Questions for Mr. Randle

1. In your leadership positions in both the Ohio and Illinois State Departments of Corrections, you have had experience with various types of programs directed at mentally ill offenders. Which programs do you feel have been the most successful and why?

To be completely honest, we don't have "programs." We just don't have the staffing ratios to support the provision of programming beyond some individual and group therapy.

2. How often do you collaborate with other states in developing new programs for mentally ill offenders?

The IDOC Chief of Mental Health is part of a national group of Directors of Behavioral Health from state correctional systems around the country. They are in contact at least monthly but more often as needed to discuss ideas for Mental Health programming and policy.

3. Do you have mental health professionals at every institution? If not, why not? a. If not, how do you know that the needs of mentally ill inmates are being met?

Every facility other than Thomson has at least one Mental Health Professional.

b. What is the educational background of your mental health professionals?

The vast majority have at least a master's degree, either in psychology or social work. Some have a doctoral degree in psychology.

4. How does your mental health staff interact with inmates (i.e. face-to-face, through cell doors, group counseling, etc.) and how often does that occur?

The mental health staff interacts with the inmate population primarily face-to-face in individual or group therapy settings. Some "cell door contacts" are made when segregation reviews are being conducted. Most mentally ill inmates are seen monthly but stability and caseload:staffing ratios dictate whether they are seen more or less often.

5. In the Illinois DOC, do female offenders suffer more than male offenders from mental illness? a. If so, are the mental health treatment programs structured differently for women given their greater susceptibility to mental illness?

The numbers from our female prisons do not support the supposition that the female offenders in Illinois suffer from mental illness to any greater degree than do the male offenders. However, the Mental Health Professionals at the female prisons structure their services to be gender-specific where clinically appropriate.

6. How do your correctional staff and mental health staff work together? a. Would you agree that, based on their daily interaction with inmates, that the correctional staff plays a key role in monitoring inmates' mental health?

Correctional staff very definitely plays a key role and are consistently relied upon by facility MHPs to provide ancillary information on how inmates behave on a daily basis and are consulted with some frequency as to their opinion about how an inmate is doing.

b. I realize that the roles of mental health and correctional staff are very different within the prison system. Does this make it difficult to coordinate sharing of information and cooperation between these two staff groups when treating mentally ill inmates?

Not at all. The vast majority of employees appear to understand and respect one another's role in the prison and efforts to hamper information trading are rarely, if ever, seen. There are times during which an MHP's treatment direction may be challenged by another employee, but this is never done in a malicious way and is seen as a healthy interaction that ensures a check and balance system.

7. Judge Zenoff testified to the success of mental health courts in Illinois. As the director of the Illinois Department of Corrections, have you seen a decline in the number of mentally ill inmates incarcerated due to the use of the mental health court system? If not, why not?

There has not necessarily been a decrease in the number of mentally ill inmates coming into our system but nor has there been an increase and that represents a change in trends.