use of segregation, particularly in relation to litigation regarding seriously mentally ill inmates, we commonly still hear from IDOC inmates who have terms of years, even decades, in segregation. In fact, when inmates have accumulated consecutive terms, there does not appear to be any automatic review of current necessity.

Lawrence reported beginning to house Administrative Detention (AD) inmates in its segregation unit in September 2013. At the time of the March 2014 JHA visit, there were 14 inmates in AD status, with two double-celled and 12 single-celled. There were six inmates in Phase 1, five in Phase 2, and three in Phase 3. The average length of time for inmates in AD at Lawrence was reported to be three months. This appears a much swifter progression through step-down phases than at some of the IDOC maximum facilities. One of the inmates in AD status was receiving mental health treatment. In March 2014, administrators reported that they were granting privileges according to phase assignments and that Phase 3 inmates received the same privileges as those in general population in a segregation setting.

Inmates reported to JHA that although AD is supposed to be different than segregation, it was not. An administrator agreed that having AD in segregation was not ideal but there was no other space. IDOC responded "Due to the significant security concerns with this particular population, it is not appropriate to have these inmates housed in general population."

During JHA's visit staff reported that the AD inmates took a lot of their time but tended to have a more sophisticated understanding of rules than the average inmate. One counselor handles all of the segregation housing area and the AD inmates file many grievances and have many issues to address. After this visit, in May 2014, IDOC issued a revised agency Administrative Directive regarding AD and phase privileges, in part to ensure practices were uniform across facilities.

During the March 2014 visit, inmates complained that privileges that they were not supposed to have lost through AD placement were not being honored. One inmate believed he was in AD based on an anonymous letter. Inmates believed AD status was impossible to fight. Another inmate reported that he does not like being housed in a segregation wing on AD status because segregation inmates "act crazy." JHA spoke with several inmates who appeared seriously mental

ill in segregation at Lawrence and had concerns about their treatment. One example of inmates who “act crazy” given by the AD inmate was the inmate in the cell below him who had lit a fire in his cell, after being transferred to Lawrence for the same conduct at another facility.³⁵ Another inmate who suffered from mental illness stated that he got a ticket while on AD status just to get a definite segregation term, and that while he had been in IDOC for 12 years without psychological medications, he needed to be put back onto them to cope with the situation. Months after the JHA visit this inmate decompensated, perhaps under a paranoid delusion regarding staff conduct, and was involved in an incident and was transferred to Menard. The agency responded “IDOC has thoroughly looked into these claims. They are wholly unsubstantiated.” We are hopeful that through the court mandated reevaluation of mental health treatment throughout IDOC that some of these individuals will get more help.

Staffing

At the time of the March 2014 visit, Lawrence reported 371 total staff.³⁶ About 12% of the staff

are female and the facility reported that about 3% of the staff are minorities (with four African American and eight Asian staff members reported). There were 20 security and 18 non-security state employee vacancies, and about ten additional staff on leave of absence. Administrators reported that with current staffing levels about four security staff members were redirected to perform clerical or administrative support. Staff explained that overtime that has resulted from shortages in security staff at Lawrence has people with \$59K salaries bringing in over \$100K a year and that this is bad for the budget and operations because overworked individuals are likely to be stressed out. The agency responded “IDOC is committed to adding the necessary staff to reduce the need for overtime. In fact, over the past 24 months, IDOC has graduated 1,146 correctional officer trainees from its academy. In addition to

| Lawrence Staff | Authorized | Actual March 2014 |
|--------------------------|-------------------|--------------------------|
| Major | 7 | 3 |
| Lieutenant | 21 | 22 |
| Sergeant | 14 | 7 |
| Correctional Officer | 272 | 263 |
| Correctional Counselor | 15 | 11 |
| Administration | 11 | 11 |
| Health Care Clerical | 3 | 1 |
| Records | 8 | 3 |
| Business Office | 10 | 7 |
| CSS | 8 | 6 |
| Maintenance | 10 | 9 |
| Clinical Services | 19 | 15 |
| Bureau of Identification | 1 | 1 |
| Mailroom | 3 | 2 |
| Barber | 1 | 1 |
| Correctional Laundry | 1 | 1 |
| Chaplin II | 1 | 1 |
| CLAS | 1 | 1 |

³⁵ IDOC responded that the inmate is getting mental health care and has had multiple serious in-prison offenses. JHA notes that the inmate in question has a projected parole date in under a year and is now housed at Menard. Another inmate on this unit sent JHA a 20-page letter with one complaint being that there is a chip implanted in his brain that is feeding information to him that he does not like. Another inmate interviewed during the visit had a projected parole date in about a year and had been transferred from Dixon mental health housing to Lawrence segregation after not taking his medication but was hoping to get out of segregation and into school.

³⁶ When JHA visited Lawrence in September 2004, the facility was authorized for 438 employees and had 418 with an inmate population of 1,720.

this, IDOC currently has a class of 138 cadets that will graduate on September 12th. Also, we have another class of 140 cadets that will start on 9/22.” As of August 2014, IDOC reported that Lawrence is currently within five officers of its allotment, within one counselor of allotment (with the position posted) and within three food supervisors of allotment (with positions posted).

During the visit, administrators reported that Lawrence needed more counseling staff to facilitate cognitive skills training, as well as more educational programming, skilled labor training, and liaisons in private sector to assist inmates in gaining employment. Administrators also believed that having more restorative justice programming would help Lawrence better prepare inmates for successful reentry. Counselor caseloads and educational waitlists speak for themselves. The agency’s and Governor’s proposed FY2015 budget requests funding for 125 more counselors, which JHA supports. At the time of the Lawrence JHA visit, there were 13 counselors but more were needed. Just dividing the inmate population by the number of counselors on staff meant that each counselor would have a caseload of 180 men. However, counselors have various responsibilities so caseloads and work duties are not evenly distributed among them. For example, one counselor is assigned to the segregation/AD unit, which had a population of 134 at the time of the visit and a capacity of 153, but such inmates in this unit typically have more issues to address than inmates in general population units. IDOC responded “We have been committed to adding counseling staff statewide. In fact, Lawrence now only has one counselor vacancy as compared to its allocation for this title.”

Many inmates asked for their counselor when JHA toured the facility and asked for information that counselors would typically provide, such as information about transfers, programming, sentencing credits, time calculations, information regarding renouncing gang affiliation, grievances, etc.³⁷ IDOC responded “IDOC concurs that counseling staff provide very vital and important services to the inmate population.” JHA again notes that we hear from nearly everyone we speak with in IDOC that more counselors are necessary or that counselors cannot do the work required of them.

Lack of counselor contact creates more work for correctional officers. Staff expressed that counselors are good for security, as counselors keep inmates from becoming frustrated from lack of information and they can dispel misinformation about departmental policies that lead to unnecessary stress for staff and inmates. One security staff member explained that if inmates do not get an answer they will be inclined to speculate and come up with an answer that is not positive. Counselors are required to see inmates in general population once every 60 days. Several inmates reported during the visit that it was taking three to four months to see them but they acknowledged counselors were busy. IDOC responded that counselor contacts are recorded and individual complaints could be investigated. Again, counselor access/workload/training is an acknowledged serious agency issue. So much so, that it is unlikely that the agency can implement evidence-based risk assessment as mandated by a 2009 law, without hiring social workers in the place of counselors to implement the tool.³⁸

³⁷ While JHA has no problem giving information freely, we would prefer to focus our visits on larger policy and operational issues and answer general information requests from inmates through mail when time is not such an issue.

³⁸ See discussion in JHA’s 2014 Robinson report, available at <http://thejha.org/robinson>.

Lack of counselor access also leads to higher number of grievances regarding issues that should be dealt with by counselors. Staff reported that counselors currently spend a lot of time on housekeeping paperwork, which takes away from time they can spend having contacts with inmates. Counselors believed this paperwork could be prioritized and streamlined and that the eventual switch to the Offender 360 computer system could be helpful. As of July 2014, Offender 360 was not in use at facilities. Training staff in the system and the physical installation were causing delays. Current counselor caseloads are unworkable and must be addressed. Particularly as IDOC is mandated to implement evidence-based risk assessment.³⁹

Grievances

Lawrence had recorded 988 grievances at the time of the visit in FY14, and 2,503 in all of FY13. For Fiscal Year 2013, out of 2,503 grievances about 1.6% were found to have merit (excluding personal property issues, only 0.7% were found to have merit.)

JHA appreciated that Lawrence administrators ran JHA contact information on the internal television channel after the visit, so that inmates who had televisions would have information to write to us.⁴⁰ Inmates at Lawrence reported to JHA that they wanted transfers to other facilities, more reentry resources (particularly for sex offenders), sentencing credits, more programming, more recreation (outside activities, such as baseball were common requests), as well as complaints regarding property,⁴¹ temperature, clothing, and medical issues.

Some inmates reported that excess commissary would be confiscated (e.g. six bars of soap) but that this was unfair because commissary was often canceled so they would run out of items. IDOC responded “Commissary is open on a regularly scheduled basis. The entire population at the facility shops in commissary twice per month. Commissary shutdowns occur during lockdowns.” At the time of the March 2014 visit, staff stated that some general population inmates had not had commissary in 40 days, but we note that Lawrence was locked down most of February due to flu, and depending on where the inmates were housed their shopping schedule may have been disrupted.

Several inmates believed they were transferred to Lawrence as punishment for complaining about issues at other facilities. IDOC responded that transfers are based on safety, security and appropriateness of facility and inmate. Many inmates write to JHA from Lawrence about issues that correctional counselors should be able to assist with, supporting administrators’ report that greater staffing in this area would be helpful. Inmates reported difficulty getting grievance responses, that forms go missing and counselors ask them to refile, and retaliation for inmates filing grievances. One inmate claimed that the grievance officer refused to respond to his

³⁹ Adopting a risk assessment tool was mandated by the Illinois Crime Reduction Act of 2009, 730 ILCS 190. See also, JHA’s special report *Reforming Illinois’ Prison System from the Inside Out*, available at <http://www.thejha.org/rrp>.

⁴⁰ JHA received complaints about mail being slow and privileged/legal mail tampering. IDOC responded that they are not aware of any such instances. Mail grievances accounted for about five percent of the total at Lawrence (139 FY13, 66 as of March for FY14). JHA has found our privileged mail received from the facility to be timely.

⁴¹ Several inmates reported to JHA that property was lost when they transferred to Lawrence from other facilities. Lawrence recorded 246 grievances about personal property in FY13 (about 10% of all grievances), 25 of these (about 10%) were found to have merit.

grievance because his outdate was too soon. Some inmates stated that that grievances took a long time to get an answered but they were processed, noting that with one counselor for two housing units there were long waits.

In addition to reports discussed elsewhere in this report, JHA received complaints regarding staff conduct, largely relating to neglect (perhaps due to understaffing), but with several complaints that staff were telling other inmates about others' offenses or disregarding other privacy issues, e.g. with healthcare concerns. Staff conduct composes the second highest area of inmate grievances after medical recorded at Lawrence. In FY13 about 16% of the inmate grievances (391 grievances) related to staff conduct. At the time of the March 2014 visit, about 17% of the grievances thus far filed in FY14 related to staff conduct (166 grievances). Another 9% of grievances in FY13 were for discipline decisions.

JHA continues to receive complaints regarding general tension between inmates and staff as well as allegations of racism and use of racial slurs. IDOC responded encouraging complaints to be voiced and stating "IDOC strives to maintain a professional workforce that is trained in respecting both staff and inmates alike." Some inmates reported that staff were slow to respond to inmate emergency healthcare concerns on housing units. JHA encourages documentation and reporting of issues to ensure staff follow agency protocols.

Programming

Administrators reported that 578 inmates had work assignments at the facility and there were 183 inmates waitlisted for work.

JHA visitors found the educational facilities and staff to be a visit highlight. At the time of the visit, there were 331 inmates at Lawrence with educational or vocational assignments (non-duplicative) and reportedly 1,279 inmates waitlisted. Due to increased course offerings, enrollments are up since the visit, to about a fifth of the population.⁴²

There were eight state educational staff and seven contractual educational staff employed by Lake Land College. Hiring needs for authorized positions include a librarian and an educator. As at other IDOC facilities, lack of physical space (and related security staffing) is a challenge to expanding classroom offerings.⁴³

Time for getting inmates into programming is also a consideration, about 46% of Lawrence inmates will return home in less than two years. JHA encourages use of volunteers to supplement educational offerings. Lawrence has only 31 volunteers. Administrators reported that additional volunteers would be useful during the daytime (when security staff is available) for bible studies, as well as speakers on reentry issues, particularly on utilizing adaptive coping skills and job readiness.

⁴² The April IDOC Quarterly Report reflects 363 inmates, about 15% of the population, in such programming. The July IDOC Quarterly Report reflects an increase to 482, about 20%. IDOC quarterly reports are available at <http://www2.illinois.gov/idoc/reportsandstatistics/Pages/QuarterlyReports.aspx>.

⁴³ The layout of both the educational and healthcare buildings were noted by staff to be problematic for security monitoring. JHA suggests use of increased video surveillance of such areas.

Administrators reported that 32% of the inmates tested at Lawrence have low literacy (268 out of the 825 inmates tested at Lawrence from July 2013 through June 2014), as determined by a Test of Basic Adult Education (TABE) score below 6.0. Staff at Lawrence reported they only TABE test inmates at Lawrence who have more than six months to serve and who are not in segregation. Only inmates with a sentence of two or more years must be tested.⁴⁴ IDOC used to administer the TABE at intake, but now this assessment is only done at parent facilities on a subset of inmates. This practice raises concerns about whether the literacy of the population is accurately reflected. JHA hopes that implementing risk assessment will help reflect actual needs.

At Lawrence, staff explained that when they give the TABE staff will explain the department's policies so that inmates will not purposely do poorly on the test to try to get sentencing credit when they may not be eligible or may not make the most of the opportunity, or will later not qualify for other vocational opportunities or credits. JHA believes such an informative approach is productive.

Educational

At the time of the March 2014 visit, five teachers offered Adult Basic Education (ABE) and General Education Development (GED) classes. For ABE there were 132 inmates enrolled (all of whom were receiving mandatory ABE, required for 90 days for all with a TABE score below 6.0) and 280 waitlisted. Staff reported the wait for school was about one to three months for those eligible for sentencing credit and six months for those who cannot earn credit.

In the prior year, 266 inmates took ABE classes with 67 obtaining their ABE. For GED there were 118 inmates enrolled and 84 waitlisted. In the prior year, 287 inmates took GED classes in the prior year with 77 obtaining their GED. Lawrence uses two inmate tutors in ABE and GED and one inmate tutor for vocational programs. These inmates are required to be trained by the volunteer tutor trainer and must have a GED or high school diploma and at least a score of 10 on the TABE.

In FY13 15 students at Lawrence obtained associate's degrees from Lake Land College in Liberal Studies. Graduation ceremonies were not offered at the facility due to staff needing to run daily operations.

At the time of the March 2014 visit, there were no students enrolled in college 2-year degree courses and none were offered, but there were 243 inmates waitlisted. There were 81 inmates enrolled in non-degree college education and 915 inmates waitlisted. Contractual course offerings were: career technology (18 enrolled, 142 waitlisted), commercial custodial (16 enrolled, 135 waitlisted), food service (15 enrolled, 216 waitlisted), and print management (12 enrolled, 147 waitlisted). Restaurant Management was reportedly offered, but JHA was not given any information regarding enrollment or waitlists. To enroll in vocational programs inmates must have a GED or high school diploma and at least a score of 8.0 on the TABE, with the exception of career technology, which just requires a score above 6.0 on the TABE.

⁴⁴ See 20 Ill. Adm. Code 405.50.

Inmates were positive about educational staff and curriculum but stated that they need more Spanish to English tutors and teachers. Staff and inmates alike commented that they need more programming, particularly vocational training, especially in areas where convicted felons can get good paying jobs, e.g. as machinists. Teachers noted that there were some issues from inmates lingering in classes that they could move on from because they are reluctant to give up a spot in a program and return to being idle. More support for educational programming at this facility is needed.

Library

At the time of the visit, Lawrence's library was staffed with a paralegal and four inmate clerks. A paralegal and a librarian position were vacant. Since the visit, the paralegal position was filled. Staff reported that a library science degree is required for IDOC librarian position and stated that while qualification benchmarks are good, the requirement for this position may be an overreach.

Due to lack of a librarian no general library has been offered since February 2014. In JHA's facility questionnaire, facility staff noted the library needed books, periodicals and computers.

Many Lawrence inmates reach out to JHA for legal information; however, we found the law library to be a good resource. Inmates reported that they were not given sufficient time in the law library. There was a more than two week backlog for law library at the time of the March 2014 visit with inmates with deadlines prioritized. The volume of requests from Lawrence inmates was reported to be high.

Other Programming

Lawrence offers Lifestyle Redirection, Anger Management, Monthly Hot Topics and Re-Entry Summits. Veterans' services are offered monthly and there were 13 inmates participating. The facility offers a parenting program through mental health, a religious fatherhood program, and Inside Out Parenting. Administrators estimated that more than half of the population had children under 18.

Lawrence's Chaplain runs many offerings including weekly interdenominational bible classes, Catholic mass and bible study, Asatru, Hebrew, Moorish Science Temple, Jehovah Witness, jobs partnership, and Muslim Services. Story Book and Jewish service are offered monthly. Administrators planned on having at least three baptism services, a fathers' retreat, and a husbands' one-day resolution service, as well as typical religious annual observances.

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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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