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BIENNIAL REPORT

TO THE

127th OHIO GENERAL ASSEMBLY:

GRIEVANCE PROCEDURE AND OTHER AREAS OF EVALUATION

January 24, 2007

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CIIC BIENNIAL REPORT: GRIEVANCE PROCEDURE AND OTHER EVALUATIONS

Introduction

Section 103.73 of the Ohio Revised Code specifically requires the Correctional Institution Inspection Committee (CIIC) to "Prepare a report for submission to the succeeding general assembly of the findings the committee makes in its inspections and of any programs that have been proposed or developed to improve the condition or operation of the correctional institutions in the state." Further, the CIIC shall, "Evaluate and assist in the development of programs to improve the condition or operation of correctional institutions." Upon completion, such evaluation and/or inspection reports are posted on the CIIC website at **www.ciic.state.oh.us**.

This report and the three other 2007 biennial reports consist of abbreviated versions of full, comprehensive reports completed in 2005 or 2006, including text that could be considered "findings" or recommendations for improvement, consistent with the statutory language on the required biennial report. The Biennial Report to the 127th Ohio General Assembly consists of four separate reports titled as follows:

- ***Adult Correctional Institution Inspection Findings***
- ***Juvenile Correctional Facility Inspection Findings***
- ***Grievance Procedure and Other Evaluations***
- ***Overview of Correctional Institution Inspection Committee Activities***

Two of the above biennial reports extract inspection findings and recommendations from separate reports on inspections, on-site visits and evaluations of specific correctional facilities. One report pertains to prisons, while the other pertains to juvenile correctional facilities.

This Biennial Report includes all non-inspection reports completed in 2005 or 2006. The statute requires that the CIIC biennial "report shall contain a separate evaluation of the inmate grievance procedure at each state correctional institution." Two such reports were prepared in the biennium, one regarding the Department of Youth Services grievance procedure, with reference to the administrative rules of the Department of Rehabilitation and Correction, and one specifically regarding the grievance procedure of the Department of Rehabilitation and Correction.

This Biennial Report also contains excerpts from separate reports on incidents, mental health, and sex offender programs. A synopsis of the CIIC report on training provided at the DYS Training Academy, as well as program information obtained at the 2005 RECLAIM Ohio conference are provided. Lastly, this report ends with the recommendations contained in the previous biennial report of January 18, 2005.

EVALUATION OF THE DEPARTMENT OF YOUTH SERVICES GRIEVANCE PROCEDURE

Report Date: August 16, 2006

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee.

Review of Youth Grievances from January through April 2006

A brief examination of the grievances reported by each facility's Grievance Coordinator from January through April of 2006 was conducted. Each month, the Ohio Department of Youth Services (DYS) submits to CIIC staff a list of all the grievances recorded for each facility. Each grievance includes a brief summary, with areas for Grievance Coordinator notes, determination, and status of completion. In addition, each grievance was coded by its subject area and calculated for each juvenile correctional facility. Each grievance was counted only once. At times, a grievance seemingly pertained to several areas; in such instances, the examiner coded the grievance by the issue that prompted the grievance. For example, if a grievance stated, "Staff won't deliver mail," the grievance was coded under "Mail" rather than "Staff."

Summary of Findings

- A total of 1,803 grievances were documented from January through April of 2006. Scioto JCF was responsible for the largest number of grievances, with a total of 547 (30.3 percent). The next closest facility was the Ohio River Valley JCF with a total of 268 (14.9 percent).
- The average rate of grievances for the entire DYS system during January 2006 was one grievance per every (approximately) three youth. Scioto JCF had the highest rate of grievances during the month of January 2006, averaging one grievance for every 1.4 youth. Circleville JCF, despite its small population, had the second highest rate of grievances, averaging one grievance for every 2.66 youth.
- Across the entire DYS system, only 60.0 percent of grievances were reported as Completed. Two facilities, Cuyahoga Hills JCF and Circleville JCF, met and surpassed a completion rate of 90 percent. Freedom Center either responded to all in a month or to none. Mohican JCF reported completing only seven of its 227 grievances (3.1 percent of its total number).
- 75.4 percent of grievances system-wide had some recorded response or action taken by the Grievance Coordinator. Several facilities—Cuyahoga Hills JCF, Ohio River Valley JCF, and Circleville JCF—reported an excellent rate of response to grievances.
- Fully 60 percent of the grievances recorded at Indian River JCF have absolutely no response recorded; for Mohican JCF, this number increases to 85 percent.
- 19.7 percent of the grievances that had any recorded response (as opposed to the total number of actual grievances) were Granted system-wide, 27.4 percent were

Denied, and 21.8 percent were designated Other. The remaining 31.1 percent were marked Appealed, Assigned to Investigation, or had no official determination, with the vast majority falling in this latter category.

- Approximately 20 percent of grievances are Granted system-wide. However, facilities tend to fall to one extreme or the other. Of the Mohican JCF responses to grievances, zero were Granted; Indian River JCF reported five percent of its grievances were Granted; Circleville JCF, only four percent. On the opposite side, 42.1 percent of the grievances at Cuyahoga Hills JCF were Granted.
- Of the grievances for which some response/action is recorded, a large percentage have no final determination (Granted, Denied, etc).
- Of the 1,803 grievances, 464 (25.7 percent) primarily concerned staff behavior. The second-highest issue of concern pertained to youth discipline (14 percent).
- Although issues pertaining to personal safety do not compare in number to staff or disciplinary issues, the number of safety issues are a concern. There could be more safety concerns that youth either do not report or attempt to resolve via other means.
- Use of Force incidents were reported in 69 grievances during the four-month period. Many were reported as investigated; some had no recorded response whatsoever.

Total Grievances

- A total of 1,803 grievances were documented from January through April of 2006.
- Scioto JCF was responsible for the largest number of grievances, with a total of 547 (30.3 percent).
- The next closest facility was the Ohio River Valley JCF, with a total of 268 (14.9 percent).
- Marion JCF, Mohican JCF, Circleville JCF, and Cuyahoga Hills JCF all represented approximately the same number and percent of the total number of grievances filed.
- Indian River JCF and Freedom Center represented a total of 121 grievances, or 6.7 percent of the total number.
- According to the above data, the average rate of grievances for the entire DYS system during January 2006 was one grievance per every (approximately) three juveniles.
- Scioto JCF had the highest rate of grievances during the month of January 2006, averaging one grievance for every 1.4 youth.
- With the exception of Freedom Center, Circleville JCF has the lowest population in the DYS system. Despite its low population, Circleville JCF had the second highest rate of grievances, averaging one grievance for every 2.66 youth.
- Freedom Center had the lowest reported rate of grievances in January 2006. Even at its highest number of grievances—nine in April 2006—the rate of grievances still would not be higher than the Scioto JCF rate (assuming population remains the same).

- Reviewing the grievances filed at Scioto JCF, there does not appear to be reluctance on the part of the females to file a grievance. Staff have relayed that the females are very willing to file a grievance, perhaps more so than the males.

Grievance Completions

- Across the entire DYS system, only 60.0 percent of grievances were reported as Completed. Several facilities, such as Cuyahoga Hills JCF and Circleville JCF, reported very high rates of grievance completion. Others, particularly Mohican JCF, reported extremely low percentages.
- A completion rate at or above 90% should be expected. Carrying more than 10% of the grievances from one month to the next puts the facility that much further behind in handling the workload. Certainly, two facilities, Cuyahoga Hills JCF and Circleville JCF, averaging approximately 200 grievances between them, manage to meet and surpass the 90% goal. There is no apparent reason why the other facilities, with the possible exception of Scioto JCF, could not do the same. Regarding Scioto JCF, it may be necessary to hire additional staff to handle the workload if a single Grievance Coordinator is not sufficient to the task.
- Mohican JCF reported completing only seven of its 227 grievances—or only 3.1 percent of its total number. Of those seven, zero were reported as granted.
- Freedom Center has an inexplicable on-again, off-again response to grievances. In January and March, no grievances are marked "complete" and there is no recorded response of any kind to the grievances. In February and April, all grievances have some recorded action taken by the Grievance Coordinator and all but one is marked "complete."

Grievance Responses

This data reports the number of grievances that have some recorded response or action taken on the part of the facility Grievance Coordinator, whether or not the grievance was officially "completed." This action could have been merely to refer the allegation to another staff person. Although there is still no apparent reason for a grievance not to be marked "complete," at the very least this data supports that most grievances are not ignored and that some action is taken in response.

As with the rate of completion, partial reason for lack of response may be found in the timing. If the grievance is non-priority, the Grievance Coordinator technically has ten working days in which to respond, per DYS policy. However, a 90% rate of response still appears to be a reasonable goal to meet for every facility. Certainly, three of the facilities have managed to meet and surpass that goal.

- 75.4 percent of grievances system-wide had some recorded response. Several facilities (Cuyahoga Hills JCF, Ohio River Valley JCF, and Circleville JCF) reported an excellent rate of response to grievances.
- Although only 40.7 percent of grievances filed at Ohio River Valley JCF, were marked complete, some action was taken on the part of the Grievance Coordinator

in response to 96.6 percent of the grievances recorded. Therefore, almost every Grievance is reviewed.

- As stated above, a 90% response rate seems to be a reasonable goal for every facility; however, it should be acknowledged that Scioto JCF has a heavy load of grievances to handle. It may be necessary to hire additional staff to handle the grievances if a single Grievance Coordinator is not sufficient to the task.
- Unfortunately, although the rate of response/action taken by the Grievance Coordinator has improved the numbers for Indian River JCF and Mohican JCF, the rate of both completion and response remains a concern. Fully 60 percent of the grievances recorded at Indian River JCF have absolutely no response recorded; for Mohican JCF, this number increases to 85 percent.

Grievances with No Recorded Grievance Coordinator Action

The lack of response to juvenile grievances is a major problem currently faced by the DYS system. Several institutions (Cuyahoga Hills JCF, Circleville JCF, Ohio River Valley JCF) appear to be very good at recording at least some action taken by the Grievance Coordinator in response to the grievance. Other institutions, particularly Indian River JCF and Mohican JCF, report many extremely serious grievances with no recorded response or action taken by the Grievance Coordinator. This causes great concern, as all grievances should be answered, most especially those that are serious.

One serious area to highlight is the high number of medical grievances with no recorded response at Marion JCF. The Grievance Coordinator even notes that he or she cannot understand what the youth is writing, but there is no recorded action or response. Face to face interviews should be imperative in such instances.

Grievance Determinations

This data pertains only to those grievances that recorded some response or action taken on the part of the facility's Grievance Coordinator. This data would include all grievances that were "completed," all grievances that were given a final determination, and all grievances that recorded some response/action on the part of the Grievance Coordinator, but that did not receive a final determination.

A grievance can be officially determined: Granted, Denied, Other, Assigned to Investigation, or Appealed.

- Dealing only with the total number of grievances that recorded some response/action by the Grievance Coordinator (rather than the total number of actual grievances), 19.7 percent of the grievances were Granted system-wide, 27.4 percent were Denied, and 21.8 percent were designated Other. The remaining 31.1 percent were marked Appealed, Assigned to Investigation, or had no official determination, with the vast majority falling in this latter category.
- Close examination reveals that within the system, facilities fall to one extreme or the other. Of the Mohican JCF responses to grievances (the few that exist), zero

were Granted; Indian River JCF reported only five percent of its grievances were Granted; Circleville JCF, only four percent. Certainly, not every allegation presented in a Grievance is true and/or supported by evidence; that said, it is almost equally certain that more than four or five percent of grievances should be Granted.

- On the opposite side of the spectrum, Cuyahoga Hills JCF not only reports a high number of responses to the recorded grievances, but of those responses, fully 42.1 percent of the grievances are Granted.

Grievances with No Determination

The following data pertains to those grievances that have some recorded response/action on the part of the Grievance Coordinator, but that have no determination (ND): Granted, Denied, Other, Appealed, or Assigned to Investigation. Similar to the frame of thought that at least 90 percent, if not 100 percent, of grievances should be marked completed by the end of the month, the vast majority of grievances should have some final determination.

- There was no determination (Granted, Denied, etc.) to 79.4 percent of the Mohican JCF grievances that had any action noted by the Grievance Coordinator.
- Reviewing the grievances for Ohio River Valley JCF, almost every grievance records some action taken by the Grievance Coordinator (as demonstrated in the earlier analysis of grievances showing some response). However, 58.7 percent of those grievances that had some reported action did not have a final determination. Only 41.9 percent of grievances are reported as completed.
- As previously stated, Freedom Center completes its grievances one month and records no response the next, which is responsible for its 38.5 percent rate of no determination.
- Although Marion JCF recorded some response or action in regard to 72.3 percent of its grievances, 35.5 percent of those responses only included notation of action, without any determination.

Grievance Subjects

For purposes of analysis, grievances were grouped in similar subject matter areas. CIIC staff read each grievance in the period of review, and created subject categories based on the content in the narrative. The subject categories in the DYS policy on the Youth Grievance Process were not used.

Staff related concerns are the primary issue of concern for youth. Of the 1,803 grievances, 464 were considered to be primarily grieving *staff behavior*, whether inappropriate supervision or use of force, or 25.7 percent of all grievances system-wide. There were almost *twice as many grievances related to staff as there were grievances for the second-highest category*, grievances pertaining to the disciplinary procedure in DYS facilities.

According to DYS policy 304.03, "Youth Grievance Process," *disciplinary issues* are not grievable. However, in practice, this appears to depend on the facility. In some facilities, the Grievance Coordinator will look into the issue and provide a response to the youth. In others, the youth will merely be told that the issue is not grievable.

The third-highest issue of concern falls under *"Other*." This is unfavorable to analysis and may provoke a future change by CIIC staff in the coding. For the record, most "Other" complaints pertain to *haircut issues or alleged restriction from using the restroom—this is particularly true at Scioto JCF*.

Although *Safety issues* do not rank high when compared to other issues, the number of safety issues still cause concern. These are only the safety issues that the youth write down in grievance form and submit to the Grievance Coordinator. There could be more issues that youth either do not report or attempt to resolve through other means.

- *Staff issues and Youth Behavioral Incident Report/Discipline Issues* are consistently the top two areas of complaint (with the exception of Freedom Center, for which numbers are skewed due to the small number of grievances filed).
- *Medical issues and property issues* remain high, which is comparable to the adult correctional system.

Use of Force

The following data pertains to the number of use of force incidents that were reported via the youth grievance procedure. This data does not in any way portray the total number of use of force incidents that may occur in a DYS facility.

- There were a total of 69 Use of Force incidents reported via the grievance procedure during the four-month period of January through April 2006.
- *Scioto JCF* has the highest number of Use of Force grievances, with a total of 20. *Ohio River Valley JCF* follows close behind, with a total of 18. Together, these two facilities represented *over half (55.1 percent) of the total number of Use of Force grievances.*

Grievance Status Review

The initial system-wide review of DYS Grievances from January through April 2006 as was submitted to DYS officials on June 5, 2006 to provide them with the opportunity to communicate any perceived errors, inaccuracies or desired clarification.

On June 13, 2006 DYS communication indicated that the number of unanswered grievances cited in this report is believed to be a clerical issue that they were in the process of correcting. It was reported that staff at each facility were reviewing grievances and grievance data from January 2006 to ensure that the status of grievances cited in their monthly reports was in fact accurate. They believed that the data showing the number of

grievances in which no response or action was recorded, was due to deficiencies in recording the response or action to a grievance, rather than due to lack of grievance response or action. DYS staff relayed that follow-up communication would be provided on their findings for inclusion in this report.

Meeting

On June 30, 2006, Correctional Institution Inspection Committee staff met with the DYS Chief Inspector, Legislative Liaison and Deputy Director of Institutions following the Superintendents' completion of the grievance data. As noted above, it was reiterated that the number of reported grievances without responses is due to an error in documentation, not an error of non-response to the grievances.

Grievance Process Staffing/Population

Reportedly, only Scioto Juvenile Correctional Facility has a full time Grievance Coordinator. All others have a Grievance Coordinator that also serves in the full time position of American Correctional Association (ACA) Coordinator or Accident Prevention Officer at their facility. Further, the Grievance Coordinators reportedly do not have their own clerical support, and do not have a designated back-up Acting Grievance Coordinator to fill in when they are absent.

In order to demonstrate that the grievance procedure is of priority importance, it is necessary to provide adequate staffing via full time Grievance Coordinators with their own clerical support to allow Coordinators more time to investigate and respond to grievances and to make themselves easily accessible to youth through regular, routine rounds.

DYS has a roving Youth Advocate and an Attorney to visit facilities to listen to concerns and make referrals to Grievance Coordinators to ensure that youth with concerns about conditions of confinement and other grievable issues are using the grievance procedure to have the problems addressed. However, to fulfill its mandate per DYS policy, "to provide a problem solving process for youth to grieve any action, incident, living condition, dispute, or the application of any departmental policy or practice they believe to be unjust, detrimental, or a violation of their right," *it is absolutely necessary to provide the essential staff needed to investigate, decide and document grievances, not only at the facilities, but also in the Chief Inspector's Office.*

According to updated communication with the Chief Inspector's office, the Chief Inspector no longer reports to the Chief Counsel, but rather reports directly to the DYS Director. This is regarded by CIIC staff as a positive change, sending a message of the importance of the Chief Inspector and the importance of the responsibilities of that office.

There is clear reason to believe that adequate staffing of the Chief Inspector's office has not been provided. Such is necessary to make it possible to fulfill all of the essential duties.

Further, staffing exclusively for the youth grievance procedure at the institutions is believed to be inadequate. With the exception of Freedom Center, which only has approximately 20 youth, and Light House Youth Center at Paint Creek, which is a 50-bed privately owned and operated facility, *all other DYS facilities have sufficient populations to justify a full time Grievance Coordinator*.

It would be erroneous to make such a determination based on the number of grievances currently being filed at each facility. The new presence of a full-time Grievance Officer at a facility can in fact result in increased use of the grievance procedure, due to a growing confidence among youth that use of the grievance procedure to relay a problem will result in assistance and a solution.

Why would DYS want to increase use of the grievance procedure? In the best of institutions, there are problems, issues and concerns, which constantly emerge and change. When an effective grievance mechanism is in place, information on the problems, issues and concerns is freely reported to those in a position to investigate and take any corrective action found warranted.

For line staff, unit staff and administrative staff, information allows them to make informed decisions and to take appropriate action to maintain safety and control and to maintain a safe, secure environment for youth and for staff. If left unreported and thus unresolved through use of the grievance procedure, those affected by those problems, issues and concerns will seek help in other ways or act out in frustration and anger. The youth in need of help could become prey to predatory youth focused on earning rewards for services. Youth could act out, harming self or others, all because of underlying problems which might have been reported and resolved through use of the grievance procedure. An effective grievance procedure can prevent costly litigation and it can prevent violence.

Just because a facility has very few grievances, does not necessarily mean that there are very few problems, issues or concerns. The number of grievances filed only reveals usage. Low usage can be an indicator that youth fear retaliation if they file a grievance, or that they believe it would do no good to report their problem in a grievance. In such cases, staff are depriving themselves of valuable information that they need to know regarding underlying problems, issues or concerns faced by the youth, so that they can address them to the benefit of all.

An effective grievance procedure is in fact a valuable management information system and management tool, not only at the institutional level, but also for central office staff.

Action Plan

According to the DYS Chief Inspector, the DYS action plan consists of the following:

- The Chief Inspector's Office has started to meet monthly with the Deputy Director of Institutions to review grievances regarding Scioto Juvenile Correctional Facility, and to meet quarterly on all other institutions.

- Staff training will be provided for handling the grievance process, to include:
    - Completion of forms
    - Closing out cases
    - Data entry
    - Clarification of definitions, such as "granted" and "denied"

- The database for grievance codes will be corrected.

- Youth communication with staff will be enhanced through modification of several existing channels.

Monthly Meetings: Scioto JCF Grievances

The new practice of monthly meetings between the Chief Inspector and Deputy Director of Institutions to review Scioto Juvenile Correctional Facility grievances specifically demonstrates recognition that the facility merits special focus and attention. Statistical review and comparison of available data support such a conclusion. However, if the volume of grievances is erroneously viewed as the problem, there is a real risk of misdirected action or communication with staff that will ultimately discourage the use of the grievance procedure. Use of the grievance procedure should always be regarded as part of the solution, not the problem. The volume of grievances can be a positive sign that the juveniles feel free to report a problem without fear of retaliation or repercussion, and that the juveniles have some confidence that assistance with the problem will be provided as a result. However, that is not always the case.

The focused attention on the grievances from Scioto Juvenile Correctional Facility is viewed as purposeful, not because the facility is so unique or different from the other facilities, but because it appears to be a mirror image of the other facilities that share similar issues and problems, though in differing degrees. Identification of those issues may be easier at Scioto due to the volume of grievances, maximizing the potential to use grievance data as a management tool to favorably impact all DYS facilities by identifying common problems and issues, followed by proposals for improvements and solutions.

Quarterly Meetings: All Other DYS Facility Grievances

The practice of having quarterly meetings between the Chief Inspector and Deputy Director of Institutions to review grievances on all other institutions is also regarded as positive. It will ensure that a monitoring role is implemented, and can provide

participants with valuable information on problems, issues and concerns at particular facilities and/or system-wide from which to determine appropriate action to assist in the development of improvements. It also gives the Chief Inspector the participation, attention and support of the Deputy Director of Institutions, demonstrating recognition of the unquestionable importance of the grievance procedure.

Training

If grievance dispositions were not being recorded, one possible reason is a need for training to provide directives and information needed for implementation as part of the responsibilities connected with handling the grievance process. Therefore, the inclusion of staff training as part of the action plan is regarded as necessary and positive.

Since the CIIC has been statutorily charged with evaluating the grievance procedure in the prison system since 1978, the CIIC Director has offered to speak to Grievance Coordinators in future training sessions to relay a perspective that will enhance their appreciation of the importance of the grievance procedure, as well as essential elements relevant to effectiveness.

Training conducted by the Chief Inspector can also serve to standardize practices at the DYS facilities and to provide a stronger role of support and oversight from the Chief Inspector's office. This can also address the concerns stemming from the perception that DYS facilities had become autonomous.

Rechecked Grievance Data

In addition to the above action plan, data was provided by the Chief Inspector regarding the number of grievances filed from March 1, 2006 through May 26, 2006 by institution, the subject of grievances filed by institution, and the status or disposition of grievances filed from January 1, 2006 through April 30, 2006 by institution. The information is presented below:

- In the three-month period, Scioto Juvenile Correctional Facility had the largest volume of grievances at 345, comprising 24.3 percent of all DYS grievances.
- Mohican Juvenile Correctional Facility ranked second in number of grievances with 234, comprising 16.5 percent of DYS grievances. Ohio River Valley Juvenile Correctional Facility and Cuyahoga Hills Juvenile Correctional Facility had 216 and 214 grievances respectively, each comprising slightly more than 15 percent of DYS grievances.
- Marion Juvenile Correctional Facility ranked fifth in volume of grievances with 191, comprising 13.5 percent of all DYS grievances. A total of 160 grievances were filed at the Circleville Correctional Facility, comprising 11.3 percent of all grievances.

Grievance Subjects

Also as referenced previously, the DYS Chief Inspector's Action Plan states that the database for grievance codes will be corrected. Based on the information provided by the DYS Chief Inspector, facility staff gathered grievance data using the grievance code contained in the policy consisting of 18 subject categories. However, data columns existed for reporting purposes for only 13 of the categories, so that no data columns existed for the data gatherers to enter and tally the last five grievance categories:

- Mental Health
- Staff Verbal Abuse
- Youth Verbal Abuse
- Access to Legal Counsel and
- All Other Issues

Some facility staff may have omitted the data on grievances pertaining to one of the five omitted columns, while some may have logged the data in one of the other 13 categories. Based on the above, the information provided below from the Chief Inspector on the subjects of grievances is believed to be *highly inaccurate.*

Complaints Against Actions of Staff

The category of *Complaints Against Actions of Staff* is the largest category of grievances with 806, comprising nearly 35 percent of all grievances. As shown below, the Scioto Juvenile Correctional Facility had the largest number of grievances in the Complaints Against Actions of Staff category with 175, followed by the Ohio River Valley Juvenile Correctional Facility with 152 grievances in the group. Mohican Juvenile Correctional Facility ranked third with 143 grievances pertaining to staff actions.

Although the Freedom Center had the lowest number of grievances on the subject, it has by far the smallest population. With that, Indian River Juvenile Correctional Facility has the smallest number of complaints in the category of the major institutions with 43. Circleville Juvenile Correctional Facility has the second lowest number of such complaints of the major institutions with 69, followed by Marion Juvenile Correctional Facility with 99.

Religion

The second largest category is *Religion* with 466 grievances relaying complaints relevant to the subject. However, in the meeting with the DYS Chief Inspector, it was relayed that in his questioning of the high number of grievances reportedly related to religion, it was found that that some grievances that had nothing to do with religion were erroneously placed in the Religion category.

Other Program Concerns

Other Program Concerns ranked third among the categories, with 291 grievances related to the subject.

- The Scioto Juvenile Correctional Facility had by far the highest number of grievances in the category, with 154, comprising nearly 53 percent of all DYS grievances in the group.
- Cuyahoga Hills and Mohican Juvenile Correctional Facilities ranked second and third with 50 and 47 respectively.
- There were significantly less complaints in the group from Ohio River Valley and Marion Juvenile Correctional Facilities with 19 and 12 respectively.
- The lowest volume of grievances in the group was filed at the Freedom Center and Circleville Juvenile Correctional Facility with only one and two respectively.

Institutional Operations

The category *Institutional Operations* includes food, clothing, personal property, living conditions and safety. Based on the subtopics, it would be expected that the category would be one of the largest groups. *It is recommended that this category be eliminated, and each of the subcategories should become separate categories. By grouping all into one category, the data has very little meaning from a monitoring perspective and limits the ability of DYS and its facility to use the data as a management tool.*

- Grievances regarding Institutional Operations total 198, ranking fourth largest of the subject categories.
- Scioto and Marion Juvenile Correctional Facilities ranked first and second in volume of grievances in the category with 79 and 60 respectively.
- With far less, Cuyahoga Hills and Mohican Juvenile Correctional Facilities reported only 26 grievances in the category.
- Even fewer were reported from Freedom Center and Indian River Juvenile Correctional Facility, with five and two grievances respectively.
- No grievances regarding Institutional Operations were reported from Ohio River Valley and Circleville Juvenile Correctional Facilities.

Medical Concerns

- Of the 123 total DYS grievances regarding *Medical Concerns*, Scioto Juvenile Correctional Facility had the largest number of grievances in the category with 52, comprising 42.3 percent of all medical grievances.
- Cuyahoga Hills and Marion Juvenile Correctional Facility rank second and third highest, with 25 and 22 respectively.
- Mohican Juvenile Correctional Facility had half as many medical grievances with 11.

- Indian River Juvenile Correctional Facility had the lowest number of medical grievances, with only one, followed closely by Freedom Center with two medical grievances.
- Circleville and Ohio River Valley Juvenile Correctional Facilities ranked third and fourth lowest with only four and six medical grievances respectively.

Communications

There were 118 DYS grievances in the *Communications* category including mail, visits, and phone calls.

- Freedom Center and Indian River had no grievances in the category.
- Three facilities had only one grievance each: Ohio River Valley, Circleville, and Marion Juvenile Correctional Facility.
- The largest volume of grievances in the category came from Cuyahoga Hills and Scioto Juvenile Correctional Facility with 49 and 44 respectively. Together, their grievances comprised 79 percent of all grievances in the category.

Personal Possessions

- In all, there were 83 grievances system-wide pertaining to *personal possessions* of youth, with the largest number of complaints from Cuyahoga Hills and Marion Juvenile Correctional Facilities, with 39 and 24 respectively.
- Freedom Center and Circleville Juvenile Correctional Facility had no complaints in the category.
- Four other facilities ranged from three to eight complaints regarding property, all very low numbers compared to the top two institutions in the category.

Physical Abuse by Staff

- System-wide, there were 58 grievances pertaining to *physical abuse by staff*.
- Ohio River Valley and Scioto Juvenile Correctional Facilities ranked first and second, with 21 and 14 complaints respectively. The two facilities comprised 60.3 percent of all grievances in the category.
- Four institutions reported from three to eight complaints regarding staff physical abuse. Indian River JCF reported eight complaints. Marion and Cuyahoga Hills JCF each had six complaints, and Mohican JCF reported three complaints.

Education

- Of the 53 total grievances pertaining to *Education*, Mohican and Marion Juvenile Correctional Facilities ranked first and second in volume with 22 and 17 respectively. Together, the two facilities comprised 73.6 percent of the grievances on the subject.
- Scioto JCF ranked third system-wide with nine grievances.

- Two facilities had no grievances regarding education: Freedom Center and Indian River JCF.
- Only one grievance each on the subject was filed at Circleville and Cuyahoga Hills JCF.
- Ohio River Valley reported three grievances pertaining to education.

Recreation

- In all, there were 48 grievances regarding recreation. The highest number of grievances were filed at Mohican, Scioto, and Marion Juvenile Correctional Facilities with 16, 13, and 11 respectively.
- There were seven such grievances at Ohio River Valley Juvenile Correctional Facility, and only one at Circleville Juvenile Correctional Facility.
- Three facilities had no grievances in the category: Freedom Center, Cuyahoga Hills, and Indian River Juvenile Correctional Facilities.

Youth Physical Abuse

- Of the 34 total grievances reporting alleged physical abuse by youth, Scioto Juvenile Correctional Facility had the largest number with 14.
- Ohio River Valley and Cuyahoga Hills Juvenile Correctional Facilities ranked second and third in volume with seven and six respectively.
- Mohican and Marion JCFs ranked fourth and fifth in the categories, with three and two grievances on the subject respectively.
- Only one grievance each was reported at Circleville and Indian River Juvenile Correctional Facilities. No such complaints were reported at Freedom Center.

Social Services

System-wide, there were 27 grievances in the *Social Services* category.

- Marion and Mohican Juvenile Correctional Facilities ranked first and second with 12 and 11 respectively.
- Ohio River Valley Juvenile Correctional Facility reported only two grievances in the category.
- Only one grievance each was reported from Cuyahoga Hills and Circleville Juvenile Correctional Facilities.
- No grievances were filed in the category at Freedom Center, Scioto and Indian River Juvenile Correctional Facilities.

Administration

Administration is the smallest category of grievances system-wide with only 10.

- Marion Juvenile Correctional Facility reported the largest number of grievances in the group, with six, comprising 60 percent of all grievances regarding Administration.
- Cuyahoga Hills ranked second with three grievances in the category.
- Only one grievance was filed in the category at the Circleville Juvenile Correctional Facility.
- Five facilities had no grievances regarding Administration: Freedom Center, Mohican, Scioto Ohio River Valley and Indian River Juvenile Correctional Facilities.

Grievance Decisions

As indicated above, the primary issue of concern prompted by the data contained in the CIIC report, pertained to the number and type of grievances in which there was no reported decision or action. In the above referenced meeting with the DYS Chief Inspector, it was relayed that these are errors of documentation, not of action. That is, it should not be assumed that there was no response, even though decisions and actions in response to a grievance were not documented in all cases.

The data provided at the follow-up meeting on the issue included the following:

- As shown above, during the four-month period, the largest number of grievances were filed at the Scioto Juvenile Correctional Facility with 568 grievances, comprising nearly 29 percent of all grievances system-wide.
- Ohio River Valley Juvenile Correctional Facility ranked second highest in number of grievances with 271.
- Cuyahoga Hills and Marion Juvenile Correctional Facilities reported the exact same number of grievances in the period with 265 each. They are followed closely by Mohican JCF with 263 grievances filed in the period.
- Circleville JCF ranks third lowest in number of grievances, with 223 filed in the period. Indian River JCF had nearly half that amount with 113 grievances filed.
- Only 22 grievances were filed at the Freedom Center, closely equivalent to their daily population.

Care should be taken in assessing the meaning of the data. A large volume of grievances at one facility is not necessarily cause for alarm, though it can be. A large volume of grievances can be a reflection of an atmosphere in which the youth feel totally comfortable with using the grievance procedure to report problems and to seek help in resolving them. A large volume of grievances can reflect confidence in the grievance filer that using the grievance procedure is the proper and best method to resolve a problem, and may reflect an absence of fear or threat of retaliation.

In the case of Scioto Juvenile Correctional Facility, CIIC staff review indicated that about half of their grievances were filed by the girls, and the other half by the boys. The smaller number of female youth at Scioto JCF compared to the male youth population tends to indicate that the girls are more willing to use the grievance procedure. This is totally opposite in the adult prison system, where the women are far less likely to use the grievance procedure than the men.

Rather than a gender issue, there is reason to believe that those in reception status, which would include all of the boys, tend to be reluctant to use the grievance procedure due to a perception that complaining might make things worse rather than better. In spite of the reported volume of grievances filed at Scioto JCF, it is quite possible that many more have chosen not to report problems, knowing that their stay is temporary, and they will be transferred in a fairly short time.

The volume of grievances at Scioto JCF should not prompt any effort to discourage use of the grievance procedure. The reporting of problems is part of the solution, not the problem. The volume of grievances at Scioto JCF overall, as well as the volume of grievances at other institutions in specific categories provides valuable information that can be used to identify problems in need of focus and attention. It can alert DYS Central Office and Superintendents to areas in need of improvement.

More effort should be made to ensure that all feel free to use the grievance procedure, and that all feel confident that use of the grievance procedure is the proper way to solve a problem. Once that is accomplished, the data on grievance usage by subject system-wide and by institution, can be an on-going valuable source of information for the DYS Central Office staff and their Superintendents.

Appeals

Grievance data was provided on appeals from each institution from January 1, 2006 through April 30, 2006. A total of 45 grievances were appealed system-wide, ranging from no appeals from Indian River or Marion JCF to a high of 30 appeals from Scioto JCF, comprising 66.7 percent of the appeals.

During the same time period from January 1, 2006 through April 30, 2006 data on grievance appeals received by the Chief Inspector, shows a total of 92 appeals. In all, there were 60 denials, comprising 65.2 percent of the appeals. According to the data, 21 appeals were "Returned" to the institution for processing. There were seven appeals categorized as "Other." Only four appeals were granted, comprising only 4.35 percent of the appeals.

- The percentage of appeals that were *Denied* range from zero at Freedom Center and Ohio River Valley JCF, to 100 percent at Cuyahoga Hills JCF.
- Over 90 percent of the appeals from Circleville JCF were denied.
- At Mohican JCF and Scioto JCF, 75 percent and 76.1 percent of the appeals were denied respectively.

- Over 66 percent of the appeals from Indian River JCF were denied.

Indian River Youth Council

Only 38 grievances were filed at the Indian River Juvenile Correctional Facility, comprising only 2.7 percent of all DYS grievances, the second lowest volume of all facilities. Freedom Center's 20 grievances in the period ranked the lowest of all facilities, but its population is by far the lowest as well.

In the meeting with DYS staff, it was relayed that the low number of grievances at Indian River is believed to be due to a Youth Council that has been formed.

In checking further with the Indian River Juvenile Correctional Facility ACA Coordinator who serves as Co-Chair of the Youth Council, it was relayed that the Council was started in March 2006 in response to a high number of grievances. One youth per unit is appointed by teams to serve on the Youth Council. They meet with the ACA Coordinator and all Unit Administrators once per month to discuss quality of life issues and conditions of confinement. Discussion includes a subject considered "grievance of the month."

The youth have provided much input regarding program ideas. Indian River just started re-entry initiatives such as Boy Scouts and Junior Achievement providing life skills and job interview information to youth, areas that the youth expressed that they need and want.

All administrators and the Youth Council have lunch together and receive an update on matters. The youth then return to their unit and pass the information on to youth in a Unit or Town Hall meeting. Documented minutes of the meetings and participation by administrative staff, demonstrate that the Youth Council is being taken seriously.

Guests

The minutes show that in a number of cases, issues expressed during the meetings resulted in an invitation for a particular staff person to attend the next meeting so that the issues could be addressed.

In addition, the minutes show that in one of the meetings, the DYS Youth Attorney who goes to all facilities gave the youth a brief overview of her services. She explained her role and explained to the youth the importance of following the grievance process. She deals primarily with conditions of confinement and will assist youth in resolving these issues. She is not able to assist with additional time given to youth by the Release Authority or with convictions for rule violations (IDCs). If possible, she may assist with judicial releases.

Further, the DYS Youth Advocate visited the Council. He explained that he visits each institution twice per month, and assists any of the youth with any issues or concerns where possible.

The concept of the Youth Council is regarded as an excellent one, certainly worthy of development at other facilities. The ACA Coordinator noted that Indian River grievances are up again, so it should not be assumed that the existence of a Youth Council necessarily eliminates grievances. It seems ideally suited for the larger issues, but should not be expected to substitute for the essential grievance process.

"Circumventing" the Grievance Process

The Chief Inspector's Annual Report (Spring 2005), states that the kite system has been implemented in the majority of facilities, with no formal tracking procedure in place, and has in some cases provided an avenue for the grievance process to be circumvented. Reportedly, several facilities moved towards the kite system to allow youth a way to express their concerns regarding conditions and treatment by staff. Further, the report states that there is no formal mechanism to track the use of kites or resolutions provided to youth. Per the report, the kite system is overseen at a site level, but the Chief Inspector does not control recording or tracking of kites.

In the same way, the Youth Council could be viewed as "circumventing" the grievance process. However, caution is urged in viewing either means of communication of concerns to staff as circumvention. As long as documentation exists from kite log summaries and Youth Council minutes, and that information is shared with the Grievance Coordinator, Superintendent and Chief Inspector, the information will be known by those with responsibilities pertaining to the grievance procedure.

Further, the content of kite communication is not necessarily a problem, but may be, and oftentimes is a mere question or request. Similarly, not all topics discussed at a Youth Council meeting would necessarily end up in individual grievances. They might include suggested improvements that a youth might relay to a youth representative, but would not bother to "Grieve." Both means of communication can be proactive in addressing matters before they become problems that end up in grievances.

Town Hall/House Meetings

Nothing but good can come from avenues of positive communication exchanges between youth, unit staff and the administration. The Town Hall or "House" Meeting concept was an integral part of the original federal model of unit management. It clearly promotes communication between unit staff and youth, whether regarding problems, solutions, upcoming changes or simply updated information that they need to know. In a sense, it can be viewed as yet another means by which quality of life and conditions of confinement issues may be brought to light by youth who might otherwise choose not to file any grievance. It therefore can serve as a positive way to prevent the need for grievances on broader issues affecting many, if those problems are ultimately addressed.

Grievance Database (Activity Management System)

The above referenced DYS Chief Inspector's Action Plan states that the database for grievance codes will be corrected. Based on the information provided by the DYS Chief Inspector, facility staff gathered grievance data using a grievance code consisting of 18 subject categories. However, data columns existed for only 13 of the categories, so that no data columns existed for the data gatherers to tally the following grievance categories: Mental Health, Staff Verbal Abuse, Youth Verbal Abuse, Access to Legal Counsel and All Other Issues. Some facility staff may have omitted the data on grievances pertaining to one of the five omitted columns, while some may have logged the data in one of the other 13 categories. Based on the above, the information provided below from the Chief Inspector on the subjects of grievances is highly inaccurate.

According to the Chief Inspector's Annual Report (Spring 2005), sites continued to use the AMS database to enter all grievances received, their resolutions, and any other concerns related to a specific grievance. In August 1999 the Chief Inspector was tasked with developing a statewide incident reporting system for DYS. In August 2001 a staff person was hired into the Chief Inspector's office to fully develop the incident reporting database, renamed "Activity Management System" (AMS). Scioto JCF started the pilot implementation in October 2001 with two hours of training per shift. By the end of 2001, Marion JCF became the second site for training and implementation.

During 2002 all institutions began using AMS. The Spring 2005 report states that 2004 showed an improvement in the way the managers used AMS, and the reports have become more concise and clear. However, it was noted that some still do not use AMS to its fullest potential to track investigations or outcomes. According to the report, 2004 was the second year all sites were able to enter incident reports into AMS.

In light of the above database history, with the Chief Inspector's office developing the system and the years in which it has been in use, it is not understood why numerous grievance categories dictated by policy were mistakenly omitted, and why it took this long for the institutions to report the error or for the Chief Inspector's office to become aware, in spite of the Chief Inspector's duty per administrative rule to "Continually monitor the utilization and operation of the youth grievance procedure."

Monthly Report Format

The grievance information that is received by CIIC for monitoring purposes is in narrative form. The May 2006 report is 98 pages in length. Others have far exceeded 100 pages. In the meeting with DYS staff, it was relayed that the Chief Inspector receives the very same monthly reports in the same narrative format that is received by CIIC.

As mentioned in the meeting, the narrative format of the monthly reports definitely has the advantage of providing a better understanding to the reader of the nature of the

problem, issue or concern being relayed in a grievance. However, there are significant disadvantages to the present means of reporting on grievances in a month.

Detail is always lost when narrative information is categorized and reduced to statistical format. However, the typical 100+ page monthly report requires a great deal of time just to read. Even more time is required to carefully analyze the information. Knowing the time that CIIC staff had to devote to the project, it is expected that DYS staff have equal time constraints which impact the extent to which Superintendents and the Chief Inspector are able to devote to a meaningful review of the monthly grievance reports. If the lengthy monthly reports are not being read internally, the information is not serving as a management tool.

The goal should be to present the monthly reports in such a way as to provide meaningful information that the Superintendents and Chief Inspector need to know to ensure that the grievance procedure is responsive and effective in resolving problems, and to alert them to the subjects of grievances which warrant further attention, monitoring, and possible corrective action. However, it also must present the information in such a way that the reader can quickly assess the meaning and content of the report.

Based on the above, DYS staff were provided with a copy of the monthly report form used by the Inspectors in Ohio prisons to document the number, type and status of grievances filed in the month, to show how the same information could be presented in statistical form for review and study in much less time.

Still, the Chief Inspector's Annual Report (Spring 2005) section on the Activity Management System database tends to indicate that the grievance information ought to be available in statistical form, though it reportedly is not.

Chronology of Development

The DYS database was created by a staff person within the Chief Inspector's office, and that office's primary mission is the grievance procedure. Further, it is assumed that the database was created in part to provide the data needed to produce the required report to include a statistical and narrative summary as to the numbers and nature of all grievances processed during the report period, their disposition, and the status of all pending grievances by institution and region throughout the Department of Youth Services. It is not understood why meaningful information for monitoring purposes regarding grievances filed and decided, is not immediately available to DYS.

Administrative Rule and Policy Comparison

CIIC staff conducted a review of the DRC and DYS grievance procedures to identify similarities and differences, a process that revealed many positive aspects of the DRC grievance procedure, which if adopted by DYS, could assist in the development of improvements.

Medical Grievances

The AR on the inmate grievance procedure was most recently amended effective January 20, 2006. It is significant language stemming from the Nathan assessment as well as from Fussell, a medical class action. The AR states that, *"Grievance appeals concerning medical diagnosis or a specific course of treatment shall be investigated and responded to by a health care professional."* The Chief Inspector's office now has a Registered Nurse in the position of Assistant Chief Inspector, with his office physically located within the DRC Office of Correctional Healthcare, with easy access to the DRC Medical Director for consult when warranted. *The provision in the language is just one example of what DYS could do to make the grievance procedure more effective in addressing medical grievances*. Certainly, having a health care professional reviewing and responding to medical grievance appeals has improved confidence in the DRC grievance procedure for medical matters.

The provision of a Registered Nurse to serve as Assistant Chief Inspector on medical grievance appeals is believed to provide a valuable safeguard to identify and resolve needs for intervention and correction.

DYS Administrative Rules

In DYS, there is no Administrative Rule on the grievance procedure, only an AR on the Office of the Chief Inspector (AR 5139-5-02). The only other written related document on the Youth Grievance Process is contained in DYS Policy 304.03. *It is recommended that the grievance procedure be provided in Administrative Rule form, which would ensure a review by the Legislature's Joint Committee on Agency Rule Review, and which would also enable public input on any proposed amendments in the future.*

Based on a review of the titled list and content of DYS Administrative Rules, *only two* Administrative Rules of DYS are directly relevant to DYS institutions, the AR on the Chief Inspector and the AR on Visitors. In contrast, DRC has at least *59 Administrative Rules solely regarding their institutions.*

It is recommended that DYS adopt Administrative Rules per 5139.04 pertaining to its institutions to include all key areas of institutional operations. The benefits of implementing this recommendation would be major, not only for the youth, but also for the line staff, administration, guardians and parents of incarcerated youth, as well as the general public. For agencies such as DYS to go before the Legislative Joint Committee on Agency Rule Review to propose new rules, amendments or rescissions, not only complies with the statutory mandate, but also is in keeping with the benefits of transparency, opening their institutional operations and grievance procedure to input by outside stakeholders via public hearings by the Joint Committee on Agency Rule Review. Administrative Rules also provide a fundamental framework to standardize practices from institution to institution.

DRC Inspector, DYS Grievance Coordinator and DRC/DYS Chief Inspector

Per the DRC administrative rule on the Inspector, the Warden appoints the Inspector and Assistant Inspectors, who shall report directly to the Warden. However, the screening, interviewing, and selection of individuals for both positions requires the participation of the Chief Inspector, who maintains functional supervision of the Inspector and is involved in the performance evaluation of the Inspector.

It is recommended that the DYS Chief Inspector be provided with similar authority and responsibilities in order to define and strengthen the role of the DYS Chief Inspector to include participation in the selection of Grievance Coordinators (and any Assistant Grievance Coordinators), and in the provision of functional supervision as well as involvement in the performance evaluation of Grievance Coordinators (and any Assistant Grievance Coordinators.)

Clerical Support

The DRC Administrative Rule on the Inspector states that the Inspector *shall have sufficient authority, clerical support, and access to all records and areas of the institution in order to carry out the duties of the office.* Sufficient clerical support is essential, and ensures that professional staff can devote maximum time to the investigation and resolution of grievances. Clerical support can free up professional staff for such use of time, while also ensuring that the critical reporting and documentation duties are fulfilled. It is recommended that DYS incorporate such language in an AR on the Grievance Coordinator.

Inspector/Grievance Coordinator Duties

The DRC Administrative Rule requires the Inspector to facilitate all aspects of the inmate grievance procedure, and to *investigate* and respond to grievances filed by inmates.

The DYS policy states that the Grievance Coordinator is an exempt employee who oversees the grievance routing process, reviews all grievances, gathers information to respond and resolve grievances, completes their portion of the Youth Grievance Form, enters information into the database, and meets face-to-face with youth. The face-to face meetings with youth is a positive aspect of the description of the DYS Grievance Coordinator. Similarly, it is positive that language is included to "resolve" grievances. However, language should specifically state the duties of the Grievance Coordinator.

The DRC Inspector's duty to *investigate* grievances is consistent with the professionalism attributed to the position. *The professionalism attributed to the DYS Grievance Coordinator could also be enhanced if DYS Grievance Coordinators similarly were authorized and mandated to "investigate" grievances.*

Additional Duties of Inspector

The DRC Administrative Rule on the Inspector provides that the Inspector not only monitors the application of institutional and departmental rules and policies affecting conditions of confinement, reports to the Warden any noncompliance with recommendations for corrective action, and reviews and provides input on new or revised institutional policies, procedures and post orders. There is no such comparable language regarding a DYS Grievance Coordinator. *Yet, the role is an essential one, which would enhance the professionalism of the Grievance Coordinator position and would ultimately ensure compliance with Administrative Rules, policies and directives.*

Staff Assistance

The DYS language gives permission to any staff to help any youth to file a grievance. However, no one is given the *responsibility* to provide requested assistance. Without that, there is no assurance that needed assistance is provided. The specific limitations on allowable assistance plus prohibitions are detailed with respect to any attorney, yet left unclear regarding any staff restrictions on help to youth who wish to file a grievance. *Together, the language can be interpreted as sending a mixed message to staff about whether or not they should help any youth to file a grievance.*

Even though the policy states that if other staff are not available for assistance, the youth may contact the Grievance Coordinator or Superintendent, the language falls short of assigning clear responsibility to the Grievance Coordinator. It would be unreasonable to assign any such responsibility to the Superintendent. *It is recommended that the Grievance Coordinator be assigned the clear responsibility to provide requested assistance to youth on the filing of a grievance.*

Restrictions to Use of the Grievance Procedure

In DYS, there is no provision for restricting youth from use of the grievance procedure for alleged or substantiated abuse or misuse, which is regarded as positive. *Hopefully, that is an indication that there are no such restrictions in practice. If that is not the case, there is a definite need for corresponding language to guide any such practices, including the provision that only the Chief Inspector may grant or deny requests for restrictions, to designate the time period, and to authorize extensions.*

Disciplinary Action Due to Informal Complaint, Grievance or Appeal Content

The DRC Administrative Rule states that an inmate may be subject to disciplinary action for disrespectful, threatening or inappropriate comments made in an Informal Complaint, Grievance or Appeal. However, only the Inspector with the approval of the Chief Inspector may initiate disciplinary action based on the content of an Informal Complaint, Grievance or Appeal.

DRC also specifies in the AR that mere failure of the inmate to substantiate the grievance allegations shall not, by itself, be used as grounds to initiate disciplinary action. However, if it is found that an inmate has intentionally falsified information in an Informal Complaint, Grievance or Appeal, only the Inspector with the approval of the Chief Inspector has the authority to initiate disciplinary action against the inmate.

Again, DYS has no written provision on any of the above subjects, not regarding the writing of a Youth Behavior Incident Report (YBIR) for disrespectful, threatening or inappropriate comments in a Grievance or Appeal, not regarding the prohibition of writing a YBIR for failure to substantiate their grievance allegations, and not regarding the writing of a YBIR for intentionally falsifying information in a Grievance or Appeal, and not regarding the limitation that only the Inspector with the approval of the Chief Inspector, may take such action. *Without any written provisions to guide staff, we cannot assume that youth are not subject to disciplinary action based on what is written in a grievance, and we cannot assume that any such YBIRs are written only by the Grievance Coordinator with the approval of the Chief Inspector.*

For DYS to be silent on the subject leaves practices from institution to institution subject to their own discretion. For the sake of an effective DYS grievance procedure, it would be far more preferable for a written Administrative Rule to detail the extent to which disciplinary action may or <u>may not</u> be taken based on what has been written in a grievance or appeal.

Retaliation

Both DRC and DYS state that retaliation or the threat of retaliation for use of the grievance procedure is strictly prohibited. Both also provided that appropriate disciplinary action shall be taken against any employee found to be in violation of the prohibition against retaliation or the threat thereof.

Only DRC has a provision in the AR that states, "Any alleged or threatened retaliation may be pursued through the inmate grievance procedure." Rather than assume that one would know that retaliation for using the grievance procedure is grievable, *the DRC choice to specify in the AR that retaliation is grievable, is preferable.* It should be noted that over the years, DRC Inspectors have expressed the difficulty of proving retaliation.

DYS has nothing in writing on retaliation, and nothing in writing on the Grievance Coordinator's duties pertaining to inappropriate supervision or discrimination. *It is recommended that DYS seriously consider adopting an administrative rule comparable to 5120-9-04 to include retaliation and inappropriate supervision as areas that warrant special investigation by the Grievance Coordinator, regardless of whether the youth chooses to file a grievance.*

Provision of staff training regarding retaliation, discrimination and inappropriate supervision is also recommended. The DRC Inspectors or DYS Grievance Coordinators would be the most appropriate persons to provide such training. If the task is delegated

to a Training Officer or other staff, the topics may not be covered to the extent or depth desired, and may not reflect the same perspective or attitude had by the Inspectors and Grievance Coordinators. In follow-up communication with DRC staff, it was relayed that the Inspectors conduct training, orientations, pre-service (Chief Inspector's Office) and in-service, and that these topics are included.

Confidentiality

The DRC Administrative Rule on the Inmate Grievance Procedure states that grievance records are considered confidential and shall be maintained by the Inspector in a secure manner. It further states, "No grievance records shall be placed in any inmate file which is available to the Adult Parole Authority, except when the record is the basis of disciplinary action initiated by the Inspector and authorized by the Chief Inspector. This provision is extremely important, and is directly related to the prohibition of retaliation.

According to the DYS policy, the Grievance Coordinator informs the Superintendent and Department Heads "when appropriate" of grievance content. DYS provides access to the Grievance Coordinator, Superintendent and designee for collecting, entering grievances into the AMS database. Therefore, anyone with access to AMS potentially has such access to grievances. There is nothing that restricts access to grievance information, and nothing to prohibit staff access, including to the Release Authority or Parole Officer. *It is strongly recommended that language be included in an administrative rule to limit staff access to grievances and to prohibit grievances from being placed in a file available to the Release Authority.*

Chief Inspector's Decisions

Per AR, the DRC Chief Inspector has the "authority and responsibility to render dispositions on inmate grievance appeals and render dispositions on grievances against the Wardens and/or Inspectors." The DRC Chief Inspector's decisions are *final.*

Per AR, the DYS Chief Inspector "shall be responsible for recommending to the Director the final resolution of youth grievance appeals." *It is recommended that the DYS Chief Inspector be granted the authority and responsibility to render the final decision on appeals, as well as grievances regarding Superintendents.*

The DYS Chief Inspector was contacted for clarification on the implementation in practice of the provision that the Chief Inspector submits recommendations to the Director for final resolution of youth grievance appeals. Section E of the DYS policy 304.03 on the Youth Grievance Process was cited, which states, "*The response of the Chief Inspector shall be the final step in the grievance process*." Internal policies cannot amend or correct language in administrative rules. In this instance, to state in policy that the Chief Inspector's response is the final step *does not resolve* the Administrative Rule's provision that the Chief Inspector "shall be responsible for recommending to the Director the final resolution of youth grievance appeals."

Chief Inspector's Duties

It is recommended that the DYS Chief Inspector be provided with such authority and responsibility regarding institutional Grievance Coordinators to include participation in their screening, interviewing and selection, as well as provision of functional supervision of such staff, and participation in such staff's annual performance reviews for such positions.

Audits

The DRC Chief Inspector is required to "administer and supervise the internal and external audit procedures."

The DYS Chief Inspector has far more extensive language regarding audits. The AR defines "Grievance Audit" as "A monitoring mechanism utilized to determine a site's performance and compliance with the current grievance policy." The AR states that the audit "shall also measure the youth's knowledge and understanding of the grievance process."

The DYS Chief Inspector has jurisdiction beyond the institutions, to include grievances and grievance appeals filed by youth who have been released and are on parole supervision. That is not the case with the DRC Chief Inspector. *It is suggested that consideration be given to the multiple benefits which would result by allowing the DYS Chief Inspector to focus efforts exclusively on those who use the grievance procedure while incarcerated in DYS facilities.*

Administrative Rules and Policies

Per AR, the DRC Chief Inspector has the authority and duty to "monitor and provide input relative to any proposed new or revised administrative rules or policies of the Department." Further, the Chief Inspector is to "Coordinate the revision, dissemination, annual review and maintenance of departmental policies."

There is no such language in the AR on the DYS Chief Inspector. *There is wisdom in assigning the Chief Inspector with such authority and responsibility. DYS is urged to grant the Chief Inspector with the authority and responsibility to monitor and provide input on any proposed new or revised administrative rules or policies of DYS, and to coordinate the revision, dissemination, annual review and maintenance of DYS policies.*

Monitor Orientation, Use and Operation of the Grievance Procedure

The AR on the DYS Chief Inspector requires the Chief Inspector to "monitor the orientation of youth to the use of the grievance procedure," and also to "continuously monitor the utilization and operation of the youth grievance procedure."

There is no comparable language in the AR on the DRC Chief Inspector. However, the DRC Chief Inspector clearly fulfills such a monitoring role in all three aspects cited above.

Time to File

In DRC, inmates must file an informal complaint to the direct supervisor of the staff member or department most directly responsible for the particular subject matter of the complaint, and *must* file *within 14 calendar days* of the date of the event giving rise to the complaint. The informal complaint may be waived if the Inspector determines that there is a substantial risk of physical injury to the grievant, the complaint pertains to use of force, inappropriate supervision or other good cause.

In DYS, the policy states that a youth *may choose* to resolve a situation by seeking an informal resolution, which is "When a youth and staff reach a solution acceptable to both by talking out or otherwise informally negotiating a successful settlement by themselves or with the help of the appropriate supervisor." *DYS has no time limit on youth to pursue informal resolution, to file a grievance, to appeal to the Superintendent, or to appeal to the Chief Inspector. The lack of a time limit is regarded as a positive aspect of the DYS grievance procedure.*

Time to Respond

In DRC, staff shall respond in writing within seven calendar days of receipt of an informal complaint. If no response is received in a reasonable time, the inmate should contact the Inspector. The Inspector is required to take prompt action to ensure that a written response is provided to the informal complaint within four calendar days. If a response is not provided by the end of the fourth day, the informal complaint is automatically waived. The Inspector must monitor staff compliance with the informal complaint process, and report any pattern of non-compliance to the Warden for appropriate action.

The Inspector is required to provide a written response to the grievance within 14 calendar days of receipt. The Inspector may extend the time to respond for good cause with notice to the inmate. Any extension beyond 28 calendar days from the date the response was due must be approved by the Chief Inspector.

The DRC Chief Inspector must provide a written response within 30 calendar days of the receipt of an appeal, but may extend the time for good cause with notice to the inmate.

In DYS, there is *no time limit* on staff in an Informal Resolution. If the DYS Grievance Coordinator determines that a grievance is a priority grievance, the Grievance Coordinator shall immediately notify the Site Manager and all appropriate actions shall be taken to resolve the issue. Priority grievances require immediate response to the youth, not to exceed 48 hours.

If the youth is not satisfied with the Grievance Coordinator's response and wishes the Site Manager to review the decision, the youth completes Section E on the form and places it in the locked grievance box. The Site Manager has 10 business days from receipt of the grievance to respond to the youth. The DYS policy states that, "The Site Manager or designee shall advise the youth in person of the decision." If the youth is not satisfied, the Site Manager must immediately provide the youth with the original Youth Grievance form. If the youth wishes to appeal the Site Manager's decision, the youth completes Section G and mails the grievance to the Chief Inspector for review. Youth are provided with an envelope on request for such mailing, and the envelope is placed in the locked grievance box. It is the responsibility of the Grievance Coordinator or Site Manager's designee to ensure that all mail addressed to the Chief Inspector is stamped and mailed directly to the Chief Inspector. The Chief Inspector has 10 business days from the time of receipt to respond to a youth's appeal. The Chief Inspector may grant an extension if necessary, but must notify the youth and Site Manager.

Informal Complaint

As noted above, the DRC has an Informal Complaint form which serves as the first step to the grievance process. The advantage is that a copy of the Informal Complaint is retained by the inmate, and a copy is submitted to the Inspector to monitor content, staff responses, and timeliness of responses. There are many more informal complaints filed than grievances, in some cases because the problem is resolved. DYS has no Informal Complaint form.

Steps

DRC has potentially three steps to its grievance procedure: 1. Informal Complaint to Staff Supervisor, 2. Grievance to Inspector, 3. Appeal to Chief Inspector. In certain instances, the DRC informal complaint step is waived. DYS provides youth with the option to skip an informal resolution, and to use a three-step process: 1. File a grievance with the Grievance Coordinator, 2. Appeal the decision to the Site Manager (Superintendent), 3. Appeal the decision to the Chief Inspector.

Copy of Complaint

In DRC, a carbon copy of the Informal Complaint is retained by the inmate, one is submitted to the Staff Supervisor, and one is sent to the Inspector. In addition, a copy of the grievance goes to the inmate and to the Inspector. Lastly, the inmate retains a copy of the Appeal to the Chief Inspector, while the appeal goes to the Chief Inspector. The Inspector receives a copy of the response, as well as the inmate.

In DYS, there is no record of the youth's attempt at informal resolution. Youth do not have a copy of the Youth Grievance form that was completed and dropped in the locked box. Further, the youth does not have a copy of the Youth Grievance form as it progresses through the chain of recipients from the Grievance Coordinator to the Site Manager and to the Chief Inspector. It could be lost, or potentially destroyed. *It is recommended that youth be provided with a copy of their grievance, the response of the Grievance Coordinator, Site Manager and Chief Inspector's decisions.*

Further, if the Site Manager's designee is not the same person at all times, different interpretations could be reflected in the database of grievances. If there are multiple designees, the confidentiality of the grievance is further jeopardized.

DEPARTMENT OF REHABILITATION AND CORRECTION
INMATE GRIEVANCE PROCEDURE REVIEW

Report Date: May 23, 2006

Introduction

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee. Data considered in preparing the May 2006 report was taken from information that was provided by the Chief Inspector's office of the Department of Rehabilitation and Correction for calendar years 2003 and 2004. The response of the Chief Inspector's office to the May 2006 report is included at the end of this report summary.

The Correctional Institution Inspection Committee has a statutory duty to provide information and an evaluation, which shall become public, regarding the grievance procedure. The Correctional Institution Inspection Committee (CIIC), pursuant to Ohio Revised Code 103.73 (Duties of inspection committee), has the statutory duty to submit a biennial report that "shall contain a separate evaluation of the inmate grievance procedure at each state correctional institution." In partial fulfillment of the requirement, a section has been included in each of the separate inspection reports, which provides data from the Inspector's monthly grievance reports, and also includes any significant information relevant to the grievance procedure received on site during the inspection, as well as in communication from staff and inmates outside of the inspection.

The Committee's ongoing evaluation of operations, conditions, programs and grievance procedure is a fluid, continuous process. With that, this report provides an opportunity to communicate our assessment of the data provided by the Office of the Chief Inspector relevant to the inmate grievance procedure as part of our ongoing evaluation.

Based on its statutory duty and belief in the procedure, the CIIC plans a more extensive evaluation and continued interaction with the Department. The CIIC has increased communication with the Department's Chief Inspector. This has been achieved in part through the establishment of quarterly meetings with the Chief Inspector and Assistant Chief Inspectors. This report, which is based on data provided by the Office of the Chief Inspector, also addresses the mandate to evaluate the grievance procedure.

The Department of Rehabilitation and Correction and the Correctional Institution Inspection Committee are both interested stakeholders, which can effect positive improvements in the effectiveness of the inmate grievance procedure in order to reap tremendous benefits for all concerned. Just as the Statute requires the CIIC to "Evaluate and assist in the development of programs to improve the condition or operation of correctional institutions," a primary purpose of evaluating the grievance procedure is to identify any areas in need of improvement. Thus, this report includes recommendations to assist in the development of improvements in the grievance procedure.

Relevance of Taylor

The CIIC has carefully appraised and studied the inmate grievance procedure (IGP) since the Committee's inception in 1978, and fully appreciates the importance of the grievance procedure for its potential as a problem solving mechanism, as well as a management tool, alerting the Inspector and Chief Inspector to problems, issues and concerns in need of their attention. There is reason to believe that an effective grievance procedure can actually prevent costly litigation, and can prevent the tremendous financial and human cost of violence and uprisings, thereby serving fundamental safety and security purposes. The importance of having an effective grievance procedure cannot be overstated.

The importance of the grievance procedure was made clear to the CIIC in its first year of operation in 1978 at one of the first Committee meetings. Testimony was received from Attorney Vincent Nathan, then Special Master in the class action, Taylor vs. Perini affecting the Marion Correctional Institution. During the initial hearings of the previously proposed legislation to create the Correctional Institution Inspection Committee, he urged Legislators to include the language that now requires the Committee to evaluate the inmate grievance procedure. In his testimony at the 1978 CIIC meeting, Committee members were advised of the critical importance of having an effective inmate grievance procedure in the prison system, of the ability of an effective grievance procedure to prevent the enormous cost of prison litigation, and of the need for constant monitoring and evaluation to identify, and to bring about any needed improvements, due to changes which can occur over time. He spoke of the need to prioritize the Committee's ongoing monitoring and evaluation of the grievance procedure.

Outside Review Committee

As a result of Taylor, the inmate grievance procedure at the Marion Correctional Institution was different than any of the other institutions, because it had an Outside Review Committee composed of private citizens selected by the Warden who volunteered to come to the institution to review inmate grievances. If an inmate was not satisfied with the Inspector's decision on his grievance, he had the option to request a review by the Outside Review Committee. The Committee would meet with the inmate and also with the Inspector, review documents from the Inspector's grievance investigation, then submit their recommendation with the inmate's appeal to the Chief Inspector for decision. Based on inmate communication to the CIIC, without exception, the existence of the Outside Review Committee was viewed as an extremely positive aspect of the grievance procedure.

Every inspection of MCI in the Committee's history, included inquiry to the administrative staff regarding how the Outside Review Committee was working. Without exception, every comment made by staff over the span of years in which the Outside Review Committee existed, relayed praise for the Outside Review Committee, and relayed surprise that community members had offered such sensible, workable solutions to problems or conflicts relayed in grievances, solutions which prison staff had not considered. As a result of the consistently positive assessments regarding the Outside

Review Committee by the MCI staff, as well as the absence of complaints about the grievance procedure from inmates at MCI, the Correctional Institution Inspection Committee recommended that an Outside Review Committee be established at every Ohio prison.

Objections to the recommendation were based on the claim that the community of Marion was so unique that no other community could make an Outside Review Committee work in the way that it did at Marion Correctional Institution. Not only was the Outside Review Committee not expanded, but in 1991 after Taylor was settled, the Outside Review Committee was totally disbanded.

For many years, every Ohio prison has had a Citizens Advisory Committee appointed by the Warden. It would have been, and still would be relatively easy to form an Outside Review Committee of volunteers from within the community to be called upon to visit the institution on occasion, to review and offer opinions regarding grievance decisions pending appeal to the Chief Inspector. The ODRC is increasingly seeking community assistance and participation in the re-entry initiative. Providing the opportunity for citizens to serve in the Outside Review Committee role would not only enhance the effectiveness of the grievance procedure, but may well widen the network of potential partnerships for the expansion of the re-entry philosophy and initiative.

A meeting was conducted with CIIC staff, the DRC Assistant Director and DRC Chief Inspector following the submission of the CIIC Biennial Report of January 2005. The meeting included discussion of the proposed Outside Review Committee.

Although the DRC Assistant Director disagreed with the suggestion, it is just one method by which the DRC could improve inmates' faith and confidence in the grievance procedure as an effective way for inmates to have a problem or issue resolved. Regardless of the method used, such faith and confidence in the grievance procedure is in need of improvement. The low percentage of grievances that are resolved and the high percentage that are not resolved tend to explain why so many report having little faith in the grievance procedure.

Interpreting the Volume of Grievances

Marion Correctional Institution (MCI) experienced major positive changes in operations, conditions and programs due to Taylor, so that it was widely viewed as a model institution. Still, MCI had the largest volume of grievances filed, more than any other Ohio prison in those early years following the creation of the CIIC. As demonstrated in the case of the MCI experience, a large volume of grievances, in and of itself, is not necessarily a negative indicator. It is not necessarily a red flag calling attention to a troubled institution. In fact, it can be, and in this instance is believed to have been, a positive factor, reflecting well on the grievance procedure at MCI. The volume of grievances is in fact, a measure of the extent to which inmates are using the grievance procedure. While a large volume of grievances at a particular prison can in fact be a

telling sign of problems in need of attention, the MCI experience remains an excellent example in which that was not the case.

There is reason to believe that in the case of MCI, the large volume of grievances at the time reflected an environment in which inmates felt free to use the inmate grievance procedure without fear of reprisal. With the message to ODRC staff of the priority importance of the grievance procedure, coupled with close monitoring by the Court, there was a level of confidence that the "retaliation or the threat of retaliation for the use of the inmate grievance procedure" which is "strictly prohibited" according to the Administrative Rule on the grievance procedure, in fact, would not be tolerated. From all indications and communication, there was a level of respect for the grievance procedure at MCI by line staff, administrative staff, and inmates alike that enhanced its effectiveness. Another factor that is believed to have contributed to the large volume of grievances filed at MCI during the period in which it was viewed as a model for the rest, is that inmates seemed to have far more faith in the fairness of the procedure because of the existence and involvement of the Outside Review Committee.

Steps and Statistics

The following offers clarification of the grievance process and an analysis of the statistics presented in the calendar year 2004 Annual Report of the Office of the Chief Inspector (henceforth referred to as simply "the Report"). The Report provided an official compilation of data from all Inspectors regarding the filing of inmate grievances and dispositions.

The inmate grievance procedure is structured as a three-tiered process. The procedure begins with the submission of an informal complaint resolution (ICR) by the inmate to the department in question. In the case of an ICR that includes allegations pertaining to a particular DRC staff person, the ICR should be submitted to the direct supervisor of that staff person. If the inmate is not satisfied with the response he receives to that ICR, he may appeal the response by submitting a notification of grievance to the Institutional Inspector. He may further appeal the decision of the Inspector to the Chief Inspector, which is the final step and last opportunity for appeal. Grievances and ICRs are categorized by subject matter. The broad categories are:

Institutional Operations

- Health Care
- Dental Care
- Psychological/Psychiatric
- Safety and Sanitation
- Facilities Maintenance
- Food Service
- Laundry/Quartermaster
- Commissary
- Inmate Account
- Personal Property

Institutional Programs

- Education/Vocational Training
- Inmate Groups
- Job Assignments
- Library
- Recovery Services
- Recreation
- Religious Services

Communications

- Mail/Package
- Visiting
- Telephone

Administration

- Records
- Legal Services

Staff/Inmate Relations

- Force/Supervision
- Discrimination
- Staff Accountability

Custody and Housing Status Security Classification

- Institution Assignment
- Housing Assignment
- Special Management Housing
- Protective Control

Non-Grievable Matters

According to the Report, a primary focus of Inspector activity involves an examination of the dispositions rendered at each institution. The Report presented a general overview of the number and rate of grievances filed at each institution, as well as to the final state of grievance resolution—whether resolved or not resolved. The Report also examined data on original grievances submitted to the Chief Inspector, which pertain solely to Wardens or Inspectors. In addition, aggregate numbers pertaining to the submission of informal complaints system-wide was included.

All statistics found within this report that are not otherwise denoted were taken directly from the Chief Inspector's Reports of CY 2003 and 2004. Any other statistics are calculated based on those numbers.

American Correctional Association (ACA) Standard

Compliance with ACA standards is sought by individual institutions as an indicator of the quality of operations, care, programming, and services within the institution. According to the ACA Standards for Adult Correctional Institution, the ACA Standard on grievance

procedures, 4-4284 requires only that "There is a written inmate grievance procedure that is made available to all inmates and that includes at least one level of appeal." The ODRC grievance procedure is in written form, in Administrative Rule 5120-9-31. There is also an Administrative Rule on the Office of the Inspector, Administrative Rule 5120-9-29, and on the Office of the Chief Inspector, Administrative Rule 5120-9-30. Through the opportunity to appeal an Inspector's decision to the Chief Inspector, the grievance procedure fulfills the appeal requirement.

The Administrative Rule on the grievance procedure includes general language that seeks to ensure that it "is made available to all." That is, AR 5120-9-31 states, "Appropriate provisions shall be made to ensure access to the inmate grievance procedure by inmates not fluent in English, persons with disabilities, and those with low literacy levels." However, "appropriate provisions" are not defined. A significant number of inmates have communicated the concern that mentally ill inmates, the illiterate, and others with low education levels, reportedly do not receive the needed help for them to use the grievance procedure. Many inmates without such handicaps have relayed frustration, difficulty, and confusion in using the grievance procedure.

Further, inmates have reported difficulties with access to the grievance procedure when necessary grievance forms have reportedly not been provided on request, or have been provided only after delays, thus making it difficult if not impossible to proceed with the next step of the grievance within the required timeline.

According to the ACA Standards for Adult Correctional Institutions, "A grievance procedure is an administrative means for the expression and resolution of an inmate's problems." Clearly, the grievance procedure provides a valuable function by merely providing a means of expression of inmate problems. However, if the grievance procedure does not also effectively function as a means to actually solve problems and address issues of concern, it is falling short of fulfilling its primary purpose.

ACA Recommendations

While the ACA Standard itself provides little basis for evaluation of the inmate grievance procedure, the ACA provides additional detail in its seven recommendations pertaining to grievance procedures. According to the ACA, grievance procedures should provide:

- Written responses to all grievances, including the reasons for the decision;
- Response within a prescribed, reasonable time limit, with special provisions for responding to emergencies;
- Supervisory review of grievances;
- Participation by staff and inmates in the procedure's design and operation;
- Access by all inmates, with guarantees against reprisals;
- Applicability over a broad range of issues; and
- Means for resolving questions of jurisdiction.

The Ohio Department of Rehabilitation and Correction does meet the ACA Standard in providing for an inmate grievance procedure in practice that correlates with the seven recommendations.

Written Responses

The ODRC grievance procedure clearly ensures that inmates are provided with written responses, though there is nothing in the Administrative Rule to require "reasons for the decision". Administrative Rule 5120-9-31 states, "Informal complaint responses should reflect an understanding of the inmate's complaint, be responsive to the issue, cite any relevant departmental or institutional rules or policies, and specify the action taken, if any." Regarding the Inspector's reply to a grievance, the AR states, "The written response shall summarize the inmate's complaint, describe what steps were taken to investigate the complaint and the inspector of institutional service's findings and decision." In regard to the appeal decision, the AR only states, "The chief inspector or designee(s) shall provide a written response within thirty calendar days of receipt of the appeal."

Time Limit

The ACA recommendation above applies to time limits on staff to respond to inmate grievances. Per the Administrative Rule on the grievance procedure, AR 5120-9-31:

> Staff shall respond in writing within seven calendar days of receipt of the informal complaint. If the inmate has not received a written response from the staff member within a reasonable time, the inmate should immediately contact the inspector of institutional services either in writing or during regular open office hours. The inspector of institutional services shall take prompt action to ensure that a written response is provided to the informal complaint within four calendar days. If a response is not provided by the end of the fourth day, the informal complaint step is automatically waived…
>
> The Inspector of institutional services shall provide a written response to the grievance within fourteen calendar days of receipt… The inspector of institutional services may extend the time in which to respond, for good cause, with notice to the inmate. The chief inspector or designee shall be notified of all extensions. Any extension exceeding twenty-eight calendar days from the date the response was due, must be approved by the chief inspector or designee...
>
> The chief inspector or designee(s) shall provide a written response within thirty calendar days of receipt of the appeal. The chief inspector or designee(s) may extend the time in which to respond for good cause, with notice to the inmate.

The CIIC received a pattern of complaints from inmates about non-response to informal complaints, extensions on grievance decisions, and reportedly the same on appeal decisions. Inquiries made regarding reports of extreme delays in responses have frequently resulted in verification of extensions and responses still pending. In response to Representative John Willamowski's request, the DRC Deputy Chief Inspectors office was contacted on January 26, 2006 for information on the specific backlog in the DRC Chief Inspector's Office that was reportedly eliminated. It was relayed that in 2005, the Chief Inspector's Office received 3,039 grievance appeals, and that 241 were pending beyond 30 days. Medical grievance appeals for 2005 were reported to be current.

Inmates' Perception of the Grievance Procedure

Inmates' perception of the grievance procedure is an extremely important and often undervalued part of the procedure. The grievance procedure can be an effective and useful tool that can benefit both DRC and inmates alike. However, if the inmates do not believe it will result in solving the problem or addressing the issue, they will not use it.

Many inmates regard the grievance procedure as a last resort, some because they insist that they will be labeled a complainer or troublemaker, and believe retaliation will occur, so that problems will only increase if they use the grievance procedure. Whether it is true or not, the perception clearly exists. Many inmates therefore try to have a problem resolved by kite or in-person communication with multiple staff before even thinking about using the grievance procedure. They may ask an outside friend to call prison staff, Central Office staff, their local Legislator, or they may write to the Inspector General, and/or the CIIC. In many instances, even when the CIIC responds promptly to such communication, referring the person with the problem to use the grievance procedure, it is too late for them to do so.

Those who administer the grievance procedure tend to reinforce the perception that the grievance procedure should be a last resort, not a first response to a problem, in their practice of labeling certain inmates as "frequent filers", which is considered to be a negative rather than a positive label among staff.

Contrary to the ACA recommendation, there is no inmate participation in the design or operation of the inmate grievance procedure.

Retaliation

DRC Administrative Rule 5120-9-31 specifically prohibits retaliation or the threat of retaliation for the use of the grievance procedure, and allows inmates to use the grievance procedure to report any such retaliation or threat of retaliation. It further orders disciplinary action against those found to be in violation of the prohibition against retaliation or threat of retaliation. Therefore, the Administrative Rule falls short of providing "guarantees against reprisals." In reality, it is not believed to be possible to "guarantee" that no reprisal will occur. The best that any grievance procedure can do, is

to guarantee that a thorough investigation of any alleged threat of or actual reprisal, will be conducted, and when verified, corrective action will be taken, in accord with the AR.

One of the problems reported to the CIIC on the issue, is that retaliation is often reported to be in the form of a conduct report, either written by the staff person named in the inmate's grievance, or reportedly by the staff person's co-worker. To find an inmate guilty of a conduct report, all that is needed is "some evidence." A staff person's written statement on the conduct report, alleging an inmate's words or actions, has repeatedly been cited as meeting the requirement of "some evidence." In grievance decisions on allegations of such retaliation, which inmates have sent to the CIIC, Inspectors have cited the fact that the inmate received an RIB conviction for the alleged rule violation, and cited the RIB conviction as evidence that the grievance has "no merit."

Another concern is that an inmate who has in fact experienced retaliation for good faith use of the grievance procedure may be understandably reluctant to use the grievance procedure again to report it. Those who do, may find, as Inspectors have relayed to CIIC over the period of many years, that retaliation is extremely difficult to prove. Areas of alleged retaliation are reportedly in areas in which staff have the authority to exercise discretion. Without evidence that a staff person violated the prohibition against retaliation or threat of retaliation, no disciplinary or other corrective action can or will be taken.

The Staff/Inmate Relations section of each institution's Inspector of Institutional Services Monthly Report has subsections of Retaliation for Filing Grievance and Retaliation for Voicing Complaints, within the subsection of Force/Supervision. The Retaliation for Filing Grievance subsection contained 42 grievances for the time period of October 2003 to November 2004. The Retaliation for Voicing Complaints subsection contained 44 grievances for the time period of October 2003 to November 2004.

Time Limits

The time limit placed on inmates is an area of complaint about the grievance procedure, which merits serious consideration. Putting time limits on inmates to use the grievance procedure and each step of the grievance procedure, rejecting an informal complaint because it was not filed "within fourteen calendar days of the date of the event giving rise to the complaint," rejecting a grievance because it was not filed within "fourteen calendar days from the date of the informal complaint response or waiver of the informal complaint step," and rejecting an appeal because it was not filed "within fourteen calendar days of the date of the disposition of grievance," may be an indication that some have lost sight of its fundamental purpose, which is believed to be solving problems and, resolving conflicts. None of that occurs, not even any fact-finding investigation, when grievances are dismissed outright due to a due date.

Recommendations were previously sought by the CIIC legislators as to the "double standard" regarding grievance deadlines; that is, the alleged rigid enforcement of time limits on inmates to file their paperwork at each step of the grievance procedure,

compared to the alleged lack of enforcement of the deadlines for staff to respond to informal complaints, grievances, and appeals.

There was no deadline imposed on inmates for using the grievance procedure when the CIIC became operational in 1978. For at least the next decade, there was no such deadline. In all those years, in spite of relatively frequent phone inquiries to Inspectors throughout the prison system, not one ever mentioned any need for a deadline for inmates to file a grievance. Any lengthy delays in reporting a problem, which to our knowledge were extremely rare, were merely factors considered in the assessment and investigation.

The inmate deadline was first imposed by DRC policy, not by Administrative Rule. When the policy was abolished to resolve contradictions with the Administrative Rule, the deadline for using the grievance procedure was added to the Administrative Rule submitted December 7, 2001, effective January 1, 2002. The AR stated: "Within 14 calendar days of the date of the event giving rise to the complaint."

Deadlines effectively reduce the number of grievances filed, and deadlines effectively discourage use of the grievance procedure. Deadlines to using the grievance procedure are equivalent to closing the door on someone with a problem or burning issue that warrants investigation or corrective action. Just because the inmate is barred from using the grievance procedure, does not make the problem, issue, or perhaps angry inmate go away. The grievance procedure should be the place where all unresolved problems are documented and where the Department has the first opportunity to determine if the problem has merit or not.

Inmates report a number of reasons why they may file an informal complaint past the seven-day deadline, including medical issues, transportation to and from the hospital, and attempts to use other forms of dispute resolution to resolve their issue before using the grievance procedure. In addition, in order to file a grievance and in order to file a grievance appeal, the inmate must obtain the proper forms from the Inspector. Many inmates are unable to physically visit the Inspector's office to request the forms. Instead, they must send a "kite" to relay the request. Kites are supposed to be answered in person or in writing in five working days. However, the response time can be significantly longer.

Inmates complain of the double standard with respect to deadlines and due dates. That is, in practice, the deadlines for staff responses to the informal complaint, grievance and appeal, are reportedly routinely violated, while the deadlines applied to inmates who wish to use the grievance procedure are reportedly strictly enforced.

Chief Inspector Report Summary and Conclusion

The Report presents the following list of summarized conclusions regarding the information submitted by the Institutional Inspectors:

- Inmates in CY 2004 filed a total of 30,532 informal complaint resolution forms, which represents the first step in the inmate grievance procedure. Of the informal complaints filed, approximately 84% were completed within the seven-day timeframe. The 30,532 informal complaints filed represented an increase of 2.7% from 2003.
- A total of 6,324 grievances were filed during CY 2004. In comparison to the previous year, the number of grievances filed by inmates declined by 191, or approximately 2.9% from the 6,515 filed in 2003. This represents the third consecutive year that grievances filed with the Inspector have declined.
- An examination of data involving the first two steps in the grievance procedure (informal complaint and grievance) suggests that over half (55.2%) of all inmate complaints and concerns are being addressed to the satisfaction of inmates at the first stage in the grievance process (informal complaint resolution). A significant decrease was found to exist from the informal complaint to the formal grievance stage. A total of 28,204 responses from staff were received by inmates in comparison to the filing of a formal grievance (6,324), indicating that approximately 22.4% of all complaints were found to be unsatisfactory and resulted in moving to the next step of the grievance process.
- Similar to the past three years, the highest volume of grievances filed in CY 2004 was at the Southern Ohio Correctional Facility (656), Mansfield Correctional Institution (447), and the Ohio State Penitentiary (443). Combined, these three institutions represented close to one quarter (24.4%) of all grievances received during the calendar year.
- The highest percentage of grievances filed by inmates during the year involved six areas of complaints. Approximately one-fifth of all grievances concerned personal property (18.2%), followed by health care issues (16.6%), allegations of force and inappropriate supervision (15.9%), staff accountability (9.0%), problems with mail and packages (4.4%), and safety and sanitation (3.7%). Overall, these areas accounted for over two-thirds (67.8%) of all grievances filed during 2004.
- A total of 3,092 inmates filed a grievance during CY 2004, representing approximately 7 percent of the total inmate population on January 1, 2005. It should be noted that this number differs from that reported by the Institutional Inspectors in that the online grievance database has the ability to track inmates transferred from one institution to another so that no inmate is duplicated in the count.
- Of the number of grievances filed, approximately 40 percent (2,534) were appealed to the Office of the Chief Inspector, which constitutes the last stage of the inmate grievance procedure. Additionally, over 500 (509) grievances were filed against either the Inspector or the Warden directly to the Chief Inspector.

Informal Complaints

The Informal Complaint Resolution (ICR) is the first step of the inmate grievance procedure. Unless specifically waived, an ICR must be filed within 14 days of the event

that gave rise to the complaint. Although restrictions may be placed if inmates abuse the system, in theory an inmate may file as many ICRs as he wants.

2004 Top Ten Institutions By ICRs Handled

Institutions	Number of ICRs
Southern Ohio Corr. Facility	3,432
Ohio Reformatory for Women	2,443
Ohio State Penitentiary	1,938
Mansfield Corr. Inst.	1,693
North Central Corr. Inst.	1,537
Madison Corr. Inst.	1,371
Chillicothe Corr. Inst.	1,206
Lake Erie Corr. Inst.	1,171
Toledo Corr. Inst.	1,153
Grafton Corr. Inst.	1,141

The above ten institutions account for over half of the total number of ICRs filed within the entire DRC system. The top three institutions (SOCF, ORW, and OSP) account for one quarter of the total number of ICRs submitted within the system. The Southern Ohio Correctional Facility (SOCF) handles the largest number of ICRs by a wide margin.

Some institutions with larger populations would seem, simply by virtue of their larger size, to generate a greater number of ICRs. When the institution's population is taken into account, Ohio State Penitentiary (OSP) becomes the clear leader, with 4.25 ICRs submitted for each inmate housed. The high number may be a product of multiple factors. For example, the high levels of ICRs filed by both OSP as well as SOCF may be a result of the higher security level, more restricted freedom, and a greater amount of time spent in the cell.

As Medical Services is one of the largest categories of ICRs, it stands to reason that institutions that are medically oriented would also have more ICRs per inmate.

Untimely Responses to Informal Complaints

According to ODRC Administrative Rule 5120-9-31, an inmate must submit an Informal Complaint Resolution (ICR) within 14 calendar days of the date of the event that gave rise to the complaint. Staff must respond in writing within seven calendar days of receipt of the informal complaint. If no response is received within a "reasonable time," the inmate should notify the Inspector of Institutional Services, whose responsibility it is to take prompt action to ensure a response within an additional four calendar days. If still no response is received, the informal complaint step is waived and the inmate may proceed directly to filing a notification of grievance with the Inspector. The Inspector also has the responsibility of monitoring the rate of staff compliance with the informal complaint process. Untimely responses may delay any investigation that may be performed by the Inspector or Chief Inspector proceeding from the ICR and they may lessen inmates' faith in the efficacy of the system.

2004 Top Ten Institutions with Untimely Responses to Informal Complaints	
Institutions	**Untimely Responses**
Ohio Reformatory for Women	1,017
Toledo Corr. Inst.	318
Ohio State Penitentiary	311
London Corr. Inst.	295
Lake Erie Corr. Inst.	256
Madison Corr. Inst.	235
Trumbull Corr. Inst.	203
Marion Corr. Inst.	194
Pickaway Corr. Inst.	185
Southern Ohio Corr. Facility	185

ORW reported the large number of 1,017 untimely responses. According to the Chief Inspector's report, ORW handled only 2,443 ICRs in all of calendar year 2004. Thus, almost 42% of ICRs were responded to in an untimely manner. No reason is given as to why this number is so high. The Chief Inspector's report does not address the issue.

Although ToCI's number of untimely responses appears to be drastically smaller than that of ORW, ToCI handled only 1,153 ICRs during 2004—half the number of ICRs that ORW handled. Thus, 318 untimely responses accounts for almost 28% of its ICR load, which is still unaccountably high and may well have a deleterious effect on inmates' overall use of the grievance procedure. Similarly, LoCI reported untimely responses for 26% of the ICRs received.

CMC did not make the list due to the low total number of untimely responses (102). The institution only reported handling 252 total ICRs in 2004. Fully 40% of its responses were untimely.
Conversely, although SOCF did make the top ten list of untimely responses, due to its high volume of ICRs (3,432), the untimely responses accounted for only 5.4% of the total number of ICRs received, which is one of the lowest rates in the entire state correctional system. The lowest rates of untimely responses, taking into account total number of ICRs, belong to Warren Correctional Institution (1.5%), Noble Correctional Institution (2.5%), and Grafton Correctional Institution (3.3%).

Grievances

Grievances, the second step of the inmate grievance procedure, proceed from the informal complaints. If an inmate is not satisfied with the response that he receives to an informal complaint resolution, he may submit a notification of grievance to the Inspector of Institutional Services at his institution. The Inspector must then take steps to evaluate the inmate’s complaint and to initiate an investigation if warranted within the following fourteen days. The following are the numbers reported within the Chief Inspector’s report pertaining to the total number of grievances.

Grievance Statistics

	2003	2004
Grievances Completed During Year	6,649	6,361
Total Number of Grievances Filed During Year	6,515	6,324
Total Number of Inmates Who Filed Grievances During Year	3,193	3,092
Grievances on Hand at Beginning of Year	315	182
Grievances on Hand at End of Year	181	145
Highest Number of Grievances Filed By a Single Inmate	112	58
Second Highest Number of Grievances Filed By a Single Inmate	59	55

The above numbers show that the number of grievances filed is mostly stable across the biennium. Out of the 30,492 informal complaints filed during 2004, only 6,361 resulted in a grievance, or 21%.

A number of reasons exist for why an inmate may not file a grievance in response to an informal complaint response. The first, of course, is that the inmate was satisfied with the response received. Other possibilities include loss of interest, a lack of belief that using the grievance procedure will produce a satisfactory response, fear of retaliation, or other methods of dispute resolution have achieved the desired end. A high number of untimely responses to informal complaints may discourage inmates from further using the grievance procedure, especially if many weeks have passed since the incident in question occurred.

As shown in the above table, 3,092 inmates were responsible for the 6,361 grievances filed during 2004, or approximately two per inmate on average. According to the Report, the Ohio correctional system housed a total of 43,982 inmates in CY 2004. Thus, the 3,092 inmates compose approximately 7% of the total institutional population.

One inmate reportedly filed 112 grievances in 2003. The next highest number of grievances filed by a single inmate in 2003 is 59 grievances, which appears to be more consistent with the high numbers reported in 2004 (58 and 55). Given these numbers, it is apparent that the average of two per inmate is more than likely skewed by a high number of grievances filed by a minority of particularly disgruntled inmates. Thus, it is more likely that of the seven percent of inmates who actually file a grievance, most only file one during the entire year.

Inmates can be and are restricted from using the grievance procedure for "abuse or misuse." Administrative Rule 5120-9-31 on the grievance procedure provides that:

> Limited restrictions may be imposed, only with the approval of the Chief Inspector, based upon an inmate's abuse or misuse of the inmate grievance procedure. Such a restriction shall be for a stated period of time not to exceed 90 days and subject to an extension by the Chief Inspector if the inmate has not substantially complied with the restriction requirements.

Although it is possible that the grievance procedure is so seldom used due to general inmate satisfaction with the services provided by the state correctional institutions, it

seems an optimistic conclusion. A questionnaire should be distributed to seek input as to why inmates do not use the procedure more often.

What the low numbers do portray is that, in all likelihood, the majority of inmates only file a grievance when they are truly concerned about an issue.

2004 Completed Grievances by Area of Complaint

Area of Complaint	Completed Grievances
Personal Property	**1,152**
Health Care	**1,050**
Force/Supervision	**1,009**
Staff Accountability	570
Mail/Packages	281
Non-Grievable Matters	276
Safety and Sanitation	237
Food Services	225
Inmate Account	182
Housing Assignments	161

2003/2004 Comparison of Completed Grievances by Area of Complaint

Area of Complaint	Completed Grievances 2003	Completed Grievances 2004	Change
Personal Property	724	**1,152**	**+428**
Health Care	1,089	**1,050**	**-39**
Force/Supervision	1,279	**1,009**	**-270**
Staff Accountability	588	570	-18
Mail/Packages	333	281	-52
Non-Grievable Matters	243	276	+33
Safety and Sanitation	360	237	-123
Food Services	196	225	+29
Inmate Account	210	182	-28
Housing Assignments	143	161	+18

"Force/Supervision" was the area that received the highest reported number of completed grievances in 2003. The number of completed grievances fell by 270 between the two years. Of equal note was the spike in Personal Property grievances from 724 to 1,152. No discussion is made in the Chief Inspector's report to account for this increase. Within the larger category of "Personal Property," the largest number of grievances were filed pertaining to property that was "Lost, damaged, or confiscated by staff," which experienced an increase of 220 from 2003 to 2004.

Health care remains an ongoing issue for inmates; the second most reported complaint in both 2003 and 2004. Within this category, "Improper/Inappropriate Medical Care" is the most cited allegation. For the most part, it appears that the other areas of grievances remained stable between the two years. It is promising that the number of grievances in regard to Safety/Sanitation fell by 123 from 2003 to 2004. Although Religious Services did not make the top ten, the number of grievances filed in this category increased from 69 in 2003 to 108 in 2004.

Resolved (Granted) Versus Unresolved (Denied)

All grievance responses fall into two categories: Resolved and Not Resolved. (Since 2006 the categories are termed "Granted" or "Denied.") The Chief Inspector's Report defines Resolved grievances as resulting from one of the following:

- The problem was corrected;
- The problem was noted, correction pending; or
- The problem was noted with a report or recommendation to the Warden.

Grievances reported as Not Resolved fell into the following categories:

- Contrary to the Ohio Revised Code
- Contrary to Administrative Rule
- Contrary to Department policy
- Contrary to institution policy
- Staff action was a valid exercise of discretion
- There was insufficient evidence to support the claim
- It was a false claim
- There was a failure to use the informal complaint procedure (e.g. the inmate skipped to filing a grievance without first submitting an informal complaint)
- It was not within the scope of the grievance procedure (e.g. RIB matters)
- Not within the time limits.

As seen above, three of the possible reasons for a Not Resolved grievance involve the Inspector's determination that the grievances are either contrary to Administrative Rule, Department policy, or Institution Policy. However, the Administrative Rule on the grievance procedure, 5120-9-31, states:

> This procedure is designed to address inmate complaints related to any aspect of institutional life that directly and personally affects the grievant. This may include complaints regarding policies, procedures, conditions of confinement, or the actions of institutional staff.

There are good reasons why the Administrative Rule on the grievance procedure specifies that complaints regarding policies and procedures **may** be addressed through the grievance procedure. Issues of concern regarding new, amended, or outdated policies and procedures could provide valuable guidance to those with the authority to revise policies and procedures. Grievances determined to have merit could result in recommendations to the warden in regard to institutional policy. Those pertaining to Administrative Rules or ODRC policy could result in recommendations to the appropriate DRC Central Office staff.

It is an apparent contradiction for the Administrative Rule to state that policies and procedures are grievable, yet the ODRC grievance report forms list three of the nine

possible reasons for rejecting/dismissing grievances as those pertaining to Administrative Rule and policies.

2004 Completed and Resolved Grievances

Area of Complaint	Completed Grievances	Resolved Grievances
Personal Property	1,152	455
Health Care	1,050	177
Force/Supervision	1,009	166
Staff Accountability	570	127
Mail/Packages	281	78
Non-Grievable Matters	276	13
Safety and Sanitation	237	55
Food Services	225	56
Inmate Account	182	52
Housing Assignments	161	24

While close to 40% of property issues are reported as Resolved, only 17% of Health Care grievances receive the same classification. Similarly, only 16% of Force/Supervision grievances were Resolved. Only 16% of Force/Supervision complaints were deemed to have merit and corrective action of some form was taken in response.

Racial Consideration in Grievance Resolution

2003/2004 Comparison of Grievance Resolution by Racial Group

	2003		2004	
	Resolved	Not Resolved	Resolved	Not Resolved
White	665	2,456	719	2,241
Black	733	2,634	733	2,548
Other	14	63	15	53

In 2003, 79% of grievances filed by White inmates were classed as Not Resolved, 78% by Black inmates, and 82% by Other racial groups. In 2004, 76% of grievances filed by White inmates were classed as Not Resolved, 78% by Black inmates, and 78% by Other racial groups. No racial discrimination appears to be noted in the final state of resolution of grievances.

Extensions in Grievance Decisions

Similar to the reported numbers of untimely responses to informal complaints, the number of extensions reported by Inspectors jeopardizes the perceived efficacy of the inmate grievance procedure. To ensure that inmates believe that their concerns will be appropriately evaluated, professional consideration needs to be given to punctuality. Untimely responses will negatively impact inmates' use of the grievance procedure.

2003/2004 Comparison of Grievance Extensions

	2003	2004
14-Day Extensions	804	772
28-Day Extensions	178	160
Total Extensions	**982**	**932**

In 2003, reportedly 6,649 grievances were completed during the year. Of those, almost 15% received some kind of extension.

Grievance Complaint by Category

The following tables present Resolved and Not Resolved Grievances, separated into subcategories by specific areas of complaint. The categories of complaints are those that the Institutional Inspectors use in reporting monthly data to the Chief Inspector's Office. Grievances under the general heading of Institutional Operations include Personal Property, Health Care, Safety and Sanitation, Food Services, Inmate Account, Dental Care, Laundry/Quartermaster, Commissary, Facilities Maintenance, and Psychological/Psychiatric Care.

Institutional Operations

Personal Property

2004 Personal Property Grievances	**Resolved**	**Not Resolved**
Lost, damaged, confiscated by staff	375	479
Denied permission to receive/possess	30	88
Stolen or damaged by inmate	23	88
Other	27	42
Totals	**455**	**697**

Health Care

2003/2004 Health Care Grievances	**Resolved**		**Not Resolved**	
	2003	**2004**	**2003**	**2004**
Improper/Inadequate medical care	48	40	285	311
Access/Delay in receiving medical care	40	45	151	138
Medical co-pay	35	32	197	141
Other	16	16	66	102
Delay/Denial of medication	26	24	97	88
Medical restriction	5	7	35	41
Medical aide/device	5	6	21	17
Medical records	4	2	15	12
Eye Glasses	5	1	9	8
Forced medical testing	1	3	15	5
Prosthetic device	4	1	5	6
Medical transfer	0	0	4	4
Totals Health Care Yearly Totals: 2003- 1,089 2004- 1,050	**189**	**177**	**900**	**873**
Percent	**17.4%**	**16.9%**	**82.6%**	**83.1%**

2004 Health Care Grievances	Resolved	Not Resolved
Improper/Inadequate Medical Care	40	311
Access/Delay in receiving Medical Care	45	138
Medical Co -pay	32	141
Other	16	102
Delay/Denial of Medication	24	88
Medical Restriction	7	41
Medical Aide/Device	6	17
Medical Records	2	12
Eye Glasses	1	8
Forced medical testing	3	5
Prosthetic device	1	6
Medical transfer	0	4
Totals	**177**	**873**
Percent	**16.9%**	**83.1%**

Grievances may be decreased in this area if Medical Services staff had more communication with inmates.

Safety and Sanitation

2003/2004 Comparison of Safety and Sanitation Complaints

Safety and Sanitation	Resolved		Not Resolved	
	2003	2004	2003	2004
Smoking/Non-smoking	16	9	196	91
Other	12	21	23	20
Dirty living quarters/work area	14	2	14	19
Unsafe living areas	7	21	14	19
Unsafe work practices	10	8	22	5
Unsafe work areas	2	2	4	10
Cleaning supplies	5	1	12	8
Handicapped facilities	1	4	1	5
Air/water quality	0	1	2	5
Overcrowding	0	0	2	3
Fire safety measures	0	0	2	2
Vermin	1	2	0	0
Totals Safety and Sanitation Yearly Totals: 2003- 360, 2004- 237	**68**	**55**	**292**	**182**
Percent	**18.9%**	**23.2%**	**81.1%**	**76.8%**

2004 Safety and Sanitation Grievances	Resolved	Not Resolved
Smoking/Non-smoking	9	91
Other	21	20
Dirty living quarters/work area	2	19
Unsafe living areas	21	19
Unsafe work practices	8	5
Unsafe work areas	2	10
Cleaning supplies	1	8
Handicapped facilities	4	5
Air/water quality	1	5
Overcrowding	0	3
Fire safety measures	0	2
Vermin	2	0
Totals	**55**	**182**

Smoking issues need to be addressed by a better method of monitoring that does not involve forcing an inmate to "snitch," which could place the inmate's life in danger, in order to be given credence.

Food Services

Food Services Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	9	17	19	38
Food portions	2	5	13	24
Deviation from menu	8	2	23	25
Medical diet	8	6	19	21
Religious Diet	8	2	17	18
Poor quality	5	3	7	13
Inadequate substitute	4	6	7	7
Unsanitary cooking conditions	4	3	10	10
Denial	5	3	8	5
Food temperature	4	3	2	3
Food not properly prepared	3	3	4	3
Foreign objects in food	1	3	6	2
Totals Food Services Yearly Totals: 2003- 196 2004- 225	**61**	**56**	**135**	**169**
Percent	**31.1%**	**24.9%**	**68.9%**	**75.1%**

2004 FOOD SERVICES GRIEVANCES	Resolved	Not Resolved
Other	17	38
Food portions	5	24
Deviation from menu	2	25
Medical diet	6	21
Religious Diet	2	18
Poor quality	3	13
Inadequate substitute	6	7
Unsanitary cooking conditions	3	10
Denial	3	5
Food temperature	3	3
Food not properly prepared	3	3
Foreign objects in food	3	2
Totals	**56**	**169**

The largest number of grievances fell under “Other,” which perhaps indicates a need for another subcategory of Food Service complaints to better describe the grievances received.

Inmate Account

Inmate Account Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	16	20	34	38
Court ordered collections	5	9	46	32
Funds lost/not posted	11	10	31	20
State pay	7	5	22	19
Account balance	11	6	14	17
Funds improperly refused	4	2	9	4
Totals: 2003- 210 2004- 182	**54**	**52**	**156**	**130**
Percent	**25.7%**	**28.6%**	**74.3%**	**71.4%**

2004 Inmate Account Grievances	Resolved	Not Resolved
Other	20	38
Court ordered collections	9	32
Funds lost/not posted	10	20
State pay	5	19
Account balance	6	17
Funds improperly refused	2	4
Totals	**52**	**130**

The top category of complaint is "Other," leading to a possible need to add another subcategory to the Inmate Account area.

Dental Care

Dental Care Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Access/delay in receiving dental care	18	13	25	28
Improper/inadequate dental care	2	5	21	25
Delay/denial of dentures	2	6	6	6
Dental co-pay	0	1	2	4
Other	1	1	3	1
Totals Dental Care Yearly Totals: 2003- 80 2004- 90	**23**	**26**	**57**	**64**
Percent	**28.8%**	**28.8%**	**71.2%**	**71.2%**

2004 Dental Care	Resolved	Not Resolved
Access/delay in receiving dental care	13	28
Improper/inadequate dental care	5	25
Delay/denial of dentures	6	6
Dental co-pay	1	4
Other	1	1
Totals	**26**	**64**

Laundry/Quartermaster

Laundry/Quartermaster Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	5	9	13	15
Denied item	18	7	18	15
Denied exchange	10	13	14	8
Received soiled/damaged linen	1	4	4	3
Does not fit	5	4	5	2
Clothing lost/not returned	4	3	2	1
Clothing damaged	1	0	1	2
Improperly charged for damaged clothing	2	0	2	1
Refusal to alter/repair clothing	2	0	3	0
Totals: 2003- 110 2004- 87	**48**	**40**	**62**	**47**
Percent	**43.6%**	**46.0%**	**56.4%**	**54.0%**

2004 Laundry/Quartermaster Grievances	Resolved	Not Resolved
Other	9	15
Denied item	7	15
Denied exchange	13	8
Received soiled/damaged linen	4	3
Does not fit	4	2
Clothing lost/not returned	3	1
Clothing damaged	0	2
Improperly charged for damaged clothing	0	1
Refusal to alter/repair clothing	0	0
Totals	**40**	**47**

Commissary

Commissary Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	4	2	14	20
Exchange/refund	0	1	6	7
Inadequate selection	4	2	10	5
Insufficient quantities	2	1	0	4
Charged for item not received	4	2	7	3
Denied commissary privileges	1	0	11	5
Poor quality	0	1	2	2
Warranty	0	0	0	2
Pricing	0	0	2	0
Totals Commissary Yearly Totals: 2003=67 2004=57	**15**	**9**	**52**	**48**
Percent	**22.4%**	**15.8%**	**77.6%**	**84.2%**

2004 Commissary Grievances	Resolved	Not Resolved
Other	2	20
Exchange/refund	1	7
Inadequate selection	2	5
Insufficient quantities	1	4
Charged for item not received	2	3
Denied commissary privileges	0	5
Poor quality	1	2
Warranty	0	2
Pricing	0	0
Totals	**9**	**48**

Facilities Maintenance

Facilities Maintenance Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	8	3	4	15
Building Temperature	4	5	7	11
Toilets	1	1	4	5
Showers or sinks	7	3	1	1
Ventilation	2	2	5	1
Water temperature	8	1	2	1
Painting/repair	0	1	0	1
Ceilings	0	1	1	0
Sewers	0	0	1	0
Lighting	0	0	3	0
Windows	1	0	2	0
Privacy screens	0	0	0	0
Totals Facilities Maintenance Yearly Totals: 2003=61 2004=52	**31**	**17**	**30**	**35**
Percent	**50.8%**	**32.7%**	**49.2%**	**67.3%**

2004 Facilities Maintenance	Resolved	Not Resolved
Other	3	15
Building Temperature	5	11
Toilets	1	5
Showers or sinks	3	1
Ventilation	2	1
Water temperature	1	1
Painting/repair	1	1
Ceilings	1	0
Sewers	0	0
Lighting	0	0
Windows	0	0
Privacy screens	0	0
Totals	**17**	**35**

Psychological/Psychiatric

Psychological/Psychiatric Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Denial/inadequate treatment	1	3	22	16
Psychiatric medication	1	1	6	17
Other	0	2	10	7
Mental health files	0	0	3	4
Forced treatment	0	0	5	0
RTU assignment	0	0	4	0
Psych co-pay	0	0	0	0
Totals: 2003- 52 2004- 50	**2**	**6**	**50**	**44**
Percent	3.8%	12.0%	96.2%	88.0%

2004 Psychological/Psychiatric Grievances	Resolved	Not Resolved
Denial/inadequate treatment	3	16
Psychiatric medication	1	17
Other	2	7
Mental health files	0	4
Forced treatment	0	0
RTU assignment	0	0
Psych co-pay	0	0
Totals	**6**	**44**

Institutional Programs

The following categories fall under the broad heading of Institutional Programs: Job Assignments, Recreation, Education/Vocational Training, Religious Services, Library, Recovery Services and Inmate Groups.

Job Assignments

Job Assignments Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Job removal	8	2	35	32
Job assignments	6	5	30	25
Other	3	6	17	16
Preferential treatment	3	1	1	4
Evaluations	0	1	2	4
Racial balance	0	0	8	1
Totals Job Assignment Yearly Totals: 2003=113 2004 =97	**20**	**15**	**93**	**82**
Percent	**17.7%**	**15.5%**	**82.3%**	**84.5%**

2004 Job Assignment Grievances	Resolved	Not Resolved
Job removal	2	32
Job assignments	5	25
Other	6	16
Preferential treatment	1	4
Evaluations	1	4
Racial balance	0	1
Totals	**15**	**82**

Recreation

Recreation Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	3	12	16	20
Recreation facilities/treatment	13	6	14	12
Recreation hours	1	2	12	11
Selection of activities	5	1	6	10
Totals Recreation Yearly Totals: 2003=70 2004=74	**22**	**21**	**48**	**53**
Percent	**31.4%**	**28.4%**	**68.6%**	**71.6%**

2004 Recreation Grievances	Resolved	Not Resolved
Other	12	20
Recreation facilities/treatment	6	12
Recreation hours	2	11
Selection of activities	1	10
Totals	**21**	**53**

Education/Vocational Training

Education/Vocational Training Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Education programs	9	4	27	22
Other	7	5	9	17
Vocational programs	1	5	6	7
Totals Education/Vocational Training Yearly Totals: 2003=59 2004=60	**17**	**14**	**42**	**46**
Percent	**28.8%**	**23.3%**	**71.2%**	**76.7%**

2004 Education/Vocational Training Grievances	Resolved	Not Resolved
Education programs	4	22
Other	5	17
Vocational programs	5	7
Totals	**14**	**46**

Religious Services

Religious Services Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	5	9	23	14
Services for particular faiths	7	7	7	11
Religious materials	4	2	10	7
Prevented from worship	3	0	10	4
Totals: 2003=69 2004=54	**19**	**18**	**50**	**36**
Percent	**27.5%**	**33.3%**	**72.5%**	**66.6%**

2004 Religious Services Grievances	Resolved	Not Resolved
Other	9	14
Services for particular faiths	7	11
Religious materials	2	7
Prevented from worship	0	4
Totals	**18**	**36**

The above low numbers imply that few inmates are dissatisfied with the religious services currently provided within the correctional system.

Library

Library Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Library materials	6	8	15	12
Library hours	15	6	13	10
Other	6	1	22	11
Totals Library Yearly Totals: 2003=77 2004=48	**27**	**15**	**50**	**33**
Percent	**35.1%**	**31.3%**	**64.9%**	**68.7%**

2004 Library Breakdown	Resolved	Not Resolved
Library materials	8	12
Library hours	6	10
Other	1	11
Totals	**15**	**33**

Recovery Services

Recovery Services Grievances	Resolved 2003	Resolved 2004	Not Resolved 2003	Not Resolved 2004
Recovery services programs	1	4	12	13
Other	0	2	7	4
Earned credit	0	0	1	3
Totals Recovery Services Yearly Totals: 2003=21 2004=26	**1**	**6**	**20**	**20**
Percent	**4.8%**	**23.1%**	**95.2%**	**76.9%**

2004 Recovery Services Grievances	Resolved	Not Resolved
Recovery services programs	4	13
Other	2	4
Earned credit	0	3
Totals	**6**	**20**
Percent	**23.1%**	**76.9%**

Inmate Groups

Inmate Groups Grievances	Resolved 2003	Resolved 2004	Not Resolved 2003	Not Resolved 2004
Other	6	4	8	12
Staff Interference	0	1	3	4
Denial of permission to start	1	0	5	2
Totals Inmate Groups Yearly Totals: 2003=23 2004=23	**7**	**5**	**16**	**18**
Percent	**30.4%**	**21.7%**	**69.6%**	**78.3%**

2004 Inmate Groups Grievances	Resolved	Not Resolved
Other	4	12
Staff Interference	1	4
Denial of permission to start	0	2
Totals	**5**	**18**
Percent	**21.7%**	**78.3%**

Communications

Included under the broad Communications heading are Mail/Packages, Visiting, and Telephone.

Mail/Packages

Mail/Packages Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Handling of legal mail	19	21	65	43
Delay/failure in delivery	9	18	49	40
Other	7	9	27	28
Damaged or missing	19	16	20	26
Denial	9	4	20	21
Delay/failure in sending	7	3	15	21
Postage charges	2	4	15	16
Handling of packages	5	6	14	8
Publication screening	8	3	23	10
Totals Mail/Packages Yearly Totals: 2003- 333 2004- 281	**85**	**78**	**248**	**203**
Percent	**25.5%**	**27.8%**	**74.5%**	**72.2%**

2004 Mail/Packages	Resolve d	Not Resolved
Handling of legal mail	21	43
Delay/failure in delivery	18	40
Other	9	28
Damaged or missing	16	26
Denial	4	21
Delay/failure in sending	3	21
Postage charges	4	16
Handling of packages	6	8
Publication screening	3	10
Totals	**78**	**203**

Handling of Legal Mail is the most cited complaint pertaining to inmate mail or packages.

Visiting

"Other" is the primary Visiting concern.

Visiting Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	3	7	17	22
Visitor not approved/removed from list	6	3	17	20
Visitor denied access	1	2	12	12
Rules	0	0	9	8
Visit cut short	0	1	0	6
Special visit	1	2	1	1
Hours	0	0	0	0
Totals Visiting Yearly Totals: 2003- 67 2004- 84	**11**	**15**	**56**	**69**
Percent	**16.4%**	**17.9%**	**83.6%**	**82.1%**

2004 Visiting Grievances	Resolved	Not Resolved
Other	7	22
Visitor not approved/removed from list	3	20
Visitor denied access	2	12
Rules	0	8
Visit cut short	1	6
Special visit	2	1
Hours	0	0
Totals	**15**	**69**

Telephone

Telephone Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Inadequate access	2	1	3	3
Other	0	1	2	2
Denial of phone privileges	0	1	2	1
Totals Telephone Yearly Totals: 2003- 9 2004- 9	**2**	**3**	**7**	**6**
Percent	**22.2%**	**33.3%**	**77.8%**	**66.6%**

2004 Telephone Grievances	Resolved	Not Resolved
Inadequate access	1	3
Other	1	2
Denial of phone privileges	1	1
Totals	**3**	**6**

Telephone issues do not appear to be a large concern to inmates, judging by the low numbers of grievances filed.

Administration

The only noted category under Administration is Legal Services.

Legal Services Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Copy service	5	3	14	7
Legal assistance	1	0	8	9
Access to legal property	3	1	14	7
Legal reference materials	5	1	11	6
Typewriters	2	0	3	3
Legal service in special management	2	0	8	3
Law library hours	0	0	1	2
Legal kit	0	0	2	2
Notary service	2	0	6	1
Other	0	0	0	0
Totals Legal Service Yearly Totals: 2003- 87 2004- 45	**20**	**5**	**67**	**40**
Percent	**23.0%**	**11.1%**	**77.0%**	**88.9%**

2004 Legal Services Grievances	Resolved	Not Resolved
Copy service	3	7
Legal assistance	0	9
Access to legal property	1	7
Legal reference materials	1	6
Typewriters	0	3
Legal service in special management	0	3
Law library hours	0	2
Legal kit	0	2
Notary service	0	1
Other	0	0
Totals	**5**	**40**

Records

Records Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	7	3	24	16
Earned credit	3	1	8	11
Good time credit	0	3	16	4
Release of information	1	1	4	4
Inaccurate calculation	2	0	6	1
Jail time credit	1	0	3	0
Totals Records Yearly Totals: 2003- 75 2004- 44	**14**	**8**	**61**	**36**
Percent	**18.7%**	**18.2%**	**81.3%**	**81.8%**

2004 Records Grievances	Resolved	Not Resolved
Other	3	16
Earned credit	1	11
Good time credit	3	4
Release of information	1	4
Inaccurate calculation	0	1
Jail time credit	0	0
Totals	**8**	**36**

Staff/Inmate Relations

Force/Supervision continues to be a top concern for inmates. Total complaints fell from 1,279 in 2003 to 1,009 in 2004. Grievances pertaining to Harassment dropped by 99 and Use of Force with No Report dropped by 64. The reductions seem to present somewhat of a trend. As seen in the numbers of Resolved versus Not Resolved grievances, most allegations are not validated by institutional staff. Also, tables offer a view of the distribution of complaints in the somewhat broad category of Staff Accountability.

Force/Supervision Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Harassment	52	42	351	262
Use of force with no report	65	44	156	113
Other	26	18	121	125
Intimidations/threats	28	21	118	107
Abusive language	26	17	109	88
Retaliation for filing complaints	7	7	48	33
Retaliation for filing grievance	5	4	31	35
Conduct report for no reason	4	5	51	29
Racial or ethnic slurs	5	4	35	25
Privacy violations	5	3	28	17
Retaliation for filing lawsuit	0	1	8	9
Totals: 2003- 1,279 2004- 1,009	**223**	**166**	**1056**	**843**
Percent	**17.4%**	**16.5%**	**82.6%**	**83.5%**

2004 Force/Supervision	Resolved	Not Resolved
Harassment	42	262
Use of force with no report	44	113
Other	18	125
Intimidations/threats	21	107
Abusive language	17	88
Retaliation for voicing complaints	7	33
Retaliation for filing grievance	4	35
Conduct report for no reason	5	29
Racial or ethnic slurs	4	25
Privacy violations	3	17
Retaliation for filing lawsuit	1	9
Totals	**166**	**843**

Harassment

In 2004, 89 grievances were filed that pertained to retaliation. An inmate who believes he has suffered retaliation for using the grievance procedure is less likely to use the procedure again.

Staff Accountability

Regarding Staff Accountability, the largest number of complaints fell under the generic title of "Other," which indicates that another subcategory should be considered so that DRC staff can accurately assess the largest sources of inmate complaints.

Staff Accountability Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	25	41	109	138
Failure to perform job duties	56	35	150	132
Failure to follow policies	29	34	116	104
Failure to respond to communication	26	15	59	57
Access to staff	7	2	11	12
Totals Staff Accountability Yearly Totals: 2003- 588 2004- 570	**143**	**127**	**445**	**443**
Percent	**24.3%**	**22.3%**	**75.7%**	**77.7%**

2004 Staff Accountability	Resolved	Not Resolved
Other	41	138
Failure to perform job duties	35	132
Failure to follow policies	34	104
Failure to respond to communication	15	57
Access to staff	2	12
Totals	**127**	**443**

Housing Unit

Housing Assignment Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Unit assignment	14	9	50	53
Cell/bed assignment	3	12	44	44
Other	6	2	19	36
Racial bunching	4	1	3	4
Totals Housing Assignment Yearly Totals: 2003- 143 2004- 161	**27**	**24**	**116**	**137**
Percent	**18.9%**	**14.9%**	**81.1%**	**85.1%**

Special Management Housing

"Special Management Housing" refers to segregation status, which includes: Disciplinary Control, Local Control, and Security Control. Disciplinary Control is for those inmates who have committed disciplinary infractions and as punishment are given DC time. Local Control is a type of extended DC. Security Control is a designation used for a variety of purposes, but primarily for those inmates under investigation either for disciplinary infractions or for the possible need of Protective Control, which is also considered Special Management Housing. However, it has its own subcategory.

Special Management Housing Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	7	7	17	25
Placement	2	0	28	22
Privileges	11	4	20	18
Release	0	0	6	4
Totals Special Management Yearly Totals: 2003- 91 2004- 80	**20**	**11**	**71**	**69**
Percent	**22.0%**	**13.8%**	**78.0%**	**86.2%**

Institutional Assignment

Institution Assignment Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Transfer or denial	13	7	37	25
Other	0	0	4	3
Totals Institution Assignment Yearly Totals: 2003- 54 2004- 35	**13**	**7**	**41**	**28**
Percent	**24.1%**	**20.0%**	**75.9%**	**80.0%**

Security Classification

Similar to transfer decisions, the inmate grievance procedure generally cannot be used to address security classification issues, as a separate appeal process does exist. However, the grievance procedure can be used to address issues pertaining to the security classification procedures, if they are not appropriately followed.

Security Classification Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	2	2	7	8
Procedural issues	2	2	14	7
Instrument incorrect	4	0	9	5
Instrument overdue	3	2	0	1
Instrument overridden	0	0	1	0
Totals Security Classification Yearly Totals: 2003 – 42 2004 – 27	**11**	**6**	**31**	**21**
Percent	**26.2%**	**22.2%**	**73.8%**	**77.8%**

Protective Control. Protective Control (PC) is a type of Special Management Housing that provides additional security to inmates who face verified risk of serious physical harm in general population. PC inmates are housed in a special area and have restricted freedom and privileges as a result.

Protective Control Grievances	Resolved		Not Resolved	
	2003	2004	2003	2004
Other	2	2	5	5
Placement	1	3	3	2
Release	0	1	0	2
Privileges	0	1	1	0
Totals Protective Control Yearly Totals: 2003 – 12 2004 –16	**3**	**7**	**9**	**9**
Percent	**25.0%**	**43.8%**	**75.0%**	**56.2%**

Non-Grievable Matters

Non-grievable matters generally refer to issues that cannot be addressed through the use of the inmate grievance procedure. This would most likely account for why such a large number of the grievances reported are Not Resolved. It is of interest that 24 such grievances were resolved in the two years, though they pertained to "non-grievable matters." DRC Administrative Rule 5120-9-31 specifies what is not grievable as follows:

> The inmate grievance procedure will not serve as an additional or substitute appeal process for hearing officer decisions, rules infraction board decisions or those issues or actions which already include an appeal mechanism beyond the institutional level or where a final decision has been rendered by central office staff. Other matters that are not grievable include complaints unrelated to institutional life, such as legislative actions, policies and decisions of the adult parole authority, judicial proceedings and sentencing or complaints whose subject matter is exclusively within the jurisdiction of the courts or other agencies. Complaints which present allegations which fall, in part, within the scope of paragraph (A) of this rule and in part within this paragraph will be considered to the extent they are not excluded under this paragraph.

Appeals

The appeal to the Chief Inspector is the final step of the inmate grievance procedure.

2004 Top Ten Institutions by Appeals

Institutions	Number of Appeals
Southern Ohio Correctional Facility	418
Mansfield Correctional Institution	203
Madison Correctional Institution	198
Ohio State Penitentiary	188
Lebanon Correctional Institution	181
Chillicothe Correctional Institution	175
Warren Correctional Institution	160
Trumbull Correctional Institution	137
Allen Correctional Institution	135
Noble Correctional Institution	124

The above institutions are a mix of security classification levels, negating any myth that the only inmates who pursue the grievance procedure through to the appeal are those inmates in high security.

Of far greater interest, however, is to compare this top ten list to the top ten list of institutions by number of informal complaints filed. ORW, the number two institution for number of informal complaints, does not even make the top ten of appeals. What accounts for this? ORW contains women of all security classification levels, races, ages, any and all demographics. It is possible that a high rate of untimely responses results in a perceived lack of trust in the grievance procedure.

NCCI, also on the top ten list of institutions by number of informal complaints, also does not make the top ten for appeals. However, it just missed the top ten. NCCI is a medium security male institution. Similarly, LaECI, ToCI, and GCI did not make the top ten list of appeals. Conversely, LeCI jumped to the top of the list, as did WCI, TCI, ACI, and NCI.

In fact, half the institutions on the top ten list of appeals do not correlate to the top ten list of informal complaints. This could mean that the problem was in fact resolved at the ICR level or by the grievance decision. Without polling the inmates there is no way to know for sure.

Appeals Affirmed

As shown above, 90.9% of the submitted appeals in 2004 affirmed the Inspector's decision (in other words, the inmate's appeal is denied). Only 4.4% of the appeals resulted in a modification or a reversal of the Inspector's decision.

2004 Disposition of Appeals

Disposition	Number	Percent of Total Number of Appeals
Affirmed	2,303	90.9
Modified/Reversed	112	4.4
Pending	119	4.7
Total	2,534	100.0

Original Grievances to Chief Inspector

In addition to responding to appeals of an Inspector's grievance decision, according to the AR on the grievance procedure, grievances pertaining to a Warden or Inspector are to be filed directly with the Chief Inspector. In such instances, there is no opportunity to appeal the decision. According to the AR, "Such grievances must show that the warden or inspector of institutional services was personally and knowingly involved in a violation of law, rule or policy, or personally and knowingly approved or condoned such a violation."

This aspect of the grievance procedure is regarded as both positive and negative. While the AR states that grievances regarding Wardens and Inspectors must be filed with the Chief Inspector, it requires the inmate to demonstrate in the grievance that the staff person "was personally and knowingly involved in a violation of law, rule or policy, or personally and knowingly approved or condoned such a violation." Anything short of that demonstration, based on the responses received by inmates that have been forwarded by inmates to the CIIC for our information, appear to result in dismissal. The standard that must be met for a grievance regarding an Inspector or Warden is likely to be extremely difficult for any inmate to meet. Yet, there are numerous other potential problems or concerns that should be grievable, even though they may pertain to an Inspector or Warden. It tends to discourage inmates from ever using the grievance procedure to notify the Chief Inspector about problems with Inspectors and Wardens, the two most important

staff at the institution as it relates to the implementation of an effective grievance procedure. The Administrative Rule provides no supervisory review of complaints regarding the Chief Inspector's office.

2004 Top Ten Institutions by Original Grievances (Those pertaining to Inspector or Warden)

Institutions	Original Grievances
Southern Ohio Correctional Facility	60
Trumbull Correctional Institution	38
Belmont Correctional Institution	35
Mansfield Correctional Institution	33
Noble Correctional Institution	28
Chillicothe Correctional Institution	27
Allen Correctional Institution	25
Grafton Correctional Institution	23
London Correctional Institution	20
Warren Correctional Institution	20

SOCF inmates, as in all areas of the grievance procedure, file the most original grievances. TCI is responsible for the second highest number of original grievances. Belmont does not rank high on the lists for informal complaints or appeals. A comparison with 2003 numbers show that in 2003, BeCI only logged 11 original grievances to the Chief Inspector, which seems more in line with the low numbers BeCI usually reports.

2003/2004 Comparison of Original Grievances

Institutions	Original Grievances 2003	Original Grievances 2004
Southern Ohio Correctional Facility	53	60
Trumbull Correctional Institution	25	38
Belmont Correctional Institution	11	35
Mansfield Correctional Institution	36	33
Noble Correctional Institution	50	28
Chillicothe Correctional Institution	21	27
Allen Correctional Institution	23	25
Grafton Correctional Institution	18	23
London Correctional Institution	17	20
Warren Correctional Institution	17	20

BeCI experienced a sharp increase in the number of original grievances from 2003 to 2004. NCI went from 50 to 28 original grievances. NCI is not normally an institution that records high numbers in inmates' use of the grievance procedure. Yet, in 2003, NCI inmates submitted 50 original grievances. The other institutions appear to remain consistent in the numbers across the years.

2004 Original Grievance Dispositions	Number	Percent of Total Number of Grievances
Dismissed	483	94.9
Resolved	24	4.7
Pending	2	0.4
Total	**509**	**100.0**

A total of 94.9% of the Original Grievances submitted to the Chief Inspector's office were "Dismissed". However, 4.7% of Original Grievances were Resolved, meaning that the grievances had merit.

2003/2004 Comparison of Original Grievance Dispositions

Disposition	Number		Percent	
	2003	2004	2003	2004
Dismissed	536	483	91.5	94.9
Resolved	36	24	6.1	4.7
Pending	14	2	2.4	0.4
Total	**586**	**509**	**100.0**	**100.0**

In 2003, a reported 91.5% of Original Grievances were Dismissed and 6.1% were Resolved. Of note is the Chief Inspector's excellent rate of answering Original Grievances—at the time of the 2004 Report; only two Original Grievances were pending.

Recommendations

As part of the May 23, 2006 report, the Correctional Institution Inspection Committee included recommendations to the ODRC. CIIC recommends that institutions work toward increasing inmates' and staff faith in the efficacy of the inmate grievance procedure. Important means to this end are:

- Decreasing untimely responses;
- Immediately addressing inmate concerns or beliefs of staff retaliation;
- Providing staff training so that all staff are aware of the importance and utility of the grievance procedure;
- Ensuring that all inmates, including the mentally ill and low literacy inmates, have unimpeded access to the grievance procedure; and,
- Decreasing the number of Not Resolved grievances. Inmate discontent may be lessened in the language used and attitude communicated in the grievance response.
- Institutions should consider small "public relations" measures that could decrease the number of grievances that are filed. For example, inmate letters to CIIC appear to indicate that some inmates are understandably worried about their medical conditions and feel that they have been forgotten or ignored by staff. If an inmate is a frequent filer in this area, initiative to maximize communication with the inmate, demonstrating concern and competence, may actually decrease the workload for the staff overall. Working together and being receptive to inmate concerns can benefit everyone.

DRC Chief Inspector's Response to CIIC Report "Inmate Grievance Procedure Review" of May 23, 2006

By communication through the DRC Assistant Director, DRC staff were provided with the opportunity to preview the report and communicate any perceived errors or inaccuracies. Their feedback was provided and was incorporated into the report, which was released on May 31, 2006. On October 5, 2006, the DRC Chief Inspector relayed the following via letter to the CIIC Director:

> I have reviewed the Correctional Institution Inspection Committee's 2006 reports regarding the Institutional Investigators and the Inmate Grievance Procedure. As with all reports and communications provided by the Committee, I find these to be effective tools for ensuring that the Ohio Department of Rehabilitation and Correction continues to improve its operations. I value the importance of the information your Committee provides. In reviewing the 2006 reports, I noted that the Committee made several valid points, which deserved further consideration…

DRC RESPONSE

> Both the CIIC and the Office of Chief Inspector agree that an effective grievance procedure is an important component of ensuring safe and secure correctional facilities for staff and inmates as well as an effective tool in preventing costly litigation. We also agree that communication between institutional staff and inmates and between our office and that of the CIIC is essential to that process. Overall, we find the May 23, 2006 report to be a fair representation of inmate grievance activity during 2003 and 2004. However, we disagree with some of the findings and/or recommendations of the CIIC as it relates to the effectiveness of the inmate grievance process. Our concerns, observations and responses to the recommendations …are as follows:

Outside Review Committee

> …The report notes that a meeting was held between the CIIC staff, DRC's Assistant Director and the Chief Inspector following the submission of CIIC's Biennial Report of January 2005. It is noted that at that meeting the Assistant Director disagreed with the suggestion. Since that time, Gary Croft has assumed the duties of Chief Inspector. However, having revisited the concept of an Outside Review Committee we do not feel that this would be a viable option with respect to the inmate grievance procedure. Rather, we feel that the use of an outside review committee would simply serve to add an unnecessary layer to the grievance process, slowing the resolution time for valid grievances and possibly causing confusion among the inmate population.

Untimely Responses

The inmate grievance procedure is a three-tiered process beginning with the informal complaint stage. During 2005, there were 31,525 informal complaints filed within DRC's correctional facilities. This is an increase of over 1000 from CY 2004. **Of the informal complaints filed in 2005, 84% were answered within the seven-day time limit**. Statistics were compiled for each of the institutions with respect to the timeliness of their informal complaint responses. Institutions found to be deficient in this area (those with 15% or more of their informal complaints not being addressed timely) were directed to develop and submit a plan for improvement. The Inspectors and the Office of the Chief Inspector continue to monitor monthly reports with respect to informal complaint timely response compliance. Follow up with the deficient institutions revealed improvement in informal complaint compliance rates. In many cases, it was found that inmates were failing to file their informal complaints with the proper department or supervisor, which led to delays in response. Clarification to staff and/or inmates on how to properly complete the informal complaint step has been integral to ensuring timely informal complaint responses.

The second step of the inmate grievance process involves the filing of a formal Notification of Grievance with the Inspector if the issue is not, or cannot, be addressed at the informal complaint stage. In CY 2005, 6,484 grievances were filed with the Inspectors, an increase of 160 over grievances filed in CY 2004. **Of the 6,484 grievances filed, 86% were investigated and answered by the Institutional Inspector within the 14 day time frame.** There were 887 instances in which the Institutional Inspector needed additional time to respond. Often these extensions were needed due to the absence of staff central to the investigation or while awaiting crucial information from another institution. Clearly, the vast majority of grievances are being investigated and a response provided by the Inspector to the inmate well within the fourteen calendar day time limit set forth by the Administrative Rule.

The final step in the process is the Appeal to the Chief Inspector. In CY 2005, the Office of the Chief Inspector received 2,533 grievance appeals and 510 grievances filed directly against the Inspector or Warden. Unlike the institutions, the Chief Inspector's office does not currently have a computerized grievance application and as such it is not readily possible to calculate response time. It is acknowledged that in 2005 there was a backlog of pending appeals and direct grievances. Inmates were notified if additional time was required to address their appeal or direct grievance. During 2005, Mr. Croft was appointed as Chief Inspector replacing Ms. Martinez. Likewise, an additional Assistant Chief Inspector with specific healthcare experience was added to the office to address medical

grievance appeals as required by the revised Administrative Rule 5120-9-31. By the close of 2005, the backlog of pending appeals and direct grievances had been considerably decreased. The Office of the Chief Inspector continues to explore methods to reduce response time including, but not limited to, the development of a department wide on-line grievance application

Staff Retaliation

Administrative Rule 5120-9-31, Inmate Grievance Procedure states in part: "Retaliation or the threat of retaliation for the use of the inmate grievance procedure is strictly prohibited. Any alleged or threatened retaliation may be pursued through the inmate grievance procedure. Appropriate disciplinary action shall be taken against any employee found to be in violation of this section."

Inspectors are trained to prioritize complaints based upon the content of the concern raised. It is noted that Inspector's receive complaints verbally, as well as via informal complaint and grievance. Allegations of retaliation are handled as priority matters and are fully investigated by the Inspector. Furthermore, an inmate is not required to file an informal complaint if they are being subjected to retaliation, in fact they are instructed to contact the Institutional Inspector directly.

Inspectors are trained to conduct thorough investigations into alleged threats of or actual retaliation. If it is found that retaliation is or has occurred, the Inspectors ensure that corrective actions are taken against any staff involved as well as to en sure that the inmate is made whole. It is often difficult to prove retaliation. As such, the Office of the Chief Inspector provides periodic training on this topic to all Inspectors to highlight some of the subtle ways in which retaliation may occur. In November 2005, an Inspector's Meeting was held. The staff of the CIIC were also invited and did attend. During the meeting, all Inspectors participated in a mock investigation of a complaint of retaliation. As part of their investigation the Inspectors had to interview staff and inmates, collect documents and information relevant to the case, and report out their findings.

Additionally, Inspectors stress with staff during in-service and pre-service training that inmates are free to use the inmate grievance procedure and are protected against reprisal and retaliation. The Inspectors explain that they take all allegations of retaliation seriously and will take action against any staff found involved in retaliation. Likewise, when the Inspector interviews any staff member on issues not related to retaliation, s/he

routinely reiterate to the staff involved that they are not permitted to engage in retaliation as a result of a complaint.

Time Limit Extensions

…The current time limits ensure that inmates bring forth concerns and problems while they are still fresh so that they may be properly investigated and addressed. Lengthy delays in reporting problems hinder the ability of staff, including the Inspector, to effectively investigate and resolve the matter. Likewise, time limitations apply to staff as well as inmates. As previously noted approximately 85% of all informal complaint and grievances are answered by institutional staff in a timely manner. A review of grievance statistics reveal that less than 2% of all grievances filed in 2005 were dismissed as not having been filed in a timely manner. Again, as previously stated, Inspectors routinely address serious allegations and issues even if not filed timely. Furthermore, Inspectors possess the ability, according to the Administrative Rule, to waive time limits at both the informal complaint and grievance stage due to the inmate's inability to file (i.e.: out to court, hospital, transfer, etc) and/or due to the seriousness of the issue.

Accordingly, the Office of the Chief Inspector does not find reason to extend the current time limits for the filing of informal complaint, grievances, or appeals.

Staff Training

Training on the inmate grievance procedure is provided to all new hires during pre-service at the Corrections Training Academy. The Chief Inspector's Office provides this training. A lesson plan, specific to pre-service training was developed by the Chief's office and is reviewed and updated annually. Once assigned to their institution, new staff again receive personal orientation regarding the inmate grievance procedure from the Inspector. During annual in-service, each Inspector instructs staff using the in-service lesson plan approved by the Chief Inspector's Office on the grievance procedure as well as focuses on areas or issues of concern at their institution. Training at all levels, pre-service, institutional orientation, and again during annual in-service, emphasized the importance of the inmate grievance procedure and provides staff with a clear understanding of the steps and possible outcomes of that process. The training is punctuated with real life examples and reiterates to staff the inmate's right to use this process free of retaliation.

Mentally Ill and Low Literacy Inmate Access to the Grievance Procedure

The Office of the Chief Inspector agrees that ensuring all inmates have unimpeded access to the grievance procedure is central to providing an effective method for the resolution of valid complaints. Administrative Rule 5120-9-31 states in paragraph D:

> Inmates may utilize the inmate grievance procedure regardless of any disciplinary status, or other administrative or legislative decision to which the inmate may be subject. Appropriate provisions shall be made to ensure access to the inmate grievance procedure by inmates not fluent in English, persons with disabilities, and those with low literacy levels. Each institution shall maintain locked institutional mailboxes for inmates to mail kites, informal complaints, grievances and other institutional correspondence to staff.

To ensure equal access for all inmates, Inspectors regularly visit the segregation unit at their institution to provide inmates with necessary forms and to hear their concerns. Likewise, for several years, mental health has had a protocol in place to assist mentally ill/challenged inmates with the use of the procedure. At present, the Office of the Chief Inspector is working with mental health services to update that protocol. Furthermore, explanations of the grievance process are offered both verbally and in written form.

To ensure low literacy inmates understand the process, a pamphlet, written at the 4th grade reading level, was prepared to explain in simple terms how to use the inmate grievance procedure. The pamphlet also includes a simplistic flow chart to help inmates understand the steps and properly use the process. For inmates not fluent in English, the pamphlet was translated into Spanish. Translators are available for those inmates not fluent in English or Spanish. Any inmate who has questions about using the inmate grievance process or who needs assistance in doing so, may receive assistance from the4 inspector.

Volume of Unresolved (Denied) Grievances

…Each grievance filed with the Institutional Inspector or with the Office of the Chief Inspector is carefully read to ensure a solid understanding of the inmate's complaint or concern. In fact, Inspector's are instructed to provide a summary of their understanding of the inmate's complaint as the first paragraph of their Disposition of Grievance. Likewise, the Chief Inspector includes a summary of the inmate's complaint in his response. Including the summary of the grievance lets the inmate know that the

Inspector read and understood his/her concern instead of simply providing a response. In most cases, the paragraph following the summary includes either the steps the Inspector took to investigate the complaint or an explanation of policies and/or administrative rules relevant to the complaint. The third paragraph includes the Inspector's finding. Often this is where the Inspector provides the inmate with an explanation for how they reached their decision. Inspectors are instructed to stick to the facts when responding to grievances and to refrain from voicing their personal opinions. Inspectors are to ensure that they provide inmates with a factual and professional response. It is felt that providing a factual response rather than 'lip service' is the appropriate means to increase the inmates' and staff faith in the efficacy of the inmate grievance procedure.

As for grievance disposition categories, in January 2006, the Chief Inspector's Office, at the suggestion of the CIIC, changed reporting categories from Not Resolved' to 'Denied' and from 'Resolved' to 'Granted'.

"Public Relations" Measures to Decrease Grievances

Our office agrees with the importance of taking steps to resolve issues prior to their reaching the necessity of filing a grievance and when areas of concern are noted, taking corrective actions. For example, each year, Inspectors are instructed to review their overall institutional operations to look for areas/topics generating high numbers of informal complaints and/or grievances and to develop action plans. Through being proactive, complaints are reduced and inmate satisfaction is improved. Likewise, throughout the year, Inspectors stay alert to emerging trends and patterns (often noted at the informal complaint stage) so that they may advise their Warden and take proper corrective actions.

Likewise, open office hours and regular rounds of the institution help to promote regular communication between the Inspector, inmates and staff. These measures often lead to a decrease in the number of grievances filed. In addition it must be emphasized that the Inspector does not work alone. He or she is a part of an entire team of professionals, Captains, Lieutenants, Officers, Support staff, Executive staff, etc. who on a daily basis handle inmate concerns and issues as they arise. These staff members make rounds through all parts of the institution on a daily and hourly basis ensuring staff availability to inmates for the resolution of questions and concerns.

DRC UPDATES

Inmate Property Complaints

In reviewing the 2005 Chief Inspector's Annual Report on the Inmate Grievance Procedure, it was noted that 1,494 grievances were filed regarding Inmate Personal Property – by far the largest percent of grievances filed concerning one area (23.3% of all completed grievances). Of these, 34.7% were found to have 'merit.' Accordingly, the Office of the Chief Inspector queried the Inspectors to identify strategies or 'best practices' that they implemented to address this issue and reduce the number of property loss/damage complaints. These ideas were in turn shared with all Inspectors so that they might closely review their property handling practices and implement changes as appropriate. It is hoped that by sharing this information, property claims may be impacted, inmate satisfaction increased, and departmental costs reduced.

Timely Informal Complaint Responses

Ensuring that informal complaints are answered in a timely manner as set forth in Administrative Rule 5120-9-31, Inmate Grievance Procedure. As previously noted, institutions found to be deficient in this area (those with 15% or more of their informal complaints not being addressed timely) were directed to develop and submit a plan for improvement. The Inspectors and the Office of the Chief Inspector continue to monitor monthly reports with respect to informal complaint timely response compliance. Follow up with the deficient institutions revealed significant improvements in informal complaint compliance rates. The Inspectors and the Office of the Chief Inspector continue to monitor monthly reports with respect to informal complaint timely response compliance.

Development of On-Line Grievance System

The Office of the Chief Inspector, in conjunction with the Division of Business Administration-Information Technology section, is in the midst of designing a new system for use by the Institutional Inspectors and the Office of the Chief Inspector. The proposed system will permit the tracking of informal complaints to ensure responses are received timely, simplify obtaining necessary information at all levels of the process, and include a component for electronically storing all documents related to the process through the use of scanners. Several joint application design sessions have been held this year. When completed, the system will virtually eliminate paper files for the Inspectors, increase the sharing of information between Inspectors at the various institutions as well as with the Office of the Chief Inspector, simplify the Appeal process for inmates, and increase operational efficiency. It is anticipated that the system will be fully functional by the end of 2007.

DRC INVESTIGATOR DATA REVIEW

Report Date: June 6, 2006

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee. While Inspectors investigate and report findings on inmate grievances, Investigators are generally focused on illegal substances, assaults, or professional misconduct. In the past, Investigators have also monitored Security Threat Group (STG, aka "gang") activity. While Investigators serve on the STG committee, the ODRC has moved toward hiring STG Coordinators to provide greater attention to security threat groups and activity.

According to follow-up communication from the DRC Chief Inspector's Office, the Investigator does not conduct all investigations at any given institution, nor are Investigators even always aware of other investigations being done by custody. The Investigators only report the cases that they personally investigate. As such, institution numbers may vary from Investigator numbers.

OSP, Ohio's only Level 5 "supermax" facility, had the highest number of initiated investigations, with a grand total of 583. This is somewhat remarkable considering its low population (455). The high number of initiated investigations may be due to two factors—both the high amount of activity that necessitates an investigation as well as the obvious diligence of the Investigator in pursuing an investigation. By demonstrating to the inmates that illegal activity will be addressed by institutional staff, it sets a positive zero-tolerance example that hopefully decreases an inmate's belief that he will "get away" with illicit behavior.

Similarly, MaCI, which is a level three (close) security facility, reports the second highest number of investigations. The Sex Offender Risk Reduction Center (SORRC) is located at the Madison Correctional Institution. All reception inmates who have committed a sex offense are first sent to MaCI for assessment and Basic Education classes pertaining to sex offender treatment before they are sent to their parent institutions.

The bulk of the investigations are reported as "Other." For example, of OSP's reported 583 initiated investigations, 555 (95.2%) are classified as "Other." It is likely that the vast majority of these "Other" investigations actually are background checks. Based on the large number of investigations in the "Other" category, the suggestion was relayed that perhaps additional categories (such as a category specifically for Background Checks) should be considered in order to provide greater and more useful information.

In follow-up communication from the Chief Inspector's Office in that regard, it was relayed that the Investigator's Monthly Report does contain a section for listing "Background" investigations separately from the "Other" category, and has done so for at least three years. However, since CIIC does not receive the Investigator's Monthly Reports from the institutions, the only Investigator activity data available for review is contained in the Chief Inspector's Annual Reports. The Chief Inspector's Office further

relayed that the "Background" investigation category will be included in the annual report.

Also notable are the institutions that did not make the top ten list. SOCF, the only maximum security prison, houses a high number of violent and mentally ill, some who may be at the Ohio State Penitentiary if not for their serious mental illness. SOCF also has a concentration of several of the state's leading gangs. Further, SOCF inmate letters report a high level of sexual activity. However, SOCF reports a mere 62 initiated investigations for the entire CY 2004. This is the sixth lowest number in the entire prison system. According to the reported numbers, even Franklin Pre-Release Center, a minimum security facility for females that houses half the number of inmates as SOCF, conducted more investigations during the year. Furthermore, as opposed to the other institutions, SOCF has two full-time Investigators, plus a full-time Security Threat Group Coordinator.

In 2003, the two leading institutions for initiated investigations are Level 1/2 (minimum/medium) security facilities. Inmate letters have reported that medium security prisons often have a greater drug culture than the higher security facilities, due to the fact that inmates are generally "short-timers." Reportedly, many of these inmates are in prison for non-violent drug offenses, and they continue to carry on drug-trafficking and drug use within the correctional system

Reviewing the data, although BeCI's total number of initiated investigations dropped by 177, it doubled its number of positive urinalyses during the same time period.

ORW's reported number of initiated investigations dropped by half over the biennium for reasons unknown. ORW has both a large population (1,955) and also is the only facility in the entire ODRC system to house inmates of all security classification levels for extended periods of time. Yet in CY 2004, it dropped to the bottom half of institutions for the reported total number of initiated investigations.

Ohio State Penitentiary, Trumbull CI, Ross CI, and Warren CI all increased their number of initiated investigations. This could indicate a problem at the institutions (which cannot be identified due to the bulk of the investigations falling under "Other"). However, it is hoped that the increase will enhance the security of the institution, as the Investigator's presence and diligence will be more apparent to the inmates and staff. Institutions should develop a zero-tolerance policy in which any hint of drugs or staff misconduct prompts an investigation.

Drug Investigations

Of the number of investigations that are identified by a particular subcategory, Drug Investigations by far are the most prevalent, with good reason. Studies have reported a major increase in the number of persons incarcerated during the 1990s due to stricter drug enforcement laws. Thus, many of the persons currently in prison were incarcerated for

illegal substance abuse. Persons who are addicted to illegal substances are likely to seek out opportunities to continue abusing substances even while in prison.

Positive Urinalysis

It is unfortunate that the "Saturation" testing covers only 20% of the inmate population. The goal of reducing inmate drug abuse would be furthered if every inmate knew for certain that he or she would be tested not just annually, but more frequently.

NCCI reported the highest number of positive urinalyses by a wide margin. However, this is possibly due to greater diligence in testing inmates to better ensure that drug use within the institution is fully monitored.

With the exception of ManCI and TCI, all of the above institutions are primarily Level 1/2 (minimum/medium) security facilities. In addition to the deterrence facet of performing system-wide, "saturation" testing, the institutional numbers could be more accurately compared.

In addition, while OSP, the Level 5 "supermax" facility, reports seven positive urinalyses, and our Level 3 facilities (LeCI, LorCI, ManCI, RCI, ToCI, TCI, and WCI) report on average 22 positive urinalyses, SOCF, the Level 4 facility, reports zero.

The contrast in numbers between the two years is striking. RCI went from having the highest number of positive tests in 2003 to having zero positive tests in 2004.

The other institutions are equally a mystery—why the sudden decrease in the top four institutions and the sudden increase in the subsequent six? It is hoped that random drug testing—if not a sweeping testing of the entire institution—is made a priority and that penalties are swiftly imposed for evidence of drug use. Only by making inmates aware that drug usage absolutely will be found out and punished is there any hope in limiting the trafficking. If inmates know that there is a high chance that drug use will not be found out and/or punished, the inmate is most likely going to risk the chance and continue using the substance.

The total number of reported initiated investigations pertaining to Positive Urinalyses was 898 in CY 2003 and 936 in CY 2004.

Drugs (Other)

This category pertains to drug investigations that do not fall under the other categories (Staff/Inmate, Inmate/Visitor, Mail/Packages, or Staff). Drugs that are caught being passed from one inmate to another or that are found on an inmate's person or in his possessions, for example, would qualify as "Other."

The total number of reported initiated investigations in the category of Drugs (Other) was 260 in CY 2003 and 356 in CY 2004. This category is difficult to analyze, as there are no defining characteristics on which to make an evaluation.

Drugs (Inmate/Visitor)

LeCI reports 82 investigations regarding the transfer of drugs between inmates and visitors, yet only 23 positive urinalyses are reported. If 82 inmates are suspected to be involved with the trafficking of drugs, it is extremely likely that more than 23 inmates are using drugs. Even if just those 82 inmates who were involved with the investigations were tested, it is probable that more than 23 inmates would test positive. Similarly, WCI reports 34 investigations pertaining to inmates and visitors, but a mere nine reported positive urinalyses.

In fact, including a mandatory urinalysis for all inmates involved in a drug investigation could be a positive move toward catching and limiting inmate use.

In addition, although there is a healthy representation of the Level 2 and 3 institutions, neither SOCF nor OSP report even a single drug investigation pertaining to visitors. Either the visitors to SOCF and OSP are much less involved with illegal substances than the inmates they came to see, or there is not sufficient monitoring of visitors.

NCCI reported 202 positive urinalyses and yet only reported two investigations involving visitors. The reported numbers in the other categories of drug investigations do not yield any reasonable substitute explanation for the high number of positive urinalyses.

RCI reported 141 positive urinalyses in 2003, but only three drug investigations regarding visitors. SCI reported 130 positive urinalyses, but only ten visitor investigations; the other institutions follow a similar pattern. The drugs have to enter the institutions in some manner. In addition, as previously discussed, the number of positive urinalyses does not even report the total number of inmates involved in drug use.

The total number of reported initiated investigations pertaining to Drug Investigations of Inmate/Visitor was 244 in CY 2003 and 272 in CY 2004.

As can be seen by the sudden decrease in the numbers, LeCI and PCI are the exceptions rather than the norm. On the positive side, it is good that institutions are recognizing that staff may be culpable in the spread of drugs in the institutions. On the negative side, 20 investigations, unless some of the investigations pertained to the same staff person, involve a sizeable chunk of an institution's staff.

The DRC South Regional Director reported to the CIIC that Department staff have deterred "50 staff from bringing drugs or attempting to bring drugs into our prisons…Appropriate disciplinary or legal action is taken in all such [staff] cases based upon the available evidence and investigation." Appropriate legal action could include the imposition of a mandatory prison term.

After the top ten, all other institutions report either one or zero investigations of drugs passed between staff and inmates.

In CY 2003, a total of 36 investigations were initiated into Staff/Inmate drug trafficking. In CY 2004, 72 investigations were initiated into the same.

The average number of investigations that an institution performs pertaining to drugs conveyed via mail or packages tends to be quite low. DRC staff reported in a recent meeting of the CIIC that the option of a third party vendor for all food packages is being considered so as to reduce the amount of drug trafficking via mail/packages. Presumably, food packages will still need to be checked for contraband, so it is currently uncertain as to how much staff time it will actually save. In addition, DRC staff need to ensure that adequate tracking measures of the prepared packages are in place in case contraband is found to better ensure proper investigation and prosecution.

Drugs (Staff)

Given that DRC employees are in a prison environment, it is possible that the rates of prevalence among DRC employees are higher than state averages. Regardless, the number of investigations reported by the institutions does not correlate to 14.4%, 8%, or even 1% of the staff population.

In CY 2003, a total of six investigations were initiated in Staff Drug use. In CY 2004, that number jumped to 25.

Assault (Inmate on Staff)

It is understood that "assault" covers a wide range of behavior and not every assault may require an investigation. However, this possibility cannot explain the huge discrepancy in the numbers of SOCF, OSP, ManCI, NCCI, OCF, and BeCI. In fact, according to further information provided by the ODRC, SOCF reported 130 total inmate on staff assaults in 2003 and 119 total inmate on staff assaults in 2004, yet not a single initiated investigation was reported. If these numbers are accurate, it is extremely disturbing that 166 assaults on staff have the likelihood of not resulting in a single initiated investigation. If the numbers are not accurate, corrective action is needed to increase accuracy in the reporting of the official numbers.

Sexual Assault Investigations

The top ten list of institutions, with the exception of ManCI and CRC, are all Level 1/2 (minimum/medium) security institutions.

One possibility is that inmates in lower security prisons may feel more comfortable in telling authorities, as their sentences may be shorter. In one particular incident relayed to the CIIC, an inmate reported a sexual assault after he was released—it may be that

inmates who are still within the system do not feel safe in reporting. Steps need to be taken to combat this fear and to promote reporting.

Further, it has been suggested in the greater society that men are far less likely than women to report a rape. If that is the case, all allegations of rape need to be investigated with a high level of empathy and counseling. Inmate separations may need to be more amply used, as even investigations that cannot substantiate the allegations may result in enmity and reprisals between the inmates.

The total number of sexual assault investigations jumped from 39 in 2003 to 124 in 2004. The increase in the number of investigations is a positive move, rather than indicative of a problem. The fact is that sexual assaults do happen in prison. Institutions need to ensure that each and every allegation is fully investigated, which will obviously result in a greater number overall of sexual assault investigations.

LaECI jumped from zero reported sexual assault investigations in 2003 to 21 in 2004. Overall, almost all institutions either stayed the same or increased the number of sexual assault investigations.

OSP and SOCF both reported zero investigations of sexual assaults over both 2003 and 2004. Once again, SOCF's reported number of initiated investigations runs counter to the information provided by the ODRC to the CIIC. According to the information, SOCF reported two "completed sexual assaults" in 2004. Either the assaults were deemed completed, but were not investigated, or the numbers reported by SOCF to the Chief Inspector are not accurate.

Professional Misconduct Investigations

Staff Misconduct

OCF ranks second in staff misconduct investigations. OCF is a facility specifically for the mentally ill within the correctional system. This population is extremely vulnerable to victimization, and they are handicapped in terms of credibility when they report such incidents. It may be more difficult for inmates to make reports—both in coherently forming the allegation as well as simply realizing that an allegation needs to be made—and it probably is more difficult to obtain corroborating testimony. It is hoped that all allegations, no matter how potentially unlikely, are investigated.

Staff/Inmate Relationships

Allegations of staff/inmate relationships are investigated. ORW outnumbers the other institutions. Thirty-seven investigations of staff/inmate relationships tend to indicate that there is a problem at the institution. Female-only institutions have a strong presence. ORW, FPRC, and NEPRC rank in the top ten on this list, as they rank together on no other list. The potential for male and female officers to abuse the authority given to them is huge and clearly needs to be addressed on a system-wide basis.

Rather than single investigations of illicit behavior, it may be necessary to engage in extensive staff training on the dangers of staff/inmate relationships. Institutions should increase the peer pressure against the behavior.

In follow-up communication from the DRC Chief Inspector's Office regarding staff/inmate relationships, it was relayed that unauthorized relationships are covered in pre-service, in-service, etc. It was also noted that both inmates and staff are advised of the seriousness of this issue as is noted by the fact that DRC has several Standards of Employee Conduct including #46 that relate to this area.

The actual content of the Employee Standards of Conduct is not in any DRC Administrative Rule or in any DRC Policy. The most recent ODRC Standards of Employee Conduct became effective on October 17, 2004. The 18 page document includes the following subheadings: Purpose, Responsibilities, Personal Conduct, Responsiveness, Illegal Activities, Conveying or Trafficking in Contraband, Investigations, Confidentiality, Government Property, Outside employment, Schedule of Rule Violations and Penalties, Progressive Discipline, Penalties within the Discipline Process, and Disciplinary Grid Absenteeism Track.

Canine Searches

Institutions should be encouraged to perform more searches for illegal substances so as to best limit the flow of drugs into the facilities. Institutions could consider using canines more often. Prison staff recommended to the CIIC years ago that canines be posted as the entry building as a deterrent to drug smuggling attempts.

Major Shakedowns

Shakedowns are an important institutional tool. Shakedowns ensure that inmates do not become complacent, that inmates are aware that the rules are going to be enforced, and that stockpiled weapons and drugs will be found and confiscated. MaCI is to be praised for committing the time and staff resources to performing eight shakedowns during one year. In fact, all of the top ten institutions are to be praised—even just two shakedowns a year will surely have an effect upon inmate weapon and drug stockpiling.

More surprising is the fact that 13 institutions reported zero shakedowns for the entire calendar year, including SOCF (the maximum security facility) and six Level 3 facilities (CRC, LeCI, ORW, RCI, ToCI, and WCI).

MaCI showed consistent dedication to performing shakedowns, as did LoCI, OSP, ACI, and ManCI. It is interesting that an institution would perform four shakedowns in one year and none in the next, such as CCI. It is also interesting that while MaCI had eight shakedowns in a year, a facility dedicated to substance abusers such as NCCTF reports only one in 2003 and two in 2004. The following institutions reported zero major shakedowns for two years consecutively:

- LeCI
- ORW
- WCI
- MCI
- CRC
- MEPRC

Why two Level 3 facilities (LeCI and WCI) and two facilities that cater to all security levels (ORW and CRC) performed no shakedowns in two years or did not report any shakedowns is not understood.

Recommendations

The Chief Inspector's Office should perform its own evaluation of the Institutional Investigators' reported numbers. From the Annual Reports, it does not appear that any real analysis is performed, nor does it provide any recommendations for improvement, or really any sentiment of expectation of improvement. Questions should be asked and answered regarding the discrepancy in numbers, both between institutions as well as between years. If the low numbers of some institutions are in fact accurate, then the institutions deserve praise and their methods should be examined for best practices recommendations. If the low numbers are in fact the result of non-reporting, then the Chief Inspector's Office needs to take action to ensure that future years' numbers are more accurate. Further, greater analysis needs to be made of the large number of investigations that fall under the "Other" category. Perhaps additional categories need to be added to provide greater detail. The following areas need improvement:

- **Accurate Reporting**: The overall conclusion generated in reviewing the numbers of both 2003 and 2004 is that there is a lack of accurate reporting. One institution reported the exact same amount of heroin (grams) and hooch (gallons) confiscated in both 2003 and 2004. Institutions that are known for problems report no problems whatsoever. Numbers jump by the hundreds from one year to the next. If, on the other hand, the numbers are accurate, lessons can be learned from the dramatic differences.

- **Urinalyses**: "Saturation testing" should include the entire institutional population to obtain accurate numbers of drug usage within the institution. Performing at least annual testing of every inmate should be considered. Efforts should be made to demonstrate that drug usage will most definitely be monitored, and most likely will be detected. Drug testing costs can be justified for the safety and security of the institution.

- **Staff Drug Use**: Accurate assessment of DRC employee drug use needs to be made. Prison staff have questioned the extent to which truly random tests are conducted.

- **Strip/Patdowns**: To truly limit the flow of drugs into and out of the institution, institutions need to become more vigilant of both staff and visitors. The infrequent use of strip/pat downs indicates that their potential is not being fully used.

- **Assaults**: The discrepancy between the number of reported assaults and the reported initiated investigations regarding those assaults needs to be closely examined. It makes no sense to report 166 incidents of assault and zero initiated investigations.

- **Sexual Assault**: In conjunction with the new DRC policies, staff should examine ways to encourage reporting of sexual assault and explore methods of improving inmates' willingness to report sexual assault. Staff training may be a primary need.

- **Staff/Inmate Relationships**: In-service staff training should be included regarding the hazards and consequences of staff/inmate relationships.

- **Major Shakedowns**: Institutions should have at least one major shakedown every year to improve institution security and to best ensure that weapons and drugs cannot be used, held, and stockpiled with impunity.

Chief Inspector's Response to CIIC Report

Chief Inspector's Letter

On May 24, 2006, through communication from the CIIC Director to the DRC Assistant Director, DRC staff were provided with an opportunity to review the CIIC report on Investigator Data, and to relay any perceived errors or inaccuracies which could be addressed prior to its release. DRC feedback was provided on June 6, 2006, and was incorporated in the report prior to its release.

In a letter dated October 5, 2006, the Chief Inspector wrote the CIIC Director as follows:

> I have reviewed the Correctional Institution Inspection Committee's 20006 reports regarding the Institutional Investigators and the Inmate Grievance Procedure. As with all reports and communications provided by the Committee, I find these to be effective tools for ensuring that the Ohio Department of Rehabilitation and Correction continues to improve its operations. I value the importance of the information your Committee provides.
>
> In reviewing the 2006 reports, I noted that the Committee made several valid points, which deserved further consideration. However, I also found that some of the assumptions made and conclusions reached by the Committee appeared to be the result of misinterpretation of the data

collected. That being the case, we reviewed our annual reports as well as the Committee's reports and prepared a …response.

The attached… responses are designed to provide clarification on the information provided in the Chief Inspector's annual reports as well as to respond to the recommendations proposed by the Committee They also include an update on activities related to the inmate grievance procedure and to investigations…

DRC Response

We have had the opportunity to review the June 6, 2006 Investigator Data Review report prepared by the staff of the Correctional Institution Inspection Committee. The purpose of their report is to analyze all data compiled by Institutional Investigators. Their report is based on the 2003 and 2004 Annual Reports prepared by the Ohio Department of Rehabilitation and Correction Chief Inspector's Office as well as correspondence submitted to their office by inmates and the committee's visits to various correctional facilities.

Overview:

Both the CIIC and the Office of Chief Inspector agree that accurate analysis of Institutional Investigators' numbers is an important tool for making recommendations for improvement, or any sentiment of expectation of improvement. We also agree that greater emphasis needs to be made to ensure that all numbers reported are accurate. Overall, we find the June 6, 2006 report to be a fair representation of Institutional Investigator activity during 2003 and 2004; however, we disagree with some of the findings and/or recommendations of the CIIC.

Before addressing our concerns, observations and responses to the CIIC's recommendations, it must be emphasized that the investigative section of **The Annual Reports of the Office of the Chief Inspector contains only information specific to the activities of the Institutional Investigators**. As noted by the CIIC in their report:

> **The Investigator does not conduct all investigations at any given institution, nor are Investigators even always aware of other investigations being done by custody. The Investigators only report the cases that they personally investigate. As such, institution numbers may vary from Investigator numbers.**

As noted by ODRC Policy 09-INV-04, Institutional Investigator, the Institutional Investigator investigates allegations of, or incidents of

serious (emphasis added) violations of administrative rules, policies and/or procedures. The Warden and/or Chief Inspector evaluate incident reports, allegations and unusual occurrences to determine if an investigation is warranted. **Investigations, which require special skills, knowledge or expertise, are referred to the Institutional Investigator**. For example, cases involving drug use and/or trafficking, unauthorized relationship, significant staff misconduct, sexual assaults, and matters involving other agencies are the types of cases the Investigators handle. Needless to say, in the institutional setting numerous investigations are conducted daily by a variety of staff members, but only a small percentage of investigations rise to the level where the special skills of the Investigator are necessary. The Investigator is tasked with conducting complex administrative investigations of serious misconduct, often in conjunction with OSHP's criminal investigation. **As such, the numbers of investigations, searches, etc. reported by the Investigators represent solely matters that they were personally involved in, not the investigations conducted by all staff at their institution.** This fact appears to have been overlooked at various points throughout the CIIC's evaluation and analysis.

Response to the Recommendations of the CIIC:

Accurate Reporting:

The CIIC is correct in that a more accurate means of reporting is necessary. We acknowledge that 2004 annual report does contain limited inaccuracies due to human and/or computer errors. In reviewing the actual data submitted by the institutions, we confirmed that no facilities had reported the exact same numbers for two consecutive years. Instead, a data entry error occurred in our office. As for the numbers themselves, it is not uncommon for some institutional drug seizure numbers to increase drastically from one year to the next. As investigators become more savvy in their drug detection techniques, it has been found that inmates will compensate by attempting to convey larger amounts of narcotics into the institutions to attempt to avoid detection.

We further agree with the CIIC that the numbers captured in the 'Other' category are misleading. This category currently includes special investigations which do not fall within the other main categories (ie: Staff/Inmate Relationship, Staff Drugs, Inmate Drugs…) as well as the number of Background Investigations completed by the Investigators on applicants and contractors. Any future reports will include a separate category on Background Investigations.

Urinalysis:

The Department does employ Saturation Testing. According to ODRC Policy 70-RCV-03: **Saturation Level testing is to be completed once a year. A statistically valid, as determined by the Office of Policy, Bureau of Research, sampling of each institution's population will be selected for testing. This process provides a basis for comparison of drug levels annually at each institution**. These numbers are used by Investigators to assess the success of their interdiction efforts. Neither of the Institutional Investigator nor the Office of the Chief Inspector are responsible for saturation testing. As noted by policy, the Bureau of Research determines the number of inmates tested at each facility.

Additionally, each month random inmate drug testing occurs at each institution. Specifically, according to policy, **"Each month five percent (5%) of each institution's population will be randomly selected for drug testing. Inmates will be selected by computer assignment via the institution's Central Inmate Management System (CIMS)."** Likewise, inmates preparing to go before the Parole Board, those in programming, and those who work outside the institution are regularly tested. The institutions also have the opportunity to test inmates for cause based upon the inmate's behavior or other information. Each month, the Office of Recovery Services prepares a report of the findings of the Random, Program, and Cause testing. At the institutional level, when an inmate tests positive, the results are generally shared with the Investigator. These numbers are then used by the Investigator to develop leads.

As previously indicated, Investigators only report numbers for cases that they initiate. As such, any attempt to use solely their numbers in conducting a comparative analysis of institutional activity will lead to an inaccurate depiction.

Staff Drug Use:

Again, the Investigator is not involved with staff drug use unless it is directly related to an investigation that they initiated. The Department does engage in random drug testing of employees. This is conducted in accordance with ODRC Policy 31-SEM-04, Employee Random Drug Testing and applicable labor management agreements. According to this policy, should an employee test positive for illegal drugs, the field coordinator (not the Investigator) notifies the employee of the positive results and serves them with a predisciplinary hearing notice. The Investigator is not advised of the names of employees who test positive. A finding of Just Cause at by the predisciplinary hearing officer shall lead to a Last Chance Agreement and EAP (Employee Assistance Program) Participation Agreement being made with the employee.

Again, the numbers reported to in the Chief Inspector's annual report do not capture, nor were they designed to capture, the number of employees at any facility who tested positive for drug use. Numbers regarding drug use by staff are reported via a completely different mechanism.

Strip/Patdowns:

The CIIC again uses Investigator initiated numbers to do an overall comparative analysis of all staff and visitor strip/patdown searches. The CIIC stated, "The infrequent use of strip/patdowns indicates that their potential is not being fully used." Again, as previously stated, the number of searches listed by the Investigators applies solely to those that they personally initiated as part of an investigation. The numbers reported are in no way indicative of the numerous searches and patdowns that occur in all institutions on a daily basis. To illustrate this point, the Office of the Chief Inspector initiated a review of the number of searches conducted at the Marion Correctional Institution. The sample illustrates how many strip searches, patdowns, and other searches are conducted at6 one institution on any given day. The results are indicated below:

On 08/24/06, Marion Correctional Institution (MCI), a Level 2 (Medium/Minimum Security Level) institution, in order to accurately calculate the total number of searches being conducted within the institution on a daily basis, established a local procedure to statistically collect and document the total number of such being completed. This collection and documentation was conducted in a one (1) day period over the course of two (2) shifts (1st and 2nd) for a total of a sixteen (16) hour operational period, on 08/24/06.

The categories of searches monitored were the following:

1. Mechanical Device Search (Metal Detector and/or Handheld Wand)
2. Pat-Down Search
3. Strip Search
4. 2.4 Compliancy Search

Below is the total number of Mechanical Device Searches, Pat-Down Searches, Strip Searches and 2.4 Compliancy Searches conducted on 08/24/06:

1. Mechanical Searches = 960 (Searches conducted in the institution's Front-Entry Building, "A-Building", Sallyport and Shop Crash Gate Entry/Exit points via Metal Detector and/or Handheld Wand. Front-Entry Building, "A-Building" Searches

conducted on institutional staff and/or visitors only. Shop Crash Gate Searches consisted of two (2) work calls.

2. Pat-Down Searches = 1197 (Inmate, Staff & Visitor Searches)
   - 1st shift = 564
   - 2nd shift = 633

3. Strip Searches = 26 (Inmate Searches)
   - 1st Shift =8
   - 2nd Shift =18

4. 2.4 Searches = 95
   - 1st Shift =44
   - 2nd Shift=51

Based on the total number of offenders at MCI as of 08/24/06, the above collection and documentation of Pat-Down Searches statistically calculates to be a total of seventy-two percent (72%) of the offender population within the institution being searched in such a manner during this designated period.

Based on the total number of offenders at MCI, as of 08/24/06 the above collection and documentation of Strip Searches statistically calculates to be a total of between one and two percent (1-2%) of the offender population within the institution being searched in such a manner during this designated period.

The Office of the Chief Inspector cannot find any supporting evidence that the institutions are deficient in use of strip/patdown searches.

Assaults:

The CIIC is using assault numbers from the online information versus the assault cases carried on the Investigator's caseload. Again, while all 'assaults' are reported to the Ohio State Highway Patrol not all instances result in the opening of a case by the Investigator. 'Assaults' within the correctional setting can cover a wide range of activity from a simple fight between two inmates, spitting on another individual, throwing an object or unknown substance, to a matter in which serious injuries result. The Ohio State Highway Patrol reviews reports of all assaults in the institutions for potential criminal prosecution. It should be noted that the bulk of all institutional assaults are administratively investigated, usually by a correctional sergeant, lieutenant, or captain and disciplinary charges brought against the inmate(s) involved prior to the Ohio State Highway Patrol reviewing the case. Therefore, the Investigator's role in investigating assault cases is very limited, unless

they are specifically assigned to investigate these cases due to the severity of the assault, major disruption of operations, or are assisting the Ohio State Highway Patrol.

Sexual Assault:

Investigators are trained to conduct thorough investigations into alleged sexual assaults. If it is alleged that a sexual assault has occurred, the Investigators ensure that correct steps are taken to investigate the assault. Departmental policy sets forth the parameters for the investigative process. Additionally, the Office of the Chief Inspector provides periodic training on this topic to all Investigators to highlight methods for investigating sexual assaults. In March 2006, an Investigator's Training was held. The staff of the CIIC was also invited and did attend.

The Ohio Department of Rehabilitation, unlike many other states, is very fortunate to be so far along in the process of educating both our offenders and staff on this critical issue. In fact, the ODRC is considered to be a leader in this area. The Chief Inspector's Office is proud to be one of most recognized departments in the country with respect to sexual assault funding, research, training, and investigations.

Below is a list of current related sexual assault activities:

All new employees are receiving pre-service training on inmate sexual assault through a standardized lesson plan that covers prevention, detection, responding and investigation. A standardized in-service lesson plan was distributed and all institutions presented the topic during the in-service training year 05-06. We are currently working on upgrading the current in-service lesson plan with the assistance of representatives from the Central Ohio Sexual Assault Task Force. It is expected that the new revised lesson plan will be completed no later than September 2006.

All inmates are receiving orientation on this topic at reception and during orientation at their parent institutions. A standardized lesson plan has been developed and distributed for this purpose. Pamphlets with information related to prevention, self-protection, how to report sexual assaults, and treatment and counseling are provided to the inmates. Posters have been distributed and strategically placed at all institutions to heighten awareness of this issue. A 'hotline', checked daily by the Office of the Chief Inspector, is available to inmates to report sexual assault or situations that they feel may result in being sexually assaulted.

A process improvement team developed certain recommendations for administrative and disciplinary actions that should be taken following an inmate's administrative conviction of sexual assault. Those recommendations have been encompassed in the revised Inmate Sexual Assault policy.

A process improvement team also formed and made certain recommendations, regarding our role in pursuing criminal prosecution against staff and inmates accused of sexually assaulting inmates. These recommendations included how to assist the local prosecutor's offices with such prosecutions. Their recommendations included additional training related to crime scene and evidence collection, contacting prosecutorial associations and requesting to present to their membership during meetings as a means of educating prosecutors about PREA, our position and to promote networking. The committee also recommended the Investigators track sexual assault reports, and dispositions of criminal cases. Development of a database was recommended to aid in this.
Grant money through the Protecting Inmates and Safeguarding Communities Grant has been set aside to purchase software for the Investigators that will make documenting and monitoring of information related to sexual assault easier and more efficient.

Classes have been provided to train victim support persons. Chaplains and victim service coordinators were initially targeted for training and then expanded to all employees who expressed an interest and volunteered. Victim Coordinators receive additional training provided annually by the Office of Victim Services. Policy revisions provide more guidance as to the role of the victim support person. These individuals are included in the team making decisions as to what is in the victim's best interest following as assault.

As noted above, the Investigators received joint training with the Ohio State Highway Patrol on "Sexual Assault Investigative Techniques." This training was funded through the Protecting Inmates and Safeguarding Communities Grant under PREA.

There are currently several Ohio Standards related to inmate sexual assaults and several new or revised ACA standards. The Inmate Sexual Assault policy has been revised to more clearly meet the ACA standards and to create appropriate documentation to show compliance with the Ohio Standards.

Staff/Inmate Relationships:

…**Extensive training at all levels is conducted regarding unauthorized relationships.** Training on the inappropriate staff/inmate relationships is initially provided to all new hires during pre-service at the Corrections Training Academy. A lesson plan, specific to pre-service training was developed in conjunction with the Chief's office and is reviewed and updated annually. In addition, a training video has been developed for use in pre-service and in-service training. This topic is further addressed in supervisory courses. Likewise, all inmates receive orientation on inappropriate relationships at the Reception Centers. Once assigned to their institution, new staff and inmates again receive personal orientation regarding inappropriate relationships, usually from the Investigator or Institutional Inspector. During annual in-service, each Investigator instructs staff using, the in-service lesson plan approved by the Chief Inspector's Office on inappropriate relationships as well as focuses on areas or issues of concern at their institution. Training at all levels, pre-service, institutional orientation, annual in-service, supervisory courses and at the Reception Centers during inmate orientation, emphasizes the hazards and consequences of staff/inmate inappropriate relationships. The training is punctuated with real life examples and reiterates to staff and inmates the potential dangers in being involved in an inappropriate relationship. Lesson plans are reviewed and revised as necessary.

Revisions were made to the standards of employee conduct as it relates to determining what constitutes an inappropriate or unauthorized relationship between a staff member and an offender. The seriousness of the issue and our zero tolerance policy are clearly communicated to the field and all suspected cases vigorously investigated.

Major Shakedowns:

…The Chief Inspector's Office recognizes the importance of major shakedowns, as do the institutions and the Office of Prisons. Again, the numbers in the Chief Inspector's Annual Report are not those of the entire institution, they are those of Investigator initiated major shakedowns. Determining when an institutional clear-out is needed, scheduling the search and related matters are decisions made by the Office of Prisons and individual Wardens.

UPDATES:

Protecting Inmates and Safeguarding Communities Grant:

The department continues its commitment to complying with all provisions of the federally mandated Prison Rape Elimination Act, including any and all standards ultimately promulgated. The Ohio Department of Rehabilitation and Correction continues to monitor developments in this legislation and direct further actions as appropriate. With this mind, the department has established a comprehensive plan to obtain additional funding through the 2007 Protecting Inmates and Safeguarding Communities Grant, in addition to maintaining the current grant awarded in 2004.

Development of On-Line Investigator's Database:

The Office of the Chief Inspector, in conjunction with The Office of Prison's Security Trheat Group Coordinators and the Division of Business Administration-Information Technology section, is in the midst of designing a new system for use by the Institutional Investigators, the Office of the Chief Inspector and the Central Office Security Threat Group Coordinators. The proposed system will permit the tracking of investigator case information to ensure responses are accurate and timely. The system will simplify obtaining necessary information at all levels of the process and include a component for electronically storing all documents related to the process through a linked database to all investigators and the Chief Inspector's Office. Several joint application design sessions have been held this year. When completed, the system will virtually eliminate paper files for the Investigators, increase the sharing of information between Investigators at the various institutions as well as with the Office of the Chief Inspector and increase operational efficiency. It is anticipated that the system will be fully functional by the end of 2007.

National Survey:

In February 2006, ODRC participated in the "National Prisoner Survey on Sexual Assault Pilot Study" conducted by BJS. This study involved a random sample of inmates at the Ohio Reformatory for Women and the Madison Correctional Institution. The Survey will provide baseline data to assist in further efforts with respect to reducing Inmate Sexual Assaults.

Fear of Reporting Improvement Team:

A process improvement team met on this issue and made certain recommendations, which have been largely incorporated into the revisions to Departmental policies. Essentially, the policy language re-emphasizes that the victim only suffer those privilege losses that are essential to maintain his or her safety. A formal process was also created where a multi-disciplinary team considers the victim's circumstances, needs, wants, and makes certain administrative decisions. These policy revisions and new policy development are intended to address some issues related to an inmate's fear of reporting.

Annual Review and Revision of Policies:

Annually the Office of the Chief Inspector reviews policies, which directly impact the operations of the Institutional Investigators. In 2006, DRC Policy 09-INV-04, Institutional Investigator was updated to expand the types of investigations that should be assigned to the Investigator. Language concerning the use of confidential informants was also inserted. In November 2004 and again in January 2006 Investigators received further training on the development, use, and protection of confidential informants.

CVSA:

The Office of the Chief Inspector works closely with the department's CVSA operators to ensure that this tool is being used properly and in accordance with DRC policy 09-INV-05. This office is also funding the purchase of additional CVSA machines, assisting with identification and training of new operators, and upgrading the CVSA machines of current operators.

Vendor Package Program:

In 2006 a committee comprised of representatives of the Office of the Chief Inspector, Division of Business Administration and the Office of Prisons was formed to address the issue of drugs and other forms of contraband entering the institutions via inmate food and sundry packages. As a result of the efforts of that committee, Administrative Rule 5120-9-33, Inmate Packages was revised to eliminate packages being sent directly from friends and family. We are currently revising DRC Policy 61-PRP-01, Inmate Property, meeting with vendors to ensure proper security procedures are in place, developing a computerized system for tracking, and designing training to implement the changes. Effective January 1, 2007 all packages, both food and sundry, will come directly from the approved vendors thereby eliminating the introduction via this method.

REVIEW OF ASSAULT DATA FROM THE OHIO DEPARTMENT OF REHABILITATION AND CORRECTION REGARDING OHIO PRISONS

Report Date: February 23, 2006

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee. Although assault data is included in the CIIC Biennial Report of January 2005, the data is not among the statistics regularly provided on a monthly basis. Rather, the CIIC has periodically requested and received such data compiled by the ODRC Bureau of Research.

During the CIIC meeting on January 25, 2006, three Correctional Officers addressed the Committee, including two from the Southern Ohio Correctional Facility (SOCF). Their expressed concerns included an extremely serious inmate assault on an Officer at SOCF on December 5, 2005, related concerns about the incidence of inmate on staff and inmate on inmate violence at SOCF, including the murder of the reported leader of the Aryan Brotherhood by a Muslim inmate on September 26, 2005, and concerns about further related violence.

In partial follow-up to the areas of concern, CIIC staff requested updated data on assaults in Ohio prisons from the Ohio Department of Rehabilitation and Correction's Bureau of Research. On January 31, 2006, the following assault data was provided:

- Inmate on Inmate Assault Report (January-June 2005) with Number of Assaults by Type at Each Institution
- Inmate on Staff Assault Report (Jan. 1-Dec. 15, 2005) with Number of Assaults by Type at Each Institution
- Reported Institutional Inmate-on-Inmate Assaults from November 2004 through October 2005
- Reported Institutional Inmate-on-Staff Assaults from November 2004 through October 2005
- SOCF Inmate-on-Inmate Assaults by Type of Assault in Calendar Years 2001-2005 through October 12, 2005
- SOCF Inmate-on-Staff Assaults by Type of Assault in Calendar Years 1997-2005 through December 28, 2005

The data is reported to be the most updated versions completed by the ODRC Bureau of Research. The Bureau of Research will provide the CIIC with updated assault data as they are created or updated in the future.

SUMMARY

Total Inmate on Staff Assaults

January 1, 2005 to December 15, 2005

- Of the 536 Inmate on Staff Assaults system-wide in the period, the Southern Ohio Correctional Facility had the largest number with 169, comprising 31.5 percent of all such assaults.

- The Ohio Reformatory for Women had the second largest number of such assaults, with 37, comprising 6.9 percent of all such assaults.

- Mansfield and Chillicothe Correctional Institutions, and the Ohio State Penitentiary had from 32 to 34 such assaults in the period.

November 2004 through October 2005

- Of the 545 Inmate on Staff Assaults system-wide in the period, the Southern Ohio Correctional Facility had the largest number with 166, an average of 14 per month.

- The Ohio Reformatory for Women had the second largest number of such assaults, with 44, comprising 3.7 percent of all such assaults.

- The Ohio State Penitentiary and Mansfield Correctional Institution had the second and third largest number of such assaults, with 37 and 34 respectively.

SOCF 1997 To December 28, 2005

- In the nine-year period, there were 1,240 total Inmate Assaults on SOCF Staff, from a low of 105 in 2001 to a high of 193 in 1997.

- The 187 such assaults in 2005, rank second highest in the nine-year period.

Inmate on Staff Physical Assaults

January 1, 2005 to December 15, 2005

- Of the 294 Inmate on Staff Physical Assaults system-wide in the period, nearly 60 percent were Minor Injury Assaults and over 29 percent resulted in No Injury.

- There were 32 Serious Injury Physical Assaults (Assaults requiring emergency medical treatment off prison grounds), comprising 10.9 percent of the Inmate on Staff Physical Assaults.

- The Southern Ohio Correctional Facility had the largest number of Inmate on Staff Physical Assaults in the period, with 69, of which 43 were Minor Injury Assaults and 17 resulted in "No Injury." Nine of the Inmate on Staff Physical Assaults at SOCF were "Serious."

- The Ohio Reformatory for Women had the second highest number of assaults with 24, followed closely by the Mansfield Correctional Institution and Ohio State Penitentiary with 22 and 21 respectively.

SOCF Physical Assaults 1997 to December 28, 2005

- Inmate Physical Assaults on SOCF Staff totaled 498 in the nine-year period, and comprised 40.2 percent of all Inmate Assaults on SOCF Staff.

- Physical Assaults on SOCF Staff ranged from a low of 37 in 2000 to a high of 75 in 2005.

- Minor Injury Physical Assaults totaled 282, the largest subgroup of Physical Assaults on SOCF Staff, from a low of 18 in 2000 to a high of 46 in 2005.

- No Injury Physical Assaults on SOCF Staff totaled 153 in the nine-year period, the second largest subgroup of Physical Assaults, from a low of 12 in 2001 to a high of 25 in 2002.

- Serious Injury Physical Assaults on SOCF Staff totaled 62 in the nine years, the smallest sub-group of Physical Assaults on staff, from a low of two in 1998 to a high of 10 in 2003 and in 2005.

Inmate on Staff Harassment Assault

Harassment assault is defined as "throwing, expelling or otherwise causing bodily substance to come into contact with another, or throwing any other liquid or material on or at another that does not result in any physical injury to victim."

January 1, 2005 to December 15, 2005

- There were 202 Inmate on Staff Harassment Assaults system-wide in the period.
- The Southern Ohio Correctional Facility had the largest number of such assaults, with 95.
- The Chillicothe Correctional Institution had the second largest number with 18, followed by the Ohio Reformatory for Women with 12.

SOCF 1997 to December 28, 2005

- In the nine-year period, there were 707 Inmate on Staff Harassment Assaults at SOCF, from the low of 53 assaults in 2001 to a high of 122 incidents in 1997.

- There were 106 such assaults in 2005, the second highest in the nine-year period.

- The 707 Staff Harassment Assaults comprise 57 percent of total assaults on SOCF.

Inmate on Staff Inappropriate Physical Contact Assault

Inappropriate Physical Contact Assault is defined as "physical resistance to a direct order, or the intentional grabbing, touching of a non-sexual nature, bumping into or pushing a staff member that does not result in any physical injury to the staff member."

January 1, 2005 to December 15, 2005

- There were 30 incidents of Inappropriate Physical Contact Assault in the period, with the largest number at the Chillicothe Correctional Institution with nine, followed by SOCF with four incidents.

SOCF 1997 to December 28, 2005

- In the nine-year period SOCF had 27 such incidents, from a low of one incident in 2004 to a high of six incidents in 1998.
- There were five incidents in 2005, ranking second highest in the period.

Inmate on Staff Sexual Assault

Sexual Contact Assault is "any intentional touching of an erogenous zone of a staff member by an inmate."

January 1, 2005 to December 15, 2005

- There was no attempted or completed Inmate on Staff Sexual Assault in the period.
- There were ten Sexual Contact Assaults, one each at ten prisons.

SOCF 1997 to December 28, 2005

- In the nine-year period, there was one attempted sexual assault in 2001 at SOCF.
- During the period, there were seven Sexual Contact Assaults, with one each from 1997 through 2000, two in 2002, and one in 2005.

Total Inmate on Inmate Assaults

November 2004 through October 2005

- During the period, there were 483 Inmate on Inmate Assaults system-wide, with the largest number at the Southern Ohio Correctional Facility, which had 109 assaults, an average of 9.08 per month.

- North Central Correctional Institution had the second highest number of such assaults, with 32 in the period.

January – June 2005

- During the period, there were 249 Inmate on Inmate Assaults system-wide.

- The largest number of such assaults was at the Southern Ohio Correctional Facility, with 55 in the six-month period.

- The second largest number of such assaults was at the North Central Correctional Institution with 20 such assaults in the period.

SOCF 2001 to October 12, 2005

- Total Inmate on Inmate Assaults at SOCF ranged from a low of 85 in 2004 to a high of 145 in 2002.
- Assaults in the five-year period averaged 117 per year.
- The number of such assaults in 2004 and 2005 are below that average, and rank as the lowest two years of the five-year period in Total Inmate on Inmate Assaults.

Inmate on Inmate Physical Assaults

January – June 2005

- In the six-month period, there were 212 Inmate on Inmate Physical Assaults system-wide, with the largest number at the Southern Ohio Correctional Facility with 31.
- The Oakwood Correctional Facility had the second largest number, with 18 in the period, followed closely by North Central Correctional Institution with 17.
- Five other prisons had from 13 to 16 such assaults in the period, consisting of two level three (close security) prisons, Ross and Mansfield Correctional Institutions, and three level two (medium security) prisons, Richland, Noble and Southeastern Correctional Institutions.
- The level four and five (maximum and high maximum security) Ohio State Penitentiary had only three such assaults.

- The level three (close security) Toledo and Lebanon, Correctional Institutions had only two such assaults, while the level three Warren and Trumbull Correctional Institutions had only four such assaults in the period.

SOCF 2001 TO October 12, 2005

- The 190 physical assaults in the five-year period ranged from a low of 28 in 2001 to a high of 49 in 2005.
- The number of physical assaults increased from 2001 through 2004 by 11 in 2002 and by five in 2003, followed by a decrease of 14 in 2004 to 30, the second lowest number of such assaults in the period.

- The largest subgroup of physical assaults at SOCF were Minor Injury Physical Assaults, with a total of 106, comprising 56 percent of the 190 Physical Assaults.
- Minor Injury Physical Assaults ranged from the low of 12 in 2001 to a high of 28 in 2003, with a decrease to 17 in 2004, and an increase of four in 2005.

- The second largest subgroup of physical assaults were No Injury Assaults, with 53, comprising 28 percent of all physical assaults at SOCF in the five-year period.
- No Injury assaults ranged from a low of six in 2003 to a high of 22 in 2005. Such assaults increased by 14 from 2004 to 2005.

- Serious Injury Physical Assaults totaled 34 in the five years, comprising 18 percent of the total Physical Assaults.
- Serious Injury Physical Assaults ranged from the low of five in 2004, to a high of 10 in 2003. There were six such assaults in 2005.

Inmate on Inmate Harassment Assault

January – June 2005

- The 35 Inmate on Inmate Harassment Assaults system-wide only occurred at eight prisons.
- The largest number occurred at the Southern Ohio Correctional Facility, with 24 such assaults, comprising 69 percent of all such assaults in the prison system.
- The Lake Erie Correctional Institution had the second largest number of such assaults, with three. Two facilities had two incidents, and four facilities had one incident in the period.

SOCF 2001 through October 12, 2005

- In the five-year period, there were 394 Inmate on Inmate Harassment Assaults at SOCF, from a low of 50 in 2005 to a high of 106 in 2002.
- Such assaults decreased by 11 from 2002 to 2003, decreased by 42 in 2004, and decreased by three in 2005.

Inmate on Inmate Sexual Assaults

January through June 2005

- In the six-month period, there were no reports of attempted or completed sexual assault in the entire prison system.
- There were only two reports of Sexual Contact Assault, (any intentional touching of an erogenous zone) in the entire prison system, one each at Madison and North Central Correctional Institutions.

- The total absence of reports on even attempted sexual assault in the entire prison system in the first six months of 2005 prompts questions and concerns about the extent to which progress has been made in:
    - Addressing the factors which prevent victims from reporting the victimization in the prison environment, and
    - Ensuring that all incidents are appropriately documented in the Sexual Assault data.

SOCF 2001 to October 12, 2005

- In the five-year period at SOCF, there were reportedly three Completed Sexual Assaults, two in 2004 and one in 2005.
- There were no reports of attempted sexual assault or sexual contact assault.
- Based on information relayed on February 16, 2006 by the Investigator, there have been no confirmed sexual assaults at SOCF in 2004 or 2005. There were reportedly two alleged sexual assaults in July 2005, which were determined to be consensual sexual acts.

- Based on the above, there is an apparent need to distinguish between alleged sexual assaults, investigations of such allegations, and verified incidents in the reporting system.

DATA ON INCIDENTS FROM JANUARY THROUGH MARCH 2006 IN DEPARTMENT OF YOUTH SERVICES INSTITUTIONS

Report Date: July 23, 2006

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee. A computerized data management system is being created and implemented so that the Department of Youth Services has the capacity to collect and analyze operational data relevant to the commitment of the youth in the agency's custody. The Correctional Institution Inspection Committee has received data as shown in the following tables. Information for the three month period is shown for the following primary categories: Use of Force, Seclusion, Emergency Treatment, Assault, Suicide Watch and Observation, Youth Injury, Sexual Assault, and Sexual Incident.

USE OF FORCE
Response to Resistance
January – March 2006

FACILITY	# Responses to Resistance
Cuyahoga Hills JCF	269
Scioto JCF	269
Indian River JCR	190
Ohio River Valley JCF	187
Marion JCF	186
Mohican JCF	92
Circleville JCF	61
Freedom Center	2
Total	1,257

USE OF FORCE
Youth Injuries due to Response to Resistance
January – March 2006

FACILITY	# INJURIES
Circleville JCF	1
Ohio River Valley	0
Mohican JCF	0
Marion JCF	0
Indian River JCF	0
Scioto JCF	0
Cuyahoga Hills JCF	0
Freedom Center	0
Total	1

SECLUSION
Youth in Seclusion
January – March 2006

FACILITY	# in Seclusion
Indian River JCF	646
Scioto JCF	624
Cuyahoga Hills JCF	339
Circleville JCF	240
Ohio River Valley JCF	202
Marion JCF	198
Mohican JCF	142
Freedom Center	3
Total	2,394

EMERGENCY TREATMENT
Youth Taken Off-Grounds for
Non-Routine Medical Treatment
January – March 2006

FACILITY	# OCCURENCES
Ohio River JCF	30
Scioto JCF	24
Marion JCF	16
Cuyahoga Hills JCF	15
Mohican JCF	13
Circleville JCF	8
Indian River JCF	7
Freedom Center	2
Total	115

ASSAULT Youth-on-Staff January – March 2006	
FACILITY	# ASSAULTS
Marion JCF	24
Scioto JCF	22
Cuyahoga Hills JCF	13
Indian River JCF	10
Ohio River Valley JCF	5
Circleville JCF	4
Mohican JCF	1
Freedom Center	0
Total	79

ASSAULT Staff-on-Youth January – March 2006	
FACILITY	# ASSAULTS
Scioto JCF	2
Marion JCF	1
Indian River JCF	1
Cuyahoga Hills JCF	0
Ohio River Valley JCF	0
Circleville JCF	0
Mohican JCF	0
Freedom Center	0
Total	4

ASSAULT Youth-on-Youth Assaults January – March 2006	
FACILITY	# ASSAULTS
Cuyahoga Hills JCF	126
Scioto JCF	115
Indian River JCF	66
Mohican JCF	39
Marion JCF	34
Ohio River Valley JCF	16
Circleville JCF	14
Freedom Center	0
TOTAL	410

SUICIDE WATCH January – March 2006	
FACILITY	# WATCHES
Scioto JCF	105
Marion JCF	33
Ohio River Valley JCF	32
Circleville JCF	31
Mohican JCF	10
Cuyahoga Hills JCF	9
Indian River JCF	7
Freedom Center	1
Total	228

SUICIDE OBSERVATION January – March 2006	
FACILITY	# OBSERVATIONS
Scioto JCF	16
Marion JCF	5
Freedom Center	2
Circleville JCF	1
Mohican JCF	0
Cuyahoga Hills JCF	0
Indian River JCF	0
Ohio River Valley JCF	0
Total	24

YOUTH INJURY Total Injuries January – March 2006	
FACILITY	# INJURIES
Ohio River Valley JCF	27
Cuyahoga Hills JCF	18
Mohican JCF	13
Scioto JCF	12
Indian River JCF	10
Marion JCF	9
Circleville JCF	8
Freedom Center	1
Total	98

YOUTH INJURY Accidental January – March 2006	
FACILITY	# INJURIES
Cuyahoga Hills JCF	19
Scioto JCF	6
Ohio River Valley	6
Mohican JCF	6
Circleville JCF	4
Marion JCF	4
Indian River JCF	4
Freedom Center	0
Total	49

YOUTH INJURY Inflicted by Other Youth January – March 2006	
FACILITY	# INJURIES
Cuyahoga Hills JCF	7
Ohio River Valley	6
Mohican JCF	6
Marion JCF	4
Indian River JCF	3
Scioto JCF	1
Circleville JCF	0
Freedom Center	0
Total	27

YOUTH INJURY Inflicted by Staff January – March 2006	
FACILITY	# INJURIES
Circleville JCF	1
Ohio River Valley	0
Mohican JCF	0
Marion JCF	0
Indian River JCF	0
Scioto JCF	0
Cuyahoga Hills JCF	0
Freedom Center	0
Total	1

YOUTH INJURY Self Inflicted January – March 2006	
FACILITY	**# INJURIES**
Ohio River Valley JCF	18
Scioto JCF	5
Circleville JCF	3
Indian River JCF	3
Mohican JCF	2
Cuyahoga Hills JCF	2
Marion JCF	1
Freedom Center	0
Total	34

SEXUAL ASSAULT Youth-on-Youth Incidents (Sexual Misconduct) January – March 2006	
FACILITY	# ASSAULTS
Ohio River Valley JCF	3
Circleville JCF	3
Scioto JCF	1
Freedom Center	1
Marion JCF	1
Mohican JCF	0
Indian River JCF	0
Cuyahoga Hills JCF	0
Total	9

SEXUAL ASSAULT Youth –on-Youth Sexual Assaults (Forced Sexual Misconduct) January – March 2006	
FACILITY	# ASSAULTS
Ohio River Valley JCF	1
Circleville JCF	1
Marion JCF	1
Scioto JCF	0
Freedom Center	0
Mohican JCF	0
Indian River JCF	0
Cuyahoga Hills JCF	0
Total	3

SEXUAL INCIDENT Youth-on-Staff (exposure, touching) January – March 2006	
FACILITY	# ASSAULTS
Indian River JCF	3
Circleville JCF	0
Marion JCF	0
Scioto JCF	0
Freedom Center	0
Mohican JCF	0
Ohio River Valley	0
Cuyahoga Hills JCF	0
Total	3

SEXUAL INCIDENT Staff-on-Youth (exposure, touching) January – March 2006	
FACILITY	# ASSAULTS
Scioto JCF	1 (pending investigation)
Circleville JCF	0
Marion JCF	0
Indian River JCF	0
Freedom Center	0
Mohican JCF	0
Ohio River Valley	0
Cuyahoga Hills JCF	0
Total	1

SEXUAL INCIDENT Other Sexual Incidents (sexual suggestions, talk, drawings, etc.) January – March 2006	
FFACILITY	# INCIDENTS
Indian River JCF	11
Circleville JCF	5
Marion JCF	3
Scioto JCF	1
Ohio River Valley JCF	1
Cuyahoga Hills JCF	1
Freedom Center	0
Mohican JCF	0
Total	22

NATIONAL OVERVIEW OF MENTAL HEALTH ISSUES IN CORRECTIONS

Report Date: September 6, 2005

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee. Mental illness exists throughout societies, but the presence of mental illness among incarcerated individuals represents a larger percentage than what is found among society's general population. State departments of corrections are emerging as the primary provider of services to mentally ill offenders following closure of many state mental institutions.

There is, therefore, an increase in interest in this area of criminal justice. Collective knowledge about the care, corrective and rehabilitative measures, understanding of programs, and knowledge of the psychological and physical needs of inmates deemed to be seriously mentally ill and/or in a high-risk category is important to the delivery of appropriate services and programs. The research relays that some of the higher costs in corrections are those associated with higher-security/high-risk inmates. The mentally ill have traditionally been placed in the high-security/high-risk categories. A clear understanding of this segment of the population is needed to develop and deliver care, correctional measures, and programs that favor the goals of ethical and practical responsibility and fiscal accountability.

Issues and Broad Recommendations Impacting Services to Mentally Ill Offenders

The following overview of comments was extracted and blended to convey commonly posed and/or generally accepted issues for consideration.

Mental illnesses and disabilities among offenders is a complex issue. Mental illnesses and disabilities underlie some, but not all, disruptive behaviors. Public perception prevails that there is a direct link between mental illness and violence, which is not always true and in the least is an oversimplification of the true correlation between mental illness and violence. Insanity and competence should be distinguished. There is a distinction drawn between *insanity* (mental status at time of alleged act) and *competence* (ability to understand legal proceedings and assist in defense at trial). Specific and diverse populations may be found among the mentally ill population. Statistically, more women than men are considered to be in need of mental illness services. There are individuals who carry a dual diagnosis (mental illness and substance abuse, mental illness and sex offense). Mental illness is found among maximum security or 'supermax' inmates, juveniles, elderly, and ethical, racial, or cultural minorities.

The care of the mentally ill offender has increasingly become the responsibility of state departments of corrections due to the closure of state mental health hospitals. While there has been a history of containment regarding the mentally ill, the concept of treatment over containment suggests that there is value in managing and treating mentally ill offenders through mental health resources rather than criminalizing them. Even though the mentally ill offender is likely to receive prison sentencing, it is becoming

acknowledged that incarceration of the mentally ill may not be the best solution. There is an emerging philosophical premise that suggests that people should not be punished for behavior that they are not mentally responsible for, by virtue of their mental illness or insanity. Consequently, punitive treatment of people with mental illnesses within institutions has become a topic for attention and a subject for reformation in recent years. There exists, however, an absence of protection in some prison or jail environments and penalties may be administered to the mentally ill. The application of 'grace' for acts committed under mental illness in the prison or jail may not always prevail. There is an argument for the state to provide a variety of dispositions and sanctions that accommodate mental health differences. Customization of each inmate's treatment, including penalties for noncompliance, and giving consideration to the effects of certain forms of sanctions on specific individuals and forms of mental illnesses, may prove to produce favorable results in cultivating improvements in the care of the mentally ill. Specific approaches may add more fairness to disciplinary processes applied to the mentally ill. Newer approaches may ameliorate unnecessary suffering, broaden understanding of mental illness as an illness rather than a character flaw, and avoid litigation and associated costs.

The issue of violence in state institutions associated with the mentally ill generates debate. Some philosophies suggest a shift from the use of larger and more secure institutions to the use of proactive and preventative strategies to reduce violent incidents among the mentally ill within institutions. Modification of inmate behavior through the use of specific programming and treatments, while the inmate is still in general population and prior to separation in segregation, is representative of some theoretical changes to reduce violence.

Prevalence

The percentage of prison inmates in need of psychiatric intervention may vary, but estimates in the literature suggest an average range from approximately 16% to 25% of inmates in state prisons are candidates for psychiatric services. In addition to mental illnesses among inmates, mental retardation, developmental disabilities, and seizure illnesses exist. Identification of levels of mental illnesses and disabilities among inmate populations requires the use of certain criteria.

Risk

Research should continue in risk assessment and how to prevent violence. Risk is the potential for serious misconduct within the prison. Studies should research the effects that environment has on behavior, impact of prison architecture on behavior, and management methods and the behaviors that result. Included in studies should be issues related to super-maximum security facilities, identification of inmates in need of special management, length of time an inmate should remain in segregation, interventions that may be effective in controlling high-risk behavior, guidelines for returning inmates to general population, and how inmates behave following transition steps.

Classifications

Commonly cited issues related to the care of the mentally ill offender include the need for classifications to determine the levels and intensity of services. Services should be provided in both gradations and internals, and also provided in a continuous and long-term manner.

Outdated Data Systems

Some states are in need of upgrading data systems to quickly and accurately aggregate the number and types of prisoners with mental illnesses.

Inconsistent Terminology

Current terminology should be replaced with consistent and cross-jurisdictional definitions for such concepts as general population, special management, administrative segregation, disciplinary segregation, protective custody, severe mental health care, and severe medical care.

Best Practices

There is a need to identify, replicate, and revise "best practices" to assure that practice directly addresses need.

Screening and Assessment

Screening and assessment should take place at reception.

Operational Procedures

Operational procedures account for most of the voiced concerns dealing with mentally ill offenders. Innovative and promising programs need to continue to be developed and considered. Care for the mentally ill often includes psychopharmacological approaches (medications), counseling, separate housing, various programs, periodic mental status reviews, and treatment plans that may link to services beyond incarceration. While psychopharmacological treatments offer new benefits and improved modes of treatment, they may also carry risks, offsetting costs, and should only be managed by qualified physicians and staff.

Segregation Housing

The use of segregation housing for the mentally ill has come under scrutiny and subject to debate in recent years. Given that individuals with mental disabilities often have low frustration tolerance in certain situations, segregation or seclusion may be

counterproductive in certain situations, may exacerbate mental conditions, and even cause more deterioration of mental functioning.

Treatment Plans

Treatment plans should consider the nuances of the illness and disorder, and should involve cooperation and input from both mental health administrators and correctional agencies. Further, reviews should be conducted throughout the period of incarceration and at discharge.

Staff Training

Staff training is at the core of effectiveness in operating procedures. Staff may not recognize or understand that a mental disability may be at the root of many inappropriate actions. There is a need for all hearing officers and security staff, particularly those in jails, to become trained and better equipped to deal with the special needs of psychiatric patients.

Re-Entry Planning

Re-entry planning should start early and the planning for community re-entry should include identification of obstacles to implementation and staff training.

Litigation

There has been a rise in litigation. Issues addressed in court have previously included criteria used for designating an inmate for special management, the conditions of confinement, and the process or lack of a process for releasing an inmate back to general population.

Fiscal Research

Research in fiscal issues should be ongoing and begin with the premise that a reduction in special management population and associated operations may reduce some costs.

Summary and Findings of the U. S. Department of Justice

The U. S. Department of Justice, National Institute of Corrections, published Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment in May 2004. This report identified key topics worthy of attention: (a) screening and assessment, (b) treatment plans, (c) segregation, seclusion, and restraints, (d) suicide prevention, (e) treating women offenders, (f) psychopharmacological intervention and psychiatric disorders, (g) transitional services, and (h) treatment of special populations.

Screening and Assessment

There are at least two valid reasons to screen: improvement of clinical services to the inmate, and the need to comply legally with the rights of the inmate to receive appropriate services and thus, prevent litigation. One of the challenges to maintaining highest quality in the screening and assessment processes includes the accuracy of the screening, which is determinant upon the quality of staff training and resultant staff skills. Staff members are not always trained to recognize all symptoms.

Some national organizations have promulgated standards regarding screenings. For example, the American Psychiatric Association (APA) and the National Commission of Correctional Health Care (NCCHC) have developed guidelines. The APA recommends initial and subsequent screening that is detailed, thorough, and structured, and is part of the medical screening received by all inmates at intake, within seven days of admission, and again, within 24 hours of referral of an inmate screened to have a mental illness. The NCCHC has developed standards for two levels of mental health screenings. A first screening within two hours of arrival should be completed by a qualified *health care professional* and a second level of screening serves as a post-admission mental evaluation within 14 days of admission and should be completed only by licensed mental health personnel. Separate guidelines and recommendations for *screening substance abuse* have been developed by the National Institute of Corrections (NIC) and the Center for Substance Abuse Treatment (CSAT),

There are some *special considerations* that are relevant and should be considered in screening and assessment. Identified in the research as special considerations are risk of suicide, motivation and readiness for treatment and change, co-occurring disorders, and ethnic, cultural, and gender issues.

The *methods and tools* of screening and assessment must be in place to allow for frequent testing and for the reliability and validity of the results.

Treatment

Following screening and assessment, a treatment plan should be delivered. The American Psychiatric Association (APA) 2000 guidelines recommend that a variety of biological and psychological therapies be available in treatment plans for mental health disorders that significantly interfere with an inmate's ability to function in prison. The APA recommends that treatment be multidisciplinary, eclectic, and consistent with generally accepted mental health practices and institutional requirements.

The APA requires six treatment components: crises intervention with short-term infirmary beds, acute psychiatric care program, chronic inpatient care program, outpatient treatment, consultation services, and discharge/transfer planning. The National Commission on Correctional Health Care (NCCHC) (Anno, 2000) standards are used in conjunction with the APA standards. The NCCHC standards address issues that go beyond care and treatment. The NCCHC standards include some that are related to

administrative and personnel issues, support services, special needs and services, health records, and medical-legal issues.

The following six topics have specific relevancy, and in some cases have generated debate, regarding the treatment plans and the delivery of services to mentally ill offenders: informed consent (particularly an inmate's right to refuse treatment and forced medications), residential treatment units (RTU), treatment modalities (especially the use of psychotropic medications and various individual and group therapies), staffing especially the level of staff qualifications), case management (especially the case manager's pivotal role in transitioning an inmate back into the community), and co-occurring disorders (especially how co-occurring disorders should best be addressed in the treatment plan).

Seclusion, Segregation, and Restraints

While ACA guidelines indicate issues that must be addressed, the individual institutions have autonomy to determine the details. Administrators are faced with the challenge of finding safe, humane, and non-punitive methods for handling inmates with mental illness without penalizing the offender or exacerbating the mental illness for behavior resulting from the illness. Solitary confinement and extended segregation may cause additional stress for the mentally ill, and once in segregation, mental health services may be inadequate. Recommendations regarding this aspect of care for the mentally ill have been offered from multiple sources, including the APA, NCCHC, and National Institute of Corrections (NIC). Among the collective list of recommendations relevant to seclusion, segregation, and restraints are the following practical suggestions:

1. Mental health services must continue in segregation. Mental health staff should be readily available to address inmates' problems regularly. Mental health staff should assess weekly and address mental health needs.
2. Routine rounds should be made at least three times a week in administrative segregation and at least daily in disciplinary segregation.
3. Full communication is necessary among mental health staff and security staff.
4. Inmates should not be confined in segregation solely because of symptoms of the mental illness.
5. Inmates in severe or acute psychiatric crises must be removed from segregation until they can handle segregation.
6. Restraint policies and procedures should be specific and well-articulated, due to the high potential for misuse. Restraints should only be soft, ordered by a physician or health provider, limited in use with women, not exceed 12 hours in use, checked every 15 minutes, used after other methods have failed, comply with state health laws and professional practice, and their use should be followed with an after-incident and after-use review.
7. The nature of seclusion is to isolate inmates and reduce contact with others so as to stop violent or seriously disruptive behavior, yet, isolation in a

Supermax facility may be unnecessary and counterproductive when applied to the mentally ill. There must be compliance to policies and procedure in Supermax units or institutions just as in any other unit or institution.

Suicide Prevention

The literature suggests that staff must be equipped to identify inmates, including those who are mentally ill, who are at risk so they can intervene and prevent suicide. National standards typically deal with suicide separately from other issues because suicide continues to be one of the leading causes of death in prisons. According to the National Institute of Corrections (1995), applicable standards help institutions minimize their legal liability. Several national organizations, including the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and the National Center on Institutions and Alternatives (NCIA), have created standards relevant to suicide prevention in prisons.

As provided in Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment (May 2004) by the U. S. Department of Justice, there was a reduction in suicides during the first ten years of a Federal Bureau of Prisons Five-Step Program for Suicide Prevention. The data also suggests, however, that while the five steps may have been linked to the reduction, there was also room for local interpretation and application, which may have impacted the actual reduction as well.

Treating Women Offenders

The *Effective Prison…* report summarized the connection between women offenders and the mentally ill simply by establishing that there are gender differences in the service needs of the growing number of women who are incarcerated, and one of the gender differences relates to the greater presence of traumatic events and history that women bring to the prison life compared to men. The often-punitive culture within a prison may trigger a reliving of past traumatic events, causing women to potentially present with symptoms associated with post-traumatic stress disorder. Also, women have higher rates of mental illness than men. A large percentage of women were under the influence of either drugs or alcohol at the time they committed their offense. Women with drug addictions reportedly have low self-esteem, are isolated, anxious, depressed, and cut off from their feelings. An integrated treatment plan for women would likely consider not only mental illness, but also parenting skills, ages of children, trauma, substance abuse, and violence in the development of the plan.

Psychopharmacological Intervention for Psychiatric Disorders

Current corrections practice associated with the mentally ill involves the use of pharmacological interventions. Medications are designed for use with mentally ill offenders typically to diminish symptoms due to a major mental illness. Insomuch as these medications may help inmates stay calm, feel less angry or anxious, sleep better,

and manage stress, these medications contribute to the potential rehabilitation of the inmate and to the safety and security of the institution as well.

Among the recommendations regarding the use of pharmacological interventions, the APA reports that (1) psychiatrists only should have the ability to prescribe all psychotropic medications, preceded by a psychiatric evaluation, (2) medications should only be distributed by medical personnel, and (3) twenty-four hour nursing coverage should be available wherever persons with acute psychiatric problems are held.

The *Effective Prison…* report made the case that the reluctance to use some of the newer psychotropic medications due to cost may actually generate a greater comparative expense when older medications are not effective and/or cause costly side effects and ultimately, the inmate is placed on the newer medication. Also, the report cited that the use of older medications is not in keeping with the drugs that are commonly in use in the civilian community. It was acknowledged that certain drugs should be limited due to their potential for abuse within the institution (e.g. misuse, overuse, bartering or selling, lethal use for suicide). Drugs with a potential for misuse include hypnotics, benzodiazepines, and stimulant drugs.

Transitional Services

Incarcerated individuals transition in many ways- from jail to prison, from prison to reception center, to another prison, to a different unit, to a community hospital, to the community, etc. All transitions can be especially stressful events for the mentally ill because discontinuity and other factors may exacerbate their symptoms. Transitioning to the community in particular can prompt stress due to several factors that are not present with other forms of transition. Effective Prison… suggests that *careful planning* is key to the success of transition. Careful planning ideally begins prior to transition.

Coordination between the institution and community programs through *good communication and exchange of records* is essential to assure continuity of care and to avoid offenders feeling overwhelmed and losing the gains of therapy while incarcerated. A lack of continuity may render an offender unable to function while transitioning from the tight structure of institutional life to the absence of structure in the community and personal necessity to self-structure life details. Essentially, training to self-structure must be delivered from the institution prior to reentry. Among the bigger continuity of care issues is the continuation of psychotropic medications that the offender requires. Not having medications on release or transfer, not being able to acquire medications in a timely manner, or not knowing how to acquire medications after release can create much stress psychologically and physically on the transferred or reentered offender.

Aftercare essentially acts as a continuum of care and services that encompass referrals and engagement in community services needed for reintegration into community related to case management, housing, employment, relapse prevention, medication programs, and specialized rehabilitation services that are appropriate for sex offense, mental illness and retardation, substance abuse, and violent behaviors. Essential to aftercare is a

reciprocal component from the receiving community. However, there is commonly local reluctance in serving offenders with mental illnesses. The absence of continuity of care and effective aftercare often puts offenders with serious mental illnesses at increased risk for homelessness, psychiatric hospitalization, and re-incarceration, according to the American Association of Community Psychiatry in 2001. With the overall transition goal being seamless continuity of care, an institution or agency and community partners must develop and maintain referral relationships, acting as members of one team and sharing clear and consistent information.

Non-compliance to the expectations and conditions of release forces attention to the issue of *offender failure* and what can be offered as recommendations to aid greater success in this area. Incentives and sanctions are necessary components to successful compliance when dealing with mentally ill offenders. Without incentives in the community to remain crime-free, offenders may revert to old patterns of behavior.

The issue of legal liability applicable to institutions or persons has relevancy to the transition of offenders into a community when the offender subsequently harms someone after the transition. Courts appear to be looking for greater assurance that offenders will not repeat violent or harmful behavior, once they are placed back into the community. If professionals can demonstrate that they acted within "professional standards," they will not incur liability. The mentally ill offender may be unaware of a prevalent community attitude and may be untrained in how to react to the impact it could have on his attempts to function in a community.

Special Populations

Both the mentally retarded and developmentally disabled are subjects of focus for mental health departments within agencies and institutions. Effective Prisons… relays that there is an estimated over-represented population of mental retardation in prisons than in the general population, with approximately 2-3% in the general community compared to upwards of 10% in prisons; and many more individuals in prison systems are considered to have "borderline" retardation with IQ scores in the 70-85 range. Borderline individuals may be served best in the same programs for the mentally retarded or in mainstream programs based on the evaluation of differences in the needs of each individual.

Care, Corrections, and Programs in Other States

A review of some available data and descriptive information regarding the care, corrections, and programs available to the mentally ill in other states may offer food for thought to legislators and others who are giving consideration to how a state might evolve in making services available to the mentally ill defendant or offender.

Alaska

Alaska found, in response to a 1997 study that about one-third of inmates suffered from serious mental illness (approximately twice the estimated national average of 16% as

reported by the Bureau of Justice Statistics, 1999). Included in Alaska's seriously mentally ill were persons with developmental disabilities and organic brain injuries. In Alaska, the Department of Corrections was challenged as it became the largest provider of institutional mental health services in the state.

A two-pronged mental health court included (a) more structured Jail Alternative Services (JAS) Program to handle alternative mental health programming in the community on a selective basis after defendant screening and a candidate qualifying procedure, and (b) less structured Court Coordinated Research Project (CCRP) to identify and treat mentally ill misdemeanor defendants and offenders referred from the JAS program. The CCRP provides an alternative to jail and routine adjudication, trained judges to address and treat mental illness and create linkages and coordination between courts, agencies, and resources. CCRP aims at a broad misdemeanor population, whether confined or not, and aims to link mentally ill defendants with community-based mental health services.

Courts emphasize public safety and avoid placing a community at risk from participant behavior. Treatment plans include review hearings and passage of milestones. For the JAS system, locating appropriate housing is a big challenge, and housing is sometimes less than ideal; but the goal remains to "wrap" the participant in services through the weekdays and assisted living as needed for day-to-day functioning.

Compared to Alaska's structured Jail Alternative Services (JAS) participants, individuals entering the research project courts (CCRP) encounter inconsistencies in treatment plans because it is up to each CCRP participant's attorney to coordinate a plan. There is no accessible, integrated, or common treatment plan available to attorneys working in the CCRP system. Some attorneys lack experience in developing such a plan, and differences in available participant funds create differences among the plans that attorneys may design. The courts in the research project (CCRP) have less funding than is available to mental health courts, yet the available funding provides for adequate operations, including supervision of participants.

California

In California, the prisons hold more mentally ill individuals than state mental hospitals, and an increasing number of severely mentally ill individuals are released to communities without an adequate network of supervision, treatment services, and assistance. The Governor's 2000-01 budget bill took aim at keeping the mentally ill out of the criminal justice system by allocating $139 million for providing more than 21,000 inmates with one of several levels of treatment services. Court rulings have required that the state make improvements in identifying mentally ill offenders and providing services to them. Upon release, many mentally ill offenders find no provisions for clinically effective and cost-effective community mental health services. However, two California programs were reviewed in the literature.

The *Parole Outpatient Clinic (POC)* statewide system provides services to approximately 9,000 of 12,000 parolees with psychiatric histories. The POCs are impacted by several

problems. For example, many parolees do not have a serious mental illness, but have been assigned to the system due to statutory requirement or internal California Department of Corrections rules unrelated to any clinically based criteria. Also, funding and staffing for POCs has not kept pace with caseload growth. Therefore, serious mentally ill cases may receive inadequate and infrequent services from a clogged system including parolees who are not seriously mentally ill. For example, the special needs of parolees with "dual diagnosis," homelessness issues, and acquisition of Social Security income, Social Security Disability Insurance, and federal veterans' benefits may not be addressed. Clinicians struggle with heavy caseloads that average nearly 160 parolees to each clinical professional.

The *Conditional Release Program (CONREP)* provides intensive supervision and mental health treatment in the community to offenders released from state hospitals either by private providers or by counties under contract with the Department of Mental Health. As reported in the literature, CONREP is relatively expensive, has been clinically effective, and has reduced criminal behavior. However, those comments should be weighed against the report that only about 700 patients are simultaneously on the caseloads and the vast majority of offenders are not receiving an intense level of supervision and treatment. Initial treatment assistance is provided, but adequate aftercare and assistance in the continuation of prescribed medications is lacking. Thus, there is noted relapse into severe mental health problems and erratic behavior.

Reportedly, California has identified the high cost of recidivism of mentally ill offenders, as have other states, and that mentally ill offenders consume a disproportionate share of resources. Most commonly committed are minor new offenses. However, there are occasionally violent and felonious offenses committed. The California Department of Mental Health relays that data suggests there is less return to criminal activity when individuals are engaged in treatment programs. Recidivism cost components include those for housing and treatment, as well as expenses to local law enforcement agencies and courts.

Generally, there is a gap in state and county coordination related to delivery of services to parolees from state institutions because often local/county partners voice concern about dealing with state offenders in their local programs and contend these offenders should remain a state responsibility.

Recommendations for improvement to California's programs include continuation of funding at increased levels, focus on short-term assistance in transitioning back into the community through contracts with private providers, increase staffing through additional parole agents (thus allowing for smaller caseloads and more time allotted per parolee), and expanding staffing through enlarging the existing network of Parole Outpatient Clinics (POC) to provide improved services, and for funding provisions for long-term assistance to parolees by county social workers before they leave the care of the transitional assistance program vendors or the POCs.

Iowa

The handling of mentally ill inmates in Iowa was targeted for scrutiny in the late 1990's as a result of *Goff v. Harper*. Findings as recent as October 2003 and published in a book, *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness,* by the Human Rights Watch organization, reveal various criticisms. Criticisms of the Iowa system were offered by a consultant, Dr. Thomas White, working with Human Rights Watch, and posted to the Human Rights Watch website as recent as March 2005. In the posted article, Report Cites Serious Abuses of Mentally Ill Prisoners in Iowa, several criticisms of the Iowa system were made, among them were the following:

1. Lack of evaluation of mental health needs.
2. Inadequate staff for clinical care.
3. Extended periods of confinement in segregated or disciplinary housing units.
4. Correctional staff that do not take offenders' mental illnesses into account when making custodial or punishment decisions.

The Iowa Department of Corrections responded to the findings. Among their comments was notification of implementation (current or future) of various recommendations, including (among others):

1. Establish a unified mission statement that is widely disseminated.
2. Expansion of review process of self-injury/suicides.
3. Relocation or reconfiguration of suicide prevention rooms.
4. Use social workers to train in pre-release, education, and life-skills topics.
5. Increase out-of-cell time to include work, recreation, and hobby crafts; and expand recreation, hobby craft, and education activity for all offenders.
6. Establish a more therapeutic environment in the Clinical Care Unit (CCU).
7. Increase Mental Health Training for *all* staff.
8. Establish Mental Health Director and Deputy Warden of Clinical Care Unit Operations.
9. Review overall Department of Corrections mental health and operational policies, including suicide prevention.
10. Establish on-call system of mental health staff for off-hours consultation, and move psychologist offices to inmate pods.
11. Establish offender treatment review process.

Connecticut

As reported in Classification of High-Risk and Special Management Prisoners, which was researched and published by the National Institute of Corrections, Connecticut has been identified as one of several state models that uses a classification system relevant to the management and treatment of mentally ill inmates. The Connecticut Department of Corrections maintains three 'program' levels: (1) Close Custody Gang Management Program, (2) Close Custody Chronic Disciplinary Program, and (3) Administrative Segregation Transition Phase Program.

The design of the three programs is based on an examination of outcome data and consideration of the needs of inmates that comprise each group. The process components that characterize each program include (a) reviews that are regular and frequent and are completed by classification staff, and (b) structured movement of the inmates through levels and phases from beginning until release. The Connecticut model has been replicated in Colorado and New Mexico.

State Programs for Managing Disruptive and High-Risk Inmates

Common characteristics were found among numerous programs, which have been designed for a variety of special populations:

1. Progressive and specific steps and/or levels through which inmates pass in the program.
2. Individualized treatment plans.
3. Multiple programming available to inmates that includes life skills, academic, and vocational curriculum.
4. Assessments of inmate at entry, checkpoints, and exit of programs.
5. Step-down or transition programming prior to return to general population.

SUMMARY OF REPORTS ON MENTAL HEALTH SERVICES WITHIN THE OHIO DEPARTMENT OF REHABILITATION AND CORRECTION

Report Date: July 25, 2006

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee. Written in the aftermath of a prison riot and subsequent lawsuit, four individual reports emerged. These reports help create a chronological history of events, conditions, and responses contributing to the evolution and current status of mental health services in Ohio's prison system. The individually authored reports provided a base from which to consider the delivery of mental health services. A summary of each report is provided in the following sections to help construct an understanding of the past and a snapshot of the current state of operations.

The purpose of this abbreviated summary is to provide an overview of these four reports in one document. The accuracy in the historical account found in these four reports is perceived to be trustworthy and therefore, worthy of inclusion in any consideration or future development of systems designed to serve individuals who are mentally ill and incarcerated.

ODRC Mental Health Caseload

Data made available to the Correctional Institution Inspection Committee from the ODRC Bureau of Mental Health reveals the following averages based on calendar year 2005 (January through December 2005). For the year, there was a monthly average of 43,565.5 total inmates in the Ohio system and 7,066 inmates or 16.2% of the average monthly population on the *psychiatric* caseload. Inmates on the psychiatric caseload are those with classifications of C1 and C2 within the department.

An additional monthly average of 942 inmates, classified as C3, did not receive psychiatric services and were not on the psychiatric caseload, but were on the mental health caseload. For all categories for the 12-month period, there was a monthly average of 8,016 inmates, representing 18.4% of the total inmate population, receiving some form of mental health services. The data for the period also reveals that of the total monthly average of 8,016 inmates receiving mental health services, a monthly average of 382.33 or 4.8% of those inmates were residing in segregation.

As reported in Mental Health Care for Ohio State Prisoners (2000), one area that presents a challenge to service delivery is the sometimes-blurry distinction that must be made between behavior that is prompted by sickness or is willfully deviant in nature. An inmate's mental condition is taken into account at disciplinary hearings as a way to construct a disposition consistent with the individual inmate's security and treatment needs.

Report 1. Mental Health Care for Ohio State Prisoners: The View from the Director's Office. *Correctional Mental Health Report,* January/February 2000. Wilkinson, Reginald A., Ed.D., Director.

As reported in the above referenced report, the long history in addressing mental illness in prisons and the goal of providing holistic health services became compromised by budget limitations during a time when security issues became a commanding priority. State appropriations for mental health services, while not ignored, were insufficient to keep pace with a growing number of incarcerated offenders with serious mental illnesses.

The Ohio Department of Rehabilitation and Correction (ODRC) experienced two events that gave rise to a renaissance in prison mental health care: a prison riot at the Southern Ohio Correctional Facility in 1993 in which nine inmates and one employee were killed, and the Dunn v Voinovich lawsuit in October 1993 that resulted in a five-year decree as a means of addressing the constitutionally inadequate care for prisoners with serious mental illness in Ohio. The goal of the decree was to achieve organizational change and decision-making autonomy in the area of mental health services in Ohio prison operations.

Following the lawsuit, ODRC established an Office of Correctional Healthcare (OCHC) in 1995 in order to effectively achieve a holistic approach to correctional mental health care in Ohio. Under OCHC, prisoner mental health care, medical and substance abuse treatment, and care for the mentally retarded are provided. Within OCHC, the Bureau of Mental Health Services (BMHS) is responsible for day-to-day clinical care of all mentally ill inmates. Funding for all mental health programs and for Oakwood Correctional Facility is provided through appropriated funds in the state's operating budget. Appropriated funding is used for mental health care at Oakwood Correctional Facility and 12 "clusters" or catchments. Each of the state's prisons falls into one of the clusters, and each of the 12 clusters has a Residential Treatment Unit (RTU) for appropriate mental health care that are never used for disciplinary purposes. Historically, the concept of a Residential Treatment Unit existed before the creation of the "clusters" per the Dunn case.

Aside from information taken from Mental Health Care for Ohio State Prisoners (2000), communication from the Ohio Department of Rehabilitation and Correction's Deputy Director of the Office of Health Care during 2004 indicated that inmates who need RTU services are transferred to an RTU of a similar security level when possible. Under this arrangement, minimum security or Level One inmates are included in the medium security or Level Two RTUs. If the RTU that normally accepts inmates from an institution is full, another RTU of the same security classification is used.

Report 1. addresses key issues associated with the delivery of services to mentally ill offenders: mental health staffing, administration of services, quality assurance as it applies to the department's need to meet the terms of the court ordered decree, and community registration of the ex-offender who is returned to the community.

Mental Health Staffing

Diligent and continuous recruitment, competitive salaries, and time-consuming training are necessary for ODRC to maintain professional mental health staff. In addition, specialized mental health training is provided for non-mental health staff, such as corrections officers and clerical workers.

Administration

Administratively, the ODRC instituted employee 'quality' teams to improve work processes, including those processes relevant to the delivery of quality mental health services. The staff teams were also responsible for compliance with the terms and conditions of Dunn. ODRC partnered with other organizations, such as the Ohio Department of Mental Health and community mental health agencies and boards, to augment delivery of services to offenders with mental disabilities. In order to maximize communication between the ODRC central office and personnel in the individual prisons, regularly scheduled meetings for field staff are held.

Quality Assurance

A temporary Quality Assurance (QA) Program was authorized in ODRC Policy 321-01 effective June 28, 1998, and a ODRC Quality Assurance Transition Team (QATT) had the duty of preparing the agency for self-monitoring following the termination of the court-ordered decree so that quality improvements continued.

Community Reintegration

Intra-agency coordination was acknowledged as a necessary component for effective offender/parolee transitioning into the community. An inter-agency agreement was reached in 1997 between the Ohio Department of Rehabilitation and Correction and the Ohio Department of Mental Health, such that 12 ODMH community linkage social workers were assigned to the state prisons to work with ODRC mental health staff to coordinate and link mental health services to released prisoners.

Conclusion

The numbers of individuals with mental illness or mental retardation who were entering the state prisons were increasing compared to those individuals who are entering mental hospitals. Therefore, the ODRC had to assume a role in the delivery of mental health services. At the heart of the issue, there continues to be a fundamental need for careful study directed at the process of prescribing the proper treatment in conjunction with the appropriate sanction for mentally ill offenders.

Report 2. Mentally Ill Offender Treatment and Crime Reduction Act of 2003 (S. 1194). Oral Testimony to The United States Senate Judiciary Committee; July 2003. Wilkinson, Reginald A., Ph.D.

The Mentally Ill Offender Treatment and Crime Reduction Act of 2003 (S. 1194), was expected to help the Ohio Department of Rehabilitation and Correction implement programs and initiatives that would strengthen the delivery of services through partnerships. The four components of the Mentally Ill Offender Treatment and Crime Reduction Act of 2003 (S. 1194) were believed to advance and benefit corrections and included: saving lives, increasing public safety, reducing state and local (county) government spending, and building on Ohio's successes.

The Dunn suit that followed the 1993 riot at the Southern Ohio Correctional Facility prompted a response from DRC. It was decided that rather than fight the suit, the money would be better spent in concentrating on a five-year consent decree. Thus, it was decided in 1995 to concentrate on improving Ohio's mental health services for the mentally ill prisoner. Throughout the five-year consent decree period from 1995 through its settlement in 2000, all parties, including plaintiff's counsel, the court monitor, the state attorney(s), correctional administrators, and health care professionals, agreed to manage points of contention privately. The Director relayed to the Judiciary Committee in 2003 that he was proud of the mental health delivery system in Ohio and that in his opinion, it represented a national benchmark as it related to prison mental health care.

Save Lives

Prisons and jails house more people with mental illnesses than do the country's mental health institutions and therefore, correctional administrators are *de facto* mental health directors. The corrections community readily acknowledges that a correctional environment is not conducive to recovery for a person with mental health problems, especially those with a serious mental illness. Untreated mental illness may put an inmate at risk of committing suicide or being victimized by predatory inmates. There is, therefore, an obligation to one of the core missions in correctional institutions: to ensure safety and humane conditions for staff and inmates alike through the improvement of screening procedures and in training staff to make correct identifications of the signs for suicide.

Increase Public Safety

Because most offenders, including those with mental illnesses, will be released to the community at some point, it is imperative to adequately prepare those individuals for release in a manner that they do not return to prison nor pose a threat to public safety. Recidivism among the released mentally ill offender is over 70%, as revealed in more than one study. There is a correlation between effective transition plans and inmate preparation and corresponding community safety.

Reduce Spending

Funds delegated to corrections have diminished nationally. Staff and operation budgets have experienced significant reductions. According to the report on the Mentally Ill Offender Treatment and Crime Reduction Act of 2003 (S.B. 1194), correctional agencies must curb the rate of growth within the system to comply with state legislative and executive orders to cut costs. Per the report, the mentally ill remain in the prison system longer than other offenders and when they reenter the community, they do not have adequate community services, so they frequently violate the law and are re-incarcerated. It is significantly more expensive to incarcerate the mentally ill offender than other offenders due to added costs for mental health services, medications, and additional staff. Pennsylvania, for example, estimates a cost of $80 per day for an average inmate, but $140 per day for a mentally ill inmate.

Building on Ohio's Successes

For departments of corrections to simply create and expand hospitals for the mentally ill within correctional institutions is not a viable or economically sound solution to addressing the needs of mentally ill offenders. There are both state and local barriers to overcome, but interagency collaboration between corrections and mental health agencies and community mental health service providers is the key to successful re-entry.

Based on current information from the Ohio Department of Rehabilitation and Correction relevant to carrying out the programs and initiatives under S. 1194, the U.S. Department of Justice's Bureau of Justice Assistance announced in April 2006 that it was seeking applications to receive grants to fund programs under the Justice and Mental Health Collaboration Program. The Justice and Mental Health Collaboration Program operates at the federal level to further the Department of Justice's mission by increasing public safety through innovative cross-system collaboration to reach and deliver programming to individuals with mental illness who also come into contact with the criminal or juvenile justice systems. Insomuch as the grant request for proposals (RFP) was released in April 2006 with an application deadline of June 2, 2006, the specific uses of the $5 million dollars that have been allocated for the grant are unknown at this writing.

Report 3. Systems in Transition. *Human Rights Watch: Ill Equipped: U. S. Prisons and Offenders with Mental Illness.* <http://www.hrw.org/reports/2003/usa1003/6.htm>

There are two key forces for change in the corrections environment applicable to offenders with mental illness, and these two forces often oppose each other. On the one hand, *litigation* has been used to induce reform of mental health services, and on the other hand, *funding pressures and cutbacks* have made implementation of reforms more difficult.

Reform through Litigation

Litigation or the threat of it has become the prerequisite for systemic improvements in mental health services. Litigation has addressed the complete lack of mental health services and more recently, the need and development of improvements in existing systems. Ohio is among many states that have experienced class action suits and dealt with consent decrees and court orders instituting reforms and the court appointment of masters and monitors to oversee compliance. Class action lawsuits have led to improvements in prison mental health care in many states, but progress to date is still far from enough.

Some correctional authorities have resisted putting reforms in place. This reluctance can stem from institutional inertia, bureaucratic obstacles, failure to understand the importance of adequate mental health services, or the lack of funding. The article provided examples from Texas, Iowa, and Rhode Island.

The Problem of Funding Mental Health Services in Prisons.

Additional expenses are incurred for medications, additional correctional and professional staff, and specific services that mentally ill inmates receive. Cost variables from state to state include decisions on quantity and quality of care provided and regional differences in salaries of mental health professionals. Budget cuts in Georgia, Florida, Michigan, Iowa, Massachusetts, and South Carolina have manifested in a variety of forms, including (a) reduced mental health professional staffing, (b) abandoning planned openings of new psychiatric units, (c) placing limitations/reductions on the use and type of psychotropic medications available to inmates, (d) reductions in intensive residential treatment programs by 25%–30%, (e) tightening criteria for outpatient eligibility, and (f) cuts in programs for the mentally ill.

Report 4. Prison Mental Health Care: Dispute Resolution and Monitoring in Ohio. (July-August 1997) *Criminal Law Bulletin*, Volume 33, Number 4, pp 299-327. Cohen, Fred and Aungst, Sharon.

Report 4. provides details about the resolution of the class-action lawsuit, *Dunn v Voinovich,* in Ohio from the perspective of the court monitor of the decree and from the Deputy Director of Mental Health Services in Ohio at the time of the suit and resolution period. Fred Cohen, the monitor, and Sharon Aungst, the Deputy Director, worked collaboratively in a unique manner so as to redesign mental health services. Rather than follow a more typical adversarial relationship found in cases as this, the Ohio scenario modeled affirmative collaboration in the blending of law with organizational change. The information represents, therefore, the thoughts and insights generated by these two individuals.

Background, Expert Team, and the Report

The Dunn suit was based on allegations that the mental health delivery system was "deliberately indifferent" to a degree that there was violation of the Eighth Amendment to the U.S. Constitution. The case delved into the language of the law and included considerations of the showing of care. The plaintiffs did not seek monetary damages, but rather systemic, injunctive relief responsive to the allegations of systemic failure.

In the Dunn case, the discovery phase was held in a suspended state while a team of 'experts,' known as the Expert Team, on correctional mental health completed eight months of investigation. The Expert Team's findings were provided in a report that was to focus on fact-finding, system adequacy, and recommendations for improvement as dictated by their findings. The Expert Team measured its findings in terms of "that which is minimally necessary to accomplish a particular objective or perform a given task." Applying the "minimally adequate" standard, the Expert Team concluded that the defendants were deficient in three basic areas of legally mandated prison mental health care:

- Appropriate personnel (including quantity and training),
- Treatment/bed space (including hospital, crisis, and chronic care beds), and
- Access to care (ability and means available to inmates to reach available staff and appropriate treatment).

After deficiencies were found, solutions were proposed. The Expert Team found that while Ohio's prison population, including a large and growing number of seriously mentally ill inmates, had expanded, there had been a simultaneous decline in resources, which led to the situation where minimally adequate care for seriously mentally ill inmates was being provided. The report indicated that the errors were of omission rather than commission, that both mental health specialists and security staff felt frustrated by their inability to systematically recognize and provide care where it was plainly indicated, and that there was no evidence of intentional infliction of harm toward inmates. The case resolved itself into a case of systematic inability to meet minimal conditions rather than

commission of wrongful acts. The Dunn case shaped itself into a collaborative-implementation model.

Report Acceptance.

As anticipated, the report was given a favorable reception. The rehabilitation and corrections and mental health agencies pooled executive staff to develop a vision and Sharon Aungst of ODMH's Office of Psychiatric Services to Corrections developed this vision into a conceptual and operational model for service delivery.

In October 1994, at an Open Space Conference, Ohio's key stakeholders in the redesigning of the system met to design the "ideal" system. The "buy in" of all stakeholders was a significant component in the early success of the new system. Action plans were developed following the conference in order to implement the system and negotiate settlement of the suit. Key to the success of the system was the timing with which the system was developed (prior to negotiations) and that the Ohio Department of Rehabilitation and Correction had created the system that it was to implement, rather than having a foreign system thrust upon the ODRC.

Negotiating the Consent Decree

In the post conference period, Fred Cohen was asked by the defendants to take on the role of facilitator. Mr. Cohen served simultaneously as a mediator and drafter of the agreement. Because the drafter of the report was also the facilitator of the drafting of the consent decree, the proposed decree aligned with the experts' report. With all parties in line, there was an early and amicable resolution. As the decree was undergoing fine-tuning, Fred Cohen provided monitoring and consultation so that the fine-tuning process was efficient and consensus would be reached without unnecessary revisions. This phase lasted approximately 13 months extending from March 1995 through April 1996.

Monitoring Process

There were two phases of the *Dunn* monitoring process: consultative phase and oversight monitoring phase. The consultative phase took on two parts, the first in the few months prior to the formalization of the decree, and the second during the six months after the formalization of the decree. During the six-month period post-decree, ODRC developed and drafted 11 policies and procedures – a step that engaged the monitor in a collaborative manner.

At the heart of monitoring were monthly site visits, which began with an initial staff meeting and included the submission of various types of institutional-specific data and statistics pertinent to operations and services rendered to offenders. Following the executive meeting, the monitor proceeded to hold similar sessions with other staff within the institution. The decree described monitoring as a combination of gathering empirical data, obtaining written reports from ODRC, on-site inspections, and providing oral and written reports to the parties. The monitor was given access to privileged information.

ODRC prepared quarterly reports for the monitor with special emphasis on staff and on bed or treatment space.

During the site visit, inmate health charts were examined and a session was held with Residential Treatment Unit (RTU) inmates to explore complaints. In addition, corrections officers and segregation staff met with the monitor. A site visit always included an attempt to sit in on a disciplinary hearing involving inmates on the mental health caseload. A variety of issues associated with incarceration of the mentally ill were given consideration during the onsite visit. Some of the issues in this category included record-keeping, policy and procedure compliance, discretionary flexibility in the system relevant to inmate behavior, medication policy and inmate discretionary latitude, medications in general, and staff training, among others.

The site visit as part of the monitoring process included an exit interview, which was attended by representatives from Central Office, the warden(s), key staff, and some mental health personnel. The comments and notes generated by the site visit were taken seriously and staff welcomed the monitor as a partner in developing and improving their system. It was perceived that the monitor and agency shared the same goal: to improve the system for delivery of mental health services. Finally, following the site visit and sessions, reports were generated to document the observations, findings, recommendations, etc.

Communication was identified in the Ohio case (*Dunn v Voinovich)*, as the key to building and maintaining the positive and productive relationships that were necessary to the success of the venture.

Continuity

In Prison Mental Health Care (1997), continuity was identified as a second important factor. Specifically, continuity was established by having Fred Cohen act as the author of the Expert Team Report, continue in a role as facilitator and author of the Consent Decree, then continue as a consultant, and finally serve as the monitor. The multiple roles filled by Mr. Cohen did much to assure that the process did not unravel or become misdirected during the various phases. The continuous service of Mr. Cohen as monitor and also the Deputy Director in the situation, helped to prevent misunderstandings or disagreements that might have occurred if either of the two key players had changed in the middle of the process.

Organizational and Governmental Issues

The perspective or philosophical framework held by the Ohio Department of Rehabilitation and Correction at the time of the case included a readiness to make changes, and a desire to embrace ownership of mental health services, thus controlling the future of those services within the ODRC rather than relying on another agency to provide those services. A “quality-oriented” mode of business operations was encouraged from the executive branch.

Clarity of Roles

While the attorneys were concerned with legal issues surrounding the consent decree and in achieving and maintaining the best legal position for the state, the program managers were concerned with providing quality services and ensuring that legal positioning did not interfere with providing appropriate care. Roles remained clear and distinct in the Dunn case, however, there was cross-consultation concerning both program design and legal issues.

Transition

A shift from development and implementation of the consent decree to day-to-day performance that met and maintained standards served as a transition point in the process of meeting the overall objective. Acting on their authority in the post-transition period, the ODRC instituted a management information system to allow information to be available to staff when it was needed.

In order for the credible delivery of services to occur, major initiatives were put in place. The major initiatives for improving service delivery included improvement of the treatment planning process, building treatment teams that include security staff, improving recruitment and developing a credentials process applicable to the hiring process, improving clinical skills of staff, fully implementing the involuntary medication policy, and fully implementing the quality assurance program.

The transition of prison mental health care from the Ohio Department of Mental Health to the Ohio Department of Rehabilitation and Corrections gave the ODMH the primary responsibility for linking inmates with mental illnesses to community providers of work upon inmates' release. Twelve social workers were hired to work within the prisons to identify and assure that those inmates with mental illnesses receive continuity of care when they are released into the community. A primary objective of these measures is to reduce the risk of recidivism and re-institutionalization of the inmate.

The Conclusions published in Report 4, Prison Mental Health Care: Dispute Resolution and Monitoring in Ohio (1997), include five factors that the Monitor and the Mental Health Deputy Director believed were important to the quality of mental health services to inmates in Ohio.

1. There must be support for the change at the top. It must be communicated throughout the organization, and front-line players – those in the trenches – must buy into the change.
2. The greater the contentiousness in the early stages and in the ultimate resolution of a lawsuit seeking systemic change, the greater the difficulty in implementing a change. Obviously, this principle implies a certain shared view of the problems and the need for resolution. This shared view need not exist at the initiation of litigation but must develop early in the process.

3. Continuity in the agents of change, whether the agents come from the institution or from outside it, is a major factor in achieving change.
4. The energy of a lawsuit can be converted to a positive force for change if a collaborative, mutually respectful posture is adopted early and consistently maintained.
5. Identities of interest can be located in apparent antagonistic positions, yet these interests may then be converted into mutual effort. Certain challenges to prison conditions, for example, correspondence, visiting, and discipline, are consistently viewed as threatening by prison officials. Other challenges, like health care, are not viewed in such a threatening manner. With mutual effort, it is relatively easy to sell the notion that decent mental health care enhances security and the work environment generally.

As identified in the fourth report, the *trust* began with the Director of the Ohio Department of Rehabilitation and Correction and was communicated and perpetuated throughout the levels of administration and staff to the correctional officers in segregation units. This trust was the dominant component in the success of complying with the court ordered mandate of the Dunn case. The ODRC executive staff and legal counsel made an initial decision to suspend discovery and look to a team of experts for an objective assessment of Ohio's prison mental health system. The Department continued with an open mind in beginning discussions on the need and direction for change, followed by the acceptance of the team's report. The Director repeatedly supported the inquiry and exploration process, giving it legitimacy at all levels of administration and staff and at all levels of operation. The early-established trust built upon itself and became a pivotal factor in accommodating change.

SEX OFFENDER CLASSIFICATION AND TREATMENT IN OHIO PRISONS

Report Date: January 5, 2006

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee.

Revised Policy

ODRC is in the final stages of implementing a revised policy for sex offender programming and management. Reportedly, the new policy will increase continuity in programming provided to inmates in the institutions and to those released from prison to the community. Reportedly, due to the lack of standardized curriculum, staff at different institutions provided sex offender treatment models that competed in philosophy with one another. This reportedly made it difficult to determine the quality and effectiveness of the programming being provided. The new program policy will reportedly address these issues, which caused shortfalls in the previous programs' effectiveness.

The new policy also makes the program mandatory for all inmates classified as sex offenders assessed as medium-high and high risk to sexually re-offend. The standardized programming format reportedly eliminates the need for licensed mental health professionals who formerly administered or directly supervised the sex offender programs. Reportedly, this will enable the Department to maximize the program's potential for expansion to additional institutions so that programs will be more accessible to sex offenders in the future.

Access to Sex Offender Treatment Program

As recently as 2001, inmates contacted the CIIC seeking assistance in having a sex offender treatment program established or re-opened at their institution. In some cases, there were legitimate reasons as to why the inmates could not be transferred elsewhere to enable participation in a sex offender treatment program. For example, inmates assigned to the Frazier Health Center or 10 E Limited Duty Unit at the Orient Correctional Institution (now Pickaway Correctional Institution), explained that they could not transfer elsewhere due to their medical status and needs, yet needed sex offender treatment.

Though unwritten, a policy developed in which no inmate classified as a sex offender was paroled unless he/she completed a sex offender treatment program. Because there were not enough programs available to meet the need, many offenders were unable to be transferred to prisons with a sex offender program, and many were on waiting lists to enroll in such a program at their current facility. There were reported deficiencies in meeting the need to ensure that sex offenders were provided with the opportunity to receive the required programming prior to their Parole Board hearing.

Eligibility Criteria

The criteria established by the Department in policy 67-MNH-12, Sex Offender Services states that eligibility for programming requires that the inmate:

- Is within three years of release or within three years of their next Full Parole Board Hearing
- Classified as Moderate-High or High Risk to re-offend, and
- Admits to the offense.

Just as alcohol and drug addicted offenders are directed to immediately accessible substance abuse treatment programs including but not limited to Alcoholics Anonymous and Narcotics Anonymous in every Ohio prison, some have questioned why sex offender treatment is not similarly accessible, and on-going throughout the period of incarceration. The wisdom of limiting program eligibility to sex offenders classified in the above risk categories has also been questioned. If the program has been proven to be effective, it is reasonable to assume that it would be effective in treating all sex offenders.

The decision in Ankrom v Hageman was the result of a class action suit in which Plaintiffs of the class contended that their conviction, or guilty pleas involved lesser and fewer crimes than those in the indictments. However, their offense category assigned by the Parole Board did not correspond with the offense of conviction. The Parole Board decisions were determined by considering the total offense behavior, rather than the offense of conviction when categorizing an offender's offense category. Therefore, more time was assessed for crimes that the Plaintiffs were not found guilty of under APA guidelines, which were established independently of the sentences imposed by the court. When an offender reached the expiration of the minimum sentence imposed by the court, many did not come near the lower end of the guideline range assigned by the Parole Board, and were extended to or above the minimum of that guideline range, reportedly without a meaningful consideration being given to them for parole.

Reportedly, in the case of sex offenders, their continuance was often much longer than three years, making him/her ineligible to participate in sex offender programming. When the offender came within the three years to their next Parole Board hearing, they were then supposed to become eligible for programming. However, due to constraints on transfers, the waiting lists to get to institutions with sex offender programming, and the waiting lists at the institutions due to the limited number of spots available in the sex offender programs, many offenders were continued again for lack of program participation.

In February 2004, at an executive staff conference, the ODRC Director requested executive staff to identify issues of concern within the Department. The treatment and management of sex offenders was identified as such an issue, including the following subcategories:

- Sex offender registration
- Expanded institution based sex offender programming
- Housing for sex offenders
- Reentry of sex offenders into the community.

Sex Offender Placement

In the interests of public safety, there is a need for secure, structured, supervised housing for released sex offenders, who are for the most part excluded from halfway house placements due to legitimate community concerns. Other violent offenders and arsonists are also excluded from such placements. Yet, these "hard to place" offenders have the greatest need for such secure, structured, supervised placements on return to the community.

Although the ODRC staff have communicated with halfway house staff to urge their cooperation in accepting their high risk offenders, the halfway house staff know that their existence depends on the support of the community in which they live. While some halfway house staff would be willing to assist, they are not able to do so without jeopardizing the very existence of the halfway house in the community. This has been a long-term issue of concern that remains current.

Definition

ODRC policy 67-MNH-12, Sex Offender Services, classifies an inmate as a sex offender if the inmate is sentenced to the Department for a sexually related offense, or has been convicted of a prior adult sexually oriented offense or a substantially equivalent former state law, within 15 years from his/her current date of commitment to the Department.

The STATIC-99, an instrument used by the ODRC to estimate the likelihood of a sexual offender to recidivate, defines a sexual offense to include:

- An offense that can be officially recorded sexual misbehavior or criminal behavior with sexual intent
- The behavior resulted in some form of criminal justice intervention or official sanction
- The charge is serious enough that individuals would have been charged with a sexual offense were they not already under legal sanctions. (Harris, Phenix, Hanson, & Thornton, 2003)

Number of Sex Offenders Currently Incarcerated and on Parole Supervision

Per information provided by ODRC, as of July 1, 2005, there were approximately 9,282 inmates identified as sex offenders currently incarcerated in the State of Ohio. The inmate population includes inmates convicted under the "old law," who were sentenced to indeterminate periods of incarceration; and inmates convicted under the "new law," who were sentenced to determinate periods of incarceration under Senate Bill Two. As of

January 2005, there were approximately 4,930 Senate Bill Two inmates incarcerated for a felony sex offense.

The Adult Parole Authority reported an increase of 27.5 percent in the number of supervised sex offenders in September 2004 compared with September 2003. There were 5,674 sex offenders on some degree of community supervision in September 2004, compared to 4,450 sex offenders in September 2003 on community supervision. All regions of the APA reported increases in the number of sex offenders under community supervision from 2003 to 2004. (ODRC Report of the Sex Offender Risk Reduction Reentry Task Force. February, 2005)

According to the Executive Summary, the baseline recidivism rate of sex offenders followed-up for ten years after release from prison was 34 percent**.** The rate was comprised of the following:

Recommitment for a New Crime		**23%**
Sex Offense	8.0%	
Non-Sex Offense	14.3%	
Recommitment for a Technical Violation		**11.7%**
Sex Offense	1.3%	
Sex Lapse	1.7%	
Non-sex Related	8.7%	

The total sex-related recidivism rate, including technical violation of supervision conditions, was 11.0 percent.

Sex Offenders who returned for a new sex related offense did so within a few years of release. Of all the sex offenders who came back to an Ohio prison for a new sex offense, one half did so within two years, and two-thirds did so within three years.

For comparison purposes, a U.S. Department of Justice Bureau of Justice Statistics report, published in 2002, examined the recidivism rates of various offenders who were released in 1994 over the subsequent three years. The study examined the data from 15 states: Arizona, California, Delaware, Florida, Illinois, Maryland, Michigan, Minnesota, New Jersey, New York, North Carolina, Ohio, Oregon, Texas, and Virginia. From this data, the study concluded that of all the released prisoners from those states in 1994, those for whom Rape was the most serious conviction offense recidivated at a rate of 43.5 percent based on a return to prison with or without a new sentence (including technical violations), and 12.6 percent were re-incarcerated with a new sentence (not necessarily a sex offense).

Sex Offender Risk Reduction Center (SORRC)

DRC policy 67-MNH-12 states that, upon commitment to the Department of Rehabilitation and Correction, all inmates are given a Reception Center Sex Offender Screening, which is the process by which inmates are identified as sex offenders at reception.

Per the definition of a sex offender, an inmate is classified as a sex offender if he/she is sentenced to the Ohio Department of Rehabilitation and Correction for a sexually oriented offense or has been convicted of a prior adult sexually oriented offense in the past 15 years, or falls under Megan's law. Male sex offenders are transferred to the Sex Offender Risk Reduction Center at the Madison Correctional Institution, and females remain at ORW as part of the reception process.

	Frequency	**Percent**
Reason for Admission to SORRC		
Current Sexual Conviction	390	89%
Prior Sexual Conviction	47	11
Amount of Time Spent in SORRC		
1 month or less	19	4
2-3 months	180	41
3 months or more	238	55*

*According to ODRC staff, when the 2000 study was done, 55% of the inmates spent three months or more in SORRC. Since that time, the ODRC took steps to change that, so that inmates are there for a maximum of three months.

Sex Offender Treatment Programs and Treatment Issues:
What Currently Exists in Ohio Prisons

All offenders determined to be sex offenders based on their conviction participate in Basic Education while at the SORRC centers. After completing Basic Education, offenders labeled Low risk to re-offend are not offered further treatment. Offenders labeled Moderate-Low reportedly may be offered treatment at the discretion of the Clinical Director. Offenders labeled High or High-Moderate continue to Comprehensive Education, unless they refuse further treatment.

Comprehensive Sex Offender Programs and Denier's Programs (for inmates who deny their crimes) will be expanded to additional institutions pending the implementation of the new sex offender program policy.

The Basic Education class is the only exposure that offenders labeled Low and the majority of offenders labeled Moderate-Low have to "treatment." The class requires only that the offender sit through it, not that he or she passes the Post-Test (see Appendix C). If the offender is motivated to change his or her own behavior, the class has useful data and some thought-provoking topics.

However, as the class consists mostly of lectures and handouts and could conceivably be conducted by someone with no psychological experience, reportedly, an offender who is not motivated to change or who has no previous success in a classroom setting may feel alienated by the class and may leave the Basic Education unaffected.

Some studies have purported that intensive programming for low-risk offenders may do more harm than good. However, no current research available has shown that this class has decreased recidivism. A comprehensive evaluation of the Basic Education class and its effects on recidivism are needed, either to justify it or to provide impetus for improvement.

Comprehensive Treatment Programming Availability

Comprehensive Programming is for inmates assigned a risk level of Moderate-High, High risk to re-offend, and Low-Moderate as designated by the SORRC Program Director. Comprehensive Programs and Denier's Programs (for inmates who deny their crimes) are or will be provided at the following institutions pending the implementation of the new sex offender program policy:

Chillicothe Correctional Institution	Lebanon Correctional Institution
North Central Correctional Institution	Madison Correctional Institution
Hocking Correctional Facility*	Richland Correctional Institution
Belmont Correctional Institution	Ohio Reformatory for Women

*In follow-up communication from ODRC staff, it was relayed that under the new draft policy, ODRC does **not** have a sex offender program at Hocking Correctional Facility.

Denier's Program

Previously, there was no mandatory requirement for sexual offenders to participate in sex offender programs, and therefore there were no sanctions applied to offenders who refused to participate in programming. At most, the offenders would repeatedly be issued continuances by the Parole Board for failure to avail themselves of programming that addressed their offense behavior.

In regard to why inmates would not want to participate in the programs, it was reported that the most common reasons inmates have offered for refusal are that:

- They believe that they do not have a problem;
- They have pending appeals of the conviction for their offense; and
- Concern regarding additional legal sanctions that they may incur if they disclose unreported criminal activity in their autobiographical statement of their criminal history per the comprehensive treatment program requirements.

Reportedly, offenders' concerns regarding any further punitive legal sanctions can be addressed by the new Deniers Program, which allows the offenders to circumvent further prosecution with one exception.

According to DRC staff, the inmates do not have to admit to anything regarding past offenses in the Denier's Program. Per the requirements, to complete the Denier's Program, they must only attend the program sessions. At the conclusion of the Denier's Program, staff interviews the offender, and if the offender wants to admit to having a problem and take full responsibility for their actions, then they can participate in the comprehensive treatment programming. According to the Department, if in the offender's autobiographical statement, which is considered an ancillary item to the program, the offender reports a crime, they reportedly cannot be prosecuted for it because the staff are not requesting specific details about the crime.

The key element to the programming is to teach the offender relapse prevention strategies that identify and negate the impulses that lead to criminal behavior. Staff do not want to probe the offender for the specific details regarding any past offense behavior. However, the exception to this rule is if the offender reports child sexual abuse, then they are legally obligated to report the admission of the offender to the appropriate authorities. Considering that the majority of sex offenders are convicted of sexual misconduct with a person under the age of 18, it is possible that this "exception" will in fact affect the treatment program and inhibit inmates from admitting the full measure of their criminal activity.

Programs for High Security Inmates

Sex offender programming in prison should be available to all sex offenders, regardless of their institutional assignment or security level. It is recommended that sex offender programs be expanded to ensure access of sex offenders at higher security populations. With the implementation of the new standardized programming, this should not be a difficult task to accomplish

There reportedly has never been an effort to establish sex offender programs at Ohio's only maximum-security institution. According to DRC staff, if an inmate who is presently incarcerated at the Southern Ohio Correctional Facility wants to receive programming, and requests it, then he will receive individual counseling on Relapse Prevention, and Fantasy Management. However, this reportedly does not happen frequently.

One SOCF staff person relayed that their goal is to teach the inmate by providing the tools needed to positively adjust to institutional life, and earn reduction in security to an institution where the needed programming can be provided. Reportedly, if an inmate is going to be released directly from SOCF into the community, during the reentry programming provided by the inmate's Case Manager, if there are indicators that such counseling is needed, then the institution's Unit Management Administrator will refer the inmate to the Mental Health Department and one of the Psychologists will provide the counseling. Reportedly, the inmate's Case Manager will also provide the inmate with resources that he can use in the community once released.

Staffing Levels and Credentialing

There are reportedly 25 staff slotted to operate the programs, and they are drawn from a variety of mental health disciplines. The programs at the Madison Correctional Institution, and the Ohio Reformatory for Women will be supervised under the direction of one licensed Psychologist each. The programs at the Richland Correctional Institution, North Central Correctional Institution, Chillicothe Correctional Institution, and Lebanon Correctional Institution will be supervised and directed by Human Services Administrators, who are considered experts in the field of sex offenders due to their combination of significant work experience, subject knowledge, and capacity to manage human services programs. The remaining staff will be comprised of Licensed Social Workers, Psychology Assistants, and one clerical position at the SORRC program.

There are a limited number of Psychologists supervising these programs, reportedly because more Psychologists would not necessarily enhance the program. According to the Department, sex offending is not technically a mental health issue, and the conventional mental health approaches to treating sex offenders reportedly do not work well with regard to treating sex offenders. The principal goal that the Department hopes to achieve with the program is getting the offender to focus on wanting to change, accountability for their behavior, and therefore teaching the offender to change their thought process.

Findings of ODRC Sex Offender Risk Reduction Reentry Task Force

The ODRC Sex Offender Risk Reduction Reentry Task Force was established in response to issues identified by executive staff that reportedly "could pose serious concerns for the Department." According to the Task Force Report, the following recommendations were made regarding important areas of concern for the Department including:

- Sex offender registration
- Need to expand institution-based sex offender programming
- Housing for sex offenders
- Reentry of sex offenders into the community

The following 15 Task Force recommendations were developed to address five critical areas regarded as the most important in the management and treatment of sex offenders:

1. Institution-based programs
2. Community management and supervision
3. Transfer and sharing of information
4. Community management
5. Continuing training and education.

Recommendation 1: A standardized statewide sex offender program curriculum should be developed and implemented for use by all DRC sex offender programs. The curriculum should ensure that all programs are providing the same information and utilizing the same interventions. The curriculum should incorporate the principles that drive effective correctional programming in targeting criminogenic needs. This curriculum should also incorporate specialized programming for sex offenders in denial.

According to the Task Force report, the major goals of the programs are to help offenders:

- Accept responsibility for sexual offending;
- Correct/change distorted thinking patterns;
- Develop and maintain victim empathy;
- Manage and control deviant sexual urges; and
- Develop/internalize risk management strategies and skills.

No information on the basis of or research regarding the development of the curriculum program was provided. No indication is made that post-programming or aftercare opportunities for ongoing treatment and reinforcement will be provided to an inmate who has completed the program, but who has not yet been released to society. In addition, the "standardized" aspect of the program does not appear to allow for differentiation among sex offenders, who may require different forms of treatment. According to an ODRC report on Sex Offenders Assessed at SORRC published in 2001, "programming strategies for child molesters should be different than those used with rapists."

Recommendation 2: A Sex Offender Program Quality Assurance Standard Operating Procedure should be developed and implemented to monitor compliance with the standardized curriculum and the Sex Offender Services policy, 67-MNH-12.

The Task Force report states that a Mental Health Standard Operating Procedure for quality assurance should be written and approved. The procedure should include the following activities:

- Monitoring and Evaluation;
- Record Review;
- Credentialing;
- Peer Review; and
- Utilization Review.

Recommendation 3: Institution-based Sex Offender Program staffing allocations should be reviewed and assessed to ensure appropriate levels of staffing for Deniers and Comprehensive Programs.

The Task Force report states that the review of staffing allocations should address the following issues:

- The addition of the Deniers Program;
- The consistent allocation of staff, based on a staff to program participant ratio of one staff to twenty-five program participants;
- The start-up of another sex offender program in the Northern Region.

The Task Force also states that any changes in staffing allocations, including the start-up of a new program, must be made within the existing sex offender program staffing level. No consideration is reported regarding how to ensure appropriate staffing allocations, given the addition of potentially two new programs and a drastically rising number of sex offenders within the state. According to the same report, ODRC experienced a 27.5 percent increase in the total number of sex offenders incarcerated within one year. Although sex offenders remain a small percentage of the overall inmate population, the number of staff persons would have to substantially rise each year in order to maintain current staffing levels.

In addition, no information is provided in the report regarding who or what determines the definition of an "appropriate" staffing level. No research is provided regarding the current staff-to-inmate ratio or the effect that a higher or lower ratio would have upon treatment success.

Recommendation 4: All appropriate policies related to sex offender services should be reviewed and revised, whenever necessary, to ensure continuity of service delivery. There should be continuity between Bureau of Mental Health policies and Division of Parole and Community Services policies addressing sex offender programming and management.

The Task Force states that Policy 67-MNH-12, Sex Offender Services, should be reviewed and revised to incorporate the new statewide curriculum and procedures to standardize the implementation of sex offender programs statewide.

Recommendation 5: Programs and services provided by community-based providers working with offenders under supervision should utilize the standardized sex offender curriculum as guidelines for service delivery. There should be continuity between institution-based and community-based sex offender programs.

The Task Force states that an inconsistency factor exists between the institutional treatment programs. At the time, there was no standard curriculum for the six institutions in which sex offender treatment is conducted. Reportedly, the community providers were noticing a difference between offenders who had attended one program and offenders who had attended a different program.

Further, each institutional treatment program should follow a standardized curriculum that focuses on risk management. Similarly, the Task Force implies a desire to ensure that the community treatment is also focused on risk management. The Task Force states:

> Not only will this encourage community treatment providers to offer a curriculum essentially equivalent to the institutional programs, but it will also make community providers aware of the standard curriculum offered in the prisons.

However, the Task Force makes no mention of whether "risk management" is an effective way to deal with sex offenders, nor is any research provided to support the idea that the institution curriculum is of such a high standard that it should be employed by all correctional entities, including post-release. In addition, the Task Force report does not speak to the differences between the institutional programs, nor to whether one program could be identified as superior. If one program has been shown to be successful with Ohio sex offenders, it would be beneficial to study the reasons for the program's success and to build upon it. However, no further information is provided and it appears that all previous programming will be dropped in favor of the new programming.

Recommendation 6: The role and job description of the Adult Parole Authority Sex Offender Specialist (SOS) should be reviewed and consistently defined. There should be continuity between institution-based, community-based and APA service delivery; in order for this to occur, all SOS's should be delivering services in a consistent manner throughout the state.

The Task Force report states that there has been inconsistency throughout the regions in the delivery of sex offender services in the community. To address this issue, the role of the Sex Offender Specialist should be well defined and consistently implemented throughout the state.

Recommendation 7: The APA Sex Offender Treatment Grid should be reviewed to ensure high-risk sex offenders are prioritized for sex offender services in the community.

The Task Force report states that the APA Sex Offender Specialists in conjunction with selected institutional sex offender treatment providers created the Sex Offender Treatment Grid. The goal of the grid was to more uniformly refer sex offenders to treatment and to best utilize ancillary funds for the most appropriate offenders based upon the STATIC-99 risk score and the type of sex offense committed.

Recommendation 8: Guidelines should be developed for the utilization of polygraphs with sex offenders.

The Task Force report states that the polygraph is being utilized inconsistently throughout the state. The use of polygraphs is based upon the requirements of individual treatment providers. Some treatment providers use the polygraph to help break down denial or to monitor compliance with treatment and conditions of supervision. The polygraph, given its current role in sex offender management, is considered a "treatment tool."

The extent of the use of the polygraph, particularly within the context of supervision, needs to be examined with a critical eye. Without examining this aspect of the program in

depth, a basic search for research revealed multiple studies that raise questions regarding the accuracy of the polygraph. In general, the accuracy appears to be high; thus, using the polygraph as one of many tools is regarded as entirely appropriate. However, some states are proposing to use a failed polygraph test as sufficient reason to revoke an ex-offender's parole. In this case, questions raised regarding the test's accuracy become problematic.

Recommendation 9: There should be an assessment of the current utilization of state-of-the-art supervision technologies and practices, e.g., Global Positioning Satellite (GPS), electronic monitoring. Statewide protocols should be developed to ensure that these technologies are utilized with high-risk offenders.

The Task Force report states that Global Positioning Satellite (GPS) monitoring is available in some areas of the state for use by APA Officers. This technology is not currently used on a consistent basis. Reportedly, some areas/officers use all of the GPS units available to them, while other areas/officers rarely utilize this technology.

Electronic monitoring is also being utilized in some parts of the state. This tool allows the parole officer to know if/when an offender is in his home (to assist in curfew checks) or the officer can drive by a particular place to determine if the offender is inside.

According to the Task Force, the utilization of advanced technologies in the management of sex offenders should be part of a comprehensive approach to supervision. Guidelines should be developed that ensure they are used with high-risk sex offenders, who present the greatest danger to the public's safety.

Am. Sub. House Bill 66 of the 126th General Assembly, effective June 30, 2005, requires the Adult Parole Authority to monitor sexually violent predators who have been released from prison with an active global positioning system device for the offender's entire life, unless the court removes the sexually violent predator classification. The bill requires the Director of Budget and Management to transfer $100,000 from the Reparations Fund to the Sex Offender Supervision Fund at the beginning of fiscal year 2005, and an additional $75,000 at the beginning of fiscal year 2006. The total of $175,000 is due to the approximately 79 sexually violent predators in the state of Ohio, though not all are expected to be released within the biennium. Thus, it seems reasonable to desire not only an assessment of the utilization of the state-of-the-art technologies but also an assessment of the effectiveness of the technologies in the supervision in relation to the costs incurred.

Recommendation 10: A utilization review of halfway house resources should be conducted. Guidelines for placement in halfway houses should ensure that only high-risk offenders are placed.

According to the Task Force report, only 133 halfway house beds are available to the over 5,700 sex offenders currently under APA supervision. The Task Force uses this data to emphasize that appropriate placement in these beds is necessary and that halfway house placement should be reserved for the highest risk and highest needs offenders. The Task Force states that:

> Unfortunately, sometimes low risk and/or previously treated sex offenders are being placed in these facilities due to placement/housing issues. Offenders may not have family members who are willing to house them or they do not have a placement that is appropriate (i.e., children in the home or home within 1,000 feet of a school). Other offenders may have been in prison for a number of years and have no family members living.

However, the Task Force report does not do enough to emphasize its final statement that additional sex offender specific halfway house beds should be added to accommodate the increase in sex offenders under community supervision. The fact that a sex offender is "low risk" or "previously treated" means, respectively, that the offender **is** a risk or does not preclude him from being one. If an offender is released from prison with little more than the $75 ODRC provides upon release, and is included in the above description of having no family members living or willing to house him, his tendency toward being "low risk" will only be helped through the assistance of halfway house placement. Conversely, the offender's likelihood to re-offend will only increase if he is shunted to a homeless shelter with little in the way of support.

Recommendation 11: Additional independent housing contracts should be developed.

The Task Force report states that over the last year, the Bureau of Community Sanctions has increased their independent housing contracts to add additional sex offender beds at the following locations:

Mason Ministries (Cleveland)	14
Beulah's House	14
Build the Bridge (Columbus)	6
Cincinnati VOA	15

The Task Force also reports that there are other independent housing contracts that will accept sex offenders throughout the state. However, there are none that are exclusively designated for sex offenders. Independent housing is designated for use for low risk/low needs sex offenders with non-community notification.

According to the report, the Adult Parole Authority does not specifically count homeless sex offenders. However, as of 9/30/04, there were 169 offenders living in homeless shelters, and it is presumed that many of these would be sex offenders. Without a doubt, providing a more secure and stable environment than a homeless shelter would enhance post-release success.

The director of an urban halfway house recently relayed her concern that the majority of halfway houses and homeless shelters are located in extremely poor, crime-ridden areas that place the released offender in the worst possible position to make a true effort to "go straight." According to a 2003 publication of the Urban Institute, 62% of inmates released in Ohio in 2001 returned to an urban area located in Cuyahoga, Franklin, Hamilton,

Lucas, Summit, Montgomery, or Lorain County. Twenty-two percent of the inmates released returned specifically to Cuyahoga County. Using Cuyahoga County as indicative of the other six urban areas, the majority of the inmates returned to the five most economically depressed areas within the county.

Sex offenders bear a tougher burden than most other released inmates, as legislative action has increasingly restricted the areas in which they may live. A DRC Warden recommended that sex offenders be separated not only into different risk levels, but also into different categories. A community may be more accepting of certain offenses rather than others, irrelative to potential risk of re-offense.

Recommendation 12: Regional Administrators and Regional Service Coordinators should work with landlord associations, realtor associations, coalitions for the homeless, and sexual assault coalitions to expand housing options at the local level.

The Task Force report states that the housing and placement issue is so profound that the Department must develop partnerships in the community in its efforts to address the problems in placing sex offenders when released from prison. This issue is being experienced by states throughout the country. Innovative approaches are required to make inroads into this problem. The Department must reach out to entities and organizations in the community in the same manner that it reaches out in the development of Citizens Circles.

Recommendation 13: A training curriculum should be developed for the implementation of the standardized curriculum and to ensure that all staff working with sex offenders in institutions and the community are knowledgeable about all policies and procedure pertaining to sex offenders.

The Task Force report states that personnel throughout the Department who are involved in the provision of services to sex offenders will be provided comprehensive training in the standardized statewide curriculum and any revised policies and procedures that impact sex offender services. Reportedly, an initial training regimen will be provided to ensure that staff have a consistent understanding of policy, practice, and programming. Ongoing training will be provided to maintain consistency in implementation.

According to DRC staff, the personnel who provide the sex offender services are not required to be mental health professionals. In conjunction with the above education on the policies and procedures, it is hoped that training and information regarding the mental health needs of the sex offenders are provided to any staff involved in sex offender programming.

Recommendation 14: Educational presentations, brochures and videotapes should be developed for training and outreach with extra-departmental audiences, e.g., placement partners, the faith community, legislators, county commissioners, crime victims, the media, schools, law enforcement, and the judiciary.

The Task Force report states that efforts must be made to educate and inform the community about sex offenders. Entities in the community are not necessarily aware of the issues that arise as sex offenders are released into their communities. According to the Task Force, legislators and local government officials need to have a better understanding of what the real issues are with sex offenders. The Task Force recommends a document—"Myths and Realities About Sex Offenders"—produced by the Center for Sex Offender Management, which it believes would be important to share with decision-makers.

In light of the increasing excommunication of sexual offenders from communities, it is particularly important that DRC emphasize that repeated studies show that most sexual offenders do not re-offend sexually over time. According to a Canadian meta-analysis—"Sex Offender Recidivism: A Simple Question"—which compiled the data of ten follow-up studies of adult male sexual offenders, 73% of sexual offenders had not been charged with, or convicted of, another sexual offense after 15 years. As stated by the study, this may be the most important finding as it is contrary to some strongly held beliefs. The meta-analysis stated that a recent U.S. study of 9,691 sex offenders found that the sexual recidivism rate was only 5.3% after three years. Such data may increase the public's willingness to accept sex offenders back into its communities.

Recommendation 15: Funding sources should be sought to develop an electronic file for the transfer of information on sex offenders that would be accessible to institution-based staff, Division of Parole and Community Services personnel, and community-based treatment providers.

The Task Force report states that an electronic sex offender file would enhance sex offender management by ensuring that all relevant information is accessible to all entities involved in the supervision, management, and treatment of sex offenders from the institutions and into the community. An electronic file would be important in efficient and effective reentry planning. As part of the Task Force's vision, the electronic file would, at a minimum, contain the following:

- Assessment from the Sex Offender Risk Reduction Center
- STATIC-99 Risk Form
- Institutional Treatment Summaries and Progress Notes
- Clinical Risk Assessment
- Relapse Prevention Plan
- Case Notes from Parole Field Staff
- Community Provider Treatment Summaries and Progress Notes.

In addition to the 15 recommendations, the Task Force also provides a number of long term goals in areas that it believes need ongoing development, including:

- Community placement and housing for sex offender;
- Utilization of technologies, such as the GPS; and
- Electronic sex offender files.

Sex Offender Populations by State

According to the information provided by the survey, Ohio ranked 4th in total number of incarcerated sex offenders, following Texas, California, and Michigan. However, the data should not be interpreted as Ohio's population having a greater number of sex offenders per capita in general than other states; the high number of incarcerated sex offenders is the result of numerous factors, including sentencing laws, levels of policing, victim advocacy, and community pressure, among others.

Types of Sex Offender Treatment Programs

A review of the programs in the survey indicated that nearly every state reported using a variety of cognitive behavioral-based treatment programming, which focuses on relapse prevention, group counseling and therapy. A select number of other states reported that they also operated Therapeutic/Residential Communities, or similar programs, in addition to the aforementioned programming. Some states also reported providing individual counseling. According to the states that responded to the survey, most states reported that their programs include components such as assessment for treatment, an orientation for treatment program, education/psycho-education, cognitive-behavioral group therapy, intensive treatment, transition into the community, and after care.

Recommendations

ODRC's own report, "Profile of ODRC Sex Offenders Assessed at the Sex Offender Risk Reduction Center," published in 2001, makes the following recommendations for future research:

1. **Formal review of SORRC.** SORRC has been open since 1995, and improvements are continually being made to increase its effectiveness and efficiency in reaching the sex offender population. There are currently five components of SORRC, including risk assessments, comprehensive assessments, basic education, pre-release programming, and community service. The effectiveness of each component should be studied.

2. **Risk assessment**. Assessment of risk is crucial to the programming or treatment offered to Ohio sex offenders. Although clinical judgments are used and exceptions are made, generally, only those offenders designated as moderate to high risk to sexually re-offend will receive a comprehensive assessment from SORRC and extensive programming.

   There are many risk instruments designed to specifically predict risk of reoffending for sex offenders. However, it is widely suggested that the validity of an instrument be assessed prior to use on a jurisdiction for which it was not designed. In the interim, an immediate follow-up to this report can cover a basic description of the offenders assessed at SORRC in relationship to the various risk instruments designed for sex offenders. Those instruments include the Rapid Risk

Assessment for Sexual Offense Recidivism (RRASOR), the Static 99, the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) and the Ohio Sex Offender Instrument (SOI).

3. **Work with SORRC to define more precisely sub-populations of sex offenders with particular programming needs.** By defining these groups and estimating each size, ODRC can improve allocation of staff within the sex offender treatment arena.

Although the ODRC report was published in 2001, it does not appear that any follow-up research has been conducted within the Department. It is absolutely imperative that risk assessment procedures be fully researched and evaluated, with evidence presented that the current model used does in fact accurately project an inmate's risk of re-offending. The assessment determines a multitude of issues for the inmate, including whether or not the inmate receives treatment within the institution. Thus, the assessment needs to be accurate.

Despite the Department's own research recommendations, current thinking has dictated that programming at all institutions will be standardized, without regard to the different categories and corresponding needs of the offenders who are receiving the treatment. ODRC's report, "Ten Year Recidivism Follow-Up of 1989 Sex Offender Releases," also published in 2001, makes the following recommendations for future research needs:

1. **Study of the mandatory educational program for sex offenders at SORRC.** A thorough analysis of this program would give the department an idea as to the benefits, if any, of the mandatory program.

2. **Study of the STATIC-99 risk instrument used at SORRC, as well as the risk instrument designed by DRC.** These risk instruments combined with the clinical assessment (theoretically) help to determine whether or not a sex offender gets treatment. The obvious research question would be whether these instruments have validity on an Ohio sex offender population. Can we say with certainty that offenders who score high on these risk instruments actually have a greater chance of sexual recidivism? Do those with a low risk score have a lower rate of sexual re-offense?

3. **Evaluation of comprehensive sex offender programs**. Do these programs make a difference? Have they helped to reduce sex offender re-offending? A thorough evaluation of these programs has not been conducted.

ODRC is strongly encouraged to follow through on the above recommendations and to provide research data to the public regarding its treatment program policies. In addition to ODRC's recommendations, the following are proposed:

- Increase the total enrollment capacity in the sex offender treatment programs to better provide services to the incarcerated sex offender population;

- Provide extensive training to ODRC staff regarding the need for documentation of sexual acts, and implementation of the zero-tolerance policy involving staff sexual misconduct with inmates;

- Facilitate the transfer of information from institutions regarding RIB convictions related to inmate sexual misconduct to SORRC and require the re-evaluation of the inmate's assigned Risk Level based on the information;

- Incorporate a much larger portion of substance abuse education into the Comprehensive Sex Offender Program;

- Provide an Aftercare Component to inmates who complete the Comprehensive Program, but still have time remaining before release;

- Develop sex offender treatment programming for high security inmates, particularly those who will be released to the community from Level 4;

- Develop creative methods of staff recruitment for the sex offender program, particularly in light of the need for Psychologists;

- Produce a follow-up to the Sex Offender Risk Reduction Reentry Task Force recommendations, reporting on initiatives taken and changes made in response;

- Consider the development of a Therapeutic Community aspect to sex offender treatment; and,

- Request ODRC to provide biennial evaluation reports, including resulting recidivism rates, to the Ohio General Assembly.

Summary of the DRC Response to the CIIC Staff Report on "Sex Offender Classification and Treatment in Ohio Prisons"

Through communication with the DRC Assistant Director, DRC staff were provided with an opportunity to provide feedback to CIIC staff on any perceived errors, inaccuracies or needed clarification in the report. DRC feedback was provided and incorporated into the report prior to its release. On March 31, 2006 CIIC staff received additional feedback regarding the CIIC staff report via DRC staff meeting minutes of February 3, 2006. The summary presented below, including CIIC staff commentary, was shared with the DRC Assistant Director on May 5, 2006 and subsequently shared with CIIC members at the CIIC meeting on May 10, 2006.

Program Accessibility

- All sex offenders are provided **some type of sex offender services before being released.**
- Sex offenders in Residential Treatment Units (RTUs) are referred to sex offender programs **once their serious mental illness symptoms have been addressed**.
- Data on the number of sex offenders released from SOCF due to expiration of sentence, from 2002 through 2005 is provided below:

YEAR		**Number of Sex Offenders Released from SOCF**
2005	-	10 (preliminary)
2004	-	6
2003	-	5
2002	-	6
TOTAL		**27**

CIIC Staff Commentary:

SOCF inmates are classified as Level 4 (Maximum Security). Only a small percentage of inmates are classified as Level 4 and sent to SOCF directly from Reception. Transfers to SOCF are primarily disciplinary transfers following an increase in the inmate's classification due to rule violations. There is NO sex offender programming available at SOCF. In the past four years, 27 inmates were released who did not receive any sex offender treatment beyond the Basic Education 20 hours—and that is only if the Level 4 offenders agreed to participate in that program. In addition, the above numbers do not include the sex offenders who may have been released from the Ohio State Penitentiary, the Level 5 Supermax facility where NO sex offender treatment is offered.

Program Eligibility Criteria

- The issue of sex offender programming for inmates in higher security levels will be placed on the agenda of the Sex Offender Risk Reduction Reentry Steering Committee.
- ODRC's eligibility criteria were developed to ensure the most effective utilization of limited resources and to reflect evidence-based practices, coming directly from evidence-based literature.
- ODRC believes that programming should be provided as close as possible to the offender's re-entry into the community, thus the three years to release criterion.

CIIC Staff Commentary:

ODRC's current focus is on re-entry, which is certainly valid. However, inmates who commit the most serious of sex offenses are given the longest sentences. Thus, the inmates who could be considered to be most in need of treatment may wait a decade or longer before they are even eligible for treatment, further ingraining the problematic thinking and behavior, possibly preying on other inmates, resulting in placement at SOCF or OSP where no sex offender treatment program exists.

Program Model

- The Mandatory Sex Offenders Deniers Program has been established. The objective of the program is to provide offenders with information and knowledge that will encourage them to consider the harm they have done to others.
- The Comprehensive Sex Offender Program is an evidence-based cognitive-behavioral program, the core of which was promoted by the National Institute of Corrections. The Washington State Institute for Public Policy conducted a comprehensive statistical review of all program evaluations conducted over the last 40 years in the U.S. and other English-speaking countries. Their analysis included 291 evaluations of adult corrections programs. They found that cognitive-behavioral treatment for sex offenders in prison significantly reduced recidivism by 15%. They also cited Thinking for a Change as one of three well-defined programs that they recommend utilizing for adult correctional programs.
- ODRC's system of programming is grounded in the principles of reentry planning and programming. All sex offenders complete the Basic Education regimen at SORRC.

CIIC Staff Commentary:

The Washington State Institute for Public Policy report cited above involved five studies that specifically pertained to sex offenders. The Thinking for a Change study was evaluated and recommended only for the general offender population, not the sex offender population, and the report states that "only a single evaluation of [Thinking for a Change] is currently available." The report can be accessed at: http://www.wsipp.wa.gov/rptfiles/06-01-1201.pdf.

Risk Instrument

- ODRC chose the STATIC-99 as its risk assessment instrument because it is the most widely used instrument internationally. Dr. Robelyn Marlow, SORRC Director, chose the STATIC-99 because it is a highly researched instrument that has been validated and used in many other jurisdictions.
- ODRC is working on a preliminary way to gauge the effectiveness of the STATIC-99 on an Ohio offender population, as part of a sex offender recidivism study. This study will look at all items used in the STATIC-99 to determine the level of correlation between these independent variables and sexual recidivism and to further determine the level of correlation between the overall STATIC 99 risk score and sexual recidivism.
- Female sex offender screenings and comprehensive assessments are based on the Ohio Reformatory for Women Sex Offender Program Director's clinical judgment as there are no risk instruments for female sex offenders at this time. The MnSOST-R was previously used to organize information, but is no longer used in any way.

Staff Qualifications

- "ODRC's approach to staff qualification focuses on experience and training rather than on licensure."

CIIC Staff Commentary:

Licensure ensures that programs are run by staff that have completed the necessary educational component by qualified instructors in licensed institutes of higher education. It is reasonable to expect that licensure coupled with training and experience would result in most effective programming. Licensure, training and experience should not be mutually exclusive. Finally, "experience" is not defined.

- Every staff member working in sex offender programs will be required to complete core training on the Department's Sex Offender programs. This allows for increases in staffing capacity and also provides for the training of Case Managers and Parole Officers to supplement sex offender program staff in conducting the education-based Mandatory Sex Offender Deniers Program.

CIIC Staff Commentary:

The use of Case Managers and Parole Officers as treatment staff inherently presents elements that are highly likely to decrease inmates' openness, honesty, and willingness to accept treatment, especially in a Deniers program. An offender is not likely to admit to a Parole Officer that he sexually desires young boys. Yet, that kind of honest admission is reported to be necessary if any behavior modification is going to occur.

- ODRC is in the initial phase of developing the Ohio Sex Offender Training Institute (OSOTI), which will provide the core training to credential staff providing sex offender services. OSOTI will also provide more intensive training on specific areas of sex offender assessment and treatment, e.g. risk assessment, cognitive restructuring, sexual assault cycles, typologies, relapse prevention, and managing deviant sexual arousal.
- Program Directors are expected to, at a minimum, have a masters degree in psychology, counseling, social work, sociology or criminal justice and/or five years experience providing direct services to sex offenders. Program Directors must also have a minimum of 40 hours of training in sex offender management, assessment, and treatment.

Aftercare

- The Comprehensive Sex Offender Program is offered toward the end of the inmate's prison term, i.e., within three years of release or next full parole board hearing. The purpose is to coincide the completion of the program with the offender's reentry into the community.

CIIC Commentary:

The comprehensive program is only 18-24 months. Offenders may complete the program and still have another 18 months or longer in prison. With all the time, energy, and money directed at this evidence-based treatment, there should be some follow-up to enhance internalization and to determine effectiveness. While such offenders are still in prison awaiting release, offenders need to continue to undergo programming in hopes of maximizing the impact on recidivism.

- The Sex Offender Risk Reduction Reentry Steering Committee will place the issue of aftercare programming on its agenda. The Steering Committee is overseeing the implementation of the recommendations of the Sex Offender Risk Reduction Reentry Task Force Report.

Inmate Sexual Assault Policy

- ODRC's existing Inmate Sexual Assault and Misconduct policy, 79-ISA-01, ensures that offenders who are convicted of sexual assault in a court of law or by a Rules Infraction Board (RIB) will be transferred to SORRC for Sex Offender Basic Education.

CIIC Commentary:

The above referenced policy provides that such offenders who are increased to Level 4 or 5 will <u>not</u> go to SORRC for any such basic education, but that it will be provided at the level four and five facilities, SOCF and OSP, respectively, which currently have <u>no</u> sex offender programs.

The Basic Education program at SORRC is not in-depth therapy. It is 20 hours of videos and verbatim lectures. For inmates who have sexually assaulted other inmates, such violent sexual tendencies need to be addressed through more serious intervention.

ON-SITE VISIT TO THE TRAINING ACADEMY OF THE OHIO DEPARTMENT OF YOUTH SERVICES

Report Date: June 19, 2006

Introduction

The following text is an abbreviated version of the full report of the same title posted on the website of the Correctional Institution Inspection Committee. On August 16, 2005, the Correctional Institution Inspection Committee staff visited the Training Academy of the Ohio Department Of Youth Services. This visit was announced and coordinated by ODYS. The purpose of the on-site visit was to observe the daily operations of the facility and report on the pre-service and in-service classes offered to ODYS staff.

Background

The Ohio Department of Youth Services Training Academy is located across the street from the Scioto Juvenile Correctional Facility and the Freedom Center in Delaware, Ohio. The Superintendent welcomed the CIIC into a meeting to provide us with an overview of the history of the ODYS Training Academy. It was relayed that the Academy is located on the former site of the Riverview School for Girls. The facility opened in 1967 and was closed in 2002 due to the poor condition of the facility and budgetary constraints. Approximately 140 girls that were previously housed at the Riverview School for Girls moved across the street to Scioto Juvenile Correctional Facility. When the ODYS was looking for a training facility, the site was the logical choice. The facility was remodeled and opened as the ODYS Training Academy in November 2004. The Columbus State University Community College was under contract to provide pre-service and in-service training for ODYS prior to the establishment of the Training Academy. The training took place in Westerville, Ohio.

Staff Profile

According to the Superintendent, the academy currently has a total of eight staff members. The Training Academy also uses visiting instructors to teach some of the classes. New ODYS employees are given a three-week pre-service training program. The current pre-service class was in the second week of their training. Since the Academy does not have the facilities to lodge trainees, arrangements have been made with a local hotel in Delaware to provide rooms, and two meals per day (breakfast and dinner) for individuals who require over-night lodging. The probation period for each new employee is 12 months. Many of the new employees feel the probation period is too long and would like to see it shortened. Each Juvenile Correctional Officer is eligible to receive their new-hire referral money after completing the first six months.

Pre-Service Training Classes

Te Training Academy recently opened a new computer lab for their classes. CIIC observed the different classrooms. All appeared to be clean. The computer classroom had state-of-the-art equipment, including flat screen monitors. The Training Academy staff provided the pre-service schedule for fiscal year 2006. According to the information, ODYS offers pre-service training once per month. Classes are held Monday thru Friday from 8:30 a.m. to 3:30 p.m., with a break in between for lunch. According to the ODYS training schedule, the following pre-service training classes are required for each trainee:

- Adolescent Development
- Contraband
- Count and Transportation
- Crime Scene Preservation
- Crisis Prevention (counseling techniques)
- Cultural Diversity
- Employee Relations and Work Rules
- Ethics
- Fire, Safety, Chemicals and Hazardous Materials
- First Aid and Cardio Pulmonary Resuscitation
- Human Resources and Personnel
- Introduction to ODYS Mission, Vision, and Table of Organization
- Juvenile Justice System
- Key Control
- Legal Overview and Youth Rights
- Ombudsman's (Youth Advocate) Role
- Ohio Public Employee Retirement System
- Parole Overview
- Pre-Service Expectations
- Professionalism in Corrections
- Release Authority
- Report Writing
- Response to Resistance
- Risk Management
- Security Overview
- Security procedures and Search and Seizure
- Security Threat Groups
- Sex Offenders
- Sexual Harassment
- Substance Abuse
- Suicide Awareness and Emergency Response Team
- Tool Control
- Verbal Strategies
- Victim Services and Restorative Justice
- Youth Rules and Regulations
- Youth Supervision

CIIC observed a Juvenile Correctional Officer pre-service training class in session. The Instructor was teaching a "Verbal Strategies" class to the trainees. The class appeared to be very responsive to the instruction. The class was geared to help new Officers communicate effectively with the youth at their institutions. The Instructor was proficient in relaying his point to the trainees by using words such as "respect" and "understanding." He stressed the importance of showing mutual respect towards each youth to prevent unnecessary confrontations when issuing instructions. It was refreshing to see a course dedicated to effective interpersonal communication between the Correctional Staff and the youth. The Instructor spoke from his experience as an Officer and stressed the importance of the Officer remaining calm in situations in which they are verbally insulted by the youth. The message was that youth are taking out many of their frustrations on the officers, and that engaging in an argument with them is not beneficial to anyone. ODYS and the Training Academy staff are commended for identifying ways to reduce tension between the JCO and the youth.

In-Service Training

According to staff, the ODYS Training Academy provides classes other than the pre-service training classes. They also provide executive leadership classes, "refresher" classes and computer classes. In-service courses are also offered each month to current ODYS employees that are members of an institution staff, and the regional office. Central office staff members are also eligible to apply for these courses. The in-service courses are all day classes from 8:30 a.m. to 3:30 p.m. The registration deadline for interested staff members can be four-to-six weeks from the class start date. Training Academy staff provided CIIC with a list of courses offered:

Courtroom Presence
Conducting Home Visits.
Denial Systems and Systems of Recovery
Drug-Free Workplace
Early Recognition of AOD Dependency.
Emergency Response Training
First Aid/ CPR
Kronos Training
Parole Officer Field Safety
Preparation for Case Presentation Method (CPM) Exam
Prison Rape Elimination Act
Regional Information Tracking System (RITS)
Report Writing
Report Writing and Computer Work
Response to Resistance
Security Threat Groups
Stress Management
Suicide Prevention/Psychiatric Disorders/Recognizing Manipulative Behavior
Threat Assessments
Understand the 12 Steps and Enabling
Understand the JASAE Assessment Tool.
Unified Case Plan
Workplace Violence Prevention

Staff relayed that ODYS works with a professor at the University of Cincinnati in an effort to improve the Training Academy's curriculum. The professor works four hours per week with the ODYS Training Academy to develop programming that will benefit youth who have behavioral problems. These youth are often considered to be the "worst of the worst." The professor has developed the "Thinking for Change Program."

In the future, the ODYS Training Academy will offer "Executive Leadership" courses to identify people with the potential to be leaders and those who know the business field in order to develop the core strength of the ODYS.

Issues and Concerns

Staff relayed that ODYS is taking a critical view of the entire curriculum in an effort to improve the training program. One issue that staff and the ODYS are concerned about is the ability to retain the new trainees after the initial probation period, as retention has been an issue with training classes in the past. In an effort to find a solution to the problem of retention, Training Academy staff interviewed new employees during the probationary period to find out what issues they have and developed a plan to have them addressed. Some of the trainees would like to have the probationary period shortened from the current 12-month requirement.

Staff expressed a desire to improve the quality of the middle managers. Staff members feel that it is important to change their mindset and possibly re-train them to make sure they are following ODYS policy. According to staff, some of the middle managers in the field need to be more assertive in regard to enforcing the ODYS policies regarding the youth. With the help of the Professor's Thinking for Change program, the goal is for ODYS to establish more effective interpersonal communication between the youth and the institution staff. Staff also relayed that all of the youth are required to take the "Thinking for Change" class four hours per day.

Another concern expressed by the Training Academy staff is in regard to ODYS policies and sanctions. According to staff, the policies and sanctions that exist in the ODYS do not work on the 18-to-20 year old, gang-related youth because they act more like adults. It was noted that the 18-to-20 year olds are legally adults. As one might expect, the older youth are physically and emotionally more mature then the youth under 18. Based on the CIIC experience from the visits to the ODYS institutions, the youth involved with gangs appear to be more difficult to communicate with and constantly commit rule infractions that result in disciplinary actions from staff. These youth seem less likely to communicate effectively with staff and more likely to be confrontational. According to the Training Academy staff, many of the institutions spend nearly 90 % of their time dealing with only 10% of the juvenile offenders. This amount of attention paid towards such a small part of the population neglects the other juveniles. Juvenile Correctional Officers in the institutions reportedly feel that their power has been diluted with the administrative reduction in the amount of use of force and control. As a result, the verbal strategies and use of force strategies are being re-vamped with the assistance of the Union representatives.

Staff showed commitment and sincerity about the Training Academy and expressed that it is an exciting time to be part of DYS. The staff discussed their major challenge with the Academy and the DYS system, termed "saving the kids". The Superintendent relayed that he does not want to see any of the youth in the ODYS system fail or "fall through the cracks".

SYNOPSIS OF THE 2005 RECLAIM OHIO CONFERENCE

Conference Date: June 23-24, 2005

The statute states that the Correctional Institution Inspection Committee shall "prepare a report for submission to the succeeding General Assembly of the findings the Committee makes in its inspections and of any programs that have been proposed or developed to improve the condition or operation of the correctional institutions in the state." The identical language is contained in the statute regarding youth services facilities.

On June 23-24, 2005, CIIC staff attended the RECLAIM Ohio conference at the invitation of the Ohio Department of Youth Services. The seminar was composed of 15 different workshops, each geared to address issues that affect youth and contained recommendations for change. The material is relevant to the CIIC statutory provision to report on "any programs that have been proposed or developed to improve the condition or operation..." of youth services facilities. A synopsis of the workshops is therefore included below.

Cognitive Behavior Interventions by Brian Lovins

The objective of the program is:

- To increase participants ability to identify the core components of a cognitive-behavioral program.
- To discuss the role of the court in changing young people's behavior through cognitive-behavioral types of interventions.
- To increase participants' knowledge of why Cognitive-Behavioral Treatment is effective in changing behavior.
- To offer suggestions of how court services can aid treatment providers in addressing criminogenic needs.

County/Facility Program Profile Session by Dr. Edward J. Latessa

- To provide statistical information from a sample of a county profile:
    - Youth served by RECLAIM programs
    - Youth committed to DYS based on a sample county profile
    - Recidivism rates

Criminogenic Needs and Youth Assessment by Dr. Shelly Listwan

- To identify characteristics of Good Risk/Need Assessments
- To identify major set of risk/need factors
- Important statistics:
    - 40% of serious offenders commit their first offense by age 12
    - 85% of serious offenders have committed an offense by age 14.
- To provide a definition of the General Principles of Classification regarding criminogenic and non-criminogenic needs.
- To provide an analysis of successful Family Assessment Tools.
- To provide a breakdown of Adolescent Substance Abuse Screening Tools

- To identify criminal attitudes and orientation scales.
- To identify the need for successful Case Planning to help reassess treatment goals and activities.

Designing Effective Programs by Jennifer A. Pealer, Ph.D

- To develop an understanding of ineffective and effective programs, including understanding the components of an effective program, how an effective program is designed, and understanding why and how to conduct process evaluation.
- Correctional Quackery (What Not to Do)- Theories that often do not work in regard to effective programming.
- Effective programs should be based on research and a review of any literature associated with offenders.
- Evidence based programs are encouraged because they target what and how offenders think. They also provide structured curriculums, appropriate use of reinforcements, appropriate intensity and duration of the programs, model and practice skill building techniques, and relapse prevention.
- The importance of program leadership, professionally trained program staff, piloting the program, and process evaluation of the program is to ensure that it is conducted correctly and implemented as designed.

Early Intervention: Getting to the Right Kids at the Right Time by Dr. John Paul Wright

- To address the following: Violent behaviors that children have in common, the origins of behavior problems, problems associated with control of impulse and emotions, and effective early interventions.
- Video of children between the ages 11-16 that have committed violent crimes (including the Columbine shooting). The seven youth killed or wounded 88 people.
- The early signs of behavior problems and how they are developed (starting from infancy and continued through childhood and adolescence) were disclosed.
- How the outcomes associated with faulty development can affect outcomes in childhood and adulthood were discovered.
- Common characteristics in effective programs (including information on programs that work well, how effective they are, and the cost of running the program) were identified.

Effective Aftercare: What, Who, and Where by Dr. David M. Altschuler

- Defined aftercare and effective strategies used in re-entry programming.
- Identified the seven domains that attribute to risk and protective factors including family and living arrangements, peer groups and friends, mental, behavioral, and physical health, substance abuse, education and schooling, vocation training and employment, and leisure time and recreation.

Effective Supervision and Disruption of Delinquent Networks by Dr. Betsy Matthews

- The answer to, "What do we know about peers and delinquency?" was discussed
- The correlation between peers and delinquency, unresolved issues about peers and delinquency, and progression from non-delinquent to delinquent behavior and peer group was discussed.
- The important part that gang affiliation plays into the development of youth was discussed. Statistical evidence (bar graph) to support her theory on the effect that gang involvement has on delinquency was provided.
- The following concerns regarding gangs were addressed:
    - Identifying individual risk factors for gang membership
    - Risk factors for gang membership (including family, peer, community and school)
    - Gang Myths
    - Leaving Gangs

Family Interventions for Delinquents: Family, Therapy and Parenting Wisely by Dr. Don Gordon

- Identified child maladjustment and the risk factors involved for change as well as the protective factors for children
- Presented the issues involving "Today's Families" and methods for change such as functional family therapy
- Discussed the need for brief parent interventions
- Discussed the aspects of effective programs such as the "Parent Training" CD-ROM
- Provided a demonstration of the CD-ROM on "Proper Parenting"
- Spoke of "Parenting Wisely" strategies developed by Gordon and Kacir (1997).
- Presented information regarding how agencies and courts use the "Parenting Wisely" plan with delinquents. Also addressed the cost of the program, and provided statistical information from the 27 practitioners in British Columbia who successfully use the program.
- Recommended procedures for juvenile courts.

Quality Assurance: Monitoring Services, Staff, and Programs by Dr. Kimberly Gentry

- Organizations becoming more mission-driven to achieve and maintain quality. A need to use the mission statement as the standard to follow.
- Achieving quality falls on both the organization and the individual in the organization.
- Importance of establishing an action plan (and the four characteristics that represent a good action plan), developing peer review committees, and establishing indicators and thresholds.
- Each plan should be evaluated based on client satisfaction and if the target population is being reached. The evaluation should be able to identify any areas of improvement. Surveys such as the Likert scale are often used to rate the effectiveness of the program.
- Outcome evaluations are used to document the intermediate and long-term outcomes of the program.

Incorporating the Responsivity Principle into Correctional Practice with Juveniles by Paula Smith

- Principles for effective intervention including the difference between risk and need.
- The need for responsivity factors to be included for programs.
- Overview of the responsivity factors regarding general responsivity, specific responsivity, and examples of specific responsivity factors.
- Offender characteristics that are considered to be the most important responsivity factors. The characteristics were identified as intelligence, gender, race/ethnicity, and motivation.
- Cited the trans-theoretical model of change as a resource. The model includes Pre-contemplation, Contemplation, Preparation, Action, and Maintenance.
- Characteristics of four common offender personality types (antisocial, neurotic, immature, and situational) and made recommendations on how to address them.
- Urged Case Managers to plan for responsivity to reduce risk factors that could affect participation from youthful offenders in programs.

Special Populations: Girls by Dr. Dana Hubbard

- The increase in the number of girls in the criminal justice system. Increase has been at every stage of the process including arrests, probation, detention, and commitments. The question; "Are today's girls getting meaner?" was addressed.
- Negative images that have an effect on girls today. Books titled Queen Bees and Wannabees, and Odd Girls Out, as well as the movie, "Mean Girls" were discussed.
- Status offenses and domestic violence incidents as factors for the increase in arrests/commitments.
- Many female issues are being neglected and the behavior is a result.
- Gender differences in regard to problems and how females are affected differently than males were discussed. Girls are faced with different stressors, relate to the world differently, and they have different ways of thinking, feeling, and coping.
- Information was provided regarding female cognitive behavior and the goal to restructure their way of thinking. Recommended cognitive-behavioral therapy for girls which includes a skills training component.

Mentally Disordered Offenders by Lori Brusman-Lovins

- Reasons why consideration of mental health is important:
    - Ethical, moral, legal responsibilities to meet the needs of youth in state custody
    - Welfare and safety of youth and staff in correlation with aggression and suicide
    - Some correctional environments can exacerbate mental health issues.
- Common and less common mental health disorders.
- Importance of assessment to properly identify mental health conditions.
- Assessment is more effective than screening because it is more comprehensive which can assist in recommendations for treatment. Screening only offers a brief process used to identify youth at increased risk of having a disorder.
- Successful assessment plan includes: assessment guidelines, assessment approaches, criteria for selecting assessments, common mental health screening instruments, common mental health assessments, and common related assessments.

- Treatment methods for mentally disordered offenders; Principles of effective intervention apply to mentally disordered offenders just as they do to general delinquent youth.
- Necessary components (psychiatric, therapeutic, family, and collaboration) for treatment of mentally disordered offenders.

Juveniles Who Commit Sex Offenses by Lori Brusman-Lovins

- Characteristics of juveniles who commit sex offenses:
    - Offending Behavior
    - Abuse Histories
    - Social and Interpersonal Relationships
    - Sexual Knowledge and Experiences
    - Academic Functioning
    - Mental Health Issues
- Types of sex offending among juveniles; Differences between two specialized populations (female perpetrators and young children who sexually act out).
- Need for a comprehensive assessment and the guidelines to follow.
    - J-SOAP-II: A checklist whose purpose is to aid in the systematic review of risk factors associated with sexual and criminal offending; Designed for boys 12-18 years old.
    - ERASOR: Designed for use with adolescents to determine their risk of sexual re-offense.
- Treatment information, such as guidelines and approaches based on research findings; Guidelines include a full assessment of risk and needs; Different treatment approaches (offense-specific and offense–related targets)
- Involvement of the victim and involvement of the family are factors that can assist in effective treatment of the sex offender.
- Juveniles who sexually offend are a heterogeneous group; Juveniles should be assessed for sexual deviance, delinquency and offense-related issues; Not all juvenile sex offenders are "high-risk" to re-offend; Not all need the same intensity of treatment.

Children and the Criminal Justice System (What Works?) by Brian Lovins

- Adolescent development; Appropriate targets for young offenders; Principles of effective intervention regarding young people.
- Issues regarding effect of early intervention services: What is known, effective programs, and how multiple needs equate to multiple services.
- Programs within the Juvenile Justice System that have been effective:
    - The Michigan Early Offender Program
    - The Minnesota Delinquents Under 10 Program
    - The Sacramento County Community Intervention Program.
- A comprehensive model that includes a governing body to oversee the process, comprehensive assessment and case management, and interagency coordination and collaboration.
- Changing young people's lives starts with skills development and family structure.

What Doesn't Work and Why Not by Deborah K. Shaffer

- The meaning of 'what works'. Evidence is determined through empirical research, not anecdotes, stories, common sense, or beliefs about effectiveness.
- "Punishing Smarter Programs" that do not work. The following are programs that are not considered effective:
    - Military Style Boot Camps: Model aggressive behavior and bond criminal & delinquent groups
    - Scared Straight: Most offenders receive reinforcement for delinquency rather than shame; Only has short-term effects.
    - Intensive Supervision (low risk offenders): Exposes low risk offenders to thoughts and behavior of high-risk offenders.
- Statistical evidence to support claims of the programs that do not work.
- Issues with substance abuse treatment programs that do not work and components of effective substance abuse program components.
- The audience performed an exercise regarding questions that should be asked to reveal if the program would be successful.
- Ms. Shaffer concluded her presentation by re-iterating programs that do not work. She also provided a list of the characteristics that allow a program to be successful:
    - Should be based on research and sound theory
    - Have leadership
    - Assess offenders using risk and need instruments
    - Target crime producing behaviors
    - Use effective treatment models
    - Vary treatment and services based on risk and need
    - Responsivity factors
    - Disrupt criminal networks, provide aftercare, and have qualified staff.

RECOMMENDATIONS OF THE 2003-2004 BIENNIAL REPORT TO THE 126TH OHIO GENERAL ASSEMBLY

Report Date: January 18, 2005

The complete Biennial Report and summary are posted on the website of the Correctional Institution Inspection Committee**.**

Use of Confidential Informants

The Ohio Department of Rehabilitation and Correction (ODRC) should provide clear written guidelines to all Investigators on the use of confidential information, use of informants, and "dealing" as prohibited in the ODRC Employee Code of Conduct. [Page 77]

Serious consideration should be given to how best to increase support services, monitoring and supervision of Investigators throughout the prison system by ODRC Central Office staff. [Page 78]

Inmate Population

ODRC should assess its existing bed space, and examine the current and potential use of that space, particularly for underutilized institutions, with consideration of how possible changes could accommodate special needs populations. [Page 83]

No greater improvement could be made to impact the entire operations, conditions and programs of the Level three facilities than to eliminate double celling not only in segregation, but also in general population. [Page 83]

Medical Services

Central Office staff should ensure the accuracy of the reported number of hours worked by contract employees. [Page 90]

It is strongly recommended that Central Office personnel ensure that complete and accurate monthly data is provided on the standardized form. [Page 90]

Infectious Diseases

ODRC policies and procedures should be reviewed in regard to housing and job assignments of infected inmates, in an effort to alleviate inmate tension concerning these issues. The option of single celling inmates in the higher security institutions may be a viable alternative. [Page 97]

Additional education for institution staff and inmates concerning infectious diseases would also assist in addressing the reported issues of concern. [Page 97]

Suicides

A possible partial solution or proposed improvement is a renewed emphasis on a prompt mental health staff interview with the inmate who has verbalized a desire or intent to commit suicide. [Page 102]

The ODRC Suicide Prevention Committee should seriously consider changes in policy and practice to implement the following recommendations by Lindsay M. Hayes, a contracted suicide prevention expert:

- Isolation should be avoided.
- Whenever possible, house in general population, mental health unit, or medical infirmary, located in close proximity to staff.
- Inmates should be housed in suicide-resistant, protrusion-free cells.
- Removal of an inmate's clothing (excluding belts and shoelaces), as well as use of physical restraints (e.g. restrain chair/boards, strait jackets, leather straps, etc.) and cancellation of routine privileges (visits, telephone calls, recreation, etc.), should be avoided whenever possible, and only utilized as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. [Page 103]

Sex Offender Treatment Programs

The establishment and availability of sex offender treatment for all sex offenders is a primary need. [Page 107]

The ODRC should consider requiring a mandatory sex offender program for inmates who commit inmate on inmate sexual assaults, comparable to the mandatory substance abuse program that exists for substance abusers. [Page 107]

Therapeutic Communities

ODRC should give careful consideration to the merits of retaining not only the TC programs at the Grafton Correctional Institution, Pickaway Correctional Institution, Belmont Correctional Institution, and Ohio Reformatory for Women, but to seriously consider expanding availability of this program to higher security inmates. Level three inmates should be given an opportunity to participate in such a highly successful program. [Page 108]

Grievance Procedure

A method should be devised by ODRC to verify receipt of Informal Complaint Resolution forms by staff. [Page 130]

ODRC should prevent retaliation and fear of retaliation by institutional staff if an inmate uses the inmate grievance procedure.

- Comply with Vincent Nathan's Recommendation Four in his Evaluation of the Inmate Grievance System Report which states,

  The DRC should begin to impose the most serious disciplinary consequences for acts of retaliation by staff against inmates as a result of the latter's use of any aspect of the grievance procedure.

  As part of its effort to address this problem, DRC officials should ensure that training components at the training academy, new staff orientation at each facility, and annual in-service training emphasize strongly the utility of the grievance system, the DRC's commitment to that system, and the consequences that will flow from acts of retaliation. Institutional inspectors should be personally responsible for orienting new staff and providing the in-service training segment on the grievance system, and this subject should be a component of all in-service training curricula
  .
  Wardens should hold supervisors responsible for providing adequate supervision to line staff regarding the DRC's non-retaliation policy, and institutional inspectors should investigate allegations with special care and vigor.

- It is imperative that the above information regarding the Department's commitment and activities regarding retaliation be shared with all inmates in their orientation at the reception centers to instill in all inmates that the inmate grievance procedure is an objective procedure, which prohibits and will aggressively investigate any retaliatory actions.

- One of the best ways to send a strong message that retaliation in fact will not be tolerated, is by thorough investigations of alleged reprisals or threats of reprisals, and by taking corrective action specified in Administrative Rule 5120-9-31, one case at a time. [Page 142]

- ODRC should alleviate the difficulties of inmates who are mentally ill, have low literacy levels, or have other disabilities, in using the inmate grievance procedure.

  The institutional inspectors' workload at each institution should be evaluated to ensure that they have sufficient time to assist inmates who require assistance in using the inmate grievance procedure, and to facilitate all aspects of the grievance procedure.

  Inspectors should make regular rounds in areas where their assistance is likely to be needed, including, but not limited to Residential Treatment Units for the mentally ill. In cases when an inmate's grievance is difficult to read or to understand, the inspector should interview the inmate for clarification.

  The grievance procedure should be revaluated to ensure that the forms and processes are in the most simplified state to guarantee ease of use by all parties. [Page 143]

- The Department should work to ensure that the inmate grievance procedure is not, and is not seen as, an adversarial procedure, with the Department of Rehabilitation and Correction versus the inmates. Rather, the grievance procedure should be, and should be regarded as, an objective problem-solving mechanism which is good for the ODRC, resulting in improvements in

operations, conditions and programs, and which is equally good for the inmate population who will face problems in the best of institutions. Institutional inspectors need to be, and need to be perceived as, objective and non-adversarial. [Page 143]

- The ODRC should improve the timeliness of inmates receiving grievance forms from staff and in responses by staff to informal complaints, notification of grievances, and appeals of the disposition of grievance.

    - The workload of the institutional inspectors at each institution should be evaluated to ensure that they have the ability to provide grievance forms in a timely manner, to monitor and act on delayed responses to the informal complaint resolution forms, and to respond to notification of grievance forms in a timely manner.

      The Chief Inspector may need to evaluate the way that informal complaint resolution forms and the notification of grievance forms are responded to by staff. If the quality of responses can be improved, then the domino effect of informal complaints resulting in notification of grievances and notification of grievances resulting in appeals of the disposition of grievance can be reduced.

- The Department should consider some "outside the box" solutions such as the Outside Review Committee, which was mandated by the U.S. District Court in the *Taylor v. Perini* case. The establishment of the outside review committee could assist the Chief Inspector's Office by providing an assessment and recommendation, in addition to the institutional inspector's input, prior to deciding the grievance appeal. This process would give greater credibility to the inmate grievance procedure.

- The workload at the Chief Inspector's Office also needs to be evaluated to determine if additional staff is required to monitor the grievance procedure and provide quality and timely grievance appeal decisions. There should be enough staff to comply with the appeal response time requirements in the administrative rule on the inmate grievance procedure, without extensions caused solely by staff shortages and/or large workloads. [Page 144]

- The Department should ensure that grievance dispositions result in "resolved" dispositions whenever warranted.

    - The Chief Inspector should ensure that the institutional inspectors and assistant chief inspectors are resolving grievances whenever warranted. The grievance procedure should in part be evaluated by the results. Only through a drastic increase in the number of grievance decisions in which problems are in fact resolved, will inmates gradually develop a more positive view of the grievance procedure. [Page 145]