



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case # 20-090-9003
Hill Correctional Facility

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Hill Correctional Facility. The complaint alleged the following:

- 1. Inadequate treatment, inmate is not allowed to have a single person cell which would help with his mental health symptoms. While on suicide watch, inmate was forced to sleep on feces covered mattress for three days.**

If found substantiated, the allegation would violate the Illinois Administrative Code (20 ILCS) and other regulations pertaining to the Department of Corrections.

Hill Correctional Facility is a medium security prison in Galesburg, IL. There are 29 buildings linked with this prison with four living units and one orientation/receiving unit. The facility has a segregation unit used for disciplinary needs of an inmate and used for inmates in need of supervision due to being on a crisis watch. The prison also has a 17-bed infirmary unit. The prison can house up to 1,850 inmates with double occupancy per cell. At the time of this interview there were 1,671 inmates housed at this facility. The prison has been without an appointed warden since August 23, 2019. There are two Assistant Wardens and an Executive Assistant who are managing and providing support until a warden is appointed. The prison has security vs. non-security employees, including 156 officers, 42 Sergeants, 19 Lieutenants, 4 Shift Supervisors, and 69 non-security employees that work in the business office and/or support staff. Medical and Mental Health services are contracted through Wexford. Wexford employees 40 full-time and 13 as needed staff with Hill Correctional Center. The prison does not have a state paid employee serving in these roles. The prison has counselors assigned to each housing unit. These counselors typically have an approximate caseload of 450 inmates. The Orientation/Reception cells are used for new arrivals to the prison and include the segregation units which typically house 100 inmates. The prison also provides

educational services to the inmates through a local community college program, vocational training, volunteer programs and other services.

COMPLAINT STATEMENT

An inmate is recommended by a mental health clinician to have a single man cell due to symptoms of his mental health diagnosis of a “not otherwise specified” Psychotic Disorder. There was a grievance filed by the inmate requesting a one-man cell due to "having a real hard time because I'm hearing voices." A single person cell had been used as an intervention to meet the inmate's mental health needs, in the past, but meant to be a temporary intervention until psychotropic medications appeared to become effective. Part of this allegation also alleges that while on suicide watch the inmate was forced to sleep on a mattress covered in feces for three days.

FINDINGS

Staff Interviews (01.03.2020)

When an inmate is sentenced through a court of law, they are sent to an Illinois Department of Corrections (IDOC) receiving facility. The Center determines where the inmate will be transferred. Inmates are also given the opportunity to request transfers through their assigned counselors to a specific facility unless they require a medium security prison, then they would be transferred to another medium security facility. When an inmate arrives at Hill Correctional Center they are assigned to the orientation/receiving unit and placed in a cell with another inmate. If someone needs mental health interventions due to behavioral or suicidal concerns then the facility has a crisis watch cell. There are 3 crisis watch cells in the orientation pod and 1 in the infirmary where there is a direct line of sight. The facility also has access to group therapy, 4 telepsychiatry service providers that are consistently available for assessment of an inmate or consultation. The tele-psych doctor manages medications for inmates. A Qualified Mental Health Professional (QMHP) or Mental Health Professional (MHP) contracted through Wexford also provides individual therapy and assessment for inmates considered to be in crisis. This same contractual staff also facilitates groups. If an inmate is being evaluated for a medical reason and nursing identifies a mental health need then the nursing staff would send a note to the mental health staff requesting their involvement. The medication administration record (MAR) is the document created by nursing to document any medical or mental health diagnosis and lists the medications prescribed. If an inmate is evaluated to be considered a danger to self or others, an officer would notify the shift supervisor, then the warden, and the inmate is placed into a crisis cell. The QMHP would then become involved. The facility has a list called Double Ceiling Sheet that is considered for the placement process within the prison. The QMHP, warden and other staff are involved with the cell assignment. Housing an inmate in a single cell is not typical protocol at Hill Correctional Facility.

Per IDOC contractual staff who attended the site visit, a QMHP is expected to respond to a mental health crisis within 2 hours of referral. If a QMHP is not immediately available then nursing staff would become involved as they are trained in

crisis intervention as well. There are mental health and nursing staff on the prison grounds 24 hours a day. If an inmate is suicidal, this requires continuous supervision in increments of 10 minutes, 15 minutes, and 30 minutes. The person is placed into a crisis cell and given a crisis smock, mattress and their meals usually consist of finger foods. Prison staff do not let the person know how many minutes of supervision they are under. The QMHP would evaluate the inmate daily to determine treatment needs. If an inmate requires crisis watch due to mental health concerns the minimum time they stay in a crisis cell is 24 hrs. The average stay in a crisis cell is 3-5 days. The segregation wing can house a maximum of 12 inmates in need of crisis watch before there would need additional IDOC staff on shift to supervise the inmate. They are not released back to general population until they are deemed safe by a clinical evaluation. The facility also uses the double occupancy to a cell to have another witness to said behaviors. Security officers track the time checks on a paper log. There is no rule that restricts female staff from supervising inmates on suicide watch. They are not naked in the cell and are given a smock to wear. The mattress that is used in the cell has a plastic cover and does not absorb bodily fluids. Cells are cleaned regularly unless an inmate is combative while in segregation or on suicide watch. The facility follows Occupational Safety and Health Administration (OSHA) standards and if an inmate soils a smock or blanket, they would be provided with a new one. The facility has an industrial laundry mat on site.

Segregation is different than being placed in a crisis cell. If an inmate is fighting or physically aggressive towards staff, then segregation would be used to control behaviors and keep employees and the inmate safe. Segregation is also a minimum 24 hour stay. The Assistant Warden makes the determination where an inmate would be housed for segregation.

If an inmate is unhappy with their cell placement, they have the right to file a grievance. It needs to be in writing. The chain of command for the grievance is that it is sent to the assistant warden first for review and then clinical services. The expected response to the grievance takes 30-60 days, with 60 days being the maximum time to respond. If the inmate identifies an Emergent Grievance, for instance when in need of medical care, this would need a response within 1-2 days.

The HRA did have a signed consent to release information for an inmate that was assigned to this facility for 3 and ½ years (from 2016 until 2019). The inmate then transferred to another facility by his request. He was in a double cell at this facility and it was explained to those involved in the site interview, that he continues to be housed in a double cell at his new facility. Staff were able to confirm that this inmate was on suicide watch on 7/18/19 and released on 7/21/19. They no longer had his file to provide details surrounding this event since he was no longer housed at the prison.

The HRA staff and volunteer board members were provided a tour of the medical unit that is used for segregation or crisis care such as suicide watch for inmates. There is a desk at the front of the row where a security officer sits and completes the observation logs. The HRA observed a cell with a metal bunk, toilet, and mattress. The doors are solid with a vertical window to see in or out of the cell and there is a small rectangular

opening that can be used to pass meals to the inmate without opening the door. There is also a shower room at the beginning of the row that the HRA was able to determine someone was using due to the sound of running water.

On 10/21/20 the HRA was provided clarification from the IDOC Attorney about how cells are cleaned when an inmate voices concern. The response in summary, was that cleaning logs were not maintained at the time of this complaint but are now due to Covid-19 precautions. Offender Porters clean the crisis watch cells whenever the assigned offender is out of the cell for any reason (e.g. to shower or meet with mental health). The mattresses used by inmates on crisis watch are rubber, easy to clean and sanitize and they cannot retain liquid or fecal matter.

FINDINGS (Including record review, mandates, and conclusion)

Complaint #1 Inadequate treatment, inmate is not allowed to have a single person cell which would help with his mental health symptoms. While on suicide watch, inmate was forced to sleep on feces covered mattress for three days.

On 6/29/16 an IDOC Evaluation of Suicide Potential was completed on this inmate by a Mental Health Professional who is Licensed Professional Counselor (LPC). The LPC met with the inmate and concluded in Section IV: Disposition that “Based on the evaluation, the MHP has made a determination of suicide risk level: Crisis Placement Indication (Check One)” The box is checked for “No Crisis Status Ordered”. The Housing Recommendation was “Return to Reception Center housing.”

On 7/7/16 an IDOC Mental Health Treatment Plan was created for this inmate by a Licensed Professional Counselor (LPC), and due for review on 7/7/17. Section IV of this document, titled Current Diagnosis, documents a diagnosis of “298.9 Unspecified Psychotic Disorder.” He is not noted to be behavioral or at risk of suicide or have any history of suicidal ideation or attempts. The plan does document that he hears three different voices: “2 males, a little girl”. The inmate reports the voices as saying, “[Inmate] hears them most often when stressed. When he is stressed out, they tell him to hurt other people, such as killing them. Methamphetamine also lowered his inhibitions ... [Inmate] also states that they tell him he is ‘stupid for putting up’ with others.” The Narrative Summary and Diagnostic Impressions section of this document explains “[Inmate] was open and cooperative. [Inmate] indicated that he does not have a history of juvenile criminal activity or hospitalizations for mental health. [Inmate] states that, although he has had passing thoughts of suicide in the past, he does not have any current suicidal ideation and has never attempted suicide. ...” The inmate’s signature is noted on the document agreeing to the treatment plan with the most recent signature dated 7/7/17. He was recommended for the General Outpatient Unit for his mental health treatment needs. This plan was also reviewed and signed by the Team Chair who is a Licensed Clinical Professional Counselor (LCPC). His contact with his assigned MHP would be monthly. A review of Mental Health Progress notes document times the inmate refused to meet with his mental health counselor: 8/9/16, 11/3/16, 1/19/17, 3/15/17, and 4/07/17. He met with four different psychiatrists during his time at Hill Correctional facility:

7/15/16, 9/9/16, 1/30/17, 7/14/17, 9/5/17, 10/25/17, 2/1/18, 4/27/18, 6/20/18, 8/15/18, 10/10/18, 12/19/18, 2/7/19, 4/2/19, and was a no show 7/18/19.

On 10/16/16 a IDOC Mental Health Progress Note documents “[Inmate] reports that he is doing well in housing unit 4. Although he would prefer to be single celled, [Inmate] said that he is getting along with his cellie. ... He does not feel paranoid with his cellie or feel as though a fight might occur. ...[Inmate] plans to call for a crisis team member because he believes that going on a crisis watch would be better than going back to [IDOC Facility] and hurting another person. ...” 2/15/17 the IDOC Mental Health Progress Note documents “[Inmate] met with his psychiatrist a couple of weeks ago, and he is doing well on his medication. Although he was starting to get irritated with his cellie, he found out that his cellie got a job in housing unit 1, so he only has to ‘deal with him’ for the next couple of days. ...no complaints about officers or difficulties with coping outside of the cellie issue. ...” He meets with this same counselor on 11/21/16, 12/21/16, and 5/31/17.

On 4/23/19 an IDOC Mental Health Progress Note was reviewed by the HRA and written by a Behavioral Health Technician working with this inmate that documents that “He is hoping to be single celled as he believe that would help him cope with this anxiety and auditory hallucinations. ...”

An IDOC Mental Health Progress Note dated 4/24/19 documents a note received on 4/20/19 from the inmate that states, “I’m having mental problems. I need to see someone. Thank you”. There is another note stamped 4/29/19 in the inmate’s handwriting that states, “Mental Health [MHP] Inmate Name and DOC number. [MHP] The same day I got a one man cell IA [Internal Affairs] came and told me Warden told them to tell me I will not have a one man cell. I need you to help me and keep your word. And so will I. Will you put me into see a mental health doctor. I don’t think this guy know [sic] Thank You, [Inmate]. P.S. If I’m going to do this [right] I need to talk to someone in person not on TV.”

Another IDOC Mental Health Progress Note dated 4/24/19 documents a letter received from the inmate stating, “I’m having a lot of trouble with my [mental] state. I hear voices and things are getting real bad. I don’t want to get into trouble and do something to someone. I’m trying my hardest. I need some help.” There is another handwritten note from the inmate that appears to be stamped with the date Apr 21, 2019 that states, “[MHP] I’m having a lot of problem and need to be seen. I talked to the [si doctor and he wants to put me on stronger meds for the voices in my head. I will not take them if I have a cellie for my safety. I will take them if I’m in a one man cell. I had a one man cell in [IDOC Facility] from [mental] health. Something needs to be done before something real bad go’s down. I don’t want to do anything. Please Help Me”.

A 4/24/19 IDOC Mental Health Progress Note reviewed by the HRA and written by a new MHP that is working with this inmate reads “This mental health professional met with [inmate] for an emergency follow-up session to review his treatment plan and discuss any concerns. He states he is having issues with the voices in his head telling him

to harm others. He was insistent that he does not plan to act on them, however, is worried that he has nowhere to go to get away from other people when, 'the voices get bad.' The offender does not want to harm others at this time and is afraid of the voices. He became tearful when discussing the concern. ... The offender admittedly has, 'a short fuse,' and could benefit from an anti-depressant and anger management techniques. MHP plans to advocate for a single man cell to help the offender address symptoms therapeutically. ... No suicidal ideation was noted,"

There is another treatment record dated 4/24/19 that documents a Mental Health Services Referral made from a Correctional Counselor 2 (CC2) that states why a referral was being made to Office of Mental Health Management and explains "Received emergency (as determined by CAO) grievance from the offender dated 4/22/19. In the grievance he states that he is 'having a real hard time because I'm hearing voices.' He states that he has written Mental Health but has not yet been called. He states that he has listened to the voices in the past and that they have told him to do 'bad things' which he has followed upon. He states that a one-man cell would help."

He was seen by a psychiatrist on 4/26/19 and the IDOC Psychiatric Progress Note Narrative Summary and Diagnostic Impressions states: "Will stop Remeron and start Prozac to target IED (Intermittent Explosive Disorder) and anxiety. Patient describes atypical symptoms of psychosis, **describes ah (auditory hallucinations) in manner not typical of primary psychotic disorder. Interviews suggest patient not truly having ah, but is describing thoughts or internal monologue instead.** [emphasis added] Patient expressed an understanding of the risk, benefits, and alternatives to the treatment plan and consents to the plan. Patient does not present to be a danger to self/others, or gravely disabled. Patient vouching for his safety and states he will inform staff if suicidal." There is no recommendation on this progress note by the psychiatrist for this inmate to be housed in a single person cell.

On 5/1/19 a IDOC Mental Health Master Treatment Plan written by a different MHP is reviewed and in the section titled Treatment Issue(s) it is written "[inmate] states he struggles with anger while being double celled and hallucinations." No concerns of suicidal attempts or ideation are referenced on this document.

On 5/21/19 the assigned MHP met with the inmate after receiving a written request from the inmate and documents, on the IDOC Mental Health Progress Note, that "This mental health professional met with [inmate] for follow up session to review his treatment plan and discuss any current concerns. He states his new psychotropic medication is effective, however, is causing him leg cramps. MHP referred him to the new psychiatrist to address. [Inmate] states, 'So far, so good but I'm concerned,' in regards to his new cellmate. We discussed healthy ways to address medication concerns with psychiatry. ... no suicidal or homicidal ideation was noted and his eye contact was good. ..."

On 5/23/19 another IDOC Mental Health Progress Note is written by the same QMHP that reads "This mental health professional met with [inmate] for a well-being

check as requested by Chief [DOC staff] office. He states he is, 'Fine,' and is dealing with having a cellmate the best way he knows how. He continues to exercise regularly which helps his voices. He denied current suicidality, homicidality, or intentions to self-harm. ..."

On 5/24/19 the inmate met with a psychiatrist, who he has been seeing regularly based on the name observed by the HRA's review of case record documentation. The IDOC Psychiatric Progress Note documents the following: "...says he is worried that he would get angry and impulsively kill a cellmate if patient gets angry. He denies any intent or plan to harm cellmate or specific others. Patient talks about hearing voices' but describes them as thoughts rather than true AH of voices, patient completely linear and logical on exam, he states, 'I never want to hurt myself,' denies suicidal ideation (si). Patient read a letter to provider he wrote to Governor and Warden per patient that describes his desire to have a single cell ... **Patient says he was offered protective custody to have a single cell but refused because he doesn't want to be transferred to a max security prison.**" [emphasis added] On 5/28/19 an IDOC Offender Outpatient Progress Note documents "MHP sent grievance response."

On 5/28/19 an IDOC Mental Health Progress Note was completed by the facility Mental Health Authority who is a physician. There was no face to face meeting with the inmate as this document appears to be a clinical review of the inmate's mental health status. The note reads offender's current referenced 'mental health psychosis' issues were reviewed and discussed with Intel [staff]. Phone calls and letters with his [family member] confirm secondary intent to obtain a single cell. ... P) Offender will continue to be observed by mental health, Intel, administration and communicate between MH and the offender to assess symptoms and risk. He will continue with regular treatment plan programming and psychiatry. Location: outpatient Prognosis: fair".

There is a grievance in the inmate record dated 4/22/19 that reflects the allegation information being part of the inmate's grievance concern, and wanting a single person cell due to his mental health needs. The inmate checked the box next to the statement "Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self." The administrative response to this statement is marked as an emergency by the Chief Administrative Officer. IDOC Correctional Counselor 2 whom is also the Grievance Officer reviewed the grievance on 4/26/19. There is a time stamp that indicates this grievance was reviewed by the Chief Administrative Officer (CAO) on 4/23/19 and indicates this required an expedited emergency response. There is a section titled "Facts Reviewed" that lists a recap of mental health professional interventions provided to the inmate on 4/23/19 and the Psychologist Administrator that documents the inmate had contact with licensed clinical professional counselors (LCPC) on 4/2/19 and signed a mental health refusal. He had a welfare check by a behavior health therapist (BHT) on 4/23/19 and a follow-up appointment scheduled with an LCPC staff on 4/24/19. As part of the grievance process a Lieutenant with Internal Affairs and another Correctional Officer met with the inmate on 4/26/19 and documented that the inmate received a single cell based on the recommendation from the LCPC who was going to start counseling and recommend

medication changes. The Internal Affairs staff notified the inmate that this correctional facility does not single cell inmates permanently nor provide protective custody and he will eventually be celled with another offender. This same section also references rule 415 "All therapeutic treatment must be ordered by a Licensed Psychiatrist at this facility, and not an inmate preference. Offenders are administratively assigned to therapeutic staff and offenders do not get to choose their providers." There is a typed response from the Hill Correctional Center Grievance Officer dated 4/26/19. The recommendation to the grievance was "Based upon a total review of all information, this Grievance Officer is reasonably satisfied that the offender has access to therapeutic care, notes the facility is under no mandate to provide his requested relief as cell placement is an administrative decision and recommends no further action; grievance moot." The offender appealed the denial of the grievance on 5/14/19. This same grievance appears to have had a multi-level review and was responded to again on or around 5/21/19 by the Administrative Review Board. The form provides the following response "Your issue regarding grievance dated 4/22/19 [Grievance Number] at Hill CC [for] other concern of mental health/cell placement. Based on a review of all available information, this office has determined your grievance to be: ... Other, Mental Health care is being provided to this offender as deemed appropriate by mental health professionals. Referrals have, likewise, been made as requested by the offender. Housing assignment or placement is an administrative decision and would be made considering institutional security. Offender grievance is hereby Moot." It is signed by a representative of the Administrative Review Board and the IDOC Acting Director on 5/8/19 and 5/21/19.

On 6/11/19 a MHP met with inmate after receiving a handwritten note from the inmate stamped "Jun 4, 2019" stating, "[MHP] Will you check and see if I'll get to go to PT (physical therapy) in the morning it helps me. I don't think I can stay in the cell with a cellie without a way [to] clear my mind." The MHP response to the letter is documented as "This mental health professional met with [inmate] for a wellness check as directed by Chief [staff] office. He stated he is attempting to get into physical therapy seven days per week than the three he is already attending. He denied any other current concerns and was pleasant upon interview. O [observation]: The offender was alert and oriented x3. His thoughts were logical and coherent. No suicidal or homicidal ideation was noted, and his eye contact was good. ...".

On 6/19/19 the MHP met with the inmate after receiving a request to follow-up on a well-being check that was requested by a family member. No suicidal or homicidal ideation was noted. ..." Page 2 of this same form also has an attached handwritten note from the inmate written to his assigned MHP, "I need your help. I'm putting in a sick call for PT for 7 days a week I'm trying my hardest to live with a cellie. I need to go to PT and run and get the demons out of my head. Talk to them and get me over 7 days a week in the AM. Or it will not work with a cellie." On 6/20/19 he saw a psychiatrist and in the History of Present Illness section of the documented contact the doctor writes "... Denies SI [suicidal ideation] and HI [homicidal ideation]. No signs or symptoms of acute mania, hypomania." The Narrative Summary and Diagnostic Impressions section of this form documents "Patient responded well to fluoxetine. Patient stable on current regimen. Will continue with current treatment plan and follow up regularly. ... Patient

expressed an understanding of the risks, benefits and alternatives to the treatment plan and consents to the plan. Patient does not present to be a danger to self/others, or gravely disabled. Patient vouching for his safety and states he will inform staff if suicidal.”

On 7/18/19 an IDOC Evaluation of Suicide Potential was completed by the assigned MHP which indicates that the inmate has a plan for suicide and is worried about problems outside of his legal situation (the answer to the second question was “celling”). The inmate was assessed and determined to need “close supervision” and recommended for the “Crisis Care area. On 7/18/19 an IDOC Offender Outpatient Progress Notes entry at 12:50pm documents an LPN note: “[Inmate] put on 15 minute watch. ...”

On 7/18/19, the IDOC Crisis Care Report begins at 12:40pm. The description of the behavior/presenting problem was: “Inmate reports homicidal ideation as well as suicidal plans. He was taken to segregation on 7/18/19 at 1:50pm and ‘moved to OR 34’. He was placed on 15’ [minute] Close Supervision status at 12:52pm this ended on 7/19/19 at 12:38pm at that time he was moved to 30’ [minute] Periodic Check status. His close supervision status ended on 7/21/19 at 8:09am. On 7/19/20 he is logged at 12:28pm by an officer to be ‘talking to MHP in Seg Interview Room.’” After this meeting the next log states at 12:38pm on the Crisis Watch Observation Log indicates that the inmate was moved to 30 minute supervision with a smock, blanket, mattress, finger foods. He was moved back to room 34 at 12:40pm. The log does not reflect the details of the MHP discussion with the inmate. He then moved to OR 36 at 2:09pm.

The IDOC Evaluation of Suicide Potential form does not document any concerns reported by the inmate specific to his mattress in the section titled Summary of follow-up and interventions/recommendations (if any). After this meeting he was stepped down to 30-minute checks/supervision with a smock, blanket, mattress, and finger foods and returned to OR 34 at 12:40pm. On 7/19/19 at 2:09pm the inmate was moved to OR 36, and then placed in a holding cell on 7/21/19 at 1:05am-2:59am for an unknown reason. The log indicates he was then “escorted to OR 35 for watch” The HRA also does not observe any comments or concerns that the inmate reported to IDOC staff about his concerns of cleanliness of the mattress on the Crisis Watch Observation Log from the Correctional Officer’s suicide watch log or on the IDOC Crisis Watch Discharge Assessment that was completed on 7/24/19 by his MHP.

The HRA reviewed a grievance filed by the inmate on 7/23/19 regarding the sanitary issues he identified with the cell during suicide watch. This grievance also included four other written statements by the inmate about the condition of the mattress used by this inmate during crisis watch. The grievant checked the box to indicate he did not consider his grievance to be an emergency. The grievance alleges “I went on suicide watch on 7/18 about 2pm. I was sent to the OR not sure about cell number and there was shit on the wall and the cell smelled like piss and shit! I was given a suicide mattress that was soiled with piss and shit. I told all the officers that was watching me about the cell, mattress and how bad the toilet looked. It had not been cleaned in a long time. I was told I was lucky to have a mattress at all and that they had no way to wash the mattress. ...I was moved to healthcare cell 3 and that cell was clean, but I had the same mattress. I

asked the inmate healthcare worker if I could have a clean suicide mattress. I was told all of the suicide mattresses are in OR and all of them are bad ...". On 11/7/19 this grievance was responded to by a Correctional Counselor 2 or Grievance Officer. The response to the grievance of "Staff conduct/Medical treatment/Suicide watch mattress and cell were 'dirty'. This grievance response references Hill Correctional Center policy A.D. 04.04.102 section G. #4. g, 'Prior to placement in a designated crisis care area, the offender shall be strip searched and the cell shall be inspected for safety.' At this time the cell is also searched/inspected for cleanliness, contraband and safety concerns. The protocol followed for the cleaning of Crisis Cells, Mattresses, Smocks and Blankets is as follows: All crisis cells are sanitized using a disinfecting solution after each crisis watch has ended and the offender has been moved to a different cell. All Crisis Mattresses are immediately removed from the cells and thoroughly cleansed using a disinfectant solution. The Crisis Smocks and/or Blankets are removed and sent to the Institutional Laundry to be washed/sanitized." There is a response from the Correctional Officer who monitored this inmate for part of his suicide watch stating, "[Correctional Officer Staff], 'I told him when he asked me about a mattress that we didn't have anymore because they were being used in the Orientation wing by other crisis watches. I had nothing else to give him. ... I did not observe [any] feces or urine on the mattress, nor did I smell anything' ...". The HRA reviewed the file stamped Administrative Review Board Return of Grievance or Correspondence form dated 12/9/19 and Administration responded to the section No Further Redress for the following "Not submitted in the timeframe outlined in Department Rule (DR) 504; therefore the issue will not be addressed any further. No justification provided for additional consideration. Other follow DR 504.810." To clarify, the Inmate had transferred to another medium security prison in September 2019 prior to receiving the November 2019 response for a non-emergent grievance.

On 7/26/19 an IDOC Evaluation of Suicidal Potential was completed by a different MHP and indicates the inmate is no longer at high risk but documents the inmate saying, "try to get single-celled 'I'm not giving up. I'm continuing to battle for it.'" On 7/26/19 there is a handwritten note stamped "Jul 26, 2019" attached to an IDOC Mental Health Progress Note that states, "[MHP] I need to talk to you about a transfer to [IDOC Mental Health Facility]. On Friday we have afternoon yard so please call me in the morning. Thank You [Inmate]." On 7/28/19 a new psychiatrist met with the inmate and documented on the IDOC Psychiatric Progress Note under the section Subjective/Objective "Patient seen for medication management and follow up. Patient had been on crisis watch and was taken off last week. Patient reports that he really wants a single cell status but was told that he would not be given that while at Hill. ...Denies any suicidal thoughts plan of intent. ..."

The HRA reviewed the Illinois Department of Corrections (IDOC) Administrative Directive number 05.07.1010. This policy provides instruction to IDOC staff regarding offender processing while at a Reception and Classification Center. The policy reads "... **Be assigned to a double cell unless single celling is approved by the Chief Administrative Officer.** (emphasis added) ... f. Undergo mental health testing, where indicated. ... 4. The offender shall be initially classified using a classification instrument in accordance with Administrative Directive 05.05.105 to determine the offender's

security level. This determination shall be based on factors including, but not limited to, age, offense, length of sentence, prior criminal behavior, history of escapes, and special needs. ... 7. Upon completion of the classification instrument and all medical and mental health reviews, a classification reports shall be compiled and forwarded to the Transfer Coordinator. The report shall contain information from counseling, an educational assessment, and an assessment of medical and mental health services required. ... The Transfer Coordinator shall review the classification material and assign each offender to a facility. ...”

The HRA reviewed the Illinois Department of Corrections (IDOC) Institutional Directive for Hill Correctional Center number: 05.03.107, which is titled “Special Placement Double Celling Review”, Effective: 03/01/2020. This policy was reviewed by the Warden, became effective 07/01/2017 and provides guidance for double celling. Policy I. “Hill Correctional Center shall review all offenders in segregation and protective custody for the possibility of double celling.” II. Procedure “The purpose of this directive is to establish a written procedure governing the review of offenders for double celling in segregation and protective custody.” The section labeled E. General Provisions explains “**1. Nothing in the provisions herein shall be construed to limit the authority of the Director to house or transfer an offender in any institution, facility or program. [emphasis added]** 2. Procedures outlined in this directive shall be used for routine segregation and protective placement. 3. **Offenders who are placed in segregation or protective custody in non-routine circumstances as determined the Duty Administrative Officer shall be screened for double celling as soon as practical.**” [emphasis added] The section labeled F. Requirements explains “Routine segregation and protective custody placement shall include, but not be limited to, the following: 1. For segregation: (a) Upon delivery of an offender to the segregation unit, staff shall place offenders in a secure holding area separate from other offenders. (b) Offenders shall be strip searched and placed alone in a cell. 2. For protective custody, upon request by an offender or staff recommendation, the offender shall be placed alone in a cell. **NOTE:** Hill Correctional Center does not currently house protective custody offenders. 3. An Offender Special Placement Double Cell Assessment [IDOC form] shall be initiated and completed by reviewing the Offender 360 system (0360), the offender’s master file, medical and mental health records and intelligence information. 4. Prior to submission to the Chief Administrative Office (CAO), the Offender Special Placement Double Cell Assessment [IDOC form] shall be forwarded to the appropriate departments for research and review regarding subsequent double celling recommendations. **The Internal Affairs Office will forward the Offender Special Placement Double Cell Assessment [IDOC form] with double celling recommendations to the CAO for final determination. [emphasis added]** 5. Upon completion of the Offender Special Placement Double Cell Assessment [IDOC form], the CAO shall review the Offender Special Placement Double Cell Assessment [IDOC form] and make a final determination as to whether the offender is a good candidate for double celling. If the recommendation of double celling is: (a) Denied: (1) The offender shall NOT be placed in a cell with another offender for the duration of the placement in protective custody or segregation resulting from the current disciplinary action. (2) The original Offender Special Placement Double Cell Assessment [IDOC form] shall be

placed in the offender's master file and a copy in the segregation or protective custody double celling file. (b) Approved, the offender may be considered for double celling. A copy of the Offender Special Placement Double Cell Assessment [IDOC form] shall be sent to the respective zone Lieutenant or above. For reference purposes, a copy shall be maintained in Hill Correctional Center's Assignment Office double celling offender file. Prior to housing two offenders in a cell, the respective Lieutenant or above shall review the Offender Special Placement Double Cell Assessment [IDOC form] for each offender. The review shall consider compatibility contraindications such as difference in age or physical size; security threat group affiliation; projected release dates; security issues; medical or mental health concerns; history of violence with cellmates; reasons for the segregation placement; racial issues and significant negative life changes, such as additional time to serve, loss of spouse or children, etc. **NOTE:** Reviews may include, but not be limited to, disciplinary reports, investigative reports, and past history of movement. (a) If it is determined that double celling the two offenders is not recommended, an additional review shall be conducted with other offenders. (b) If it is determined that the two offenders can be celled together, the respective Lieutenant or above shall: (1) Document on the Offender Special Placement Double cell Assessment [IDOC form] for each offender the other offender's identification number and sign indicating that a review was conducted and these offenders appear to be compatible. 2. Within 24-72 hours after placement I a segregation double cell, perform a suitability review of the double cell placement and document accordingly on the Offender Special Placement Double Cell Assessment [IDOC form]. If it is determined the placement of either offender is not appropriate, the cell house Lieutenant shall be contacted immediately to ensure alternate cell placement occurs. (3) Upon release from segregation, ensure the original Offender Special Placement Double Cell Assessment [IDOC form] is placed in each offender's master file and a copy in the segregation ... **NOTE:** The review in Paragraph II.F.6. shall be conducted prior to offenders receiving new cell mates. 7. Any time an offender in segregation who was previously approved for double celling receives a disciplinary report for any 100 series or 214 violation: (a) A new Offender Special Placement Double Cell Assessment [IDOC form] shall be completed in accordance with Paragraphs II.F.2. through 5 and; (b) The offender shall be reassessed for double celling in accordance with Paragraph II.F.6. 8. A new Offender Special Placement Double Cell Assessment [IDOC form] shall be completed each time an offender is placed in segregation or protective custody."

IDOC Administrative Directive titled "Mental Health General Provisions" authorized by the Acting Director gives guidelines to staff to the availability and rendering of mental health services. This policy defines levels of care including "Crisis Treatment Level of Care – a level of care for offenders who present a danger to self or others, or require diagnostic assessment and temporary, clinical intervention for stabilization or diagnostic purposes. Crisis treatment provides short-term, 24-hour supervised, structured living arrangements in a crisis designated area. This level of care shall be used for short-term crisis stabilization, usually less than 10 days or as considered clinically necessary by the offender's treatment team. ..." This policy also reads "Offenders who exhibit severe problems in adapting shall be transferred to an appropriate level of care setting or facility, such as the Dixon Special Treatment Unit, Dixon

Psychiatric Unit, Logan Mental Health Unit or the Department of Human Services.... 2. All mental health services shall be: a. Provided on a voluntary basis unless it is determined that the offender is gravely disabled, suicidal or pose a serious threat to self or others in the near future, unless treatment is provided. Emergency mental health services, including suicide prevention and intervention, shall be provided in accordance with the Administrative Directive 04.04.102. ...b. The Chief Administrative Officer of each facility shall ensure a procedure for referring offenders for mental health services is established. ... (3) The facility Crisis Intervention Team shall be contacted immediately for offenders with serious or urgent mental health problems, as evidenced by a sudden or rapid change in an offender's behavior or behavior that may endanger themselves or others if not treated immediately. 5. Restrictive Housing a. An MHP shall review any mentally ill offender promptly after initial placement in Administrative Detention, Investigative Status, Temporary Confinement or Disciplinary Segregation. An MHP shall document this review on the Mental Health Restrictive Housing Admission Report [IDOC form] and complete the [IDOC form]. In the event a MHP is unable to complete the [IDOC form] and [IDOC form] within 48 hours, a Facility Crisis Intervention Team Member shall contact the Crisis Team Leader to determine final disposition and complete the [IDOC form] and sections two and three of the [IDOC form]. The facility Crisis Team Leader o MHP, upon returning, shall review and complete Section one of the [IDOC form] and countersign. ...”

The IDOC Administrative Directive Number 04.04.102, titled “Suicide Prevention and Intervention and Emergency Services”, Effective 11/1/2017 as authorized by the Acting Director on 5/1/2017 states in Section I, titled Policy: “The Department shall ensure a plan for prevention and intervention of emergency mental health situations is established and maintained and shall ensure offenders are provided with emergency mental health services, as clinically indicated. E. Crisis Treatment Supervision Levels The following supervision levels shall be utilized for monitoring offenders who have been placed on crisis watch. Offenders shall be assigned a supervision level in accordance with his or her mental health status, and shall be stepped down into the next less intensive supervision level in accordance with his or her mental health status, and shall be stepped down into the next less intensive supervision level upon termination of the current supervision level, unless determined unnecessary by a Mental Health Professional (MHP). Supervision levels may only be terminated by an MHP in accordance with the provisions herein. 1. Continuous Watch Status – a formal monitoring status that provides for continuous, uninterrupted verbal and visual line-of-sight monitoring of offenders placed in a designated suicide resistant crisis care area, and determined by an MHP to be acutely mentally or emotionally distressed, at imminent risk for self-harm or who have made a recent suicide attempt. ... Offenders in Continuous Watch Status may be: ... b. Placed in a crisis cell. 2. Suicide Watch Status – a formal monitoring status that provides for verbal and visual monitoring and documentation at staggered intervals, a minimum of once every ten minutes, for offenders in a suicide resistant crisis care area who are determined by an MHP to be acutely suicidal or at risk for immediate self-harm. Offenders in Suicide Watch Status may be: ... b. Placed in a crisis cell. ... a. Crisis care areas shall be used to house offenders determined by an MHP to require removal from his or her current housing assignment for the purpose of mental

health treatment or observation. b. Excluding exigent circumstances as determined by the Director or a Deputy Director, segregation units shall be utilized for crisis care areas if no other crisis care areas are available, and only until alternative crisis care areas are available. c. Cells designated as crisis care areas shall: (1) Allow for visual and auditory observation of the entire cell; (2) Allow for prompt staff access; (3) Control outside stimuli; (4) Contain beds that are suicide resistant and constructed of a metal base, cinder block, concrete slab or herculite material; (5) Contain a pass through or chuck holes that open out of the cell; (6) Contain mesh coverings over all vents; (7) Contain laminated glass over all windows or be safety and security glazed windows; (8) Provide adequate lighting and temperature; and (9) Be made appropriately suicide resistant. ... d. Upon initiation of a crisis watch, an MHP shall determine: (1) The appropriate level of supervision necessary in accordance with Paragraph II.E; and... e. Unless medically contraindicated: (1) Water shall be available in the cell or offered at regular intervals. When water is not available in the cell, the offers shall be documented on the Crisis Watch Observation Log [IDOC form]. (2) Meals not requiring utensils shall be provided in the cell or crisis care area. If contraindicated, alternative nutrition sources shall be provided. ... g. Prior to placement in a designated crisis care area, the offender shall be strip searched and the cell shall be inspected for safety. ...”

Hill Correctional Center Institutional Directive 05.12.101, titled “Administrative Detention Placement”, effective 03/01/2020, is the policy that provides rules that HCC offenders who are placed in administrative detention are provided living conditions in accordance with Department Rule 504 Discipline and Grievances. Administrative Detention is defined in section E. and reads “Administrative Detention- in accordance with department Rule 504, Subpart D Segregation and Confinement; a non-disciplinary status of confinement that removes an offender from general population or restricts the individual’s access to general population. ... G. General Provisions 1. Administrative detention shall consist of three phases with Phase I being the most restrictive and Phase III being the least restrictive. Offenders shall be afforded privileges in accordance with Phase I upon initial placement. 2. Offenders placed in administrative detention shall be housed in the segregation units of the facility. (a) Offenders shall be subject to double celling. Double celling shall only occur after an Offender Special Placement Double Cell Assessment (DOC form) has been completed and approved in accordance with Institutional Directive 05.03.107 Special Placement Double Celling Review. (b) Offenders shall be double celled only with offenders in the same phase. ... I. Administrative Detention Reviews ... 2. Recommendations and decisions that an offender is to be moved to a less restrictive phase or a transfer to general population shall be supported by evidence that an offender’s actions or conduct deem him as a non-threat to the safety and security of the Department and that no credible intelligence exists to the contrary. ... J. Operations ... 4. Safety, Maintenance and Sanitation (a) The Segregation Supervisor shall conduct the formal inspections of administrative detention areas at least every 48 hours to ensure the cleaning schedule and requirements established by the facility’s Safety and Sanitation Coordinator are being met. (b) Administrative detention offenders shall be required to maintain safety and sanitation standards with their assigned living areas.”

Hill Correctional Center Institutional Directive number G5.02.140 effective 01/01/19 Section 05 Operations in Subsection 02 regarding Safety, Maintenance and Sanitation references its Authority (730 ILCS 5/3-7.3) and states: “B. Policy Statement Hill Correctional Facility shall ensure a safe and sanitary environment be maintained at this facility. Safety and sanitation is the responsibility of every employee. ...”

For new transfers to Hill Correctional Center they are housed for approximately one week for their Orientation/Reception Process to Hill Correctional Facility. At that time all inmates receive an Orientation Handbook that outlines the rules and procedure for the prison. The following sections provide instructions to the inmate on the process of: “**Filing of Grievances (504.810)** An offender shall first attempt to resolve incidents, problems, or complaints other than complaints concerning disciplinary proceedings through his or her counselor. If an offender is unable to resolve the complaint informally or if the complaint concerns a disciplinary proceeding, the individual may file a written grievance on a grievance form that shall be made available in all living units. A grievance shall be filed within 60 days after the discovery of the incident, occurrence, or problem that gives rise to the grievance. However, if an offender can demonstrate that a grievance was not timely filed for good cause, the grievance shall be considered. The grievance procedure shall not be utilized for complaints regarding decisions that are outside the authority of the Department, such as parole decisions, clemency, or orders regarding length of sentence or decisions that have been rendered by the Director. The grievance form shall be addressed to the Grievance Officer and shall be deposited in the living unit mailbox or other designated repository (**at Hill CC, all grievances are to be deposited in the housing units Grievance Box**).The grievance shall contain factual details regarding each aspect of the offender’s complaint including what happened, when, where, and the name of each person who is the subject of or who is otherwise involved in the complaint. This provision does not preclude an offender from filing a grievance when the names of individuals are not known, but the offender must include as much descriptive information about the individual as possible. ...**Grievance Officer (504.820)** The Chief Administrative Officer shall appoint 2 or more employees who may serve as a Grievance Officer to attempt to resolve problems, complaints, and grievances that offenders have been unable to resolve through routine channels. No person who is directly involved in the subject matter of the grievance or who was a member of the Adjustment Committee that heard a disciplinary report concerning the grievance may serve as the Grievance Officer reviewing that particular case. **Grievance Procedures (504.830)** A Grievance Officer shall review grievances at least weekly, provided that one or more grievances have been filed. Grievances on issues that are deemed without merit may be returned as denied to the sender without further investigation. No merit grievances include grievances that: 1) Have previously been addressed for which there is no additional information; or 2) Are on issues that do not involve or affect the offender. ...An offender may be afforded an opportunity to appear before the Grievance Officer unless the grievance is deemed without merit. The Officer may call witnesses as deemed appropriate. The Grievance Officer shall consider the grievance and report his or her findings and recommendations in writing to the Chief Administrative Officer. The Chief Administrative Officer shall advise the offender of the decision in writing within 2 months after receipt of the written grievance, where reasonably feasible under the

circumstances. Responses to duplicate grievances on issues that are currently being grieved may be combined in one response. **Grievance - Emergency Procedures (504.840)** An offender may request a grievance be handled on an emergency basis by forwarding the grievance directly to the Chief Administrative Officer. a) If the Chief Administrative Officer determines that there is a substantial risk of imminent personal injury or other serious or irreparable harm to the offender, the grievance shall be handled on an emergency basis. b) The Chief Administrative Officer shall expedite processing of the grievance and respond to the offender, indicating what action shall be or has been taken. **Grievance - Appeals (504.850)** If, after receiving the response of the Chief Administrative Officer, the offender still feels that the problem, complaint or grievance has not been resolved to his or her satisfaction, he may appeal in writing to the Director within 30 days after the date of the decision. Copies of the Grievance Officer's report and the Chief Administrative Officer's decision should be attached. The Director shall review the grievance and the responses of the Grievance Officer and Chief Administrative Officer and shall determine whether the grievance requires a hearing before the Administrative Review Board. If it is determined that the grievance is without merit or can be resolved without a hearing, the offender shall be advised of this disposition, in writing. An Administrative Review Board shall be appointed by the Director. One member of the Board may be a citizen from the community. A Department member shall be designated as chairperson. The Administrative Review Board shall meet as frequently as necessary and may schedule hearings on grievances. Hearings may be conducted in person or via video or telephonic conference. The Board may call witnesses or examine records at its discretion. The Administrative Review Board shall submit to the Director a written report of its findings and recommendations. The Director shall review the findings and recommendations of the Board and make a final determination of the grievance within 6 months after receipt of the appealed grievance, where reasonably feasible under the circumstances. The offender shall be sent a copy of the Director's decision. In those instances where an offender is appealing a grievance determined by the Chief Administrative Officer to be of an emergency nature, the Administrative Review Board shall expedite processing of the grievance. **Grievance - Direct Review by Administrative Review Board (504.870)** Offenders shall submit grievances directly to the Administrative Review Board when grieving: 1) Decisions regarding protective custody placement, including continued placement in or release from protective custody. 2) Decisions regarding the involuntary administration of psychotropic medication. 3) Decisions regarding disciplinary proceedings that were made at a facility other than the facility where the offender is currently assigned. 4) Other issues except personal property issues that pertain to a facility other than the facility where the offender is currently assigned.”

Jail regulations (**20 Il. Adm. Code 415.40.) regarding Mental Health Services** require “(a) Persons committed to the Department shall have access to mental health services as determined by a mental health professional.”

Under **20 Ill. Adm. Code 504.690 regarding Administrative Detention** regulations state: “Administrative detention is a nondisciplinary status of confinement that removes

an offender from general population or restricts the individual's access to general population.”

Regulations (**20 Ill. Adm. Code 504.610**) that govern **Placement in Segregation Status** require that: “ a) In accordance with this Part, offenders may be confined in designated areas on segregation status. Segregation status includes:1) Temporary confinement pending a disciplinary hearing or investigation; or
2) Disciplinary segregation resulting from a disciplinary hearing. b) Segregation areas include the segregation unit or any cell, living area or other area designated by the Chief Administrative Officer to house offenders who are in segregation status.”

According to **20 Ill. Adm. Code 503.20. Classification of Committed Persons** “a) Each newly committed person shall be evaluated at a reception and classification center or unit for initial assignment to a correctional facility or program. b) The evaluation shall include a review of available criminal, educational and employment history, health care condition and any other information deemed relevant to placement. c) A recommendation for placement shall be referred to the Director who shall consider, among other matters, the recommendation and determine the initial placement of the committed person. d) Each committed person shall, whenever possible, be assigned to a correctional facility or program within 30 days after admission to the Department. e) A review of a committed person's classification designation or program assignment shall be conducted at regular intervals.”

As per **20 Ill. Adm. Code 504.620 Segregation Standards** for living conditions in segregation areas shall include the following provisions: “a) Double celling shall be permitted upon approval of the Chief Administrative Officer. Prior to assigning offenders to a double cell, a review shall be conducted to determine whether there are reasons why the offenders should not be double celled. Medical and mental health concerns shall be considered in making this determination. b) Minimally, each cell shall be furnished with:
1) A bed for each offender, securely fastened to the cell; 2) Clean bedding, including a mattress, blanket, sheets, pillow and pillow case for each offender; 3) A wash basin with running water and flushable toilet facilities (controls may be located outside the cell); and 4) Adequate lighting for reading and observation purposes. c) Segregation cells shall be located at or above ground level, provide visual access to natural light, and have heat and ventilation consistent with the climate. d) Each cell shall have a door and a food passage. Any solid cell door shall have a vision panel or shall be designed to allow light to enter and permit observation. e) The use of physical restraints to confine the offender's movements within the cell shall generally be prohibited. f) Each cell shall be maintained in a sanitary condition and cleaning materials shall be made available on a regular basis. g) Personal health and hygiene needs of the offender shall be permitted as follows: 1) A shower and shave no less than three times per week. 2) State issued toilet tissue, soap, towel, toothbrush and toothpaste for daily use if the offender has insufficient commissary funds to purchase these items. 3) A weekly exchange of clean institutional clothes or availability of laundry services at least weekly. 4) False teeth, eye glasses and other essential items of personal hygiene and health shall be permitted unless they are a threat to safety or security. ...”

Under **20 Ill. Adm. Code 504.810 Filing of Grievances** “a) An offender may file a written grievance on a grievance form that shall be made available in all living units. Grievances shall be addressed to his or her institutional counselor; however, complaints concerning discipline or sexual abuse shall be sent by the offender directly to the Grievance Officer. A grievance must be filed with the counselor or Grievance Officer in accordance with the procedures in this Subpart, within 60 days after the discovery of the incident, occurrence or problem that gives rise to the grievance. However, if an offender can demonstrate that a grievance was not timely filed for good cause, the grievance shall be considered. Grievances related to allegations of sexual abuse shall not be subject to any filing time limit. b) The grievance procedure shall not be utilized for complaints regarding decisions that have been rendered by the Director, such as, but not limited to, facility placement, awards of supplemental sentence credit or transfer denials, or decisions that are outside the authority of the Department, such as parole decisions, clemency or orders regarding length of sentence. c) The original grievance form shall be deposited in the living unit mailbox or other designated repository. The grievance shall contain factual details regarding each aspect of the offender's complaint, including what happened, when, where and the name of each person who is the subject of or who is otherwise involved in the complaint. This provision does not preclude an offender from filing a grievance when the names of individuals are not known, but the offender must include as much descriptive information about the individual as possible. d) Staff assistance shall be available as requested by those offenders who cannot prepare their grievances unaided as determined by institutional staff. 1) All offenders shall be entitled to file grievances regardless of their disciplinary status or classification. 2) Each facility shall take reasonable steps to ensure that the grievance procedure is accessible to offenders who are impaired, disabled or unable to communicate in the English language. 3) If staff assistance writing the grievance form is provided, the name of the individual providing the assistance shall be documented on the form. e) Offenders shall be informed of the grievance procedure at the admitting facility and may request further information regarding the procedure from their counselors. 1) The written procedure shall be available to all offenders. ...”

Regulations (**20 Ill. Adm. Code 504.840 on Emergency Procedures**) state: “An offender may request a grievance be handled on an emergency basis by forwarding the grievance directly to the Chief Administrative Officer. a) If there is a substantial risk of imminent personal injury or other serious or irreparable harm to the offender, the grievance shall be handled on an emergency basis. b) If the Chief Administrative Officer determines that the grievance shall be handled on an emergency basis, he or she shall expedite processing of the grievance and respond to the offender, indicating what action shall be or has been taken. c) If the Chief Administrative Officer determines that the grievance should not be handled on an emergency basis, the offender shall be notified in writing that he or she may resubmit the grievance as non-emergent, in accordance with the standard grievance process.”

According to **20 Ill. Adm. Code 504.820 regarding the Grievance Officer:** “a) The Chief Administrative Officer shall appoint two or more employees who may serve as

a Grievance Officer to attempt to resolve problems, complaints and grievances that offenders have been unable to resolve through routine channels. b) No person who is directly involved in the subject matter of the grievance or who was a member of the Adjustment Committee that heard a disciplinary report concerning the grievance may serve as the Grievance Officer reviewing that particular case.”

As per **20 Ill. Adm. Code 504.850 regarding Appeals** “a) If, after receiving the response of the Chief Administrative Officer, the offender still believes that the problem, complaint or grievance has not been resolved to his or her satisfaction, he or she may appeal in writing to the Director. The appeal must be received by the Administrative Review Board within 30 days after the date of the decision. Copies of the Grievance Officer's report and the Chief Administrative Officer's decision should be attached. b) An Administrative Review Board shall be appointed by the Director. c) The Administrative Review Board shall meet as frequently as necessary and may schedule hearings on grievances. Hearings may be conducted in person or via video or telephonic conference. The Board may call witnesses or examine records at its discretion. d) The Administrative Review Board shall submit to the Director a written report of its findings and recommendations. e) The Director shall review the findings and recommendations of the Board and make a final determination of the grievance within six months after receipt of the appealed grievance, when reasonably feasible under the circumstances. The offender shall be sent a copy of the Director's decision. f) In those instances, in which an offender is appealing a grievance determined by the Chief Administrative Officer to be of an emergency nature, the Administrative Review Board shall expedite processing of the grievance.”

Regulations (**20 Ill. Adm. Code 504.870) pertaining to the Direct Review by Administrative Review Board** state that: “a) Offenders shall submit grievances directly to the Administrative Review Board when grieving: 1) Decisions regarding protective custody placement, including continued placement in or release from protective custody. 2) Decisions regarding the involuntary administration of psychotropic medication. 3) Decisions regarding disciplinary proceedings that were made at a facility other than the facility where the offender is currently assigned. 4) Other issues that pertain to a facility other than the facility where the offender is currently assigned, excluding personal property and medical issues. b) The Administrative Review Board shall review and process the grievance in accordance with Section 504.850.”

CONCLUSION:

UNSUBSTANTIATED.

The HRA does not substantiate the allegation of inadequate treatment at Hill Correctional Facility. Based on the HRA inmate records reviewed, being housed in a single person cell is not protocol at this facility unless an inmate requires “Administrative Segregation” for disciplinary or urgent mental health needs such as suicide watch. According to the IDOC Administrative Directive for Mental Health Interventions and Hill Correctional Center Directive 05.023.107 Special Placement and Double Celling

Review, when an inmate requires Crisis Watch for a mental health need such as suicidal ideation, policy allows temporary interventions can be implemented by the assigned MHP. Once the symptoms of the mental health diagnosis have lessened then they would no longer be housed on the segregation unit at Hill Correctional Facility and would return to a double-person cell in the general population based on the mental health assessment. The Chief Administrative Officer also has the final say on how inmates are housed in a cell, single or doubled. This Inmate was seen by an IDOC Psychiatrist on 5/24/19 and the record reflects the inmate verbalizing he wanted a single cell. According to **20 Il. Adm. Code 415.40. Mental Health Services** “(a) Persons committed to the Department shall have access to mental health services as determined by a mental health professional.” At this meeting, the psychiatrist did not make a recommendation for a single-man cell. This same note also documents that at some point, Hill Correctional Facility offered to the Inmate, a transfer to a facility that provided a single-man cell, but this would be a maximum security prison. The Chief Medical Authority reviewed the Inmate’s chart on 5/28/19 and did not recommend a single-man cell. The Inmate filed a grievance dated April 22, 2019 and marked it as an Emergency Grievance. The Administration provided an emergency response but the Inmate’s request for a single-man cell was denied. The inmate appealed the grievance denial response on 5/14/19. This grievance again, made its way to the Administrative Review Board and the board supported the facility’s response to the grievance on 5/21/19. The assigned MHP provided the final grievance response with regard to the single-cell request being denied to the Inmate on 5/28/19.

Specific to the allegation the Inmate was forced to sleep on a soiled mattress during suicide watch. This individual was housed in the segregation area of the facility which is the practice at Hill Correctional Facility for crisis watch. The HRA reviewed Inmate records and other supervision documents for this individual’s crisis watch and reviewed contradictory evidence that the Inmate was forced to sleep on a soiled mattress. In the documentation, staff said the mattress was not soiled while accounts from other inmates indicated that the mattress was soiled. Per **20 Ill. Adm. Code 504.620 Segregation Standards** the “living conditions in segregation areas shall include the following provisions: 1. A bed for each offender, securely fastened to the cell; 2) Clean bedding, including a mattress, blanket, sheets, pillow and pillow case for each offender; 3) A wash basin with running water and flushable toilet facilities (controls may be located outside the cell); ... f) Each cell shall be maintained in a sanitary condition and cleaning materials shall be made available on a regular basis. ...”. Because of the lack of evidence, the HRA finds this complaint unsubstantiated.

The HRA would offer the following suggestions:

- The Hill Correctional Center Orientation Manual dated 6.20.19 should be updated with a definition of what is general population status i.e. that they will be housed in a double-person cell.
- Whenever an Inmate is receiving mental health care on the segregation unit the Mental Health Professional should notify the inmate they are being placed in a more restrictive setting for mental health care and

provide information on the grievance process if they disagree with the placement.

- The Crisis Watch Logs used by Correctional Officers to supervise inmates on Crisis Watch on the segregation unit should document the condition of the cells before an Inmate is assigned or housed to the cell.
- If an inmate notifies HCC staff that they are concerned with cleanliness of their cell or items housed within the cell the IDOC staff should provide an option to clean the space and follow-up with the concern and document how it is addressed without using the grievance process. This would help reiterate the Hill Correctional Center Institutional Directive number G5.02.140 that states "...cleanliness is a responsibility of all staff."

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, provider responses appear verbatim in retyped format.
