



# John Howard Association of Illinois

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## 2014 Monitoring Visit to Robinson Correctional Center

Robinson Correctional Center (Robinson) is a minimum-security male facility within the Illinois Department of Corrections (IDOC) located in Robinson, Illinois, about a four hour drive south of Chicago and an hour east of Effingham on the Indiana border.



### Vital Statistics:

Population: 1,214

Rated Capacity: 600

Operational Capacity: 1,223

Average Age: 37

Population aged 50 or older: 12%

Cost per Inmate (FY12): \$19,894

Convicted in Cook County: 48%

Convicting Offense: 2% Murder, 24% Class X, 19% Class 1, 30% Class 2, 14% Class 3, and 11% Class 4 felonies.

Population by Race: 50% Black, 32% White, 17% Hispanic, and 1% Asian.

*Source: IDOC, March 2014*

### Key Observations

- Robinson benefits from having about 80% of the population engaged in productive activity through programming and work assignments.
- JHA appreciated facility resourcefulness in continually drawing on staff, inmate, and volunteer strengths to expand programming opportunities and create a more positive environment focused on reentry success.
- Robinson appears proactive in identifying inmates who may require assistance with literacy and language issues and offers resources tailored to such needs.
- Robinson is slated to be both one of the first locations within IDOC for legislatively mandated outside audit of healthcare and the implementation of an evidence-based risk assessment tool; however, both of these initiatives have been delayed.

## 2014 Monitoring Visit to Robinson Correctional Center

### Executive Summary

Administrators proudly describe Robinson as a program-oriented facility, noting that they have invested a lot to create this environment.<sup>1</sup> Staff at this facility expressed that their supervisors were skilled at educating line staff about the importance of programming and reentry preparation, more so than what staff had experienced at other IDOC facilities. Explaining the reasons for, and importance of, such efforts is critical in creating staff buy in and a learning environment. Both administrators and staff at Robinson expressed appreciation that keeping inmates busy helps not only for inmates' future prospects, when they may become staffs' neighbors, but also aids in the facility with day-to-day security. They also described a mutually supportive relationship between programming and security.

Indeed, this minimum-security facility is one of the better programming facilities within IDOC with almost a third of the inmates partaking in educational classes, numerous inmates with more than one assignment (e.g. school and work), and less than 20% of the population reported unassigned to any programming or work at the facility. The facility also makes constructive use of inmate peer aides. JHA applauds providing inmates with constructive activity and positive community engagement.

Administrators noted that innovative programming ideas were supported at Robinson and stated that the facility was one of the foremost among all IDOC facilities in graduations and certifications for inmates, giving inmates tangible results to help them with reentry.

The average length of stay at Robinson is a little over a year.<sup>2</sup> One percent of the Robinson population had been sentenced to more than twenty years, but the facility did not house any inmates with life sentences. At the time of the visit, about 17% of the population was under 21 years old<sup>3</sup> and 12% was over 50.

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<sup>1</sup> This report is based on a monitoring visit conducted on March 4, 2014, a brief follow-up visit April 21, 2014, and ongoing communications with inmates, loved ones, and staff. IDOC officials and Robinson administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA on August 5, 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. See also JHA's 2013 publication *How JHA's Prison Monitoring Works*, available at [www.thejha.org/method](http://www.thejha.org/method).

<sup>2</sup> The average length of stay was reported to be at the time of the visit one year and 17 days. Two-thirds of the population had sentences of less than two years (44% up to 12 months, 22% 12-24 months), and 90% have less than five years to serve.

<sup>3</sup> At the time of the visit, Robinson did not house any 17-year-olds (who must be sight and sound separated from inmates over the age of 18 in the absence of direct staff supervision); however, administrators explained that youthful offenders would be placed closest to the door of the dorm and staff located in the housing unit control area. See PREA National Standards, 28 C.F.R. §115.14 Youthful inmates, which provides that inmates under 18 must be separated by sight and sound (as well as physical contact) from any adult inmate without direct staff supervision (meaning staff must be within the same room and within reasonable hearing distance); yet, agencies must make best efforts to avoid placing youth in isolation to comply with the rules for separation and youth must have access to activities "to the extent possible." For further information about PREA, see the National PREA Resource Center, <http://www.prearesourcecenter.org/>. See also discussion of this issue within IDOC in JHA's 2013 Danville report, available at <http://thejha.org/danville211>. JHA recommends that Illinois keep 17-year-olds out of IDOC facilities or

At over 200% of designed capacity and 99.3% of operational capacity, Robinson's minimum-security inmates are housed in 20-bed dorm areas and enjoy reasonably free movement relative to most IDOC facilities.<sup>4</sup> JHA visitors' impression of the dorm areas and dayrooms was that they seemed cramped, but functional. There were some visibility issues in dorms, but minimum-security inmates lacking privacy will likely report misconduct because they will not want to be sanctioned based on one individual's poor conduct.

Robinson offers notable programming including a housing unit dedicated to a reentry program called "Transitions" for 200 men, a retired greyhound program, programs that train inmates to become state certified substance abuse treatment professionals, and impressive vocational offerings. With these established programs Robinson administrators have demonstrated that they are proactive in adopting evidence-based and treatment centric practices that aid in successful reentry.

Due to Robinson's comparatively progressive and positive reputation within IDOC, this facility is slated to be one of the first locations for two important initiatives JHA has advocated for, outside healthcare audits and implementation of an evidence-based risk assessment tool in IDOC. During JHA's March 2014 visit, we were told that the following month Robinson would be one of the first facilities audited by the National Commission on Correctional Health Care (NCCHC) as a result of 2013 legislation regarding the need to examine the provision of healthcare within IDOC.<sup>5</sup> However, JHA was subsequently informed by IDOC officials that this audit would be pushed back to August 2014, though they expressed confidence that Robinson would pass inspection. Although Robinson has its authorized healthcare hours filled, JHA notes that they have been without a permanently assigned doctor for about eight months and are in need of increased mental health staffing.

Robinson was also at the time of the JHA visit considered ahead of other IDOC facilities in rolling out a key piece of the Illinois Crime Reduction Act of 2009, a legislatively mandated evidence-based risk assessment tool.<sup>6</sup> The Illinois Crime Reduction Act of 2009 explicitly recognized the problem that "the Illinois correctional system overwhelmingly incarcerates people whose time in prison does not result in improved behavior and who return to Illinois

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create a separate locus for housing and should provide programming to these youth to meet their developmental needs.

<sup>4</sup> Robinson has six housing units with 200 inmates per housing unit. Three single cells and seven double cells are located in segregation and in the healthcare unit. At the time of the visit there were 12 inmates in segregation, out of a capacity for 17, and six inmates in the infirmary, out of a capacity for eight. Administrators reported that the average length of time in segregation is 10 days at Robinson and that segregation inmates are given five one-hour outside recreation opportunities and three shower opportunities per week. In the prior year, Robinson inmates were found guilty 930 major and 4,308 minor tickets. Robinson maintains a low incidence of violence and there was only one violent assault at the facility recorded in the prior year. About 46% of the population at this minimum-security facility were labeled as Security Threat Group (STG) or gang-affiliated.

<sup>5</sup> See IDOC Healthcare Audit, IL HR0057, 98<sup>th</sup> General Assembly (2013), House Resolution text at <http://ilga.gov/legislation/fulltext.asp?DocName=&SessionId=85&GA=98&DocTypeId=HR&DocNum=57&GAID=12&LegID=72056&SpecSess=&Session>.

<sup>6</sup> 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/rpp>.

communities in less than one year.”<sup>7</sup> However, subsequent to JHA’s March visit, the roll-out of this initiative has also stalled.

This reform is critically important. Implementation of evidence-based risk assessment will enable IDOC to focus on factors that lead people to return to prison and evaluate risks, assets, and needs that are proven to influence recidivism. This will then allow correctional officials to create individual case plans that address these factors inside and outside facilities, and will lead to more efficient use of programming and security resources, reduced recidivism, and ultimately decrease the number of people under state correctional supervision and costs.

JHA appreciates that implementing a risk assessment tool is challenging and will take time. As we have noted, the same reasons that makes this reform so critical—the fact that our prisons are overcrowded, understaffed, and under-resourced—also complicate its implementation. Further, effective implementation will require maintaining appropriate staffing levels, on-going training, quality assurance, and ensuring adequate programming—all of which will be hard to achieve and sustain in the state’s current fiscal environment. Moreover, this reform requires a cultural change within IDOC. While JHA recognize the challenges facing the IDOC’s implementation of evidence-based risk assessment, we believe that the agency and its partners can work together to overcome them.<sup>8</sup> JHA also believes that given appropriate resources, Robinson will be a good choice to begin this pilot initiative in Illinois.

Although JHA cannot confirm the validity of every report set forth herein, we present perspectives in accordance with human rights monitoring practices.<sup>9</sup> Although Robinson is generally considered to be a more positive and productive environment than other IDOC prisons, some inmates at Robinson, as at nearly every IDOC facility, reported to JHA that they have little faith in the grievance procedure, with complaints about personal relationships among staff impeding grievances and that “nothing happens.”

Of the 384 grievances recorded at Robinson in the prior year, which is a relatively low number, 31 were found to have merit. It can be particularly unlikely for grievances to be resolved in an inmate’s favor when inmates are at the facility for a relatively short time and many issues become moot. Healthcare concerns, as are common system-wide, and sentencing credit/reentry issues, as are particularly prevalent in minimum-security facilities, predominated in Robinson inmate concerns voiced to JHA. Such concerns again support instituting the practices of outside review of healthcare provision and developing reentry case management, as our legislators have already mandated. JHA will continue to monitor the progress of these initiatives.

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<sup>7</sup> See 730 ILCS 190.

<sup>8</sup> See the Illinois Crime Reduction Act of 2009, 730 ILCS 190/15 (b), “After review of the plan issued by the Task Force described in subsection (c), the Department of Corrections, the Parole Division of the Department of Corrections, and the Prisoner Review Board shall adopt policies, rules, and regulations that *within 3 years of the effective date of this Act [1/1/10]* result in the adoption, validation, and utilization of a statewide, standardized risk assessment tool across the Illinois criminal justice system.” [Emphasis and date of implementation added].

<sup>9</sup> See JHA’s 2013 publication *How JHA’s Prison Monitoring Works*, available at [www.thejha.org/method](http://www.thejha.org/method). Inmates may send privileged mail to JHA, P.O. Box 10042, Chicago, IL 60610-0042. Other concerned parties may also reach us by email or phone.

This report addresses the following areas: Risk Assessment and Reentry, Healthcare, Programming, and Staffing.

## **Recommendations**

- JHA recommends that the IDOC implement evidence-based risk assessment and adopt more individualized assessment, case management, and reentry planning at all facilities. To do so, more counselors and training will be required. Given the challenge of this task and hiring complications, IDOC should allocate resources to fully support Robinson's pilot implementation.
- JHA continues to recommend that as the Supplemental Sentencing Credit (SSC) program continues to be implemented, IDOC consider or reconsider inmates who demonstrate positive behavior given the agency's broad discretion and overcrowding in IDOC.
- JHA recommends that Robinson's positive programming and use of supervised inmate aides and tutors serve as a model for expansion of similar resourceful reentry focused efforts throughout IDOC.
- As JHA has commented on throughout IDOC, healthcare staffing relative to current populations and needs must be addressed.
- JHA continues to recommend that the legislature abolish the correctional copay.
- At all IDOC facilities staff should be trained to assist inmates with education about available healthcare benefits in the community as part of reentry preparation for all inmates.
- JHA recommends that IDOC formalize recidivism data collection for special programs to be able to demonstrate success and support for expansion. We also recommend collecting data on participant characteristics and success to see whether recidivism correlates with any other factors, such as risk.

## **Risk Assessment and Reentry**

The Illinois Crime Reduction Act of 2009 required IDOC to adopt an evidence-based assessment tool to better program and manage inmates. Numerous states have seen reduced recidivism from implementing such best practices.<sup>10</sup> IDOC intended that initially the risk assessment tools will be used for inmates within six months of release, particularly to aid in determining grants of Supplemental Sentencing Credits (SSC) (which can be used to grant a maximum of 180 days or

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<sup>10</sup> See e.g. The Council of State Governments Justice Center, *Reducing Recidivism: States Deliver Results*, (June 2014), available at [http://csgjusticecenter.org/wp-content/uploads/2014/06/ReducingRecidivism\\_StatesDeliverResults.pdf](http://csgjusticecenter.org/wp-content/uploads/2014/06/ReducingRecidivism_StatesDeliverResults.pdf).

six months)<sup>11</sup> and parole conditions. Eventually all inmates will be screened and regularly reassessed. For general information regarding risk assessment and recommendations for the implementation, please see JHA's 2013 special report, *Reforming Illinois' Prison System from the Inside Out*.<sup>12</sup>

The department contracted for proprietary risk assessment tools, SPIn (Service Planning Instrument) and Collaborative Caseworks (CCW), from vendor Orbis Partners.<sup>13</sup> These tools were intended to be rolled out as soon as possible. Training in the tools began in December 2013. At the time of the March 2014 JHA visit, select IDOC staff, including the Robinson Assistant Warden of Programs (who has a doctorate in psychology), were being trained in the tool and practicing as one of five selected pilot sites within IDOC.<sup>14</sup> The intent was that these first trainees would in turn train other facility staff, namely correctional counselors.

Use of these tools requires a face to face interview between the correctional counselor and the inmate and a culture shift in the agency in which counselors must assist in identifying and prioritizing risks, needs, and assets of each individual for the goal of strategically making programming decisions. IDOC's correctional counselors are for the most part former correctional officers who do not necessarily have any clinical training. Interviews with inmates for use of the tool were estimated to minimally take 15-30 minutes per inmate. Existing counseling levels within IDOC make this difficult.<sup>15</sup> Further, such tools require fidelity. In order for the tools to work they must be properly used. Staff training is key.

JHA staff revisited Robinson in April 2014 to observe the SPIn tool and discuss how implementation was progressing. At that time, it was unclear when the tool would be piloted as trainings for the select trainers on parts of the tool were still pending and unscheduled. Some issues may have contributed to this delay include the department's outdated computer system,<sup>16</sup> as well as lack of confidence in IDOC's staffing levels/resources and training to properly pilot the program.

Although the risk assessment tools were reportedly designed for staff who do not necessarily have clinical training, they do require motivational interviewing skills in order to elicit inmate participation and quality responses to the tool. Staff described the SPIn assessment interview as a conversation and noted that it was astounding how many inmates within IDOC have never spent ten minutes talking with a professional to consider why they were locked up and what they can do to get better. Introspection can be novel and challenging under any conditions, not to mention that inmates would be expected to share such personal revelations with an IDOC staff member to identify strengths and goals. It was apparent to JHA in observing the tool that using it would be time consuming and require a rapport. Training in the tools and greater inmate contact were

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<sup>11</sup> See IDOC's statement on SSC at <http://www2.illinois.gov/idoc/news/2013/Pages/NewAdministrativeRuleonSentenceCredit.aspx>.

<sup>12</sup> Available at <http://www.thejha.org/rrp>.

<sup>13</sup> See <http://www.orbispartners.com/assessment/spin>.

<sup>14</sup> The four other pilot sites are Decatur, Pontiac Medium Security Unit (MSU), Taylorville, and Vandalia.

<sup>15</sup> At Robinson currently six counselors have caseloads of 200 offenders, one counselor handles Field Services (reentry), and three counselors are dedicated to programming.

<sup>16</sup> As of July 2014, IDOC staff were busy training for the roll out of the new Offender 360 computer system, which has yet to be put into use at facilities.

expected to substantially increase counselor workloads and demands. JHA continued to recommend increased counselor staffing and training throughout IDOC, as individualized case management approaches are most likely to result in reentry success and implementation of evidence-based practices will lead to better allocations of resources and cost savings in our system.

Subsequently, JHA was informed that IDOC now intends to hire additional counselor staffing for implementation of these risk assessment tools who have clinical backgrounds, e.g. social workers. Given that the agency has historically struggled to fill such skilled positions, and is currently under a court order to fill mental health staff positions in relation to the mental health litigation,<sup>17</sup> this will no doubt be a challenging task. Although some select IDOC staff have now completed SPIn training, the case management training piece using CCW was not scheduled until Fall 2014 and future trainings will likely need to be further coordinated with and timed around new staff hires.

In many ways it is difficult for JHA to comment on IDOC's implementation of risk assessment at this early stage. However, based on our brief observations we will note some positives and also some other concerns. First of all, requiring more IDOC staff to, in one's words "see the inmate as a person and not a number," will inevitably create a beneficial cultural shift within IDOC. IDOC responded that the "*overwhelming majority of IDOC employees do see each inmate as a person. The comments of one or even a few staff do not alter this fact.*" Fostering a system that focuses on goals, rather than relying primarily upon punitive deterrents should create a more rehabilitative environment for inmates and staff. However, having assigned clinical staff to perform the assessments has a danger of isolating training and information about the importance of the tool to select receptive staff members. Ultimately risk assessment will drive in-facility decision-making and be used to provide rehabilitative programming targeted at the precise individual needs of inmates to discourage future criminal activity or encourage pro-social behaviors and attitudes, instead of the current system where IDOC spends its limited security and programming resources without certainty that its actions reduce recidivism. Even if new clinical staff perform the assessments, other correctional counseling staff will need to understand how to interpret the assessment results and put indicated programming etc. into practice.

To the facility's credit, Robinson staff already practices a lot of what the risk assessment tools will require in focusing on reentry goals. This is easier to do in a minimum-security facility where inmates require less supervision and serve shorter terms. Staff interviewed felt that the risk assessment tool was comprehensive but noted that a danger of identifying needs brings awareness to the fact that there is "never enough programming" even if money were no object.<sup>18</sup> Staff pointed out that inmates have skills, they are survivors, and need to be redirected. On the other hand, many inmates are unaccustomed to thinking for themselves about things, for example the goal of having more pro-social friends. They are used to being told what to do, e.g. stay away from anti-social peers. An important part of using risk assessment properly is to identify triggers

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<sup>17</sup> See Healthcare, Mental Health, section below.

<sup>18</sup> JHA appreciated that Robinson staff were already thinking creatively about how needs could be addressed as they were identified through creative and low cost means, such as encouraging an inmate to journal or read certain books if there was not space in a class. However, instituting formal evidence-based practices should be prioritized.

and motivations behind behavior and identify incentives to change. These are all steps in the right direction.

JHA's primary concern at this point is IDOC's commitment to the tremendous time/staff investment properly implementing this tool will require. It is easy to see how each initial interview will take a significant amount of time, requiring review of documents prior to the interview, the interview itself, and perhaps a follow-up if the inmate was not comfortable or open in the initial interview. Meaningful risk assessment involves ongoing assessment, which at this point it does not appear IDOC is even contemplating, as there has been no articulation of how or when risk assessment will be tied to intake or pre-release planning. IDOC responded that they are "*in fact, committed to ongoing assessment. Our plans include following each offender throughout incarceration so goal assessments and plans can be made. We can thus also determine program needs for legislative proposals.*" A person's responses to questions about behaviors will be different at intake coming from the community than after years of incarceration, particularly if IDOC has effectively used the assessment to address an inmate's risks and needs through in-facility programming.

Other concerns with what was observed of SPIn primarily related to limitations for special populations. We were told the tool would be "tweaked" for inmates indentified as Seriously Mentally Ill (SMI) but using this tool with individuals who had difficulty expressing themselves would be particularly time consuming and challenging. Special considerations for non-English speakers and low functioning individuals will eventually have to be taken into account. It was unclear if implementation of the tool would offer any advances for allowing nuance or individualization in assessing sex offender risk. Due to Illinois law and resulting IDOC practice, sex offenders do not qualify for Supplemental Sentencing Credits (SSC) or less restrictive parole conditions. Sex offenses encompass a wide range of conduct, treatment need, and risk of reoffending, and sex offenders compose a significant portion, 16%, of IDOC's population.

One of the first areas where IDOC hoped to use risk assessment was to aid decisions about awarding Supplemental Sentencing Credits (SSC), which will enable IDOC to more objectively identify qualified inmates to receive credits out of those whom are eligible to receive SSC per statute and IDOC policy.<sup>19</sup> IDOC responded that it "*is adequately objective and fair in determining SSC recipients.*" During the JHA March visit, numerous Robinson inmates had questions about SSC. Many inmates questioned the fairness of evaluating their eligibility for SSC based on things in their criminal history that they were not convicted of, or were expunged, and several drew JHA's attention to errors in their criminal history reports. Under the SSC law, the entirety of an inmate's history may be considered and may preclude award of sentencing credits. However, we encourage inmates to begin work to correct any errors on their records as soon as they come to their attention. Hopefully, when SPIn is implemented, IDOC staff will have more reliable data that is more directly related to the likelihood of reoffending from which to draw discretionary conclusions about SSC.

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<sup>19</sup> See IDOC's statement on SSC at <http://www2.illinois.gov/idoc/news/2013/Pages/NewAdministrativeRuleonSentenceCredit.aspx>.



Staff commented that the way the SSC law is written, there is not a way to distinguish old offenses, which may have no bearing on an inmate's current risk. Robinson inmates felt that few inmates were getting credits and mentioned that staff used removal of good time as a threat. IDOC responded that a low number of Robinson's minimum-security inmates qualify for SSC and that *"threat is a subjective term with which we vehemently disagree. Continued good behavior is essential between the awarding of SSC and its actual use. Bad behavior could justifiably result in removal of SSC "good" time."* Again inmates with Driving Under the Influence (DUI) offenses in particular were upset that though the language of the law did not exclude them receiving SSC, it was not being granted. JHA continues to recommend that as the SSC program continues to be implemented, IDOC consider or reconsider inmates who demonstrate positive behavior given the agency's broad discretion and overcrowding in IDOC.<sup>20</sup> IDOC responded that *"This Department already considers such inmates and usually should not reconsider those declined until all eligible candidates are processed, if then."* There also hopefully, at some future juncture, will be support from use of evidence-based risk assessment in Illinois to revise and expand such sentence credit laws.

The second area SPIn is intended to be initially used for is for setting inmates' parole conditions, i.e. Prisoner Review Board (PRB) orders (referred to as "board orders). A common critique of Illinois board orders is that they are rarely individualized and instead depend on blanket rules based on offense. However, much of this is determined by law and such statutory conditions cannot be modified by the PRB. With a reliable risk assessment system, Illinois could accurately evaluate the need for particular community services, and IDOC staff and the PRB could have information with which to: 1. appropriately modify or individualize parole conditions based on the risk of the individual inmate, creating more reentry success, 2. create more awareness of the needs of the population for both reentry and programming, and 3. give needed information for changes to Illinois law.

Approximately 36% of the Robinson population is classified as sex offenders. Robinson administrators stated that 21% of the 180 sex offenders (37 individuals) who could have been released in the three months prior to the March 2014 JHA visit were held at Robinson as "door violators," meaning that they were considered to have violated parole due to state, county and local laws resulting in a lack of approved Mandatory Supervised Release (MSR), or parole, host sites. Although Robinson administrators reported that in the past there had been sex offender groups at the facility, they are no longer offered. The Robinson Mental Health Professional can screen inmates for sex offender treatment and transfer to Big Muddy River Correctional Center if requested. Several inmates mentioned programming for sex offenders as a need at the facility and said there was no help for sex offenders at Robinson, and noted others who had transferred

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<sup>20</sup> Before implementation of SSC, IDOC officials estimated that 9% of the population would be eligible to receive them hopefully resulting in an eventual 1,200 bed reduction (population at that time was stated to be 49,437 and as of 6/30/14 is 48,923, a difference of a bit more than 500). See November 13, 2012 IDOC Advisory Board Meeting Minutes, available at [https://www2.illinois.gov/idoc/aboutus/advisoryboard/Documents/20121113\\_Advisory\\_Board\\_Minutes.pdf](https://www2.illinois.gov/idoc/aboutus/advisoryboard/Documents/20121113_Advisory_Board_Minutes.pdf). IDOC responded as of IDOC responded as of August 5, 2014, they have reviewed approximately 15,447 candidates for SSC and approved 4,016, and that *"This 25.9% cautious approval rate results in better recipients and low return rates, creating the program's success."*

to other IDOC prisons for sex offender treatment, where it may or may not currently be available and staffed.<sup>21</sup> More mental health staff is a need at the facility.

JHA also interviewed and corresponded with foreign inmates at Robinson who were eligible for release on MSR, but were still incarcerated because they had yet to be deported. The inmates we spoke to who were in this position all wanted to return to their country of origin. In total Robinson reported about 9% of the population had Immigration Customs Enforcement (ICE) detainees. IDOC officials assured JHA that they would work to ensure that these inmates could be deported as soon as possible. We believe such bureaucratic delays are a waste of resources for our overcrowded prison system and applaud IDOC for being more proactive than in the past at working with consulates and immigration officials to facilitate these processes. Robinson administrators noted additional staff for reentry planning would be helpful.

### **Healthcare**

At the time of the March 2014 visit, there were six inmates housed in the Robinson infirmary, which has capacity for eight. Administrators noted a need for a medical cart, which has since been received. For healthcare staff the facility is authorized for 17.5 positions, of which the Health Care Unit Administrator (HCUA) is a state employee, and all other positions are staffed by contractor Wexford Health Sources (Wexford).

One position, the physician Medical Director, had been vacant since October 2013. The missing physician and additional mental health staff were noted by administrators as important hiring needs. The facility is authorized for a Director of Nursing, nine Registered Nurses, a Dental Assistant, a Dental Hygienist, two Staff Assistants, a Medical Records Director, and one Mental Health Professional.<sup>22</sup> As of July 2014, there were no healthcare staffing updates.

Administrators at Robinson at the time of the March 2014 JHA visit reported a backlog for eyecare, which could take up to six months, with school and medical referrals prioritized. Some inmates reported trouble getting needed reading glasses. Unlike many IDOC facilities, Robinson reported that they were offering inmates yearly dental cleanings, perhaps this is made possible due to the fact that almost half of the population will be at the facility less than a year.<sup>23</sup>

In the past year Robinson had two separate housing units locked down due to flu for 11 and five days. JHA also received reports about scabies and mysterious rashes at the facility. Crowding increases the spread of disease and controlling outbreaks in dorm housing can be difficult.<sup>24</sup> Administrators reported 15 MRSA cases in the prior year, with no clusters identified.<sup>25</sup>

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<sup>21</sup> See e.g. JHA's 2013 reports on Big Muddy and Graham Correctional Centers, available at <http://thejha.org/publications>.

<sup>22</sup> Since the visit, Wexford has had a temporary part time social worker fill in some additional hours subbing for other healthcare staff.

<sup>23</sup> Administrators reported 773 extractions and 757 filings were completed in the prior year.

<sup>24</sup> See e.g. Bick, Joseph A. "Infection Control in Jails and Prisons." *Clinical Infectious Diseases* 45 (2007) 1047-55.

<sup>25</sup> Methicillin-resistant *Staphylococcus aureus* (MRSA) clusters are defined as two or more inmates with MRSA in the same area within a period of 10 days and MRSA cluster data is required to be reported to the Illinois Department

JHA received some inmate complaints about access to cleaning supplies at this facility, a common issue we hear about in other IDOC facilities. Robinson administrators reported that on the dorms inmates have access to Germaquat, industrial cleaner, and bleach every day on all shifts, as well as daily access to laundry facilities. A few inmates stated that cleaning supplies were not accessible or not strong enough, had complaints regarding dietary cleanliness, and reported that laundry machines are frequently broken with maintenance response time of about two weeks. IDOC responded that this was not an issue and that there are replacement machines onsite for quick restoration of service (with possible delays on weekends), there is additional same-day institutional laundry service available to all inmates five days-per-week, and that maintenance response time is not two weeks.

Some other healthcare related concerns voiced to JHA regarding Robinson inmates included: that treatment will not be initiated when an inmate is close to his outdate, being seen multiple times for conditions (kidney issues, fractures, hernias, etc.) without treatment, complaints about quality of treatment, and numerous complaints regarding lack of treatment and inconsistent messages from IDOC medical staff regarding treatment for Hepatitis C. IDOC officials stated that agency Hepatitis C guidelines continue to change. JHA received several reports that Robinson inmates suffered interruptions and delays in receiving medications when transferred from other IDOC facilities where they had been receiving medications to Robinson. One inmate complained staff “broadcast” private healthcare information. There were a few reports of healthcare staff were rude and discouraged use of the grievance process. An inmate reported a doctor responded to his healthcare concerns by curtly saying, “This is IDOC. It is what it is.”

### *Copays*

Robinson administrators were able to provide a breakdown of the types of healthcare visits at the facility for the prior year, out of approximately 6,600 visits, administrators reported about 68% were for nurse sick call, 24% were for doctor line, 7% were for chronic care clinics, and only about 1% or 78 visits were for emergencies.

By law inmates are not assessed fees for emergency visits, chronic condition clinical care, follow-up visits ordered by a prison doctor, or if they are determined to be indigent.<sup>27</sup> Administrators reported they had collected only about \$8,500 in copays from inmates in the prior year. JHA continues to oppose correctional copays, given the evidence that they unduly restrict inmates' access to healthcare, jeopardizing the health of inmates, staff, and the public and likely have a higher cost of administering than they recover.<sup>28</sup> Further, when the state pays inmates an allowance,<sup>29</sup> or will later bare the cost of paying for an individual's healthcare in the community, it makes little sense to merely cycle taxpayer money back and forth at a potential cost of missing an opportunity to more cheaply prevent or resolve healthcare issues.

Number of Robinson Inmates in Chronic Care Clinics <sup>26</sup>	
Asthma	86
Diabetes	46
Hepatitis C	62
HIV	9
Hypertension	187
Seizure	30
Tuberculosis	10

### *Use of Inmate Healthcare Aides*

Administrators reported that about 30 Robinson inmates were identified as having some disability requiring Americans with Disabilities Act (ADA) accommodation. Inmates in wheelchairs are housed on lower bunks in dorm rooms closest to healthcare. Medical gym is provided for Robinson inmates with a doctor's order. The facility uses four inmate ADA attendants. JHA received some complaints of mobility difficulties attributed to walkways not being cleared of snow resulting in inmates in wheelchairs missing meals and a report of difficulty obtaining a hearing aid.

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<sup>26</sup> Data provided by Robinson administrators from February 2014.

<sup>27</sup> See 730 ILCS 5/3-6-2(f). Administrators stated at the time of the visit, only three Robinson inmates were determined to be indigent (administrators explained that indigency was determined as those with no activity on their trust fund account and who have a zero or negative balance as a result of all-account reviews – however, under the language of the copay law “For purposes of this Section only, “indigent” means 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.” It was unclear how many Robinson inmates met this definition). Robinson has a high percentage of inmates with work assignments (reportedly about 73%) so this may be less of an issue at this facility than elsewhere in IDOC.

<sup>28</sup> 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>.

<sup>29</sup> Even inmates who do not work receive about \$10 a month unless they are under some disciplinary restriction, in reception status, or under lockdown.

Robinson also has about eight inmate volunteers who have been trained by Lake Land Hospice to be hospice volunteers and provide supportive care and companionship to terminally ill inmates. These inmates do not provide any direct nursing care, but they will assist with tasks such as letter writing, shopping, reading, and providing comfort. Administrators reported the facility housed no terminally ill inmates at the time of the visit; however, hospice volunteers are ready to respond to a need.

Seven Robinson inmates have been certified as Illinois Department of Public Health (IDPH) HIV/AIDS Peer Educators, who speak to inmates in orientation and the TRAC I (offered during inmate orientation at Robinson, this program is described as assisting inmates be productive during incarceration, understand factors that lead to their incarceration and prepare to lead a positive lifestyle), Transitions, and Lifestyle Redirection programs, or on request, about HIV/AIDS and sexually transmitted diseases.

### ***Healthcare Reentry Planning***

During JHA's March 2014 visit, Robinson had not yet formalized any practice for educating inmates about, or helping inmates enroll under, the Affordable Care Act (ACA) Medicaid expansion upon release; however, administrators expressed that they were eager to do so and indicated they already did some continued care planning. Subsequent to the visit, administrators indicated that they had been working with a local governmental healthcare navigator but that this service was not currently available. In May 2014, IDOC reported that they are now providing such education and enrollment assistance for ACA Medicaid expansion to more than 1,000 inmates via pilot programs at a few facilities, Stateville, Taylorville, Jacksonville and Centralia Correctional Centers. IDOC responded that they meet monthly with representatives from the Governor's Office, Illinois Healthcare and Family Services (HFS), and Department of Human Services (DHS) to review progress for ACA enrollment of IDOC's incarcerated population and parolees, but the challenges with enrolling the population leaving facilities is still a work in progress that is significantly affected by HFS' and DHS' progress. However, IDOC believes that as the State completes the eligibility system upgrades, we should start to see increases for IDOC-related enrollment. Although enrollment numbers were requested, JHA was not provided with this information for the pilot programs. JHA recommends that IDOC should minimally assist with education and ideally begin the enrollment process with inmates (if this is found legally permissible by Medicaid officials), as part of reentry preparation for all inmates.

### ***Mental Health***

At Robinson, 156 inmates were reported to be under psychiatric care with 173 inmates on psychotropic medication (this higher number includes some inmates on such medications for seizure treatment who are not on the mental health caseload). There were 48 instances of crisis watch reported at Robinson in the prior year for an average length of two days. Robinson administrators stated that three inmates had been evaluated by the Gender Identification Disorder (GID) committee in the prior year; however, no inmates housed at Robinson at the time of the visit were identified as transgender. Telepsych is utilized weekly at Robinson and 152 inmates were on the psychiatry caseload. Mental health services available at Robinson included individual counseling, anger management group, and medication management group.

Administrators reported that groups consisted of about eight inmates and that there were no inmates waitlisted for groups. However, 67 inmates were reported to be waitlisted for non-emergent mental health care.

As the IDOC population was reevaluated at each facility this year in relation to ongoing litigation regarding mental health within IDOC,<sup>30</sup> the number of inmates diagnosed as Seriously Mentally Ill (SMI)<sup>31</sup> at Robinson increased from about three to more than 60 individuals. IDOC responded that these individuals were receiving mental health treatment but the level of severity was reevaluated. Administrators reported that they have requested additional mental health staff. Wexford has several positions at the facility posted.

### ***Substance Abuse***

Robinson is one of only a few IDOC facilities that offers training for inmates to aid others with substance use disorder needs. The Certified Associate Addictions Professional (CAAP) certification gives inmates a professional certification to use to work as an aide in the substance abuse field and to transition to training for a more advanced certification upon release.<sup>32</sup> To participate in this program, Robinson inmates must have a minimum of a year left on their sentence and meet other requirements, including that they must be active in the Transitions program, complete both five college courses, and 150 hours of volunteer service, and attend substance abuse issues training. CAAP participants are eligible to train for taking the credentialing exam, which is currently offered once a year at Robinson. If the inmate passes the exam, the Inmate Benefit Fund (IBF) is used to pay for an inmate's two-year certification. Inmates who become certified aid in programming for other inmates at Robinson. JHA spoke to an inmate with a CAAP certificate who helps teach three to five classes a week and said that there is an emphasis on the dangers of new synthetic drugs, mentioning krokodil. The Certified Assessment & Referral Specialist (CARS) addendum program, which administrators stress is the only program of its kind in the nation, allows inmates who have obtained their CAAP certification to complete the education requirements of CARS and sit for the exam to become provisionally certified. After release the participant will then have to complete paid supervised work experience for a year to get the certification. Since the start of this program at Robinson in 2010, 45 inmates have received CAAP certification. Due to cost, which is borne by the inmate,

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<sup>30</sup> *Rasho v. Walker, et al.*, 07-CV-1298 (C.D. Ill).

<sup>31</sup> "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).

<sup>32</sup> For further information about the various Illinois state certifications for substance abuse treatment counseling available see the Illinois Alcohol and Other Drug Abuse Professional Certification, Inc. (IAODAPC), <http://www.iaodapca.org/>.

none have yet been provisionally certified for CARS while at the facility. Administrators noted that one graduate of the program had gone on to be employed by Haymarket Center in Chicago.

Other substance abuse programming is also offered at the facility. “Design for Living” is a 12-week substance abuse “psychoeducational” program wherein eligible inmates may earn Earned Good Conduct Credit (EGCC), which was reportedly offered four times a year. Administrators reported there had been no inmate participants this year, due to staffing needs, but they hope to start later this year. The “Drug/Alcohol Symposium” is a six-week, one day per week, substance abuse education program, which is offered four times a year. Administrators reported that 30 inmates were participating at the time of the visit. Robinson also hosts Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and a 12 step group, as well as a 12 step group in Spanish. Administrators report about 45 inmates are continually involved in these meetings.

### **Programming**

At the time of the March 2014 JHA visit, administrators reported that there were 885 inmates with work assignments at Robinson (about 73% of the population) and 384 inmates were in educational programming.<sup>33</sup> Many Robinson inmates have work assignments, with some approved for off-grounds work details.<sup>34</sup> Administrators reported they would like to expand outside work details to aid in disaster relief, as other minimum-security IDOC facilities have done. JHA believes that such productive use of time is a benefit for inmates, staff, and communities.

Although one inmate remarked they were that “learning to be indentured servants for IDOC,” he appeared to be joking and appreciative of activity and instruction at the facility. Other inmates expressed some displeasure with low wages or particular job assignments and noted that it can take too long, e.g. three to four months, to get into classes. Waitlists for educational programming at Robinson, as throughout IDOC, are for many inmates, prohibitive. Administrators stated that 222 inmates were unassigned (about 18%, with 19 medically unassigned) and noted many of those who are unassigned choose not to work particular jobs, e.g. dietary.

Robinson also offers many other activities. Administrators commented that they have a good Leisure Time Services (LTS) staff member who offers an extremely popular bootcamp style fitness class, updated movies, and an art program. In addition to programming staff, 39 volunteers at the facility assisted with religious, literacy, parenting, substance abuse, reentry, and other programming. Administrators stated that more volunteers and programming would be welcomed. As at other IDOC facilities, administrators reported that space to accommodate programming is a challenge.

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<sup>33</sup> Inmates may have both work and educational assignments.

<sup>34</sup> In the past year Robinson had an inmate walk away from work detail, who was recaptured four days later. The facility was locked down for a week due to this escape. Administrators reported that community cooperation in regard to the incident was exemplary. The inmate who was serving a short sentence at Robinson received an additional 11 years for the escape and is now incarcerated at Pontiac, a long-term segregation, maximum-security prison.

### ***Library***

JHA was impressed with the Robinson library, which was staffed with a librarian and two general library and two law library inmate law clerks. The facility has been holding a book club using books from the state public library adult reading program (about 20 copies of the same text are needed to run a group) with about 14 inmates partaking in discussions. The book club had been reading “The Other Wes Moore.”<sup>35</sup> The librarian noted that James Patterson’s books were popular and that updated medical books as well as materials written on drug interactions for non-medical professionals would be helpful. The librarian has access to MedlinePlus and Westlaw for medical and legal research. JHA noted helpful materials offered at the library regarding driver’s license reinstatement from the Secretary of State and information regarding divorce, taxes, and child support modifications. The inmate orientation manual also notes that the library offers “a Hispanic Collection, a Career Corner collection, a Literacy collection, and a Large Print collection.”

### ***Education***

JHA appreciated that Robinson proactively identified inmates with low literacy, which, at the time of JHA’s visit, was 20% of the population. These inmates are identified through low Test of Adult Basic Education (TABE) scores. Administrators reported that they give all Robinson inmates the TABE.<sup>36</sup> IDOC responded that the TABE is administered to “*every incoming offender within 20 days of his/her arrival at their parent facility.*” Robinson also has identified a significant population with limited English proficiency, 16%, about 15% being Spanish speaking. JHA commends Robinson for its productive use of peer tutoring to try to raise competencies in shorter periods, as well as for offering some academic and substance abuse programming in Spanish. Administrators stated that additional educators were a hiring need.

At the time of the 2014 JHA visit, administrators reported that 384 inmates were in educational or vocational classes at Robinson, with 322 inmates waitlisted. However, the April IDOC Quarterly report reflects an increase of 421 inmates, or more than a third of Robinson’s population, in such programming.<sup>37</sup> At the time of the March JHA visit, Robinson had in total three Adult Basic Education (ABE) and General Education Development (GED) teachers, although authorized for five. One educator is Spanish speaking. There were 72 inmates enrolled in ABE classes, with 67 receiving mandatory ABE classes, and 125 on the ABE waitlist. There were 72 inmates enrolled in GED classes, with 43 waitlisted. In the prior year, administrators reported that 246 students took the ABE course, with 66 completers, and 139 inmates took the GED course, with 38 completers. The low number of completers administrators believed may be due to length of time at the facility or some staff shortages. Robinson offers multiple sections of

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<sup>35</sup> See <http://theotherwesmoore.com/> “Two kids with the same name, living in the same city. One grew up to be a Rhodes Scholar, decorated combat veteran, White House Fellow, and business leader. The other is serving a life sentence in prison for felony murder. Here is the story of two boys and the journey of a generation.”

<sup>36</sup> Only those with a sentence of two or more years are mandated by the administrative code to be tested. See 20 Ill. Adm. Code 405.50.

<sup>37</sup> There were 605 total inmate enrollments, which counts inmates who may be in more than one program at once. IDOC quarterly reports are available at <http://www2.illinois.gov/idoc/reportsandstatistics/Pages/QuarterlyReports.aspx>.



ABE, including two for Spanish speakers, and three sections of GED with 25 inmates per class. ABE and GED classes use one tutor per teacher. These tutors must have a 10.0 on the TABE test and have a high school diploma or GED. Robinson also offers a full time tutoring program using inmates who have completed the Adult Literacy Partners Tutoring Program provided by a volunteer. Tutors hold study halls in the academic building and on housing units. In total there were 52 inmate tutors at Robinson. Administrators report that this program has been well utilized and successful. JHA recommends other IDOC facilities adopt an inmate tutor training program.

Lake Land College offers classes towards Associate's Degrees at Robinson as well as vocational courses in Career Technology, Commercial Custodian, Food Services, Horticulture and Restaurant Management, which was a relatively new offering. College level classes at Robinson included at the time of the JHA visit: non-degree college education (85 enrolled, 154 waitlisted), 2-year degree/credit-transferable college courses (155 enrolled), and vocational courses (Career Technology, 22 enrolled, 43 waitlisted, Commercial Custodian 15 enrolled, 25 waitlisted, Food Services, 15 enrolled, 25 waitlisted, and Horticulture, 16 enrolled, 28 waitlisted). For the Commercial Custodian, Food Services, Horticulture and Restaurant Management classes, inmates must have an 8.0 on the TABE test and have a high school diploma or GED. For Career Technology a TABE score of only 6.0 is required.

Because IDOC offers sentencing credits for completing educational courses and many inmates want to have something to do while incarcerated, it is not unheard of for an inmate to purposely bomb a TABE. If an inmate scores lower than 6.0, he will be prioritized for mandatory ABE class lasting 90 days. However, some fail to realize that doing so will preclude them from taking other helpful more advanced programs while incarcerated (not to mention take class space from someone who may genuinely need the help). Having more recurrent in-depth counselor contacts, as required in implementing risk assessment, should also help give a more accurate picture of an individual's academic abilities. Some inmates noted that Robinson could use more advanced classes and transferable credits. Desired programs included more hands on classes, auto mechanics, electronics, and more computer courses.

During the March 2014 JHA visit, we were presented with an elaborate lunch prepared by enthusiastic Food Services students and their instructor. Administrators noted that restaurants can be good places for former inmates to seek employment. JHA also visited the impressive Horticulture classroom and greenhouse. Robinson's horticulture program supplies plants to the Illinois Department of Transportation (IDOT) and Illinois Department of Natural Resources (IDNR) for highway rest areas and other uses. JHA was informed that the horticulture class had a \$5,000 budget for the state project and were involved from the outset of ordering seeds through growing plants. An emphasis of this program is on native prairie plants. The instructor noted that old inmate property boxes were working well for vermiculture (i.e. worms) to supply compost. The greenhouse was an enjoyable environment with many thriving plants ranging from typical to exotic, including a baby pineapple. In the summer months there is more outside planting with a tree farm and produce. The course takes about eight or nine months to complete. Administrators noted that these vocational programs are both very popular with inmates.

### *Transitions*

Transitions is a voluntary reentry preparation program that was established at Robinson in 2008. The Transitions housing unit for inmates is limited to those with three years or less remaining on their sentence. Participants engage in programming five days a week. Currently there are 200 beds available in Transitions (16.67% of Robinson's bedspace), but administrators expressed some interest in expanding it to a second housing unit. Inmates apply for this program and interviewed by the Assistant Warden of Programs. Administrators stressed that the program is available to all inmates at Robinson if they demonstrate a desire to change and willingness to be involved. Since the program is physically located in just one housing unit with 200 beds, it is difficult to understand how all or more inmates at the facility could actually physically participate (without even considering the staffing involved), and JHA has heard from some inmates who were not accepted to the unit. However, the program is not limited to inmates with perfect institutional histories. Inmates typically must express interest in participating in programming and demonstrate a period without disciplinary problems before they will be interviewed for the program. Administrators reported that two or three inmates per month are returned to general population from the Transitions housing unit.

Transitions participants receive intensive case management to determine goals for release. Such a case management model is exceptionally rare within IDOC, where inmates are largely charged with making their own future plans and where counselors have caseloads of more than 200 inmates and are largely relegated to being paper-pushers.

Administrators report that successful completers of the Transitions program have an 8-9% recidivism rate and that this has been tracked since the inception of the program compared to 47.1% for IDOC generally.<sup>38</sup> Those inmates who spent more than six months in the Transitions program before paroling were reported have an even greater recidivism reduction. These numbers are incredibly low, and JHA recommends that IDOC formalize recidivism data collection to be able to demonstrate success and support for expansion. We also recommend collecting data on participant characteristics and success to see whether recidivism correlates with any other factors, such as risk.

Transitions' curriculum is based on Hazelden's "A New Direction" program<sup>39</sup> and focuses on issues of criminal and addictive thinking, socialization skills, healthy relationships, substance abuse, relapse and reintegration preparation, and domestic violence and conflict resolution. The Job Prep/TRAC II three-week program is mandatory for Transitions participants who will work on job and computer skills. Guest speakers are invited to provide additional information and motivation to inmates in the program. JHA has some concern that many of the positive programs at Robinson are limited to the Transitions unit (making up a sixth of the population), e.g. the dog program, the specialized substance abuse certifications, etc. However, we received only limited inmate complaints about favoritism. IDOC again responded that all 1,200 inmates at Robinson

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<sup>38</sup> IDOC measures recidivism in three-year periods. The 47.1 figure is for inmates released in Fiscal Year 2009 and tracked for three years, ending FY12. Figures for inmates released in FY10, tracked through FY13, are not yet available.

<sup>39</sup> See

[http://www.hazelden.org/OA\\_HTML/ibeCCtpItmDspRte.jsp?item=140109&sitex=10020:22372:US#prodDetails](http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=140109&sitex=10020:22372:US#prodDetails).

have the chance to move into transitional housing if they wish to avail themselves of the program and much programming is available outside of the Transitions housing unit.

Twice monthly, Robinson offers “Time for a Change” for inmates not in the Transitions program to give information about available programming and encourage involvement. Reentry information is provided to Robinson inmates, including those not in the Transitions program, through an annual Reentry Summit, and administrators were working to establish a job and college fair program, piloted in 2014.

Questions about whether resources are best allocated to one low risk group or better focused on those who may be resistant to programming participation are best answered by use of evidence-based risk assessment practices. Administrators expressed a belief that the Transitions curriculum could work with a broad spectrum of inmates—if they were ready for it. It is unclear how in the current system we can assess objectively an inmate’s readiness, need, or incurred benefit.

### ***Dog Program***

JHA visitors enjoyed seeing the dog program at Robinson. Robinson administrators created this program in October 2012, modeling it off of a similar program in an Indiana prison. Housed in the Transitions housing unit, the Loving Arms Rehabilitation Kennel (L.A.R.K.)<sup>40</sup> is a rehabilitative program for retired greyhounds. Through a partnership with Midwest Greyhound Adoption,<sup>41</sup> which fully funds the program, select Robinson inmate handlers work with greyhounds needing some behavior modification prior to placement in an adoptive home. This program is unique within IDOC in that it works with retired race dogs.<sup>42</sup> JHA applauds staff initiative.

This program teaches inmates responsibility and animal care skills. There were four greyhounds and eight inmate handlers and two alternates participating at the time of the visit. The dogs are not allowed in dietary, healthcare, and visiting areas. Dogs accompany handlers to all programming and administrators described the dogs as being “well-programmed.” Hence many more inmates and staff benefit from the calming presence of the animals. Administrators noted that some of the dogs would be tested for American Kennel Club distinction “K-9 Good Citizens” to be placed as comfort dogs. Recently handlers were trained and certified in first aid for dogs.

During the March 2014 visit, JHA observed the greyhounds and handlers socializing with other inmates while the dogs were on leash and muzzled in the Transitions dayroom and some dogs were being exercised by handlers outside the housing unit and their muddy paws had to be attended to. In the subsequent visit we observed a dog keeping staff company in an office and dozing. The greyhound retirees reportedly sleep a lot. An inmate handler interviewed spoke

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<sup>40</sup> See <http://www.midwestgreyhound.org/#!/lark/c13e6>.

<sup>41</sup> See <http://www.midwestgreyhound.org/>.

<sup>42</sup> Currently in IDOC there are three other animal programs: Southwestern Illinois Correctional Center (SWICC) and Logan Correctional Center both have dog programs, while Vandalia Correctional Center offers a retired race horse program.

highly of the program and appeared to have a good relationship with staff. Another inmate later wrote us about various issues but noted that he liked living in the Transitions unit with the dogs who he remarked are very beautiful and well trained. Five dogs have been adopted by Robinson staff. This program is free to IDOC with Midwest Greyhound Adoption covering all costs for food, vet care, etc. Administrators stated that this was a very positive program with no negatives and movingly described the reaction of one inmate who was able to pet a dog for the first time in 10 years. JHA recommends expansion of such positive programming, which clearly relieves stress for staff and inmates.

### ***Lifestyle Redirection & Hot Topics***

Robinson offers two sections of this 12-week, minimally 96-hour, Lifestyle Redirection program on an ongoing basis with 50 inmates participants at a time. The program focuses on crime relapse prevention and victim empathy, covering topics such as conflict resolution, substance abuse, domestic violence, health relationships, men's health, and criminal thinking.

Robinson also offers two "Hot Topic" sessions monthly where staff, inmates, and guest speakers provide information regarding successful reentry. Administrators report this program is designed to give information to inmates who have completed Lifestyle Redirection.

### ***Veterans***

Robinson offers a veterans program where government representatives come monthly and provide skill training, and information about benefits and programming options. This group conducts a food pantry food drive twice annually and has Veteran's and Memorial Day services. At the time of the 2014 JHA visit, there was 28 inmates at Robinson identified as veterans.

### ***Parenting***

Two-thirds of Robinson inmates were estimated by administrators to have children under 18 years old. Robinson offers several programs relating to parenting including: "Making Men" (a 16-week program developed by a Robinson staff member based on the film "Courageous"), "Transforming Incarcerated Dads," Sesame Street Little Kids Big Challenges Program,<sup>43</sup> the Storybook Program (inmates are recorded reading a story for their child and the child receives the recording and book),<sup>44</sup> and "InsideOut Dad" a six-week program available through the Fatherhood Initiative (which provides programming material regarding fatherhood and marriage issues from a faith-based perspective; the orientation manual states sex offenders are excluded).<sup>45</sup>

### ***Religious***

Administrators reported that for religious programming in addition to Sunday worship bible study is held four times weekly, Catholic services are held weekly, Taleem services are offered

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<sup>43</sup> See <http://www.sesamestreet.org/parents/topicsandactivities/toolkits/challenges>.

<sup>44</sup> See <http://www.lssi.org/prisoner-family-ministry/pfm-the-storybook-project.php>.

<sup>45</sup> See <http://www.fatherhood.org/fatherhood-program-corrections> and <http://store.fatherhood.org/c-26-incarcerated-dads.aspx>.

twice monthly for Muslims, Moorish Science Temple has Sunday School twice monthly, and other recognized faiths have services as often as volunteers can be present.

### Staffing

At the time of the March 2014 JHA visit, administrators reported Robinson had 238 staff, 27 vacancies, and two security and one mailroom staff on leaves of absence. Administrators stated that there was no mail backlog at that time. Retirements and promotions continually affect staffing but administrators noted that jobs at the facility were desirable in this part of the state. The top five critical vacancies at the time of the visit were reported to be: a corrections maintenance craftsman, office associate, two correctional sergeants, and a correctional supply supervisor. As discussed above, other hiring needs included more counselors, a Clinical Services Supervisor, mental health staff, a medical director, and educators. As of July 2014, Robinson's counseling staff was at approved levels. Staff composition was reported as approximately 96% White and 4% Black and 18% female. Robinson benefited from a few Spanish speakers on staff.

<b>Robinson Staff</b>	<b>Authorized</b>	<b>Actual</b>
Major	6	6
Lieutenant	12	11
Sergeant	12	9
Correctional Officer	161	154
Correctional Counselor	11	9
Clerical/Administrative	73	58

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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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