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December 14, 2015

Rodger Heaton
 Chair, Commission on Criminal Justice and Sentencing Reform
 300 West Adams Street, Suite 200
 Chicago, IL 60606

Dear Chair Heaton:

As the union representing the vast majority of IDOC and IDJJ employees as well as local corrections, probation and law enforcement workers, AFSCME Council 31 has long advocated for a safe and humane prison system. Reducing overcrowding and improving staffing levels has been a major concern of our union for decades. In that spirit, we submit the following comments for consideration by the full Commission as you finalize your December report, and as you plan your work leading to your final report. As we previously indicated to you, we are available to meet and discuss these issues if that is helpful.

We must reiterate the two central points of the oral testimony my colleague, Adrienne Alexander, presented at the Commission's public hearing last August. DOC is operating with 30% fewer front line staff now than in FY 2002, yet we have 8% more inmates. We are at 148% of the adult system's rated capacity. Even if the goal of reducing population by 25% is met, DOC will still be operating an overcrowded system.

Our prison system is so under resourced that investments must be made upfront in order to reduce recidivism. The Commission cannot look to facility closures for cost shifting in such an overcrowded system. We therefore suggest that each reform presented by the Commission be accompanied by the estimated upfront costs required to realize the reform, both for state government and if applicable for local governments. Such investments well may result in long term savings but, without a plan to make the investment, neither the reform nor the savings will be realized.

In reference to the reforms voted on at the November 20 meeting, AFSCME has the following comments and questions for consideration:

Regarding the proposal to prevent the use of prisons for offenders with short lengths of stay (12 months or less by the Commission's definition) we suggest that the report spell out to which programs or systems – jail, electronic detention (ED), ATC or parole – these inmates will be diverted and the costs involved. As was



noted in Commission discussion, parole or ED would require increased staff to safely manage increased caseloads, and county jails would also require more resources.

Regarding the proposal to give judges discretion to use probation for four additional offenses; we believe the Commission should project the likely impact on local probation departments as part of its recommendation. Counties would need to know the projected number of offenders by jurisdiction and the dollar amount available from the state to meet that expansion. Significantly expanding the probation caseload requires more staff, especially as these offenders may be considered higher risk. In probation, risk levels inform probation staffing levels. Some probation departments already have caseloads above current standards. Furthermore, the probation funding formula for counties provides money for probation officer salaries but not costs like fringe benefits or vehicles.

Regarding the proposal to expand eligibility for programming credits toward inmates' reduction in prison time, current program waiting lists indicate the expansion will not result in either greater reform or reduced sentences because it is so difficult to access programs. Whether the expansion is in the number of total credits an individual offender can claim off their sentence or whether it is an expansion in the types of offenders eligible for such "good time", expanding programming credits must be accompanied by expansion in programs beyond what is suggested below. To avoid the kind of negative media that undermined previous efforts to expand good time, the Commission should ensure that this is a real effort to provide offenders with programming to avoid recidivism, and not rely on current statutes that – for example – allow DOC to give inmates good time credit for being on a substance abuse treatment waiting list if they cannot access services timely (see 730 ILCS 5/3-6-3 a 4.5).

Regarding the proposal to use ATCs primarily for high and medium risk offenders, we urge the Commission and IDOC to consider what changes this will require in those programs, which currently serve low risk offenders. In addition to a proven track record of reduced recidivism rates, ATCs have earned a level of trust in the local community and strong relationships with area employers. There should be a plan for communicating with community residents and employers about the introduction of high and medium risk offenders to preserve those relationships. We believe public safety would be better served if high risk offenders are housed in ATCs run by IDOC as opposed to private facilities.

We have questions regarding the proposal to develop a protocol to move terminally ill or severely medically incapacitated inmates to home confinement or a medical facility. For example, who will determine medical incapacity? Will these inmates be on ED or on parole, and in either case is it likely a medical facility will agree to - or be allowed to - admit them? For example, Sec. 1-114.01 of the Nursing Home Care Act severely restricts admissions of certain offenders. To the degree this is a proposal to reduce costs, has the Commission determined whether an inmate on ED is eligible for Medicaid or Medicare?

Regarding the use of ED in lieu of imprisonment for those sentenced to short stays, we understand the objective is to avoid transfer of the inmate to IDOC. In that case, will there be a

risk-based analysis of which inmates are good candidates for ED, and if so where will it be conducted and by whom? Regarding the use of ED for inmates as a transitional step to full release, in cases where inmates have no home will IDOC pay for housing? Does paying for housing impact cost savings? Who will monitor those on ED in the field and responds when there are alarms – parole? What are the resource/capacity issues if parole conducts the monitoring? As a commissioner pointed out in discussion, if someone on ED slips off the bracelet there is a limited amount of time to respond, so additional staff resources will be necessary.

While our union strongly supports the idea of enhanced rehabilitative programming in IDOC, we are concerned that the Commission's recommendation is far too narrow. The Commission discussed in September the expansion of education, substance abuse, and vocational education. Yet the current proposal is only for substance abuse and behavioral therapy programming. IDOC has long lists of inmates on waiting lists for education programs – including ABE which is supposed to be mandatory. Education, which is one of the most effective ways to reduce recidivism, should be in any program enhancement, and our union is very puzzled about why it was not included.

Regarding substance abuse treatment as part of enhanced rehabilitation, we are somewhat concerned about a September discussion where the Commission expressed interest in making treatment mandatory. We request that the Commission be sensitive to programs like Sheridan CC where the goal has been a treatment milieu. Introducing inmates not yet committed to treatment into such a milieu makes the program less effective. Finally, recommendations for programming for high risk offenders have staffing and space implications which may not have been explored. The maximum and high medium facilities are very overcrowded. The Commission must explore whether there is adequate space to run programs, and whether additional line movement in these facilities will require more staff.

Regarding the removal of unnecessary barriers to those convicted of crimes from obtaining professional licensure, we would like to suggest the Commission also address whether legislatively mandated background checks for such entry level positions as certified nursing assistants and disability aides should also be overhauled. The legislature has frequently added on convictions that would prevent an ex-offender from being hired, and we believe some – such as drug convictions – could be safely modified.

An issue that was discussed but has not yet been put forward as a recommendation is changes in parole revocations. It was noted in discussion that some 6,000 to 7,000 inmates are on revocations with no new charges. It was suggested that these inmates could be released again into the community. Yet Parole made the decision these offenders violated their parole. Would there be a review of the circumstances of that violation before re-release, and who would conduct the review?