

National Prison Population Reflects Aging Trends

States have been faced with an increasing number of older prisoners in recent years. According to the U.S. Bureau of Justice Statistics, about 5.3% of the estimated 1.5 million state or federal prisoners sentenced to more than 1 year were 55 or older at the end of 2006, up from 3.3% in 1999; 15.5% were aged 45 to 54, up from 10.4% in 1999.

From 1999 to 2006, nationally the number of prisoners 55 or older grew about 85.2%, and those 45 to 54 years old grew 72.6%. Taken together, they represent 67.4% of the total growth in prisoners during that time.

The increase is due to several factors, such as aging of the general population, Baby Boomers reaching middle age, and stricter sentencing laws of the 1980s and 1990s.

Older prisoners typically need more health care and special accommodations, which can strain corrections budgets. The Council of State Governments has reported the annual cost of housing an older prisoner at about \$67,000, versus \$22,000 for a younger prisoner.

Many states have responded with special housing and programs for older prisoners, and early release or medical parole opportunities. This article provides data on the growth of the older prisoner population in Illinois and clemency and parole provisions here. Then it looks at the 18 states in the Legislative Research Unit's standard multistate survey list—the 10 most populous states other than Illinois; neighboring states; and regional representatives (Arizona, California, Florida, Georgia, Indiana, Iowa, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, Virginia, Washington, and Wisconsin) to show how they address clemency, parole, parole or release for medical reasons or age, and housing and programs for older or ill prisoners.



Prison Population Aging Trends in Illinois

The number and percent of older (age 41 or over) prisoners is growing among the Illinois prison population. As shown in Table 1 on the next page, the number of prisoners has grown by only 832 from 44,355 in FY 1999 to 45,187 in FY 2008. But while the number and percent of prisoners aged 40 or under has declined, those 41-50 now make up 21.1% of the population, an increase of 3,164 (6.7%), and those 51 or older are 8.7%, an increase of 2,230 (4.9%).

These numbers include 1,618 prisoners who are serving life or death sentences—550 who are 41 to 50 and 450 who are 51 or over.

(continued on p. 2)

Inside this Issue

Summary of Laws & Constitutional Provisions Affecting Older Prisoners	5
State Programs for Older, Ill, or Long-Term Prisoners.....	13
Biographies of New Senators.....	15
Abstracts of reports required to be filed with General Assembly	16



Sen. Tim Bivins



Sen. Heather Steans

National Prison Population Reflects Aging Trends (continued from p. 1)

Table 1: FY 1999 and FY 2008 Share of IDOC Prison Population by Age Group

	17-20 years	21-30 years	31-40 years	41-50 years	51 years & older	Total
FY 99 population	4,036	17,919	14,327	6,387	1,685	44,355
FY 08 population	2,501	15,736	13,484	9,551	3,915	45,187*
'08 increase from '99	(1,535)	(2,183)	(843)	3,164	2,230	832
% of total 6/30/99	9.1%	40.4%	32.3%	14.4%	3.8%	44,355
% of total 2/29/08	5.5	34.8	29.8	21.1	8.7	45,187*
'08 difference from '99	-3.6	-5.6	-2.5	6.7	4.9	832

* This total excludes 73 inmates whose birthdate is unknown.

Source: Legislative Research Unit analysis of data provided by Michael Lane, Legislative Liaison, Illinois Department of Corrections, March 6, 2008

Table 2: IDOC Admissions by Age, Fiscal Years 1999 and 2004*

Age group	FY '99		FY '04		Increase '99 to '04	% of total change '99 to '04
	Admissions	% of total	Admissions	% of total		
Under 25	9,301	38.2%	9,681	33.8%	380	-4.4%
26-35	8,436	34.6	8,741	30.5	305	-4.1
36-45	5,313	21.8	7,417	25.9	2,104	4.1
46-55	1,105	4.5	2,459	8.6	1,354	4.1
56 or older	213	0.9	369	1.3	156	.4
Total	24,368	100.0%	28,667	100.0%	4,299	

* The figures include admissions for newly sentenced offenders, not admissions for technical violations.

Source: Legislative Research Unit analysis of data provided by Mark Powers, Research Analyst, Illinois Criminal Justice Information Authority, Feb. 28, 2008.

The Illinois Criminal Justice Information Authority has data on the ages of persons admitted to Illinois Department of Corrections (IDOC) facilities each year (not including admissions for technical violations, such as minor parole violations). Table 2 above compares admissions by age for FY 1999 and FY 2004. For prisoners 35 or younger, the number admitted increased slightly but their percentage of the total declined. For prisoners 36 or older, the number and percentage of admissions both increased in each age group. Admissions increased 18% over those 5 years, with half of the increase occurring in the 36-45 age group and almost a third of the increase occurring in the 46-55 age group. There is no reason to think this trend has not continued since FY 2004.

According to the IDOC Web site, as younger and middle-age inmates continue to serve longer sentences, the number of older inmates will continue to increase.

IDOC is exploring funding sources to expand a geriatric unit at Dixon Correctional Center. The unit operates on a floor of the infirmary, and houses more than 80 inmates with multiple disabilities who are at least age 55. Other older inmates with physical problems are housed in prison infirmaries according to their security status. The Dwight Correctional Center also has a medical facility for pregnant and critically or terminally ill prisoners.

Clemency and Parole in Illinois

The Governor can grant reprieves, commutations, and pardons. Applications for clemency are filed with the Prisoner Review Board, which makes recommendations to the Governor. A Board spokeswoman said the Governor uses no conditions or guidelines for deciding whether to grant clemency.

The Board consists of 15 members appointed by the Governor with Senate confirmation to 6-year terms. A member must have at least 5 years' experience in penology, corrections, law enforcement, sociology, law, education, social work, medicine, psychology, or other behavioral fields. At least 6 members must have at least 3 years' experience in juvenile matters.

The Board grants, revokes, and sets conditions for parole and mandatory supervised release; reviews and makes recommendations on applications for clemency; establishes release dates for prisoners sentenced to indeterminate sentences; reviews cases involving the revocation, suspension, or restoration of good conduct credits; and grants certificates of relief from disabilities and certificates of good conduct.

Illinois has no law on medical parole or release. The Board spokeswoman says terminally ill prisoners sometimes request commutations based on illness. The Board may ask the Governor to expedite such a decision if death is imminent. However, only a few such requests are considered per year.

Clemency in Other States

Arizona

The Board of Executive Clemency has five members, who are appointed by the Governor to 6-year terms. It is to meet at least once each month at the state prison. No more than two members may be from the same professional discipline. Each member must complete a four-week course on the duties and activities of the Board, which is to include training in all statutes which pertain to the Board.

The Board can pass upon or recommend reprieves, commutations, paroles, and pardons for all felons who committed their crimes before 1994. The Governor cannot grant reprieves, commutations, or pardons for such felons except upon recommendation by the Board. For persons who committed felony offenses after January 1, 1994, the Board can revoke community supervision, require electronic monitoring, or impose additional terms of community supervision.

California

The Board of Prison Terms can report to the Governor the names of any inmates who in its judgment ought to have a commutation of sentence or be pardoned, on account of good conduct, unusual term of sentence, or any other factors. Persons twice convicted of a felony must make application for pardon or commutation directly to the Governor. The Governor or Board of Prison Terms may require the judge

of the court that convicted the person to furnish a summarized statement of facts of the trial.

Florida

The Governor can grant full or conditional pardons or commute punishment. When any person intends to apply for a commutation of sentence or pardon, he or she must request an application from the Parole Commission.

Georgia

The State Board of Pardons and Paroles has five members appointed by the Governor and confirmed by the Senate. The Board is to supervise every person placed on parole or conditional release. It can grant clemency, pardon, or parole, and commute death sentences by majority vote.

If a person is convicted of murder and sentenced to life imprisonment, and has been incarcerated previously under a life sentence, that person must serve at least 30 years' imprisonment before being granted a pardon and before becoming eligible for parole. If a person receives consecutive life sentences for offenses occurring in the same series of acts, and any one of the life sentences is for murder, that person must serve consecutive 30-year periods for each such sentence, up to a maximum of 60 years, before being eligible for parole.

Indiana

The Governor may grant reprieves, commutations, and pardons for all offenses except treason. An application to the Governor for commutation of sentence, pardon, or reprieve must be filed with the Indiana Parole Board. Before submitting its recommendations to the Governor, the Board must notify the sentencing court and the victim or the victim's next of kin; investigate court records, reports, and

other relevant information; and conduct a hearing where the petitioner and other interested persons can appear and present information.

Iowa

The Governor can grant reprieves, commutations, and pardons. The Board of Parole is to review all applications for reprieve, pardon, and commutation of sentence, and make recommendations to the Governor. The Governor can require the judge or clerk of the appropriate court to furnish the court record and any other relevant facts.

Massachusetts

The Governor can grant pardons, with advice and consent of the state's supreme court. Every pardon petition must be filed with the Parole Board, and no action can be taken on the petition until after a public hearing held by the court.

Michigan

The Governor can grant reprieves, commutations, and pardons. All applications are to be filed with the parole board, and the parole board is to conduct a hearing and make a formal recommendation to the Governor.

Missouri

The Governor can grant pardons as he thinks proper. All applications for pardons, commutations of sentence, or reprieves are to go the parole board first. The board investigates each case and makes a report to the Governor including its recommendations.

New Jersey

The Governor has sole authority to commute sentences and grant pardons and reprieves, except for treason or impeachment. He may grant clemency to an inmate (1) who has a

(continued on p. 4)

National Prison Population Reflects Aging Trends

(continued from p. 3)

terminal illness, (2) whose death is imminent, or (3) who has no prospect of recovery. The determination of an inmate's eligibility must be made by two physicians, one employed by the correctional facility. An application for this type of clemency may be made by an inmate or the administrator of the correctional facility. A spokesman for the State Parole Board said there are no established conditions in which other types of clemency are granted.

New York

The Governor has sole authority to grant pardons, reprieves, and sentence commutations, except for treason and impeachment. At the Governor's request, the State Board of Parole provides information on a prisoner—including such things as history, criminal record, and psychiatric evaluations.

A directive of the state Department of Correctional Services includes guidelines for the review of clemency applications. It says that pardons are most commonly available:

- (1) when there is overwhelming and convincing proof of innocence not available at the time of conviction;
- (2) to relieve a disability imposed on a judgment of conviction; or
- (3) to prevent deportation from or permit re-entry into the U.S.

A pardon is not usually granted if an inmate has other legal remedies available. An applicant must demonstrate a specific and compelling need for relief, and, for applications under items (2) or (3) above, a substantial period of good citizenship.

In general, an inmate's sentence will be commuted only if:

- (1) the term or minimum period of imprisonment is more than 1 year;
- (2) the inmate has served at least half the minimum term; and
- (3) the inmate will not become eligible for parole within 1 year of the application for commutation.

Applicants for commutation must demonstrate by clear and convincing evidence that:

- (1) (a) they have made exceptional strides in self-development and improvement, (b) they have used rehabilitative programs and addressed treatment needs, and (c) commutation of the sentence is in the interest of justice, and consistent with public safety and the applicant's rehabilitation;
- (2) they have a terminal illness or a severe and chronic disability which would be substantially mitigated by release from prison, and release is in the interest of justice and consistent with public safety; or
- (3) further incarceration would constitute gross unfairness because of the basic inequities involved (but the directive states that "it is expected that commutations under this paragraph will rarely be granted").

North Carolina

The Governor has sole power of executive clemency, except in cases of impeachment. A spokesman for the North Carolina Office of Executive Clemency, which coordinates clemency requests and investigations for the Governor, said that the Governor does not follow prescribed regulations or guidelines in deciding whether to grant clemency.

Ohio

The Governor has authority to grant pardons, reprieves, and commutations, except for treason and impeachment. The Ohio Parole Board may recommend to the Governor the pardon, commutation of sentence, or reprieve of any inmate, if there is reasonable ground to believe that it would further the interests of justice and be consistent with the welfare and security of society. The Board must investigate each application for clemency, and make a recommendation to the Governor. A spokeswoman for the Board said that there are no established guidelines that the Governor follows in deciding whether to grant clemency.

Pennsylvania

The Governor may not grant a pardon or sentence commutation except on written recommendation by a majority of the Board of Pardons. The Board consists of the Lieutenant Governor, Attorney General, and three members appointed to 6-year terms by the Governor with Senate approval.

An application for a pardon or commutation of a death or life imprisonment sentence must be approved unanimously by the Board at a public hearing before the written recommendation is sent to the Governor. When an applicant is serving a sentence of life or death, or a sentence for murder, attempted murder, voluntary manslaughter, or attempted voluntary manslaughter, a recommendation for pardon or sentence commutation must include a requirement that the applicant serve at least one year in a pre-release center before being released on parole, unless the inmate cannot meet that requirement because of a terminal illness.

The Board has an informal list of factors that have been considered in evaluating past clemency applications.

(continued on p. 6)

Summary of Laws and Constitutional Provisions Affecting Older Prisoners

Below is a summary of laws and constitutional provisions that could affect older prisoners in the 18 states of the Legislative Research Unit's standard multistate survey list—the 10 most populous states other than Illinois; neighboring states; and regional representatives.

Clemency

Governors of 15 surveyed states have final power to grant pardons, reprieves, and sentence commutations. Governors of two others (Pennsylvania and Texas) can grant such clemency only on written recommendation by a board of pardons. In Georgia, the Board of Pardons and Paroles has the constitutional power to grant clemency, pardons, and paroles.

Release for medical condition or age

The following surveyed states allow some prisoners to be released for medical and/or age-related reasons.

Prisoners who are terminally ill may be released in:

California Ohio*
Florida Wisconsin
Georgia
Missouri
North Carolina

Prisoners who are permanently incapacitated and not a public threat may be released in:

California
Florida*
Georgia*
Missouri†
North Carolina

Prisoners who are terminally ill *and* permanently incapacitated (but not those convicted of the most serious crimes) may be released in:

New Jersey* New York*

Prisoners who need medical care not available in prison may be released in:

Arizona Pennsylvania

Prisoners who have any of several medical conditions may be released, but must be monitored electronically or by another means after release in:

Texas* Washington

The parole board may consider medical conditions, but no formal standards exist in:

Iowa Massachusetts

Prisoners over a stated age may be released in:

Georgia if 62 or older
Virginia if 60 after serving 10 years, or 65 after 5 years
Wisconsin if 60 after serving 10 years, or 65 after 5 years

Age is considered in parole decisions in:

Michigan

* A releasee whose condition has improved can be returned to custody.

† A prisoner needing long-term nursing care, or whose life will be greatly endangered by continued imprisonment, can be recommended for parole or commutation.

National Prison Population Reflects Aging Trends

(continued from p. 4)

However, the list is unofficial, and is not necessarily used in every case. Factors considered in pardon applications include:

- (1) time elapsed since the crime was committed;
- (2) compliance of the applicant with court requirements;
- (3) positive changes in the applicant's life since the crime;
- (4) the specific need for clemency; and
- (5) impact on the victim(s) of the crime.

Factors considered in applications for sentence commutation include:

- (1) whether any appeals are still pending;
- (2) whether the applicant is or will soon be eligible for parole;
- (3) whether an appropriate period of incarceration has been served based on the crime;
- (4) whether the applicant has maintained an appropriate conduct record;
- (5) evidence of self-improvement and a successful work record while incarcerated; and
- (6) impact on the victim(s) of the crime.

Texas

A reprieve, commutation, or pardon by the Governor requires the written recommendation of the Board of Pardons and Paroles.

The Board will consider pardons for long-term prisoners in the following circumstances:

- (1) evidence of innocence is submitted;
- (2) an applicant whose offense was committed on or before August 28, 1977 has served at least one year on parole or has successfully completed parole; or
- (3) an applicant has completed a felony sentence.

The Board will grant a conditional pardon only to release an inmate to another country or when extreme circumstances exist, and only after the inmate becomes eligible for parole.

The Board will consider a request for a reprieve in the following circumstances:

- (1) a family medical emergency;
- (2) to attend a civil court proceeding; or
- (3) for a misdemeanor jail sentence and/or fine.

The Board will also consider recommending an "indefinite medical emergency reprieve" in cases of terminal illness, total disability, or for needed medical care which cannot be provided by the state Department of Corrections.

The Board will consider a commutation if it is recommended by a majority of the applicant's trial officials, or a commutation of the following:

- (1) the rest of a jail sentence and/or fine after successful completion of a reprieve;
- (2) jail time served before a sentence for a felony conviction;

- (3) time out of prison on medical reprieves; or
- (4) a death sentence (to a lesser penalty).

Virginia

The Governor has the power to grant pardons, reprieves, and commutations of sentences. There are apparently no guidelines that the Governor follows in deciding whether to grant clemency.

Washington

The Governor has the power to grant pardons, reprieves, and commutations of sentences. The Clemency and Pardons Board makes recommendations on clemency applications. The Board has 5 members appointed by the Governor with Senate approval for 4-year terms.

The Governor, with the recommendation of the Clemency and Pardons Board, may release an inmate due to serious health problems, senility, advanced age, extraordinary meritorious acts, or other extraordinary circumstances.

Wisconsin

The Governor has the power to grant pardons, reprieves, and commutations, except for treason and impeachment. The Governor's non-statutory Pardon Advisory Board reviews applications for clemency and makes recommendations to the Governor. It has 7 members appointed by the Governor to serve at his pleasure.

Factors considered by the Board in clemency recommendations include:

- (1) the severity of the crime;
- (2) whether a significant and documented need for clemency exists;
- (3) the applicant's criminal record;

- (4) the length of time since the crime was committed;
- (5) the applicant's personal development and progress since the crime was committed; and
- (6) civic service performed by the applicant.

Parole Boards in Other States

Arizona

The Board of Executive Clemency handles parole decisions, as described above.

California

The Board of Parole Hearings has 17 commissioners who are appointed by the Governor and confirmed by the Senate. They are appointed to 3-year terms. The Board considers parole release and establishes the terms and conditions for parole for people sentenced to indeterminate sentences, and people serving life sentences with the possibility of parole. The Board of Prison Terms, under the Board of Parole Hearings, may report to the Governor any names of people it believes ought to have a reprieve or pardon.

Florida

The Parole Commission consists of three members, who are appointed to 6-year terms by the Governor from a list of eligible applicants submitted by a parole qualifications committee. The Commission determines who will be placed on parole and conditional medical release, and fixes the time and conditions of parole.

Georgia

The State Board of Pardons and Paroles grants parole and supervises persons placed on parole, as described above.

Indiana

The Parole Board has five members appointed by the Governor to 4-year terms. The Board makes parole release and revocation decisions; and it sends pardon, clemency, reprieve, and remission recommendations to the Governor.

Iowa

The Iowa Board of Parole has five members appointed by the Governor to 4-year terms. The Board is to consider inmates for parole and work release. A majority vote of the members is required for release.

Massachusetts

Seven members are appointed to the Massachusetts Parole Board by the Governor, with advice and consent of the state's supreme court, for 5-year terms. The Board can grant parole to any eligible prisoner; revoke, revise, or alter parole; and set terms and conditions of parole. It is also responsible for supervising all parolees. Any three members can be appointed by the Board chairman to act as a parole board to grant or revoke paroles.

Michigan

A 10-member parole board is appointed by the Director of the Department of Corrections. Terms are for 4 years. A majority vote of the parole board is required for all decisions and recommendations. The board is to consider the prisoner's age in addition to many other factors when deciding whether to grant parole.

A prohibition on paroling a prisoner whose minimum term of imprisonment is at least 2 years is waived for any prisoner who is at least age 65 and was employed immediately before committing the crime.

Missouri

The parole board has seven members appointed by the Governor with Senate approval. Decisions of the board granting paroles, extensions of conditional release, or revocations of parole are by a majority vote of hearing panel members. A hearing panel consists of one member of the board and two hearing officers appointed by the board. A member of the board may remove a case from jurisdiction of the hearing panel and refer it to the full board for a decision.

The board can grant parole if it or the hearing panel believes that an offender can be released without detriment to the community or himself. The parole is to be ordered only for the best interest of society, not as an award of clemency.

New Jersey

The State Parole Board has a chairman, 14 associate members, and 3 alternate members. They are appointed by the Governor with Senate approval for 6-year terms. Members must have experience in law, sociology, criminal justice, juvenile justice, or related areas.

The Board grants and decides conditions of parole for state and county prisoners. It oversees parole officers, and supervises parolees who are on extended supervision.

New York

The State Board of Parole has 19 members appointed to 6-year terms by the Governor with Senate confirmation. Members must have at least a bachelor's degree and at least 5 years' experience in criminology, criminal justice administration, law enforcement, sociology, law, social work, corrections, psychology, psychiatry, or medicine. The Board grants and revokes parole; determines the need

(continued on p. 8)

National Prison Population Reflects Aging Trends

(continued from p. 7)

for background investigations of new prisoners; and grants and revokes certificates of relief from disabilities and certificates of good conduct.

North Carolina

The Post-Release Supervision and Parole Commission within the state Department of Correction grants and revokes parole, and assists the Governor in matters of executive clemency. It has one full-time member and two half-time members, appointed by the Governor for 4-year terms.

Ohio

The Ohio Parole Board may have up to 12 members (it now has 9). One member is appointed for a 4-year term by the director of the state Department of Rehabilitation and Correction, in consultation with the Governor, and must be a crime victim, a member of a victim's family, or represent an organization that advocates for crime victims. The other members are appointed by the chief of the Division of Parole and Community Services within the Department. They must have experience or education in corrections, law, or social work. The Board makes determinations on parole and post-release supervision, and makes clemency recommendations.

Pennsylvania

The Pennsylvania Board of Probation and Parole has 9 members appointed by the Governor with Senate approval for 6-year terms. Members must have at least 6 years' experience in parole, probation, social work, or a related area, plus one year in a supervisory or administrative capacity, and a bachelor's degree.

The Board has the power to grant and revoke parole for offenders serving at least 2 years (judges make probation and parole decisions for offenders serving less than 2 years); conduct pre-sentencing investigations; establish standards for pre-sentencing investigations, supervision of probationers, qualifications and salaries of probation personnel, and quality of probation services; oversee the Citizens Advisory Committee (a group that advises the Board and citizens on probation and parole issues); and maintain supervision units and reporting centers for the supervision of parolees.

Texas

The Board of Pardons and Paroles has 7 members appointed by the Governor with Senate approval for 6-year terms. Members must have lived in the state for at least 2 years before appointment, and be representative of the general public. Former state Department of Corrections employees may not serve on the Board until 2 years after leaving the Department, and no more than 3 members may be former Department employees. The Board grants and revokes parole and supervision; determines conditions of parole and supervision; and makes clemency recommendations.

Virginia

The Parole Board has 5 members appointed by the Governor and subject to approval by the legislature; they serve 4-year terms. At least one member must be a crime victim or a representative of a crime victims' organization. The Board grants and revokes parole; establishes conditions for post-release supervision; and investigates clemency applications when requested by the Governor.

Washington

Washington abolished parole effective July 1, 1984. Prisoners whose crimes were committed before then are still eligible for parole. The Indeterminate Sentence Review Board grants and revokes parole and sets conditions for parole for those prisoners. The Board has 3 members appointed by the Governor with Senate approval for 5-year terms. Prisoners who committed crimes after parole was abolished are eligible for community custody. Conditions are set by the courts and the Department of Corrections.

Wisconsin

The Parole Commission has 8 members. The chairperson is appointed by the Governor with Senate approval for a 2-year term. The chairperson appoints the other members. The Commission is responsible for all aspects of parole, including granting and revoking parole and interviewing potential parolees.

Parole or Release for Medical Reasons or Age

Arizona

The Board of Executive Clemency can temporarily release inmates for compassionate leave to seek medical treatment not available in prison. Such releases are rare. Between 1992 and 2005, the Board heard 12 such requests, and granted only nine.

According to a Department of Corrections spokesman, Arizona does not have "medical parole"—but inmates may appeal their sentences to the Board of Executive Clemency for mitigating circumstances including medical condition(s) that are debilitating or life-threatening. The Department's Health Services Division will provide specific medical diagnosis and prognosis to the Board upon request of the inmate and/or the Board.

California

If the Director of Corrections and Rehabilitation or the Board of Parole Hearings determines that a prisoner is either (1) terminally ill and likely to die within 6 months, and the conditions under which the prisoner would be released do not pose a threat to public safety, or (2) permanently medically incapacitated and requires 24-hour care, and the conditions under which the prisoner would be released do not pose a threat to public safety, it can recommend release and a court can order the prisoner released. When it is determined that a prisoner has 6 months or less to live, the warden must notify the prisoner and a designated family member or outside agent of the opportunity for release, and must initiate the procedures to consider the prisoner for release. A prisoner or designee may also make the request for release.

Florida

Under conditional medical release, the Parole Commission can release inmates who are permanently or irreversibly physically incapacitated to the extent that they are not a danger, and terminally ill inmates when there can be no recovery and death is imminent. No inmate has a right to conditional medical release or to a medical evaluation to determine eligibility for such a release. Instead, an inmate can be considered for release only if the Department of Corrections refers the inmate to the Commission for consideration. Supervision of an inmate on medical release must include periodic medical evaluations. If the Commission discovers that a medical releasee's condition has improved to the extent that he or she is no longer eligible for release, it can order that the releasee be returned to custody.

Georgia

The Board of Pardons and Paroles can grant medical reprieves to inmates who are incapacitated due to a terminal illness, or parole an inmate who is at least 62 years of age. Department of Corrections medical staff recommend inmates for reprieve. The Board balances the medical cost of maintaining the inmate in a state prison with the sufficiency of the time the inmate has served. Medically reprieved offenders are supervised by a parole officer. If the offender's medical condition improves, he or she may be returned to prison. In FY 2007, the Board released 15 inmates on medical reprieve status.

Iowa

An Iowa Department of Corrections spokeswoman said that Iowa does not have a medical parole program. However, the Iowa Board of Parole takes many factors into consideration when making release decisions for offenders, and may consider an offender's medical condition as part of its deliberations on the case.

Massachusetts

Massachusetts does not have medical parole, but the Parole Board is to consider whether an inmate has a serious medical or physical condition when it reviews early parole consideration requests. Other factors it must consider are an exceptional achievement in a rehabilitative program and acceptance into a community rehabilitative program.

Michigan

Michigan does not have medical parole, but age and mental status are factors used to calculate the parole guidelines score, which helps determine whether an inmate will be paroled.

Missouri

If an offender has a disease which is terminal; if an offender is advanced in age to the extent that he or she needs long-term nursing home care; or if confinement will greatly endanger or shorten an offender's life, the correctional center's physician must certify such facts to the chief medical administrator. The chief medical administrator must forward the certificate to the parole board, which can grant a medical parole or recommend to the Governor a commutation.

New Jersey

The State Parole Board may release on medical parole an inmate who has been diagnosed as having no more than 6 months to live, and who has been found by the Board to be permanently physically incapable of committing a crime if released. The diagnosis must be made by two physicians designated by the state Department of Corrections. However, prisoners serving sentences for murder, manslaughter, kidnapping, aggravated sexual assault, armed robbery, robbery with attempt to kill or seriously injure, aggravated arson, or endangering the welfare of a child are ineligible.

A request for a diagnosis to determine whether an inmate is eligible for medical parole may be made by the Department of Corrections, the administrator or superintendent of a correctional facility, the inmate, a member of the inmate's family, or the inmate's attorney. The Board must notify the sentencing court, prosecuting attorney, and the victim or the victim's family of its consideration of a request for medical parole, and those persons may submit comments. The Board must notify those persons of its decision.

The release plan of an inmate granted medical parole must include (1) identification of a community sponsor;

(continued on p. 10)

National Prison Population Reflects Aging Trends

(continued from p. 9)

(2) verification of the availability of needed medical services; and (3) verification of appropriate housing. The Board may also require such an inmate to submit to periodic medical diagnoses. If such diagnoses show that the inmate is no longer so ill as to be incapable of committing a crime, the inmate must return to confinement.

There are about 12 to 15 requests for medical parole annually. A spokesman for the Board said that few are granted. Due to the small number of medical parolees, the Board does not have information on cost savings, but the spokesman said that any savings would be small.

New York

The State Board of Parole may grant medical parole to an inmate who has a terminal illness and is found to be physically incapable of being a danger to society. The Board must also determine that there is a reasonable probability that the inmate will not violate the law, and that release is not incompatible with the welfare of society and will not undermine respect for the law. No inmate serving a sentence for first- or second-degree murder, first-degree manslaughter, or a sex offense may be granted medical parole.

The state Department of Correctional Services or an inmate may request a diagnosis to determine eligibility for medical parole. The diagnosis must be made by a physician approved by the Department. If the Department determines that the inmate meets the conditions for medical parole, it must refer the case to the Board for consideration. The Department must provide a medical discharge plan at the time of referral.

The Board must notify the sentencing court, the district attorney, and the inmate's attorney of the inmate's consideration for medical parole, and allow those persons to comment.

Medical parole may be granted for 6 months, and medical parolees must stay in a setting that can provide appropriate medical care. Extension of the 6-month period may be granted if a physician certifies that the parolee is still terminally ill.

A spokeswoman for the Department of Correctional Services said that 10 inmates were released on medical parole in 2006. She did not have information on cost savings from the program, but a publication of the New York State Office for the Aging estimates the annual cost to imprison an elderly inmate at \$50,000 to \$75,000, about twice the cost of a younger prisoner.

North Carolina

The Department of Correction may allow an inmate who is terminally ill (meaning that the inmate will likely die within 6 months) or permanently and totally disabled to receive palliative care away from the correctional facility, if it finds that the illness or disability was not diagnosed before imprisonment and that the inmate no longer poses a significant public safety risk. The Department must consult with victims of the inmate or the victims' families first. The medical director of the Department must immediately notify the Department Secretary when an inmate is classified as terminally ill, and must report regularly on inmates classified as permanently and totally disabled. The Secretary must determine whether such inmates may be released, and must make a good-faith effort to reach such a determination within 30 days after receiving notice of a terminally ill inmate.

A spokeswoman for the Department said that it began to pursue this program extensively in October 2005. Since then, 12 inmates have been released under the program.

Ohio

The Department of Rehabilitation and Correction may recommend to the Governor that an inmate be released on parole if a physician certifies that the inmate is in imminent danger of death. If an inmate's health improves after release so that death is no longer imminent, the Governor may order the inmate to return to prison.

Pennsylvania

When a court determines that an inmate is "seriously ill" and that the inmate must be removed from incarceration, the court may modify the sentence and provide for the confinement or care of the inmate in a suitable facility. A spokesman for the Pennsylvania Department of Corrections said that the provision is most often used for prisoners who are terminally ill. He said that about three or four prisoners per year are transferred out because of such illnesses. He could not say how much the Department saves through the program, but he doubted that the saving is significant because of the small number of prisoners involved. Also, he said most of those prisoners require some kind of public assistance to pay for their medical care once they are transferred out of prison, so the cost is often shifted to another government agency.

Texas

An inmate may be released on "medically recommended intensive supervision" if the following conditions are met:

- (1) The Texas Correctional Office on Offenders with Medical or Mental Impairments identifies the inmate

as elderly, physically disabled, mentally ill, terminally ill, mentally retarded, or having a condition requiring long-term care;

- (2) A parole panel (composed of the presiding officer of the Board and two members appointed by that officer) determines that the inmate does not constitute a threat to public safety; and
- (3) The Office has prepared a supervision plan that requires the inmate to submit to electronic monitoring, places the inmate on intensive supervision, or otherwise ensures appropriate supervision of the inmate.

Prisoners not eligible for the program are those serving a sentence of death or life without parole, or who were convicted of a sex offense. An inmate convicted of murder, aggravated kidnapping, aggravated robbery, some drug crimes, or use of a deadly weapon during a felony may be considered only if a terminal illness or an illness requiring long-term care has been diagnosed.

A released inmate must remain under the care of a physician in a medically suitable placement. The Office must report to the parole panel at least once each quarter on the inmate's status, and the parole panel may modify the conditions of release.

In FY 2006, 1,600 prisoners applied for the program, and 161 were approved. A 2000 report of the Texas Comptroller estimated that the state would save \$7,194 annually for each inmate released under this program.

Virginia

An inmate convicted of a felony (except some serious felonies) may petition the Parole Board for conditional release if the inmate (1) is at least 65

and has served at least 5 years of the sentence, or (2) is at least 60 and has served at least 10 years of the sentence.

Washington

The state Department of Corrections may authorize an "extraordinary medical placement" for an inmate when (1) the inmate has a medical condition that requires costly care or treatment; (2) the inmate poses a low risk because of age or illness; and (3) the placement will save the state money. An inmate sentenced to death or life imprisonment without the possibility of parole is not eligible for the placement. Prisoners released through this program must be electronically monitored, unless the monitoring equipment interferes with the inmate's medical equipment or results in loss of funding for the inmate's medical care.

A spokeswoman for the Department said that about three inmates per year are given extraordinary medical placements. In 2007, cost savings to the state was about \$69,000.

Wisconsin

An inmate who is serving a bifurcated sentence (a sentence that includes a term of prison confinement followed by extended supervision), for a crime other than murder or sexual assault, may seek a modification of the sentence if the inmate:

- (1) is at least 65 and has served at least 5 years of the confinement portion of the sentence;
- (2) is at least 60 and has served at least 10 years of the confinement portion of the sentence; or
- (3) has a terminal illness, as attested to by two physicians.

An inmate seeking a sentence modification must submit a petition to a committee at the prison. If the committee approves the petition, the sentencing court must hold a hearing. The inmate must prove by the greater weight of the credible evidence that a modification of the sentence would serve the public interest. The court may modify the inmate's sentence by (1) reducing the confinement portion of the sentence so that the inmate is released to extended supervision within 30 days after modification of the sentence, or (2) lengthening the term of extended supervision so that the total length of the original bifurcated sentence does not change.

A spokesman for the Wisconsin Department of Corrections said that not more than four or five prisoners per year have their sentences modified under this program, so the cost saving is not significant.

Housing and Programs for Older, Ill, or Long-Term Prisoners

Arizona

There are no special housing units for older prisoners, but all facilities have medical units staffed with nurses and doctors at all times. Many sites have x-ray and laboratory equipment. All facilities use community hospitals for emergency care and inpatient treatment. A Department of Corrections spokesman said that elderly inmates are mainstreamed into the general population based on security classification, and physical and medical needs. Elderly inmates having physical difficulties are issued wheelchairs, walkers, and other medical devices as necessary. Additionally, as needed, an inmate assistant may be assigned to help with wheelchair pushing and daily activities.

The Department also operates two housing units that provide housing for

(continued on p. 12)

National Prison Population Reflects Aging Trends

(continued from p. 11)

inmates with long-term-care needs who do not require inpatient housing but cannot be cared for through the individual health units. These units have been identified as “Special Needs Units” (SNUs). In addition to the SNUs, the Department operates two inpatient housing units for transitional nursing care of a limited duration and scope, for inmates whose medical needs are above the level of care available in the SNU.

California

The Department of Corrections can contract with public or private entities to operate skilled nursing facilities for inmates who have limited abilities. It is to provide security for the facilities.

The California Institution for Men (CIM) houses older offenders and offenders with non-acute medical needs in its Elm Hall. CIM has an arrangement with California Polytechnic Institute, in which social work and geriatric social work students help the correctional counselors with older offenders.

Florida

Florida has four special facilities designated for elderly inmates. The River Junction Work Camp opened in 2000 as a work camp primarily for elderly male inmates. Inmates must be at least age 50, have no escape history, be eligible for parole within 10 years, and have no violent, sex, or homicide offense. The South Florida Reception Center, South Unit houses male inmates who are at least 59. Inmates must have no serious escape or recent violent disciplinary reports. The Union Correctional Institution houses male inmates at least age 50. They

must have no recent violent disciplinary reports. The Zephyrhills Correctional Institution houses male inmates at least age 59, and serves as a corrections mental health institution.

A 2000 law required the Department of Corrections to develop a fitness and wellness program and diet for elderly offenders to decrease long-term medical costs to the state. The program takes into consideration the maintenance of bone density, cardiovascular health, lung capacity, mental alertness, and orientation. The law requires the Department to consider redirecting resources as a method of offsetting increased medical costs, such as redirecting funds from work training to other activities to keep elderly offenders healthy, since many elderly offenders are not likely to reenter society as part of the workforce.

Georgia

The Georgia Men’s State Prison is a medium security facility that provides housing for medically infirm, non-ambulatory, and geriatric inmates. It has eight dormitories, with about 65 beds per dormitory. Special programs at the facility include leisure education; sign language classes; hearing, speech, and visually impaired sessions; and “Sit and Be Fit” exercise classes.

The Augusta State Medical Prison is a maximum security, 384-bed facility that houses inmates with severe medical conditions. It provides centralized acute and specialized medical services and mental health services for both male and female inmates.

Iowa

Iowa does not have special programs or housing for elderly inmates. However, medical units and mental health programs are available to all inmates, including elderly inmates. Iowa also has hospice programs in many of its

correctional institutions to provide care in an appropriate setting to offenders who are dying, whether elderly or not.

Massachusetts

The Massachusetts Correctional Institute at Shirley (MCI-Shirley) has a special needs unit that opened in 2004 to house elderly inmates who require assistance with daily living. The unit has a maximum capacity of only 13 inmates. MCI-Shirley’s health services unit is staffed at all times and its services include medical, dental, mental health, and physical therapy. It has six dialysis stations and a full-service physical therapy room. Inmates from all other facilities are transported to MCI-Shirley for these medical services.

Michigan

Housing units at the Lakeland Correctional Facility are designed and staffed to care for elderly and special-needs inmates, including those with diabetes. The Huron Valley Correctional Facility and Marquette Branch Prison house inmates who need 24-hour nursing care.

Missouri

Missouri does not have special housing for older or long-term inmates, but it does take inmates’ health into consideration in its inmate classification system. Inmates are reclassified at least once a year to ensure they are confined to the most appropriate facility. The Medical Services Section oversees a managed-care system on a contract basis. Medical Units are staffed 24 hours a day at each correctional center and can provide non-emergency medical care. In emergencies, facilities use community hospitals.

New York

Five state prisons have medical units. One prison has a hospice program within its medical unit. The hospice serves terminally ill prisoners.

North Carolina

The McCain Correctional Hospital is a prison that is also licensed as a hospital and a skilled nursing facility. The facility can accommodate 60 prisoners who need acute medical care, and 222 prisoners who are disabled, elderly, or who need nursing care. The facility has a laboratory, x-ray equipment, respiratory therapy facilities, and a pharmacy. Out-patient medical care is provided in the facility, and patients who are critically ill are sent to a community hospital.

Programs for older and disabled prisoners include exercise classes, ceramics, group therapy, and activities with community senior citizens. Social workers help prisoners plan for their placements and medical care after release. There is also a horticultural therapy program, and adult education classes are available.

Ohio

About three-fourths of the prisoners at one correctional facility are 50 or older. The facility offers academic classes, building maintenance programs, culinary arts classes, and dog training programs. During pre-release planning, prisoners are instructed about Medicare, Social Security, and how to apply for jobs.

Each state prison has an administrator designated specifically for older prisoners. State prisons have many programs for older prisoners, including:

- (1) Assisted Living/H.O.T. (Helping Others Together): residents live in a dormitory that has its own commissary, food service, and recreational programs. Residents with

(continued on p. 14)

State Programs for Older, Ill, or Long-Term Prisoners in 18 States

At least nine surveyed states have programs designed for this part of the prison population.

Florida

In addition to four facilities for older prisoners who meet stated requirements, a 2000 Florida law calls for reducing the state's costs for prison medical care by promoting wellness in older prisoners through diet and fitness measures. The law also requires the corrections department to consider redirecting resources for older prisoners—such as from work training to wellness activities for those whose age makes them unlikely to re-enter the workforce if later released.

Massachusetts

One state prison has a special-needs unit with a capacity of only 13, which includes a health services unit. Its services include medical, dental, mental health, and physical therapy. It has six dialysis stations, and a full-service physical therapy room. Prisoners are transported to that prison if they need such services.

Michigan

One state prison has a housing unit for prisoners who are elderly or have special needs such as diabetes; two others can house prisoners needing around-the-clock nursing care.

New York

Five state prisons have medical units; one of those includes a hospice program for terminally ill prisoners.

North Carolina

One state prison is also a licensed hospital (capacity 60) and skilled nursing facility (capacity 222). It offers major hospital services including X-ray, laboratory, and pharmacy. Critically ill patients are sent out to local hospitals.

Pennsylvania

One state prison is dedicated to older prisoners and those needing long-term care or assisted living. It offers numerous medical services, drug-abuse treatment, and psychological services for older prisoners. The Pennsylvania Prison Society (a prisoner advocacy group) has a contract with the corrections department to administer various services to prisoners who are 50 or older.

Texas

Fourteen “elderly wings” house about half the state's prisoners over age 55. One facility is reserved for prisoners who are at least 65, have age or health problems, and meet security requirements for a dormitory environment.

Virginia

One state prison is for prisoners needing assisted living or skilled nursing. Residents must be medium security risks and have no more than 12 years left to serve. The prison's staff has training in nursing assistance, and includes a physician and nurses.

Washington

The state has an assisted living facility for aged, ill, and disabled prisoners. Each resident must be at least 55 years old or have a physical disability or illness; be scheduled for release within 4 years; and not be considered a security threat.

The other nine states had no special program for these prisoners.

National Prison Population Reflects Aging Trends

(continued from p. 13)

severe physical limitations have a partner to help them.

- (2) **Aunt Jane’s Storybook:** Participants are audio taped reading a book, and they send the tape, book, and a personal message to a young relative as a gift.
- (3) **ACT (Action, Communication and Tolerance):** Prisoners and their family members have discussions in structured settings about issues affecting the families. The program incorporates taking responsibility for the crime, the impact on the victim and society, and changing behavior before release.
- (4) **Days Gone By:** College students help prisoners keep journals that are presented to family members.
- (5) Classes are offered on memory improvement, the effects and importance of medications, aging issues, grandparenting, health, grief, substance abuse, and arts and crafts.
- (6) Exercise programs and intramural sports for all age and ability levels are available.
- (7) Prisoners make quilts and toys to donate to needy families.

Pennsylvania

One state prison houses only older prisoners and others who require long-term care or assisted living. Prisoners are housed according to need: general population, wheelchair-bound, geriatric, or long-term illness. The prison’s services include a pharmacy; physical therapy unit; dialysis unit;

laboratory; radiology equipment; dental care; hospice care; and treatment for mental health needs and substance abuse. A full medical staff is available at all times. Other programs include life skills, employment, leisure activities, religious offerings, and education. There is a substance abuse program designed for older prisoners; treatment is based on each inmate’s history of abuse. Psychological services are designed for older prisoners and address problems such as depression, stress, anger, health, problems with spouses, adjusting to prison, relationships with children and grandchildren, grief, and the onset of Alzheimer’s disease. Special religious services are conducted for prisoners who are unable to attend the regular services.

The state Department of Corrections contracts with the Pennsylvania Prison Society, a prisoner advocacy group, to administer the STEP (Services to Elderly Prisoners) program. It helps prisoners age 50 and older adjust to prison life, develop life skills, and prepare to reintegrate into the community. Case managers at each state prison conduct workshops and individual sessions to help older prisoners build self-esteem and communication skills. Activities include Senior Olympics, health workshops, guest speakers, discussion groups, book clubs, creative writing, resume writing, and developing release plans.

Texas

About half of the state’s prisoners over age 55 are housed in 14 “elderly wings,” which offer some special programs for older prisoners. One facility houses up to 60 prisoners who need assistance with daily living activities; another unit houses up to 108 prisoners who are waiting to be transferred to that facility. Prisoners admitted to the facility must be at least 65, not require skilled nursing care, find housing with the general population

difficult because of age or health problems, and meet the prison’s security requirements for living in a dormitory environment.

Virginia

One prison is designated to provide care to prisoners who need assisted-living or skilled nursing home care. Prisoners must be medium security risks with no more than 12 years left on their sentence. Most of the prisoners at the facility are older than 55 and need assistance with some daily living activities. Correctional officers at the facility have training in nursing assistance, and the staff includes a physician and nurses.

Washington

Prisoners with age-related health problems may be transferred to the state penitentiary, where one unit has been designated for their use. Older prisoners who need long-term inpatient care may be transferred to the state reformatory, which has the largest inpatient unit in the prison system.

One correctional complex is designated as an assisted living facility for aged, ill, and disabled prisoners. Prisoners must be at least 55 years old, or have a physical disability or illness. They must be scheduled for release within 4 years, and cannot be considered security threats.

Wisconsin

A Department of Corrections spokesman said that it does not have special services or housing options for older or long-term prisoners. There are a few units within some prisons that are handicapped accessible, and older and infirm prisoners are often placed there. □

*Sarah Franklin
Research Associate*

Biographies of New Senators



Tim Bivins (R-45, Dixon) was appointed to replace the retiring Senator Todd Sieben. He served for over 32 years in law enforcement, including 20 years as Lee County’s sheriff. He has also been the President of the Illinois Sheriffs’ Association; a member of the U.S. Department of Justice’s Medal of Valor Review Board; and a member of the Illinois Juvenile Justice Commission. He has coached high school volleyball for 12 years, and is a member of the Dixon School District Foundation. His Senate assignments are to the Committees on State Government & Veterans Affairs (Minority Spokesperson); Agriculture & Conservation; Commerce & Economic Development; and Licensed Activities.



Heather Steans (D-7, Chicago) was appointed in February to replace retiring Senator Carol Ronen. She has a B.A. in Urban Studies from Princeton, and an M.A. in Public Policy from the John F. Kennedy School of Government at Harvard.

She has been a strategic planner for the Chicago Public Schools, and Budget Director for the Wisconsin Department of Industry, Labor & Human Relations. She has also been the Director of Economic Development for the Civic Committee; an officer to the President of LaSalle National Bank, focusing on Chicago public school policy; and a consultant for Ernst and Young, implementing software systems for states. She has worked with Illinois’ Bureau of the Budget, focusing on Illinois welfare budgets.

Senator Steans recently chaired the board of Chicago Public Radio. She is also Trustee of the Steans Family Foundation, which focuses its grants and programs in Chicago’s North Lawndale neighborhood. Her committee assignments are to the Senate Human Services, Insurance, Labor, and Local Government Committees.

Abstracts of Reports Required to be Filed with General Assembly

The Legislative Research Unit staff is required to prepare abstracts of reports required to be filed with the General Assembly. Legislators may receive copies of entire reports by sending the enclosed form to the State Government Report Distribution Center at the Illinois State Library. Abstracts are published quarterly. Legislators who wish to receive them more often may contact the executive director.

African American Family Commission

Annual report, FY 2005

Details the activities of the reconstituted Commission, created to help Department of Children and Family Services develop and implement programs for African American families. In FY 2005, 14 new commissioners were appointed. A two-year strategic plan was approved. Areas of concern include: identifying and educating stakeholders on issues; decreasing people in the criminal justice system; reuniting children with their birth/extended families; raising academic performance; and improving health care and economic resources. The Commission's operating expenses were \$367,201, including \$268,843 for personnel. (20 ILCS 3903/30; Dec. 2005, 24 pp.)

Aging, Dept. on

Older Adult Services Act report, 2008

Describes history of the Older Adult Services Act, lists activities in compliance with the Act and priority objectives for 2008, and includes Older Adult Services Advisory Committee recommendations. Accomplishments for 2007 include fully implementing statewide Comprehensive Care Coordination; inventory of various Web sites to consolidate and improve information; and implementing a Cash and Counseling demonstration program in four areas of the state to allow participants in the Community Care Program to employ their own care workers. (320 ILCS 42/15(c); Jan. 2008, 52 pp.)

Agriculture, Dept. of

Recommendations of Meat and Poultry Task Force, 2007

Task Force met three times to review laws regulating meat and poultry processors and slaughterers. Recommends written standard sanitary operating procedures in Type II plants; testing for generic E. coli in Type II plants; and educating farmers on the difference between Type I and Type II plants. (2006 H.J.R. 115; Feb. 2007, 3 pp. + 6 attachments)

Attorney General, Office of the

Lead poisoning cases, 2007

The Attorney General is required to report annually to the General Assembly the number of lead poisoning cases referred to the Attorney General by the Illinois Department of Public Health. No cases were referred in 2007. (410 ILCS 45/12.1; Jan. 2008, 1 p.)

Central Management Services, Dept. of

Recycling and recycled paper procurement, FY 2007

The I-Cycle program has 252 sites with 43,130 participating employees. Approximately 42 sites recycle cardboard; 17 aluminum cans; and 4 plastic. Central Management Services procured \$3,453,581 of paper, \$911,983 of envelopes, and \$2,683,283 of other paper products during FY 2007; 30% of the paper, 47% of the envelopes, and 34% of the other paper products were recycled products. A pilot program has begun

for recycling fluorescent light bulbs and ballasts at 9 state facilities. In FY 2007, CMS introduced the first state-wide government electronics-recycling program. (415 ILCS 20/3(j); Nov. 2007, 7 pp.)

Small Business Set-Aside Program, FY 2007

The total value of awards made in FY 2007 under the designation of Small Business Set-Aside Purchases was \$56.9 million, up \$42.9 million (306.4%) over awards in FY 2005. Of the total, \$13.8 million (24.2%) was made to businesses owned by minorities, women, or disabled persons. Registered businesses competing outside the program were awarded over \$100 million of state business for a total of \$162.7 million of awards to registered small businesses. There were 64 types of set-aside services and 42 agencies, boards, or commissions listed as set-aside purchasers. The number of registered small businesses increased 118.3% since FY 2005. (30 ILCS 500/45-45(f); Nov. 2007, 4 pp.)

State report printing summary, 2007

Lists 8 state agencies printing annual reports through CMS or outside printers in 2005 and 2006. In 2006, agencies printed 22,505 copies of reports for \$40,886. The Department of Human Services printed the most copies of reports at 10,000. (30 ILCS 500/25-55; undated, rec'd Sept. 2007, 3 pp.)

Summary of results of Executive Order 03-10 (2003)

Consolidation of internal auditing functions of 26 agencies into the Illinois Office of Internal Audit began on October 1, 2003. Physical consolidation was completed in April 2004 with staff located in Chicago, Marion, Rockford, and Springfield. Administrative Order 2 (May 2006) established Governor's Audit Committee as an advisory body to ensure independence

of the internal audit functions, implementation of Executive Order, and compliance with Fiscal Control and Internal Auditing Act. The Director of Governor's Office of Management and Budget chairs Committee. In 2004, Office completed a statewide risk assessment audit. (15 ILCS 15/11; Aug. 2007, 2 pp.)

Summary of results of Executive Order 04-2 (2004)

CMS identified 60 people responsible for media relations and/or public information duties. Of these, 26 were transferred to CMS Office of Communication and Information. Eleven graphic designers have also been consolidated in the reorganization. The reorganization saved the state \$1.8 million in FY 2005. (15 ILCS 15/11; Sept. 2007, 2 pp.)

Cervical Cancer Task Force

Annual report, 2007

The Cervical Cancer Elimination Task Force was created by P.A. 93-956 (2004). Task force believes the best prevention is an informed public. The task force recommends that the human papillomavirus (HPV) vaccine be given to girls aged 11-12, and at the discretion of families and their doctors, be given as early as age 9. They also recommend that women aged 13-26, who have not been vaccinated, receive "catch up" vaccinations. (20 ILCS 2310/2310-353(f); April 2007, 22 pp.)

Commerce and Economic Opportunity, Dept. of

Enterprise zone annual report, FY 2007

DCEO has designated 97 enterprise zones throughout the state. In FY 2007, investments of \$3.48 billion in these zones created 20,126 and retained 15,426 jobs. Describes incentives generally, lists investment amounts and jobs by zone, and population by county containing the zone. (20 ILCS 655/6; Oct. 2007, 11 pp.)

Community Colleges, Joint Task Force on

Final report, 2006

Task force assessed the current community college system's readiness to handle an expanded role (and accompanying demands) in the future. Task force's recommendations include: 100% funding for base operating grants and equalization grants; increased funding for adult education, Student Success Grant, Illinois Veterans Grant, and dual enrollment grants; and continued administration of the Post Secondary Career and Technical Education by ICCB. (2006 H.J.R. 122; Dec. 2007, 54 pp.)

Community and Residential Services Authority

Annual report, FY 2006

The Authority was created in 1986 to assess needs and develop plans for emotionally disturbed students. Since 1987 it has had 7,268 case referrals. In FY 2006 there were 589 referrals, of which 353 came from parents. Most referrals were for 14- to 17-year olds. Authority received \$4.72 million in funding and spent \$4.67 million. (105 ILCS 5/14-15.01(d)(3); June 2007, 19 pp.)

Consumer Health Insurance Office

Annual report, 2006

The Office helps consumers with issues related to their health insurance needs and reports trends in the health insurance marketplace. Uninsured Ombudsman Program began January 2, 2002. Describes type of calls received; Office's staff activities and how they help consumers; efforts to expand public knowledge; and government action and recommendations for improvement. Office received 13,696 calls. Ombudsman received 925 calls. Exhibits show numbers, types, and dispositions of complaints against HMOs; calls by Zip Code and month; subject matter of calls; and top 10 informational items requested. (215 ILCS 134/90(a)(7); Jan. 2007, 34 pp. + 7 exhibits)

Corrections, Dept. of

Quarterly report to the legislature, Oct. 1, 2007

There were 45,064 inmates in all adult facilities on August 31, 2007. This was 982 under the 46,046 projected for August 2007 but 10,763 over capacity. Total population in adult transition centers was 1,314, 34 over the total capacity of 1,280. There were 9,854 inmates participating in educational and/or vocational programs. The ratio of security staff to inmates was 0.179. A majority of inmates, 65%, are double-celled with approximately 38 square feet of actual living area per inmate. (730 ILCS 5/3-5-3.1; Oct. 2007, 15 pp.)

Quarterly report to the legislature, January 1, 2008

As of November 30, 2007, there were 45,459 inmates in all adult facilities, 1.63% lower than the 46,214 projected by FY 2006 data. By December 2008 the total adult population is expected to rise to 46,007. Total population in adult transitional centers was 1,291 (11 over the total capacity of 1,280). Enrollment in educational and vocational programs was 9,731 (non-duplicated). Ratio of security staff to inmates was 0.177. A majority of inmates (66%) are double-celled, with approximately 37 square feet of actual living area per inmate. One capital project is being currently funded: maximum-security correctional center at Thompson (1,600 beds, completion was expected winter 2002, occupancy date unknown). (730 ILCS 5/3-5-3.1; Jan. 2008, 11 tables)

Early Learning Council

Annual report, FY 2007

The Early Learning Council met three times in FY 2007. It developed a blueprint for the Governor's "Pre-school for All" proposal and held a Summit on Early Childhood at the University of Illinois at Chicago to focus on improving: (1) space capacity in preschool and infant-toddler care;

(continued on p. 18)

Abstracts of Reports Required to be Filed With General Assembly

(continued from p. 17)

(2) bilingual and bicultural knowledge of educators; (3) public awareness of Preschool for All programs; and (4) community child development services for at-risk infants and toddlers and their families. (20 ILCS 3933/15; rec'd. 2007, 13 pp.)

Education, State Board of

Basic Skills pass rate summary: June 2005-April 2006

Basic Skills Test measures basic knowledge and is an admission requirement for state-approved teacher preparation programs. Of 18,699 who took the test between June 2005 and April 2006, 15,907 (85.1%) passed on their first attempt; another 592 (3.1%) passed on their second or third tries, resulting in a cumulative total of 16,499 (88.2%). Totals are provided for each of 57 institutions with state-approved teacher training programs. Board recommends moving required reporting date of report to December 1 to provide most recent data. (105 ILCS 5/2-3.11d; Aug. 2007, 4 pp.)

Educator supply and demand annual report, 2007

In 2007, 92% of educators were retained (85% in the same position, 7% in other positions). New teaching certificates increased by 7.5%, totaling 18,601. Teachers re-entering the profession also increased by 47. K-12 enrollment is expected to peak in 2008 and then begin declining. There were 1,450 unfilled positions in 2007, 90 less than 2006. Some 55% of unfilled positions were in Chicago District 299. The greatest needs are in self-contained elementary; special education; English language arts; mathematics; and science. (105 ILCS 5/2-3.11c; Dec. 2007, 21 pp.)

Preschool for All funding, FY 2008

The Preschool for All program makes Illinois the first state to offer voluntary preschool to all 3- and 4- year olds who have parental permission to participate. In FY 2007, funding was awarded to 78 preschool and 6 at risk infant-toddler programs which will reach approximately 4,000 new children in 2007-2008. Preschool for All is administered by the Illinois State Board of Education, except in Chicago where it is administered by Chicago Public Schools using the same criteria. The number of programs in counties that sponsored Preschool for All were: Boone, 1; Champaign, 5; Cook, 31; Crawford, 1; DuPage, 9; Kane, 3; Kendall, 1; Lake, 10; Livingston, 1; Macon, 1; Madison, 1; McHenry, 1; Peoria, 4; Rock Island, 4; Shelby, 1; Tazewell, 1; Will, 8; and Winnebago, 1. (105 ILCS 5/2-3.71(a)(4.5); Nov. 2007, 9 pp.)

Prekindergarten program for children at risk of academic failure, FY 2006

Program received \$273.2 million in FY 2006 and served 76,508 children ages 3-5 at an average cost per child of \$3,052. Of those eligible, 81.6% were served, excluding those in their second year of the program. There were 11,897 students on a waiting list at the end of the 2006 school year. Of participating children, 69% were ranked as average or above average in their kindergarten readiness skills. A longitudinal study of former enrollees found that most of these students performed well through the later elementary grades. ISBE recommends: (1) strengthening parent education and involvement; (2) improving data collection in Chicago Public School District 299; (3) analyzing low scores in Chicago Public School District 299 versus downstate; and (4) analyzing prekindergarten students' inability to sustain academic progress in reading and mathematics at the high school level. (105 ILCS 5/2-3.71(6); June 2007, 43 pp. + figures, tables, and appendices)

Waivers of School Code mandates, Fall 2007

Summary chart classifies 254 applications for waivers and modifications into 11 general categories and lists their status: Content of Evaluation Plans (4 transmitted to GA); Driver Education (3 approved, 9 transmitted to GA, 1 withdrawn or returned); Duties of Superintendent (2 withdrawn or returned); Legal School Holidays (189 approved, 6 withdrawn or returned); Limitations of Administrative Costs (10 transmitted to GA, 1 withdrawn or returned); Nonresident Tuition (1 transmitted to GA, 1 withdrawn or returned); Parent-Teacher Conferences (11 transmitted to GA); Physical Education (8 transmitted to GA, 1 withdrawn or returned); Prairie State Achievement Exam (1 transmitted to GA, 2 withdrawn or returned); School Food Program (1 approved); and School Improvement/In-service Training (3 transmitted to GA). Section I summarizes the 47 requests transmitted to the General Assembly. Section II lists requests acted upon by the State Board. Section III describes the 14 requests withdrawn or returned. Section IV lists all requests organized by their Senate and House district of origin. (105 ILCS 5/2-3.25g; Oct. 2007, 88 pp. + executive summary)

Gang/Drug Task Force

Recommendation report, 2007

Task force studied and made recommendations to combat gang and drug problems in the state, including requiring drug traffickers to serve at least 85% of their sentences in custody; expanding the ability of police to use eavesdropping technology in emergencies; enacting a law similar to the federal RICO law; creating a statewide information-sharing database about gang members and their activities; and reviewing current state-funded gang and drug programs. (2005 H.J.R. 11; Feb. 2007, 9 pp.)

Guardianship and Advocacy Commission

Annual report, 2005

The Commission protects rights of persons with disabilities through the Office of State Guardian, Legal Advocacy Service, and Human Rights Authority. In FY 2005 the Office of State Guardian helped 5,316 adult wards with medical, residential, and financial matters; the average caseload per guardianship representative was 126. Legal Advocacy provided representation, information, and referrals to 8,705 clients. The Human Rights Authority investigated 748 cases of alleged violations of rights of disabled persons, with 98% of the Authority's recommendations implemented by providers, benefiting 16,834 persons. (20 ILCS 3955/5(h); Oct. 2006, rec'd Oct. 2007, 23 pp.)

Higher Education, Board of

Public university tuition and fee waivers, FYs 2006 and 2007

Public universities issued 48,123 waivers worth \$291.8 million in FY 2006 and 48,414 waivers worth \$325.9 million in FY 2007. In 2006, 19.3% of the money was awarded to undergraduates and 80.7% to graduates; in 2007, 19.8% of the money was awarded to undergraduates and 80.2% to graduates; 87.4% was discretionary (such as teaching and research assistantships). Appendix A lists the number and value of mandatory and discretionary waivers for each public university; Appendix B describes purpose, goals, and eligibility and criteria for each mandatory and discretionary tuition and fee waiver. (110 ILCS 205/9.29; Dec. 2007, 8 pp. + 2 appendices)

Human Services, Dept. of

Emergency Food and Shelter Program (EF&S) and Supportive Housing Program (SHP), FY 2006

EF&S Program provided \$8.8 million in services (53% for Chicago) through 91 agencies: 2.07 million nights of

shelter (15% increase over FY 2005); 3.3 million meals (21% increase); and 2.0 million units of supportive services such as substance abuse counseling, education, job preparation, job placement, and child care. Nearly one-third of households cite income problems as the primary reason for homelessness, with 35% of the homeless population 21 or younger. Average shelter stay was 62 days. SHP provides permanent housing and self-sufficiency to the homeless. In FY 2006, 4,470 SHP households received 252,609 occurrences of supportive services. Average length of stay in SHP was 15 months. About 71% of clients successfully completed the program. (305 ILCS 5/12-4.5; Feb. 2007, 68 pp.)

Investment, State Board of

Report on emerging money managers, FY 2007

ISBI allocated 5.6% of assets (\$706 million) to emerging managers, achieving its goal of at least 5%. During FY 2007 it distributed \$236 million to four firms. Over \$2.8 billion, 22.7% of the Board's assets, is managed by emerging and/or minority-owned firms. Minority broker/dealer commissions totaled 39% of domestic equity commissions. (40 ILCS 5/1-109.1(4); Aug. 2007, 3 pp.)

Juvenile Justice, Dept. of

Quarterly report on juvenile facilities, Apr. 2007

There were 1,372 youth in all juvenile institutions on February 28, 2007; this is below the rated capacity of 1,754. There were 1,318 juveniles in educational and vocational programs. Juveniles in single cells are 54% of the population; double cells, 41%; and multi-cells, 5%. (730 ILCS 5/3-5-3.1; Apr. 2007, 10 pp.)

Quarterly report to the legislature, October 1, 2007

There were 1,396 youth in all juvenile institutions on August 31, 2007. This is below the current rated capacity of

1,754. There were 1,334 juveniles in educational and vocational programs. The ratio of security staff to youth was 0.544. A majority of the juveniles, 57%, were single-celled, with approximately 81 square feet of actual living space per inmate; 35% were double-celled; and 8% were multi-celled. (730 ILCS 5/3-5-3.1; Oct. 2007, 9 pp.)

Labor Relations Board

Annual report, FY 2007

In FY 2007 the Board handled 111 unfair labor practice charges, 44 representation cases, and 3 mediation/arbitration cases. It did not handle any grievance arbitrations, investigate any strikes, or issue any declaratory rulings. Contains an overview of the Board's function and selected case summaries. The Board's budget for FY 2007 was \$1.9 million. (5 ILCS 315/5(e); undated, rec'd Jan. 2008, 46 pp.)

Laboratory Advisory Committee

Annual report, 2007

Recommendations are to correct salary discrepancies among administrators of Illinois scientific laboratories; require specified national or international accreditation of laboratories engaging in post-conviction DNA analysis; fund and maintain an online database that allows law enforcement, public health, and Homeland Security officials to research the capabilities of Illinois laboratories; and follow up with legislators to ensure recommendations are being considered. (20 ILCS 3981; Apr. 2007, 5 pp.)

Law Enforcement Training and Standards Board

Mobile Team Training Units annual report, FY 2007

The 16 units trained 51,200 law enforcement officers and criminal justice professionals at an average cost of \$150 per trainee. Total expenditures of \$7.67 million came from federal, state, and local funds. The units offered 38 Mandatory Firearms courses

(continued on p. 20)

Abstracts of Reports Required to be Filed With General Assembly

(continued from p. 19)

to 468 officers. A 10 year review of state-funded operations is provided. (50 ILCS 720/6; Jan. 2008, 12 pp.)

Legislative Audit Commission

Annual report, 2006

In 2006, the Commission reviewed 192 compliance and financial audit reports. The Statewide Single Audit contained 101 findings with 44 repeat findings. Thirteen agencies did not

have an adequate process for expenditure of federal funds. Forty-three state agencies expended \$15.9 billion in federal funds in FY 2005. The following laws were enacted as recommended by audit reports or Commission members: (1) P.A. 94-978 requires a procuring agency to make available all pre-award, post-award, administration, and close-out documents related to a contract; (2) P.A. 94-1033 defines activities of the Illinois Advisory Council on Alcoholism and Other Drug Dependency; (3) P.A. 94-1023 allows certified payroll records to be made available to Department of Labor in seven days rather than two; (4) P.A. 94-1075 extends repeal of the Medical Practice Act of 1987 from January 1, 2007 to December 31, 2008; (5) P.A. 94-942 removes provision requiring Department of Financial and Professional Regulation to employ an Assistant Drug Compliance Coordinator; and (6) P.A. 94-748 changes inspection and reporting requirements for some boilers and pressure vessels. Commission reviewed 169 affidavits

for emergency purchases totaling approximately \$37.6 million. (25 ILCS 150/3; May 2007, 35 pp.)

Lieutenant Governor, Office of the Service Evaluation Survey, 2006

The survey allows school boards to assess the State Board of Education (ISBE) and Regional Offices of Education (ROEs). There were 872 surveys sent out, with 346 returned—a decrease from the 428 returned in 2005. In 2006, responses for ISBE were: 19.2% excellent, 65.1% satisfactory, and 15.7% needs improvement; in 2005, ratings for ISBE were 20.9% excellent. In 2006, responses for ROEs were: 55.7% excellent, 35.4% satisfactory, and 8.9% needs improvement; in 2005, ratings for ROEs were 50.8% excellent. ISBE's Web site was visited weekly by 49% of respondents, compared to 19% for ROEs. More detailed information is available at the Lt. Governor's Web site. (105 ILCS 5/2-3.112(e); Dec. 2006, rec'd Aug. 2007; 5 pp.)

FIRST READING

A publication of the Legislative Research Unit

Patrick D. O'Grady

Executive Director

David R. Miller

Editor

Dianna Jones

Composition & Layout



LEGISLATIVE RESEARCH UNIT

222 South College, Suite 301

Springfield, Illinois 62704

