



*A Joint Committee of the Ohio General Assembly*

## FRANKLIN MEDICAL CENTER

### INSPECTION REPORT

DECEMBER 2020

SEN. WILLIAM P. COLEY, II  
*Vice-Chair*

REP. DOUG GREEN  
*Chair*

SEN. HEARCEL F. CRAIG  
*Secretary*

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## REPORT ON THE INSPECTION & EVALUATION OF FRANKLIN MEDICAL CENTER

<b>Date of Inspection:</b>	December 23, 2020
<b>Type of Inspection:</b>	Announced, Remote
<b>CIIC Staff Present:</b>	Travis Ricketts, Deputy Director Rachel Helbing, Senior Analyst, Report Coordinator Jeffrey Noble, Senior Analyst Elijah Woodberry, Research Analyst
<b>Facility Staff Present:</b>	Warden Jenny Hildebrand CIIC spoke with many additional staff throughout the course of the inspection.

### Institution Overview

Franklin Medical Center (FMC) is the primary medical care facility of the Ohio Department of Rehabilitation and Correction (DRC). FMC provides inpatient medical services to offenders in need of intensive skilled medical and nursing care. FMC also provides services to offenders with significant physical disabilities. FMC opened in Columbus, Ohio in 2011 as a combination of the former Franklin Pre-Release Center and the Corrections Medical Center. All security levels are able to be housed at FMC, including offenders on death row. The institution is divided into two separate zones (A and B). Zone A (formerly the Corrections Medical Center) opened in 1993 on 8 acres and continues to operate as the medical facility. Zone B (formerly Franklin Pre-Release Center) is located adjacent to Zone A on 5.7 acres, and houses cadre and medical high acuity offenders. In FY 2020, FMC was approved for a budget of \$66,310,466.

The rated capacity for FMC is 690. As of December 23, 2020, the institution housed 359 offenders. Demographically, 62.7% of offenders were classified as white, 35.1% as black, and 2.2% as another race. The youngest offender was listed as 23 years of age and the oldest was listed as 93 years of age. The average offender age was 48 years. As of December 2020, FMC employed 537 total staff, of which 331 are officers.

The institution scored 100% compliance on the April 2018 ACA audit for 41 applicable, mandatory standards, and 100% on the 88 applicable, non-mandatory standards. In its June 11-12, 2019 full internal management audit, FMC was 97.6% compliant on the 43 applicable, mandatory standards and 98.8% compliant on the 86 applicable, non-mandatory standards. Of the Ohio Standards, the facility was 92.6% compliant on the 122 applicable standards. The areas of non-compliance were related to healthcare documentation, volunteer documentation, staff training, inmate commission payments, asset management forms, and IT account documentation.

## FACILITY RATINGS

**R**atings are a four point scale based on the balance of the indicator ratings for that area. A rating of “Exceptional” for an indicator means that there is no room for improvement and, generally, that the facility performs above other prisons. A rating of “Good” for an indicator means that the prison more than meets the standard, but is not significantly better than other prisons or there is still room for improvement. A rating of “Acceptable” for an indicator means that the prison just meets the standard or meets the standard with minor exceptions. A rating of “In Need of Improvement” for an indicator means that the prison does not meet standards, is significantly different from other prisons in a negative manner, or that CIIC staff had serious concerns.

	<b>2018</b>	<b>2020</b>
<b>SAFETY &amp; SECURITY</b>	<b>GOOD</b>	<b>GOOD</b>
<i>Violence Outcome Measures</i>	<i>Exceptional</i>	<i>Exceptional</i>
<i>Use of Force</i>	<i>Good</i>	<i>Good</i>
<i>Control of Illegal Substances</i>	<i>In Need of Improvement</i>	<i>Acceptable</i>
<i>Offender Perception of Safety</i>	<i>Exceptional</i>	<i>Exceptional</i>
<i>Unit Security Management</i>	<i>Good</i>	<i>Deferred</i>
<i>Institutional Security Management</i>	<i>Exceptional</i>	<i>Good</i>
<i>Prison Rape Elimination Act</i>	<i>Good</i>	<i>Exceptional</i>
<b>HEALTH &amp; WELLBEING</b>	<b>GOOD</b>	<b>GOOD</b>
<i>Unit Conditions</i>	<i>Good</i>	<i>Deferred</i>
<i>Medical Services</i>	<i>Good</i>	<i>Acceptable</i>
<i>Mental Health Services</i>	<i>Exceptional</i>	<i>Good</i>
<i>Recovery Services</i>	<i>Good</i>	<i>Acceptable</i>
<i>Food Services</i>	<i>Exceptional</i>	<i>Good</i>
<i>Recreation</i>	<i>Good</i>	<i>Good</i>
<b>FAIR TREATMENT</b>	<b>GOOD</b>	<b>GOOD</b>
<i>Staff/Offender Interactions</i>	<i>Good</i>	<i>Good</i>
<i>Inmate Grievance Procedure</i>	<i>Good</i>	<i>Acceptable</i>
<i>Transitional Program Unit</i>	<i>Not Applicable</i>	<i>-</i>
<i>Offender Discipline</i>	<i>-</i>	<i>Good</i>
<b>REHABILITATION &amp; REENTRY</b>	<b>GOOD</b>	<b>GOOD</b>
<i>Reentry Planning</i>	<i>Good</i>	<i>Good</i>
<i>Rehabilitative Programming</i>	<i>Good</i>	<i>Good</i>
<i>Family Engagement &amp; Community Connections</i>	<i>Good</i>	<i>Good</i>
<i>Academic Programming</i>	<i>Good</i>	<i>Good</i>
<i>Library Services</i>	<i>Good</i>	<i>Good</i>
<i>Vocational &amp; Work Skill Development</i>	<i>Good</i>	<i>Acceptable</i>
<b>FISCAL ACCOUNTABILITY</b>	<b>GOOD</b>	<b>GOOD</b>
<i>Fiscal Wellness</i>	<i>In Need of Improvement</i>	<i>Acceptable</i>
<i>Environmental Sustainability</i>	<i>Exceptional</i>	<i>Good</i>
<i>Staff Management</i>	<i>Good</i>	<i>Good</i>

## **INSPECTION OVERVIEW**

**P**reparation for the inspection of Franklin Medical Center took place in the week prior to site visitation. The most recent inspection of the facility, completed in 2018, was reviewed to identify areas of previous concern or praise. The CIIC database of concerns received from offenders, constituents, and staff was analyzed for topics of frequent concern.

Facility staff were notified of the inspection during the week prior to visitation. At this time, an email was sent to administrative staff outlining the documentation and data that would be requested over the course of the inspection, as well as a description of the modified inspection process.

Each inspector completed telephone interviews with facility staff in various positions. An in-person visitation would be scheduled at a later date, when the conditions of the COVID-19 pandemic allow for it to occur safely. Paper surveys were delivered to the facility for offenders to complete. Electronic surveys were sent to all facility staff.

An initial inspection report draft was provided to Warden Hildebrand and her staff on January 29, 2021 as an opportunity to review and notify CIIC staff of any discrepancies. A teleconference meeting between CIIC and facility staff was held on February 3, 2021 to finalize the inspection report draft.

**SAFETY & SECURITY: GOOD**

*Expectation: Prisons will provide a safe and secure environment for all offenders.*

SAFETY & SECURITY	2018 GOOD	2020 GOOD
Violence Outcome Measures	Exceptional	Exceptional
Use of Force	Good	Good
Control of Illegal Substances	In Need of Improvement	Acceptable
Offender Perception of Safety	Exceptional	Exceptional
Unit Security Management	Good	Deferred
Institutional Security Management	Exceptional	Good
Prison Rape Elimination Act	Good	Exceptional

**KEY FINDINGS**

Assaults have decreased over the time period evaluated, and are lower than comparable prisons.

According to surveys, offenders have a high perception of safety.

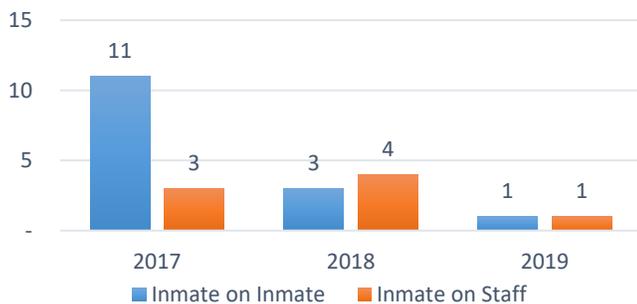
PREA-related audit findings were positive, and allegations have remained low over recent years.

**VIOLENCE OUTCOME MEASURES: EXCEPTIONAL**

*Evaluation of violence focuses on the number and rate of disciplinary convictions for assaults, fights, the number of homicides, and disturbances at the institution during a year in comparison to the previous year; the comparator prison rate; and the DRC average.*

**Assaults**

**Total Assaults CY 2017 – CY 2019**



Significant Assaults	2017	2018	2019
Inmate on Inmate	0	1	1
Inmate on Staff	0	0	0

The rate of offender disciplinary convictions for violent offenses increased by 18.5% during CY 2018 in comparison to CY 2017 and decreased 21.4% from 2018 to 2019.

**Comparator Facility Rates**



Figure 1: The total combined "inmate on inmate" and "staff on inmate" assaults are graphed above for data collected from 2017-2019 for DRC security level 1/2 institutions.

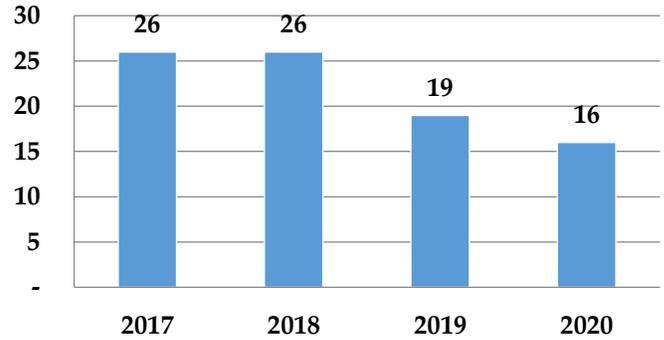
**Fights**

Fights<sup>1</sup> are documented via RIB convictions for rule 19 (fight) violations. There were 26 offenses in 2017, 26 offenses in 2018, and 19 offenses in 2019 convicted of a fight violation at Franklin Medical Center. There have been 16 fighting convictions in 2020 to date.

**Homicides/Disturbances<sup>2</sup>**

There were no homicides nor disturbances during the period evaluated (2017-2019).

**Rule 19 (Fighting) Violations**



**USE OF FORCE: GOOD**

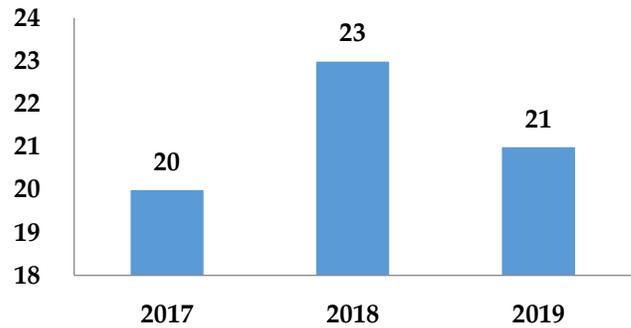
*Evaluation of use of force focuses on the number of uses of force at the institution.*

**Incident Caseload**

During CY 2019, the facility reported 21 use of force incidents. Compared to CY 2018, in which 23 uses of force were reported, total uses of force decreased by 8.7%

FMC UoF	2017	%	2018	%	2019
	20	+15%	23	-8.7%	21

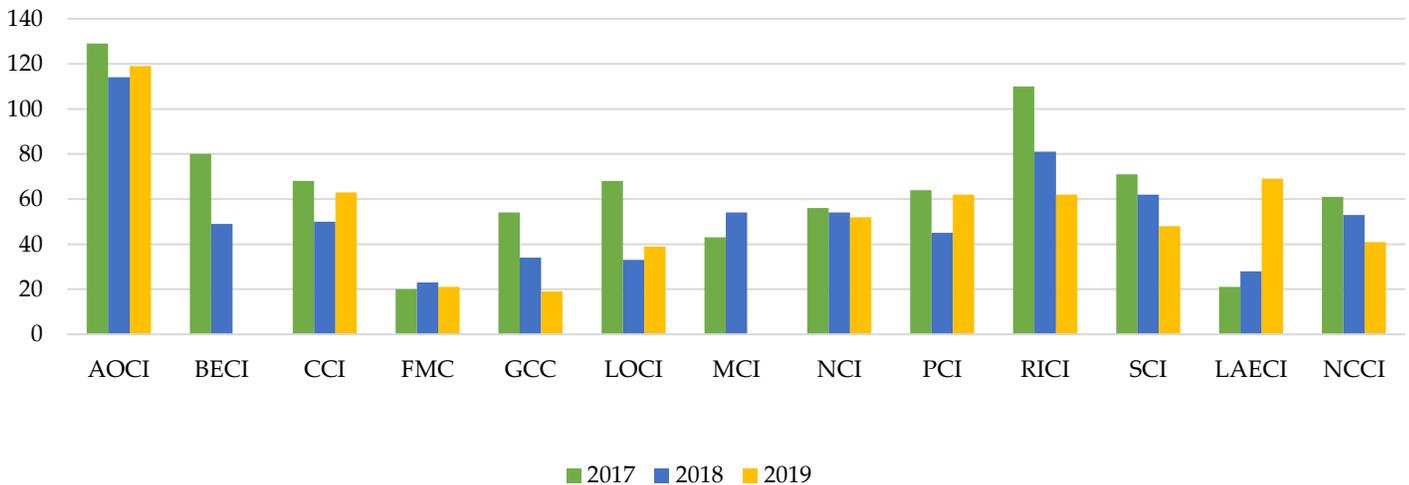
**FMC UoF**



**Procedural Accountability**

On-site review of use of force incidents was not able to be completed at this time, due to the virtual nature of this inspection.

**DRC Level 1/2 UoF Rates**



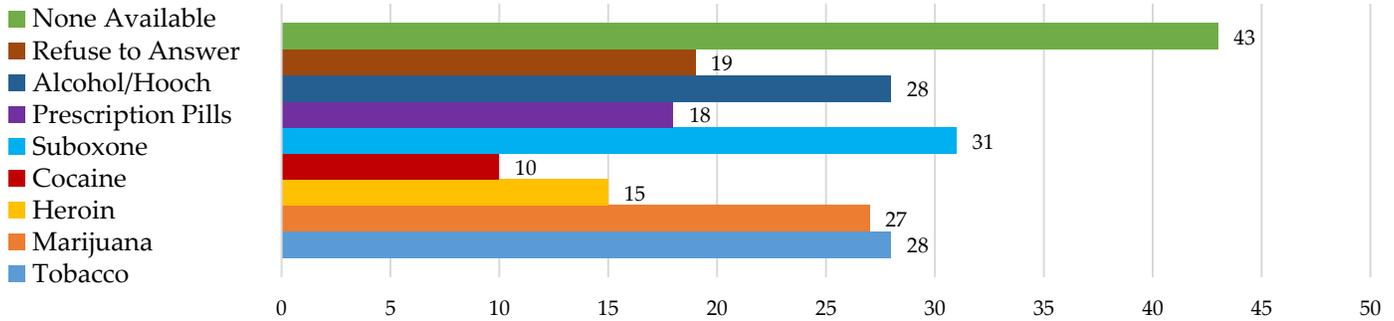
**CONTROL OF ILLEGAL SUBSTANCES: ACCEPTABLE**

Evaluation of control of illegal substances focuses on the percentage of offenders who tested positive for an illegal substance at the institution during a year in comparison to the previous year and the comparator prison rate.

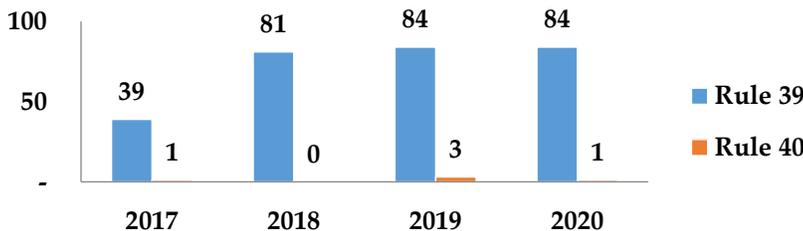
Random Drug Testing	2017		2018		2019	
	# Tested	% Positive	# Tested	% Positive	# Tested	% Positive
Allen-Oakwood	1,187	4.5%	968	7.7%	826	3.3%
Belmont	1,733	5.2%	1,712	2.2%	1,724	5.1%
Chillicothe	1,931	5.5%	261	1.1%	1,784	6.0%
<b>Franklin Medical</b>	<b>461</b>	<b>6.5%</b>	<b>590</b>	<b>8.3%</b>	<b>466</b>	<b>5.4%</b>
Grafton	1,317	0.2%	1,169	0.3%	1,045	0.2%
Lake Erie	1,210	1.7%	1,213	2.0%	1,123	6.3%
London	1,318	5.8%	1,535	6.1%	1,419	4.7%
Marion	1,570	2.9%	1,634	2.9%	1,431	3.2%
Northeast	1,755	12.4%	1,734	9.1%	1,431	8.9%
Noble	1,694	1.2%	1,586	2.7%	1,579	3.9%
Pickaway	1,437	6.9%	1,259	5.3%	1,336	12.4%
Richland	1,645	8.6%	1,671	7.4%	1,529	5.9%
Southeast	1,217	1.0%	1,076	0.7%	1,053	1.5%
Level 1/2 Average		4.8%		4.3%		5.1%
DRC Average		4.9%		5.5%		5.3%
<b>Program Drug Testing</b>	<b>137</b>	<b>.7%</b>	<b>27</b>	<b>14.8%</b>	<b>257</b>	<b>2.7%</b>
<b>For Cause Drug Testing</b>	<b>67</b>	<b>20.9%</b>	<b>105</b>	<b>25.7%</b>	<b>167</b>	<b>31.1%</b>

43 of the offender survey respondents indicated that drugs were not available at the institution. In response to CIIC’s survey question pertaining to prohibited substances, the top substances offenders reported as available were suboxone (31), tobacco (28), and alcohol/hooch (28).

What type of prohibited substances are available at this institution?



FMC Drug Usage/Conveyance



**OFFENDER PERCEPTION OF SAFETY: EXCEPTIONAL**

Evaluation of offender perception of safety focuses on survey responses and the number of refusals to lock for personal safety reasons.

<b>Offender Survey Question(s)</b>	<b>Safe or Neutral</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
Do you feel safe/neutral/unsafe from other inmates here?	92.5%	N=93	+4.5%

The institution had zero offenders refusing to lock or under investigation for Protective Custody at the time of inspection.

**UNIT SECURITY MANAGEMENT: DEFERRED**

Due to the virtual nature of inspection, CIIC is unable to evaluate this section, thus rating is deferred until future inspection.

**INSTITUTIONAL SECURITY MANAGEMENT: GOOD**

Evaluation of security management focuses on: critical incident management, STG management, and escapes.

**Violent Incident Management**

Officers interviewed indicated they are generally informed of incidents prior to beginning their shift.

Rule 17 (unauthorized group activity) convictions have remained low since last inspection. The rule 17 convictions were 1 in 2017, 1 in 2018, and 3 in 2019.

**STG Management**

As of December 2020, there were 23 STG-affiliated offenders, which was 6.4% of the institutional population. The percentage of STG-affiliated offenders has been consistent since the last inspection.

A review of STG committee meetings for the past six months and an interview with the STG Coordinator indicated meetings are being held and included the required staff. There were no overdue security threat group classification reviews, which are done at the monthly STG meetings.

<b>STG Management</b>	<b>2017</b>			<b>2018</b>			<b>2019</b>		
<b>Institution</b>	<b># of STG Offenders</b>	<b>% of Gen. Pop.</b>	<b>Rule 17 Violations</b>	<b># of STG Offenders</b>	<b>% of Gen. Pop.</b>	<b>Rule 17 Violations</b>	<b># of STG Offenders</b>	<b>% of Gen. Pop.</b>	<b>Rule 17 Violations</b>
AOCI	152	10%	5	134	9%	6	156	10%	1
Belmont	298	11%	24	288	10%	28	325	12%	25
Chillicothe	256	9%	8	290	10%	8	299	11%	12
Lake Erie	223	12%	15	189	10%	16	214	12%	30
<b>Franklin Medical</b>	<b>18</b>	<b>3%</b>	<b>1</b>	<b>31</b>	<b>5%</b>	<b>1</b>	<b>21</b>	<b>4%</b>	<b>3</b>
Grafton	137	7%	7	102	6%	2	141	8%	3
London	257	11%	20	270	11%	14	271	12%	1
Marion	291	13%	28	312	12%	9	329	13%	23
Noble	245	10%	26	272	10%	31	297	12%	56
North Central	323	11%	10	282	11%	4	275	11%	12
Pickaway	219	10%	10	255	12%	7	267	13%	5
Richland	421	16%	25	503	19%	53	392	15%	30
Southeastern	196	10%	25	205	13%	21	252	16%	54

**PRISON RAPE ELIMINATION ACT (PREA): EXCEPTIONAL**

*Evaluation of the institution's compliance with the Prison Rape Elimination Act (PREA) focuses on a review of the most recent PREA audit report, education and awareness of reporting, the number of reported sexual assaults, and offender responses.*

**PREA Management**

The August 2020 Internal Management Audit found all PREA related standards in compliance. The facility met 35 and exceeded 10 standards on its April 2018 PREA audit. There were no concerns noted by the PREA auditors.

**Investigations/Allegations**

Staff reported there were 2 PREA cases in CY 2019, of which one was an allegation against a staff member and one was an allegation against another offender.

	2017	2018	2019
<b>Total Alleged Incidents</b>	4	2	2
<b>Outcomes</b>	3 Unsubstantiated 1 Unfounded	2 Unsubstantiated	1 Unsubstantiated 1 Unfounded

<b>Offender Survey Question(s)</b>	<b>Yes</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>Have you been harassed or threatened by other inmates here?</i>	20.2%	N=94	+0.3%
<i>Have you ever been abused by inmates here?</i>	7.4%	N=94	+0.6%
<i>Have you been harassed or threatened by staff here?</i>	36.8%	N=95	+3.5%
<i>Have you ever been abused by staff here?</i>	12.6%	N=95	-1.0%
<i>Do you know how to report sexual harassment or abuse?</i>	81.1%	N=95	-6.8%

**HEALTH & WELLBEING: GOOD**

*Expectation: Prisons will provide sanitary conditions and access to adequate healthcare and wellness programming.*

<b>HEALTH &amp; WELLBEING</b>	<b>2018</b>	<b>2020</b>
	<b>GOOD</b>	<b>GOOD</b>
<i>Unit Conditions</i>	<i>Good</i>	<i>Deferred</i>
<i>Medical Services</i>	<i>Good</i>	<i>Acceptable</i>
<i>Mental Health Services</i>	<i>Exceptional</i>	<i>Good</i>
<i>Recovery Services</i>	<i>Good</i>	<i>Acceptable</i>
<i>Food Services</i>	<i>Exceptional</i>	<i>Good</i>
<i>Recreation</i>	<i>Good</i>	<i>Good</i>

**KEY FINDINGS**

Multiple standards relating to medical services were found in non-compliance on the most recent audit.

Staffing levels appear appropriate for the level of care needed in each area.

Offender satisfaction with recovery services and recreation have decreased since the prior inspection.

**UNIT CONDITIONS: DEFERRED**

*Due to the virtual inspection, CIIC is unable to evaluate this section, thus rating is deferred until future inspection.*

**MEDICAL SERVICES: ACCEPTABLE**

*Evaluation of medical services is comprised of a nurse focus group, a conversation with the Health Care Administrator, and document review.*

**Staffing**

The facility appears to have a sufficient number of staff. There were five healthcare administrators, two assistant healthcare administrators, one quality improvement coordinator, three nurse practitioners, 38 licensed practical nurses, 58 registered nurses, four doctors, and five health information technicians. Additional staff in medical consists of an HSA, 20 STNA's, six medical assistants, phlebotomist, optometrist, diet tech, and contracted radiologist. Dental staff consists of two dentists and one hygienist. There were 11 vacancies at the time of the inspection, for two registered nurses, five licensed practical

nurses, three STNA's, and one healthcare administrator.

**Quality**

An internal management audit was conducted June 2019 and found one ACA mandatory standard, one ACA non-mandatory standard, and three Ohio standards in need of improvement. Medical staff relayed that they participate in quarterly interdisciplinary meetings and patient satisfaction surveys, which is in compliance with DRC policy. There have been 145 offender deaths from 2017 to 2019, none of which were due to homicide nor suicide.

**Sick Call & Chronic Care****Number of offenders seen in last 6 months**

<i>Nurse Sick Call</i>	1,211	<i>Doctor Sick Call</i>	1,134
<b>Chronic Care Caseload</b>	240	<i>Appointments in last 6 months</i>	1,036

<b>Offender Survey Question(s)</b>	<b>Satisfied or Neutral</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>How satisfied are you with the quality of the care you get from the nurses?</i>	82.6%	N=92	+5.1%
<i>How satisfied are you with the quality of the care you get from the Doctor/ALP?</i>	65.1%	N=86	-6.2%
<b>Within 2 days</b>			
<i>On average, when do you see the nurse after filing a health service request (sick call slip)?</i>	77.4%	N=84	+4.6%
<b>Yes</b>			
<i>If you are on the chronic care caseload, do you see medical regularly?</i>	71.4%	N=63	+2.2%

### **MENTAL HEALTH SERVICES: GOOD**

*Evaluation of mental health services focuses on staffing, access to mental health staff, programming, and critical incident data in addition to quality of services.*

#### **Caseload**

	<i>Total</i>	<i>C1 / Seriously Mentally Ill (SMI)</i>	
<i>Offenders on Medication</i>	101	<i>On Mandated Medications</i>	48
	75		2

#### **Staffing**

Staffing levels included two psychiatrists, two psychologists, a psychology assistant, an LSW, LISW, mental health administrator, two RN's, one QIC, and an HIT. There was one vacancy at the time of inspection.

#### **Quality**

A full internal management audit was conducted in June 2019. The auditors relayed no concerns related to mental health services.

#### **Programming**

FMC Mental Health department offers three programs: Seeking Safety, Depression Bright, and Illness Management.

#### **Suicide Attempts / Critical Incidents**

There have been no completed suicides from 2017 to 2019. There was one attempt made in that period. The facility routinely utilizes constant watch and observation status to monitor offenders in crises.

### **RECOVERY SERVICES: ACCEPTABLE**

*Evaluation of recovery services focuses on cleanliness of facilities, staffing, participation and outreach of offenders, and access.*

#### **Staffing**

Staffing levels appear low, yet are able to provide adequate recovery service programming. There was one staff vacancy at the time of the inspection. There was a supervisor, one counselor, and one health information technician. FMC has consistent community volunteers that facilitate AA/NA programming, when not prohibited by COVID-19.

**Access**

Staff relayed multidisciplinary meetings occur quarterly through the QIC (Quality Improvement Committee) process which is within policy.<sup>3</sup>

**Participation and Outreach<sup>4</sup>**

Interdisciplinary meetings are held on a quarterly basis, per policy. Programming is currently limited due to COVID-19 restrictions on congregate activities. FMC offered Brief Intervention Program (BIP) and Intensive Outpatient Program (IOP) at the time of inspection. FMC reported 25 offenders on the waitlist for programming.

<b>Offender Survey Question(s)</b>	<b>Yes</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>Do you feel you are able to get into Recovery Services Programs?</i>	40.7%	N=59	-15.6%

**FOOD SERVICES: GOOD**

*Evaluation of food services included eating the offender meal, an observation of the dining hall, food preparation area, the loading dock, interview with the Food Service Manager, and a documentation review.*

**Dining Hall**

An in-person observation of food service facilities was not able to be completed, due to the virtual nature of this inspection.

offenders, including classroom instruction and “on-the-job” training.

**Kitchen and Food Preparation Area**

Equipment concerns included two tilt skillets awaiting repair by supplier. No maintenance concerns were reported during inspection. Staff relayed that equipment is sanitized after every use and the preparation area is cleaned on a regular basis.

**Food Service Contract Staff**

The food service contract staff consisted of 15 employees including one director, one manager, and 13 hourly workers. According to staff, they are at their contracted staffing level, with exception to an employee out on leave.

**Offender Work Programs**

Staff reported there are currently 35 offender food service workers. Offenders earn \$18 each month in state pay. Staff relayed that workers can earn up to an additional \$20 per month incentive pay, based on job responsibilities.

**Loading Dock / Pest Control**

Staff relayed that the exterminator visits the facility every other week and as needed. Pest issues are reportedly not present.

On the day of the inspection, there were no offenders enrolled in the IN-2-WORK program. IN-2-WORK is provided by Aramark and includes both a classroom component and an on-the-job training. The curriculum is tailored to the special needs of

**Food Service Management and Oversight**

In their most recent contract evaluation from the DRC in March 2020, FMC received a compliance score of 94%. The main area of non-compliance was food temperatures.

In their most recent health department inspection on June 11, 2020, The Zone A kitchen had 64/66 standards in compliance, and Zone B had 63/66 in compliance.

<b>Offender Survey Question(s)</b>	<b>Satisfied or Neutral</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>How satisfied are you with the food in the chow hall?</i>	18.6%	N=97	-9.3%

**RECREATION: GOOD**

*Evaluation of recreation is based on three factors: facilities, activities, and access.*

**Facilities**

Indoor and outdoor recreation are provided for offenders<sup>5</sup>. There were no maintenance concerns reported at the time of inspection.

**Activities**

Offenders are offered a good variety of activities for recreation, including several organized intramural sport and tournaments. Overall, the recreation department offers a majority of recreation activities permitted, per policy, for Level 1/2 offenders.<sup>6</sup> Movies are made accessible and are rotated frequently.<sup>7</sup>

The recreation department hosts both a music and art leisure activities. The music room contains instruments for use but currently is not being used

due to the location in a housing unit. There is no formal art program but offenders may purchase supplies through approved vendors. They may work on personal projects and send items to family.

**Access**

Currently, in Zone B (non-hospital side) two dorms are recreating at once. In Zone A (hospital side) only one dorm is able to recreate because of potential spread concerns.

Each unit is reported to have an outdoor porch where offenders may recreate. All dayrooms have a pool table, video games and some have stationary bikes for indoor recreational activities.

<b>Offender Survey Question(s)</b>	<b>Satisfied or Neutral</b>	<b>Total number of respondents</b>	<b>Change from Previous Inspection</b>
<i>How satisfied are you with recreation?</i>	50.5%	N=95	-12.1%

**FAIR TREATMENT: GOOD**

*Expectation: Prisons will provide fair and professional treatment of offenders.*

<b>FAIR TREATMENT</b>	<b>2018 GOOD</b>	<b>2020 GOOD</b>
<i>Staff/Offender Interactions</i>	<i>Good</i>	<i>Good</i>
<i>Inmate Grievance Procedure</i>	<i>Good</i>	<i>Acceptable</i>
<i>Transitional Program Unit</i>	<i>N/A</i>	<i>-</i>
<i>Offender Discipline</i>	<i>-</i>	<i>Good</i>

**KEY FINDINGS**

Response times to informal complaints are high, exceeding policy requirements.

Review of closed RIB cases showed proper procedure being followed.

FMC does not have a TPU for disciplinary housing.

**STAFF / OFFENDER INTERACTIONS: GOOD**

*Evaluation of staff/offender interactions is based on a survey of offenders.*

<b>Offender Survey Question(s)</b>	<b>Yes</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>On most days, are your housing unit officers professional?</i>	63.8%	N=94	+0.6%
<i>On most days, are your housing unit officers helpful?</i>	70.5%	N=95	+7.9%
<i>Have you been harassed or threatened by staff here?</i>	36.8%	N=95	+3.5%
<i>Have you ever been abused by staff here?</i>	12.6%	N=95	-1.0%

**INMATE GRIEVANCE PROCEDURE (IGP): ACCEPTABLE**

*Evaluation of the inmate grievance procedure<sup>8</sup> includes an interview with the Inspector of Institutional Services, a review of a random sample of informal complaints and grievances, offender survey responses, and data analysis.*

**Access**

The Inspector relayed that orientation is conducted with new staff and offenders to educate on the grievance procedure.

completed. The responses all provided explanations of the investigations or evidence reviewed and professionally addressed the complaints.

**Informal Complaints**

The Inspector relayed that he monitors informal complaints and grievance for timeliness on a daily basis. If the Inspector feels the response was inadequate, they will return the complaint to the staff member for a more thorough review.

**Grievances**

The Inspector relayed that the most frequent grievance topics are relating to healthcare, food service, and shift captain. There were no substantiated grievances filed in the past year for staff retaliation, though there was a substantiated complaint of inappropriate supervision. The FMC Inspector indicated that he does attend executive staff meetings, where informal complaint and grievance trends are discussed and plans developed to address them.

A review of informal complaint responses for timeliness, investigation, and professionalism was

Informal Complaints	Filed	Average # of Days to Answer	Untimely
2018	598	47.82	50 (8.4%)
2019	699	23.26	59 (8.4%)
Grievances	Filed	Average # of Days to Answer	Untimely
2018	149	48.03	35 (23.5%)
2019	188	7.03	29 (15.4%)

Offender Survey Question(s)	Yes	Total Number of Respondents	Change from Previous Inspection
<i>Do you know who the inspector is?</i>	27.1%	N=96	+6.3%
<i>Are you able to get the following: Informal Complaints?</i>	80.2%	N=91	-5.2%
<i>Have you ever felt that staff would not let you use the grievance procedure here?</i>	28.1%	N=96	-2.2%
<i>Do you feel that the following are handled fairly at this institution: Informal Complaints?</i>	23.1%	N=52	+4.0%
<i>Do you feel that the following are handled fairly at this institution: Grievances?</i>	19.0%	N=42	-0.4%

### **OFFENDER DISCIPLINE: GOOD**

*Evaluation of offender discipline<sup>9</sup> includes a review of a random sample of closed RIB cases and the TPU population.*

#### **Caseload**

The most frequent rule violations referred to RIB in 2019 were rules 19 (fighting) and 39 (possession/consumption), of the Inmate Rules of Conduct. Staff reported there were no issues with backlog.

There were 1051 conduct reports submitted in 2019, which was a 21.4% decrease from 2018, which had 1,337. In 2019, 84 conduct reports were for drug or alcohol related offenses and 16 were for fighting or instigation of a fight.

#### **Due Process**

In the 36 closed case reviews, 16 offenders were on the mental health caseload and were screened by

mental health staff prior to the RIB hearing, per policy. Five cases requested witnesses in the cases reviewed, and were approved. The inmate rights form was completed for all cases.<sup>[1]</sup> Confidential information was not used in any reviewed cases.

#### **TPU Population**

Franklin Medical Center does not have a TPU. There were no offenders charged with violations of Rule 23, "Refusal to accept an assignment or classification action". Offenders refuse to lock many times due to threats, debts, concerns for safety, etc. An offender can request protective control, but a risk to their safety must be substantiated.

**REHABILITATION & REENTRY: GOOD**

*Expectation: Prisons will provide access to quality programming and purposeful activities that will ultimately aid reentry.*

<b>REHABILITATION &amp; REENTRY</b>	<b>2018</b>	<b>2020</b>
	<b>GOOD</b>	<b>GOOD</b>
<i>Reentry Planning</i>	<i>Good</i>	<i>Good</i>
<i>Rehabilitative Programming</i>	<i>Good</i>	<i>Good</i>
<i>Family Engagement &amp; Community Connections</i>	<i>Good</i>	<i>Good</i>
<i>Academic Programming</i>	<i>Good</i>	<i>Good</i>
<i>Library Services</i>	<i>Good</i>	<i>Good</i>
<i>Vocational &amp; Work Skill Development</i>	<i>Good</i>	<i>Acceptable</i>

**KEY FINDINGS**

FMC offers a variety of pro-social and rehabilitative opportunities for offenders. Vocational programs yielded low completion numbers in 2019.

**REENTRY PLANNING: GOOD**

*Evaluation of reentry planning<sup>10</sup> includes interviews of staff, document review, and survey responses.*

Staff relayed they conduct resource fairs each year to provide offenders with community contacts. Staff relayed that barriers for offenders to access reentry programming at FMC are program space and scheduling with other areas of the facility. Staff attend reentry coalition meetings in the community to gain resources.

<b>Offender Survey Question(s)</b>	<b>Yes</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>Do you know where you can find reentry information?</i>	37.9%	N=95	-7.5%

**REHABILITATIVE PROGRAMMING: GOOD**

*Evaluation of rehabilitative programming is based on a review of unit-based program enrollment and completion, on-site observations, and review of additional purposeful activities.*

FMC currently has four Reentry Approved programs able to be facilitated by unit staff at the time of this site visit. Group programming is currently suspended due to COVID-19 restrictions. Reentry Approved programs offered at FMC are: Thinking for a Change, Responsible Family Life Skills, Money Smart, and Inside Out Dads. FMC also offers offender groups and unit programs.

<b>Program</b>	<b>Waitlist</b>	<b>Enrollment</b>	<b>2019 Completions</b>
<i>Thinking for a Change</i>	0	0	21
<i>Responsible Family Life Skills</i>	0	5	21
<i>Money Smart</i>	0	6	10
<i>Inside Out Dads</i>	0	Discontinued	13

<b>Offender Survey Question(s)</b>	<b>Easy or Neutral</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>How easy or difficult is it to get into the following activities in this prison? Unit Programs</i>	50.0%	N=76	-0.3%
	<b>Yes</b>		
<i>Have staff talked with you about what programs to take while incarcerated?</i>	32.3%	N=93	-6.9%

### **FAMILY ENGAGEMENT & COMMUNITY CONNECTIONS: GOOD**

*Evaluation of family engagement and community connections consists of review of family-oriented activities, survey results, and data review.*

FMC promotes offender communications with family, friends, and community through mail, email, phones, free envelopes, family days, and holiday celebrations.

FMC reported 6,046 community service hours for 2019, which is consistent with the 6,615 hours reported in 2018. FMC reported having many active volunteers, when not restricted by COVID-19.

<b>Offender Survey Question(s)</b>	<b>Yes</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>Have you had any problems with mail?</i>	41.9%	N=93	-13.6%
<i>Have you had any problems with telephones?</i>	52.6%	N=95	+1.4%
<i>Have you had any problems with visitation?</i>	33.7%	N=89	+9.2%

### **ACADEMIC PROGRAMMING: GOOD**

*Evaluation of the quality of academic programming focuses on data analysis, a document review, direct observation of at least one program, and offender survey responses.*

FMC's education and library work in a collaborative fashion; the department consists of a principal, assistant principal, education specialist, one academic teacher, one career-tech instructor and two librarians in Zone A and B. There are currently no vacancies in the education department. The average ratio of student to academic and career/tech instructors is 12 to 1.

FMC education department offers Pre-GED, GED, ABLE, Literacy, Special Education, Title 1, career technical education/career enhancement program, and apprenticeship programs. Staff relayed that educational opportunities and material are provided to the offenders.

FMC has one teacher who teaches ABE, GED and Pre-GED material, another instructor teaches career-tech programs. It was reported that the academic teacher has been out on disability since April for non-COVID related reasons.

Currently, students are provided packets and meet with teachers for one hour per week to earn their Earned Credit. The institution is slated to get Chromebooks soon for socially distanced learning.

Reading room hours for the children's reading room in visiting are not being reported on the Educational Monthly Report per policy<sup>11</sup>. FMC offers offenders the opportunity to take the Pearson View GED test.

The absence of the academic teacher has proven to be a challenge. If all staff were available to work then they could increase the educational productivity. Staff

related that they are particularly proud of their abilities to get students their GED's due to the population.

Offender Survey Question(s)	Easy or Neutral	Total Number of Respondents	Change from Previous Inspection
<i>How easy or difficult is it to get into the following activities in this prison? Academic Programming</i>	54.4%	N=79	+7.6%

### On-Site Observation

CIIC was unable to conduct an on-site observation due to the virtual nature of this inspection.

### LIBRARY SERVICES: GOOD

*Evaluation of literacy development focuses on data analysis, a document review, and library access.*

#### Library Facilities

Staff reported that the library currently has a seating capacity of approximately eight offenders. There are also satellite libraries in-unit.

The total number of computers in the FMC libraries is eight: five Lexus Nexus, one Word Processor and two Ohio Means Jobs computers. All machines were reported to be operational at the time of inspection.

The library did reflect having secondary educational materials, ethnic/urban books and books in foreign

languages such as Spanish, and (some) in French and German.

The last library advisory meeting was held on November 2019, which is not in compliance with policy.<sup>12</sup>

#### Library Access

Due to COVID restrictions physical access to the library is closed but offenders may kite the Librarian for desired materials. Lexus Nexus is also made available to them on provided GTL tablets.

### VOCATIONAL & WORK SKILL DEVELOPMENT: ACCEPTABLE

*Evaluation of the quality of vocational and work skill development and programming focuses on data analysis, a document review, and offender survey responses.*

Apprenticeship Programs	Waitlist	Enrollment	2019 Completions
<i>Janitorial</i>	0	39	9
<i>Material Coordinator</i>	0	2	-
<i>Animal Trainer</i>	0	2	1
<i>Landscape Management</i>	0	2	-
<i>HVAC</i>	0	1	-
<i>Maintenance</i>	0	1	1
<i>Materials- Recovery</i>	0	1	-

**Programming**

FMC currently has 48 apprentices enrolled in the following Apprenticeship programs: Janitor, Material Coordinator, Animal Trainer, Landscape Management, HVAC, Maintenance and Materials- recovery.

<b>Offender Survey Question(s)</b>	<b>Easy or Neutral</b>	<b>Total Number of Respondents</b>	<b>Change from Previous Inspection</b>
<i>How easy or difficult is it to get into the following activities in this prison? Vocational Programming</i>	40.3%	N=77	+2.9%

**FISCAL ACCOUNTABILITY: GOOD**

*Expectation: Prisons will responsibly utilize taxpayer funds and implement cost savings initiatives where possible.*

<b>FISCAL ACCOUNTABILITY</b>	<b>2018 GOOD</b>	<b>2020 GOOD</b>
<i>Fiscal Wellness</i>	<i>In Need of Improvement</i>	<i>Acceptable</i>
<i>Environmental Sustainability</i>	<i>Exceptional</i>	<i>Good</i>
<i>Staff Management</i>	<i>Good</i>	<i>Good</i>

**KEY FINDINGS**

FMC decreased the cost of each utility, and overall utility costs.  
Recycling programs had a high number of graduates and generated revenue.  
Separation rates at FMC exceeded the DRC average.

**FISCAL WELLNESS: ACCEPTABLE**

*Evaluation of fiscal wellness includes a document review of the institution budget status report, fiscal audits and an interview of staff regarding the implementation of cost saving initiatives, both those required by policy and those independently developed by staff.*

<b>Budget Overview</b>	<b>Amount</b>	
The FY 2020 FMC allocated budget decreased by 3.4% from their FY 2019 budget.	2020 FY	\$66,310,466
	2019 FY	\$68,637,197

**Fiscal Audits**

In their most recent Internal Management Audit, FMC was compliant on seven of nine applicable Ohio mandatory standards for an overall score of 77.8%.<sup>13</sup> The External Auditor found no observations nor concerns.

**Overtime Management**

	<b>FY 2018</b>	<b>FY 2019</b>
<b>CO Overtime</b>	6,625,499.57	6,243,902.51
<b>Total Overtime</b>	9,423,113.13	8,847,877.04

**Infrastructure**

The following capital improvement requests were submitted for future consideration:<sup>14</sup>

<b>Project</b>	<b>Amount</b>
Floor and drain renovation	\$1,024,053
Electric Renovation Project	\$2,146,522
Tuck Point, Sealing and Caulking	\$2,031,160
Chiller Replacement Zones A&B	\$523,812
Door Control Renovation-Zone A	\$737,035
	<u>\$6,462,582</u>

**ENVIRONMENTAL SUSTAINABILITY: GOOD**

Evaluation of environmental sustainability includes a document review of the utility bills and an interview of staff regarding the implementation of cost saving initiatives, both those required by policy and those independently developed by staff.

**Utility Conservation<sup>15</sup>**

Overall, FMC decreased their total utility costs by \$45,529 (-6.1%) in FY 2020. The most significant cost decrease was in natural gas (-18.0%) followed by water (-9.4%). FMC slightly increased the usage of natural gas and electric, although both utility costs

decreased. The most significant utilization increase was for electric (+5.5%).

The FY 2019-20 utility consumption and costs comparisons are illustrated in the following chart:

Energy Type	FY 2019	FY 2020	Change
Water (gal)	23,113,309 gal	20,271,535 gal	-12.3%
	<b>\$245,749</b>	<b>\$222,629</b>	-9.4%
Natural Gas (ccf)	157,531 ccf	158,521 ccf	+0.6%
	<b>\$96,033</b>	<b>\$78,701</b>	-18.0%
Electric (kwh)	4,400,926 kwh	4,643,958 kwh	+5.5%
	<b>\$405,668</b>	<b>\$400,591</b>	-1.3%
<b>Total Costs</b>	<b>\$747,450</b>	<b>\$701,921</b>	-6.1%

**Recycling**

In FY 2020, recycling projects resulted in \$3,039 of revenue. FMC has offender re-claimers specifically trained in recycling. Staff reported that FMC received a grant for waste reduction that has been used to purchase recycling containers and composting bins. They plan to work with offenders in the future regarding recycling and composting.

No participants are currently enrolled in the Roots of Success<sup>16</sup> environmental literacy program, with five on the waitlist. There were 199 completions in 2019.

**Sustainability Audit**

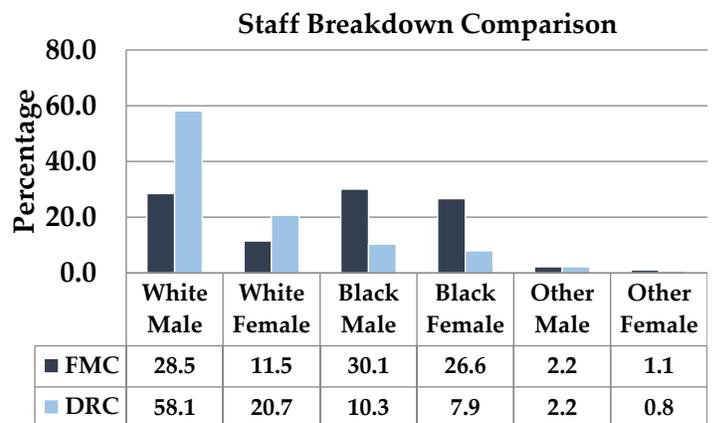
FMC conducted a sustainability audit which outlined additional energy conservation and waste reduction initiatives from FY 2020. The institution is finishing up an LED conversion project and have been working on various capital projects concerning energy costs.

**STAFF MANAGEMENT: GOOD**

Evaluation of staff management includes a data review and staff interviews regarding overtime management, turnover ratio, morale, training, and evaluations.

**Staff Demographics**

As of December 2020,<sup>17</sup> FMC had 548 total staff including 338 correctional officers (61.7%). Of the total staff, 60.8% were male and 39.2% were female. Additionally, 40.0% were classified as white, 56.8% were classified as black, and 3.3% were classified as individuals of another race. As of December 2020, the offender-to-officer ratio at FMC was 1.1to-1 which is substantially lower than the DRC ratio of 6.1-to-1.<sup>18</sup>



**Workplace Environment**

CIIC interviewed 10 correctional officers who provided the following insight regarding the FMC workplace environment: Most officers rated both staff and offender safety as “High” on a 5-point scale. Staff were mixed on their ratings of morale.

Staff are offered appropriate PPE equipment such as gloves, and masks. Equipment such as gowns, face shields and n-95 masks are made available to those who may interact with positive offenders. Hand sanitizer and gloves are also available throughout the facility.

**Vacancies**

On the day of the inspection, FMC reported 44 total vacancies. Of the total vacancies, 16 were correctional officer positions.

**Recruiting and Retention Initiatives**

According to staff, recruitment at FMC included attending job fairs prior to COVID-19, and online posts. New recruits are given On the Job Training (OJT) for their first five weeks of employment.

Recruits are paired with more experienced employees and shadow them throughout the training period. It was reported that new recruits usually have difficulty with balancing personal and work life, but having a OJT coach is helpful.

**Evaluations**

In CY 2019, FMC staff completed 99.2% of their 478 performance evaluations.

**Training<sup>19</sup>**

The FY 2020 FMC mandated training completion rates<sup>20</sup> consisted of the following:

- CPR/First Aid: 99%
- Defense Tactics: -%
- E-Learning: 100%
- OC-Spray: 99%
- Firearms 99%
- PREA 99%

Non-completions were result of extended medical absences and COVID-19 restrictions.

**Turnover Ratio**

	FMC Total Separations	FMC Rate	Total State Institution Separations	State Institution Rate
FY 2017	66	13.0	1,283	11.8
FY 2018	57	12.7	1,325	12.1
FY 2019	92	16.9	1,437	13.1 <sup>21</sup>

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<sup>2</sup> Disturbances are defined as any event caused by four or more offenders that disrupts the routine and orderly operation of the prison.

<sup>3</sup> In accordance with DRC 70-RCV-05, the Quality Improvement Committee shall review quality improvement activities to include utilization review, peer review, clinical review, and credentialing.

<sup>4</sup> Each offender is screened using an assessment tool for the need for addiction services, and is assigned a number associated with a recovery services level. This number indicates the degree to which offenders are in need of addiction services. Offenders are scored from zero to three; zero indicating no need of services, to three indicating chronic need for addiction services. This number is determined through completion of a need for services assessment that gives an overall score resulting in the assignment to one of the recovery services levels. Offenders who score either two or three are most in need of treatment; thus, they should be prioritized for programming.

<sup>5</sup> Indoor recreation facilities consist of a full court gymnasium, stationary bikes, dip/pull up bars, stationary benches and tables, and an abdominal station. Outdoor recreation consists of a track on the inner perimeter, dip/pull up stations and multiple basketball courts.

<sup>6</sup> DRC 77-REC-01 states the permitted recreational activities per security level.

<sup>7</sup> The recreation department has up to 10 movies at a time and are rotated every three months. Movies are played Friday through Sunday. Offenders have cable in their rooms so they are able to watch approved programming. DRC policy 77-REC-01 outlines the Recreation and Leisure Time Activities.

<sup>8</sup> Pursuant to Section 103.73 of the Ohio Revised Code, the CIIC is required to evaluate the inmate grievance procedure at each state correctional institution. The inmate grievance procedure is a three-step process by which offenders can document and report concerns to multiple levels of DRC staff.

<sup>9</sup> Offenders charged with a rule infraction are given a conduct report (also known as a ticket). All conduct reports are first heard by a hearing officer; if the offense is a minor offense, the hearing officer may dispose of it himself. More serious offenses must be referred to the RIB, which is a two-person panel that conducts a formal hearing, including witness testimony and evidence.

<sup>10</sup> The inmate rights form asks whether the offender waives the 24 hour notice, the presence of the charging official at the hearing, and the presence of any witnesses. The form also asks the staff completing the form whether he or she believes that the offender needs staff assistance.

<sup>11</sup> Reentry planning requires pervasive attention to individualized details from the first day of incarceration through the post-release period. Effective reentry planning is crucial for a successful reintegration into society. The inspection considers the amount and types of offender access to unit programs and purposeful activities, offender contact with local community representatives, and staff accountability related to reentry processes and unit life.

<sup>12</sup> DRC 76-VIS-04 states that reading room coordinators shall submit a monthly report to the Ohio Central School System Literacy Coordinator using the Education Monthly Report Form (DRC2311).

<sup>13</sup> DRC 58-LIB-03 outlines to guidelines for the creation and duties of the Library Advisory Committee.

<sup>14</sup> Department of Rehabilitation and Correction Office of Administration Bureau of Internal Audits, Franklin Medical Center, Report of Audit for Period. All Local Funds: July 1, 2017 through May 31, 2019. Audit conducted June 10, 2019 through June 12, 2019. Report Finalized: December 13, 2019.

<sup>15</sup> The capital improvement requests were submitted for FY 2021 through FY 2022.

<sup>16</sup> The DRC established a goal for each institution to reduce its annual utility costs by five percent. Natural gas, water and electricity are the primary utilities targeted for reduction of use.

<sup>17</sup> According to the Roots of Success website, the Roots of Success is an activity-based curriculum that is facilitated by an instructor and taught in a classroom setting. The purpose of the program is to prepare offenders adults to become professionals and leaders who can access good green jobs upon release by improving environmental and social conditions in their institutions.

<sup>18</sup> DRC Monthly Fact Sheet, December 2020 <https://www.drc.ohio.gov/Portals/0/December%202020.pdf>

<sup>19</sup> DRC Monthly Fact Sheet, December 2020 <https://www.drc.ohio.gov/Portals/0/December%202020.pdf>

<sup>19</sup> DRC required 40 hours of in-service training for custody staff (all non-clerical/support designated staff) and 16 hours in-service training for non-custody (clerical/support staff). According to DRC policy, 39-TRN-02 (“In-Service Training”), the prisons are mandated by the CTA to ensure custody staff receives annual re-certification training on the following topics: firearms, unarmed self-defense, CPR/First Aid, and in-service training. Institutions are only mandated to take CPR every other year. These topics are derived from Administrative Regulations, Legislative/Judicial Requirements, ACA Standards, DRC policies, and/or other Department Training Advisory Council recommendations. The goal of each institution is for all required staff to complete 100% of their required training by the end of each fiscal year.

<sup>20</sup> Reasons for non-completion include: non job requirement and extended leave.

<sup>21</sup> (C. Lambert, personal communication, March 2020).