CORRECTIONAL INSTITUTION INSPECTION COMMITTEE REPORT:

INSPECTION AND EVALUATION

OF THE

CORRECTIONS MEDICAL CENTER

April 12, 2010

Prepared and Submitted by

Correctional Institution Inspection Committee Staff

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INSPECTION PROFILE

Date of Inspection:	November 5, 2009
Type of Inspection:	Unannounced
CIIC Member and Staff in attendance:	Shirley Pope, CIIC Director Toni Del Matto, Inspector Adam Jackson, Inspector
Facility Staff Present:	Rod Francis, Administrator

Areas and Activities included during the Inspection:

Pre-Inspection Meeting
Administrative Building
Inmate Dining Hall
Kitchen/Food Prep Area
Clinic
Staff Listening Session
Short-Term Housing Unit
Long-Term Housing Unit
Female Housing Unit
Law Library
Recreation

INTRODUCTION TO QUESTIONNAIRES

Two questionnaires were developed by CIIC for use on inspections from 2007 to the present. One of the questionnaires is based on selected sections of *Expectations*, which contain inspection criteria used by the British Inspectorate. These *Expectations* were the subject of one of the presentations at an international conference on effective prison oversight in 2006. They are reported to be consistent with international standards for adult incarceration. The purpose of gathering information on the extent to which Ohio correctional institutions are similar or different from selected sections of Expectations is twofold: To identify possible areas in need of improvement, and to identify possible means of addressing reported areas of concern.

The second questionnaire is based on the 16 recommendations of the Ohio Correctional Faith-Based Initiatives Task Force. The purpose of the questionnaire is merely to gather information on the extent to which progress is being made in implementing the recommendations. Brief, handwritten responses to the questions by any staff person knowledgeable of the subject, were requested.

To avoid burdening any one staff person at the facility with the task of responding to the entire questionnaire, sections and subsections identified by topics were separated and stapled, ranging from one to three pages each. The Warden could choose to give each section or subsection to a

different staff person who is knowledgeable in the particular area. Very brief responses, such as "yes", "no" and/or explanations, indicating the extent to which the facility's practices are similar or different from Expectations, were requested. Completed questionnaires were requested to be returned to the CIIC office within ten days of the inspection.

EXPECTATIONS

The Expectations are self-described as a tool for examining every aspect of prison life, from reception to reentry. The expectations draw upon, and are referenced against, international human rights standards. The Inspectorate's four tests are:

- **Safety**
- **Respect**
- **Purposeful Activity**
- **Reentry**

These are increasingly accepted internationally as the cornerstones of a "healthy" custodial environment, providing consistent criteria in a system that is increasingly under pressure and subject to conflicting demands. *Expectations* have been used as the basis for an independent and evidence-based assessment of conditions in prisons. Its content and approach have proven to be helpful to those who are monitoring and examining prisons in other jurisdictions. *Expectations* consist of eight sections and subsections. Sections included in the questionnaire are provided below:

Environment and Relationships:	Residential Units: Overview Residential Units: Clothing and Possessions Residential Units: Hygiene Staff – Prisoner Relationships
Duty of Care:	Complaint/Grievance Procedure Bullying and Violence Reduction Self-Harm and Suicide
Activities:	Learning and Skills and Work Activities Library
Good Order:	Security and Rules
Services:	Food Services

The questions and responses to *Expectations* are inserted in the relevant subject area included in this report. The questions and responses to the Correctional Faith Based Initiatives Task Force recommendations are provided at the end of the report.

INSPECTION SUMMARY

On December 9, 2009 the CIIC Director provided the following inspection summary to the DRC Assistant Director and CMC Administrator. Although the goal is to complete the full inspection report within 30 days of the inspection, the volume of inspections conducted in the time period, a total of 17 from August 2009 through January 2010, caused an unavoidable delay in the completion of the full report in this instance.

Verbal communication to the facility administration is always provided at the closing immediately following the inspection prior to leaving the institution. The purpose of the closing is to ensure that any serious issue or concern is shared with the Warden who has the authority to determine the facts and to take any corrective action found warranted. The detailed written inspection summaries serve to provide prompt, yet more detailed communication to the Warden and key DRC central office staff for their information and evaluation.

In the December 9, 2009 communication from the CIIC Director to the DRC Assistant Director, the following was relayed:

> Sincere regrets for the unavoidable delay in completing the CMC inspection summary. The inspection was one of the most serious and meaningful that I can recall. We took the time needed to ensure that the summary is thorough. Staff were extraordinary and the facility was extremely clean and well organized.
>
> The most serious concern which I hope is carefully reviewed, relates to the medical staff's assessment of the impact of the brunch on the patients. They made a strong case in the group discussion that CMC should be exempt from the brunch. Trips to the emergency room were reportedly attributed to the medical consequences of the brunch and the inmates' inability to keep their medication down on an empty stomach.
>
> The other concern relates to the safety and security aspects of the holding cells/rooms where too many inmates and lack of space apparently cause inmates of different classification to be housed together. Suggestions are offered for consideration. Please see the attached:
>
> On November 5, 2009, the CIIC Director and two Inspectors conducted an unannounced inspection of the Corrections Medical Center. Senator Ray Miller, CIIC Member, expected to attend, but was unable to do so.
>
> CMC staff were extremely courteous, accommodating and helped to make the inspection a thorough and meaningful one. Staff throughout the facility demonstrated dedication, a positive attitude and high motivation towards their work. The following is a summary of the inspection findings:

Entry:

- The compact processing area was extremely clean, which set the tone for the entire institution. The staff member at the entry desk was very courteous and maximized the ease of processing into the facility.

Staff Diversity:

- CMC reportedly has the most diverse staff in the state, with minorities comprising 52 percent of their employees. A review was made of the Monthly Fact Sheet, ODRC Workforce Composition, October 1, 2009 regarding CMC. Of their total 477 staff, 49.5 percent are African American, 48 percent are Caucasian, and 2.5 percent are "other." Of the 195 male officers, 57.9 percent are Caucasian, and 40.5 percent are African American. Of their 74 female officers, 63.5 percent are African American, and 35.1 percent are Caucasian.

Staff Inter-Cooperation

- Staff relayed that CMC is unique in that there is a "good, cohesive relationship between custody, medical and mental health staff." It was cited as a priority of supervisory staff, and involves listening to everyone, showing respect, and following through.

- One supervisor relayed that some professionals look down at non-professionals, but at CMC, "We are respected partners who appreciate our differences. We listen."

Staff Vacancies:

- The facility is currently down 13 Corrections Officers, but they have received permission to fill seven of the vacancies. Staff also relayed that they are current with hospital aide positions.

- The facility reportedly uses very limited contract staff to fill positions. It was relayed that the Dentist is contractual, but all the nurses at the facility are civil service employees.

Staff Loss and Policies and Procedures: Staff Communication

- "We have policies and procedure that apply, for example to the monitoring duties of the Deputy Warden. Due to budget cuts, we have no such position, yet we still need to police the areas."

- "Staff loss has had a dramatic effect. All staff are taking on more responsibilities. Some are wearing four or five hats."

- "Things are not going to be perfect under these circumstances. They should look at what they are cutting and what is still being required."

- "We increased programming in life skills and are juggling for space. We have very little space. "

Inmate Population

- Corrections Medical Center provides short-term medical services for 100 inmates who require care beyond that available at their parent institution. Staff relayed that the short term patients are expected to get better. The facility has 50 long-term patients who are very ill and who have medical and physical limitations. They are permanent residents of CMC because they require care that cannot be provided at their parent institution.

- The first floor clinics are located on the first floor, while the cadre and long term patients are on the second floor. The third floor houses short term patients.

- One of the challenges for staff is the need to communicate and interact with inmates of all security levels, from level 1A (minimum) through level 5B (high maximum) and death row. Inmates system-wide, both male and female of all security levels come to CMC for medical purposes. It also serves as the transportation hub for the entire prison system. Staff relayed that the general operation of CMC goes well for all its different missions.

- Staff relayed that while the inmate work cadre have many benefits or advantages in being assigned to CMC, the problem or down side is that it is "confining." Based on observations throughout the facility, and comments of the work cadre, they do an excellent job in cleaning and filling essential institutional needs. Those who have received training and are personally involved with the dying inmates in the hospice reflect the positive character of many of the inmates in the work cadre. Numerous members of the work cadre expressed appreciation for their placement at CMC based on their experience at previous prisons. Comments reflect appreciation in their safety and in the safety of their property.

Perceptions of Treatment:

- Staff at the nurse station discussed the inmates and their work at CMC. One relayed, "They're all special." Based on all observations, this was reflective of the CMC staff overall, creating a caring atmosphere.

- One patient room had a large sign at the entry door that read, "Hard of hearing." This was appropriately praised by administrative staff, citing that other staff took the initiative to alert other staff to the inmate's impairment.

- One inmate relayed that, "Treatment is shitty." He stated that he is from Pickaway Correctional Institution and "I don't want to be here." He said that he would write CIIC to explain the concerns in detail. However, the CIIC database shows no letters from inmates from CMC were received following the inspection date. There was one letter received on September 30, 2009 from the mother of an inmate. It was alleged that in her son's seven years at CMC he has been to OSU Hospital four times with line infection and reportedly nearly died from the last one. According to the database summary, he also relayed that "medical staff make careless mistakes such as giving him TPN (Special IV fluid) long past its expiration date, almost giving him another inmate's TPN, not using alcohol to clean tubing connections, and changing the central line dressing incorrectly or

not as often as it should be done. Allegedly, "sometimes there are not even paper towels available so the nurses can wash their hands between patients."

- One inmate patient relayed that when he was placed in segregation at the London Correctional Institution for extortion, the officers took his brace, though he reportedly tried to tell them that the medical staff ordered the brace. He later fell and reportedly now needs more surgery. He expressed frustration that the problem was not prevented by communication between security and medical staff at the London Correctional Institution.

Staff/Inmate Interaction:

- The atmosphere was relaxed. There was no apparent tension.

- CMC staff appropriately view their inmates as patients, many with serious medical needs, and accept responsibility to meet those needs.

- CMC staff appeared to genuinely care for the sick prisoners, and were eager to offer suggestions about how to improve the environment for inmates.

Brunch Alarm:

- Staff expressed extremely serious concern regarding the weekend brunch schedule that is in effect for inmates statewide. CMC is a unique institution in that it is a medical facility and many inmates need to take prescribed medication with their food. Since only two meals are provided per day on weekends, inmates have to take their medication in the mornings on an empty stomach. CMC medical staff expressed their strong opinion that their institution should be exempt from the weekend brunch menu, and that their patients should be provided with three meals per day, seven days per week to accommodate the medical needs of the inmates. It was also noted that there is a cost associated with replacing the medication the inmates throw up due to lack of food in their stomachs, and the cost of medical care from episodes resulting from not being able to keep their medication down, all because of the brunch. Reference was made to costly trips to the emergency room that have resulted from complications stemming directly or indirectly to the brunch.

- Medical staff relayed, "We should be excluded. Our inmates get no commissary. They eat at 5:30 pm, then not until 11:30 am. They get their meds at 8:00 am and throw them up." Another staff person relayed that only the third floor cannot get commissary. Additional staff relayed that they do provide a snack lunch like the other institutions for those with diabetes. They repeated, "I think we should be excluded from the brunch."

- Additional staff relayed:
  1. *"We should be cost effective and advocate for long term patients on two."*
  2. *"You're wasting money at OSU by not feeding the inmates! You can't give them a banana over 24 hours!"*

3. *"The brunch is not working here. It's not cost effective. Look at the cost of just one time to the ER. We need to remember we're a medical center and need to change the brunch here."*

- *It is strongly recommended that the brunch concept be re-evaluated from a medical standpoint and cost savings standpoint without delay. CIIC staff have received similar accounts from inmates at other institutions regarding their inability to take their medication without food, their inability to buy food in the commissary, and chronic patients who are convinced that the brunch has had a negative effect on their system. With the reports from the medical staff at CMC that inmates throw up their medication and have been taken to the emergency room, such warrants immediate inquiry and action. It is suggested that at a minimum, as is done in any hospital, if medication should be taken with food, food should be provided to the patient.*

Food Services:

- The dining room is extremely small, with three tables and chairs around the tables. Cadre inmates are the only inmates that use the dining room. The area was clean. The short and long term inmates received meals in their rooms.

- Lunch was described as "delicious," and consisted of two hot dogs, cabbage, potatoes, corn, banana, two slices of white bread, ketchup, mustard, salt and pepper, milk, and juice. The lunch was one of the best lunches consumed during CIIC's 2009 inspections. The hot food was hot, the taste was good, and the serving size was adequate.

- Inmates in the clinic are provided with a bagged lunch, which consisted of two peanut butter and jelly sandwiches, raisin cookies, an apple, and milk on ice.

- The kitchen floor shined and the entire area was very clean and well organized, as were all storage and coolers. Chemicals and tools were properly secured behind a solid locked door. Security was enhanced by a shadow board and chit system. The coolers were clean and had a pleasant, clean scent. All contents were dated, properly stacked and rotated by date. Although the third cooler contained eggs dated 9-29-09, facility staff relayed that eggs and milk are still good, way beyond the "best if used by date," as long as it is refrigerated. Staff relayed that they do not use the OPI bagged milk. Instead, they purchase milk in cartons, which is much easier for the sick inmates to open and is easier to distribute with the bagged lunches served in the clinic.

- Inmate workers as well as facility staff all were in good spirits. Morale was considered to be good. All are wearing hats and gloves.

Food Services Equipment Repairs:

- Staff expressed concern regarding the lack of funds to fix food services equipment. One of the kettles in the kitchen was reportedly out of order for three days before the availability of funds was verified to fix the kettle. One of the kettles is not working now.

The concern of staff is the amount of time it would take to repair larger equipment that requires more expensive parts.

Wheelchairs, Equipment:

- According to staff, "We need equipment that works and is up to date. Wheelchairs, hospital beds that are working, tables that are working. PCI used to have all kinds of wheelchair parts. Why can't we get access?"

- Staff relayed that in the past someone wanted to donate wheelchairs, but the offer was declined reportedly because it was "too much work." The CMC Administrator indicated he had no knowledge of any such offer. It is suggested that an inquiry be made to determine if there are unnecessary difficulties in accepting donations, so that such can be addressed.

Hospice for Women:

- Concern was expressed by facility staff about the need for improvements in hospice care for terminally ill women, based on a comparison of what is provided for the men.

- Staff relayed, "We have no hospice for the women. We have no program. Men are in a different room, have different rules, and the men on visit can be away from everyone else." One added, "It breaks my heart to see the women."

- Staff relayed that the women do not receive the same level of care because there is no female work cadre. They have had two volunteers in the last two years. They have four permanent patients and one hospice patient. Staff are trying to get volunteers for the females. In an effort to assist, CIIC staff have already referred two volunteers to the CMC Chaplain, one who is an RN and fully trained in Stephen Ministry.

- Terminally ill male inmates are able to receive assistance from other male work cadre inmates that have been trained in Stephen Ministry. Since there are no female cadre inmates at CMC that could be trained in Stephen Ministry, they have been unable to accommodate the female hospice population.

- *Due to the close proximity of the Franklin Pre-Release Center (FPRC) to CMC, consideration should be given to the possibility of using specially selected FPRC inmates to receive training in Stephen Ministry so they could help to serve the female hospice population at CMC. Since CMC provides general dentistry services to FPRC inmates, female inmates are already routinely transported from FPRC to CMC several times per week for dental care.*

C.A.R.E. Hospice for Men:

- C.A.R.E. is the hospice program for male inmates with six months or less to live and are receiving no curative treatment. The hospice program includes two specialized rooms for those within six months of death and for whom there are no curative efforts. Two inmates shared one of the hospice rooms. One bed had an impressive special therapy support that prevents bed sores. Staff indicated that the innovation has been available for about ten

years. It prevents the need to keep turning a bedridden patient that otherwise is necessary to prevent bed sores.

- Staff relayed that the typical rules go out the window when dealing with the inmates receiving hospice care. That is, the staff make every effort to meet their needs, such as providing the food that they like, and accommodating visitors whenever they can come.

- It was also relayed that when an inmate is within one week of death, a vigil is started for the inmate. Other male inmates trained in Stephen Ministry accompany the terminally ill inmate through the dying process. Staff relayed that they have had good results with the process.

- The floor in which the hospice is located provides a dayroom complete with fish tank, books and television. The area was clean, neat, and orderly. The CIIC memo is posted.

Imminent Danger of Death Release:

- Staff relayed that House Bill 130 made it more difficult for inmates in imminent danger of death to be released. Provisions in House Bill 130 reportedly "puts shackles on" staff. Staff relayed that the legislation was an effort to open up compassionate release, yet the new law actually made it more restrictive. They also relayed that when legislators wrote the law, they provided criteria that is tough on crime. Such release is considered a major challenge, and staff commented that society is not welcoming. Staff relayed that the quickest way to obtain such release is through the sentencing judge. Patients reportedly do not qualify for imminent danger of death if they are receiving any curative treatment, regardless of one's chance of survival.

- Based on the above concerns, a review was made of the statutory language regarding imminent danger of death release. House Bill 130 became effective on April 7, 2009. Chapter 2967.05 requires DRC to adopt rules pursuant to Chapter 119 of the ORC to implement the definition of "terminal illness," and requires the APA to adopt rules pursuant to section 119.03 of the ORC to establish the procedure for medical release of an inmate when an inmate is terminally ill, medically incapacitated, or in imminent danger of death. *Administrative Rule 5120:1-1-40 titled "Parole of Dying Prisoner," which is posted on the DRC website, is dated May 21, 2006 and therefore does not incorporate the language of enacted House Bill 130. The corresponding DRC policy (66-ILL-01) similarly has an effective date of November 17, 2007. This is an opportunity for DRC staff to update the administrative rule and policy, and to communicate recommendations for changes in the statutory language based on the experience since the effective date of the new language.*

- On January 23, 2009, based on a legislative inquiry to the CIIC, data was requested on the number of inmates who have been released from prison due to being in imminent danger of death. *It was reported that only one inmate was released from CMC through the Governor's office due to being in imminent danger of death in 2008 and no such releases occurred in 2007.*

- The relevant section of enacted HB 130 provides that:
    - Upon the recommendation of the DRC Director, accompanied by a certificate of the attending physician that an inmate is terminally ill, medically incapacitated, or in imminent danger of death, the *Governor* may order the inmate's release as if on parole, reserving the right to return the inmate to the institution pursuant to this section…

    - "Medically incapacitated" means any diagnosable medical condition, including mental dementia and severe, permanent medical or cognitive disability, that prevents the inmate from completing activities of daily living without significant assistance, that incapacitates the inmate to the extent that institutional confinement does not offer additional restrictions, that is likely to continue throughout the entire period of parole, and that is unlikely to improve noticeably. "Medically incapacitated" does not include conditions related solely to mental illness unless the mental illness is accompanied by injury, disease, or organic defect.

    - "Terminal Illness" means a condition that satisfies all of the following criteria:
        - The condition is irreversible and incurable and is caused by disease, illness, or injury from which the inmate is unlikely to recover
        - In accordance with reasonable medical standards and a reasonable degree of medical certainty, the condition is likely to cause death to the inmate within twelve months.
        - Institutional confinement of the inmate does not offer additional protections for public safety or against the inmate's risk to reoffend.

    - No inmate is eligible for release under this section if the inmate is serving a death sentence, a sentence of life without parole, a sentence under Chapter 2971. of the Revised Code for a felony of the first or second degree, a sentence for aggravated murder or murder, or a mandatory prison term for an offense of violence or any specification described in Chapter 2941. of the Revised Code.

Specialists' "Orders":

- According to staff, many inmates have expressed concern that they are not receiving the appropriate medicine for their condition. A predominant concern is that inmates who receive recommendations from OSU Doctors believe that the CMC staff are required to comply with their recommendations. According to staff, CMC Doctors re-evaluate the patient and re-assess the need for them to be on the recommended drug. CMC Doctors inform the inmate that the recommended drug must be on the formulary.

- *The contacts and reported concerns to CIIC include many system-wide who relay situations in which the institution doctor referred them to an OSU specialist who makes a treatment recommendation (medication or otherwise) that is then not followed by the institution doctor. Some inmates have pointed to such referrals as a waste of money and purposeless, while others understandably believe that specialists' diagnosis, testing and treatment decisions should be followed, since they are the "experts." This issue has long*

been a reported concern that periodically has been addressed through the DRC Medical Director's communication to the OSU specialists to ensure that recommendations are within the parameters of prison medical services. With the reported turnover of OSU specialists and students, it is suggested that the communication needs to be in writing and disseminated to all involved in making recommendations. When an institution doctor does not follow the specialist's recommendation, a clear explanation as to the reason should be communicated to the inmate.

Heroin Dependent, Pregnant Inmates:

- Staff relayed that there is a disturbing increase in heroin dependent, pregnant inmates.

- Some judges who suspect an offender is using drugs while they are pregnant, will reportedly sentence the woman past their expected due date, assuming that they will be free of drugs when they deliver the child. However, detoxification for heroin is so intense that it would result in a spontaneous delivery. Therefore, heroin dependent, pregnant inmates are maintained on methadone until the baby is born, after which the mother is detoxified. The babies are born dependant to the methadone, and must stay in the hospital from 30 days to six weeks until their bodies slowly detoxifies from the Methadone. The mother is returned to CMC, and their medication is slowly tapered down until they no longer need the Methadone. *Consideration should be given to providing relevant factual information to Ohio judges so that it is taken into account in the sentencing decision-making process.*

- Staff relayed that the Corrections Medical Center currently has two or three heroin dependent, pregnant inmates, but they have had as many as five.

- One of the inmates who recently returned from having her baby was being tapered off Methadone. She reported that she was doing well with the reduced dose of the medication, but was experiencing some depression after giving birth.

Mental Health Services:

- Staff commented that they serve all security levels and mental health levels.

- Staff relayed that ever since the *Dunn* decree was lifted, there has been an erosion of mental health services system-wide. The *Fussell* medical suit has been the reported focus in contrast to the former focus on mental health services due to *Dunn*.

- Staff relayed that of greatest concern is that the formulary of mental health medication is incredibly restrictive, driven by a lack of funds. Although staff can make application for exceptions, it is very managed, and slows the process. A Committee of the Bureau of Mental Health and Medical Services meets annually. Staff relayed that the morning of the inspection, there was an emergency. "We needed a quick alternative medication that is not in formulary. "

- The mental health Caseload at CMC includes 28 patients diagnosed with Serious Mental illness.

"Cutters":

- Staff discussed the inmates who harm themselves, often referred to as "Cutters," including those who come from the Southern Ohio Correctional Facility. Concern was expressed that the new cutters program went by the wayside due to lack of funding. Cutters are regarded as a "big problem." It was relayed that Oakwood Correctional Facility currently has no cutter program because with all of the budget cuts, they were not able to staff it properly. Staff relayed that cutters are typically borderline, who are experts at splitting staff. Therefore, they need highly trained staff to work with them.

- At CMC, staff relayed that "we get all kinds of inmates with self injurious behavior. One has had so many surgeries, he has to wear a bag. We have succeeded in stopping the behavior, but the patient is now being treated for an infection."

- Staff relayed that inmates are still eating bedsprings. Some reportedly have mental illness and are unable to control the behavior. Some reportedly hurt themselves for secondary gain. Some are reportedly provoked into such behaviors.

- Mental Health services is reportedly reorganizing programs system-wide so that there will be "Centers of Excellence," specializing in certain illnesses, one of which will be for self-injurious behavior. Treatment reportedly must be "very intensive."

- One inmate is reportedly so intensely suicidal that within six months, he has been to the emergency room 30 times. He has also been to the Oakwood Correctional Facility.

Unlocked Patient Doors:

- Security staff relayed concerns about all of the unlocked doors in the medical unit. On the third floor, rooms for level one and two are reportedly not locked, but rooms for level three and four are locked. Single cells are all locked.

- Reportedly, the rooms are unlocked because in the event an emergency occurs, the medical staff would otherwise have to wait for officers to unlock the door. In the past, the medical staff did not have immediate access to inmates' rooms to provide emergency medical treatment. Staff relayed that four to five years ago, all doors were locked and the officers had accountability. However, with only one officer available, nurses could not get in and out of the rooms when needed.

- Nurses reportedly go in and out of the rooms all day, and there is "No accountability." There is reportedly only one officer on duty, one officer per wing plus a floater. Staff indicated that nine officers cover 34 per hall. They added that one solution is to increase the number of officers.

Students/Interns:

- Staff expressed concern regarding the safety of the nursing students when they visit CMC. According to staff, the nursing students are free to walk around the institution to observe the CMC staff. Reportedly, the students are accompanied by a staff member.

However, some staff relayed that they have seen students walking freely around the facility.

- Medical staff relayed that at CMC, safety comes first. Staff relayed that students and interns are "just walking around." They reportedly receive instruction and are "supposed to be observing and practicing."

- Staff believe that there is no safety and security training provided for the nursing students who are doing their clinical at CMC. Such training was a suggested area of need, as well as the implied recommendation for more coordinated supervision of the students and interns by the CMC staff.

Holding Cells:

- CMC is reported to be the hub for all transfers system-wide. Staff relayed that transport is on buses and vans, and that the inmate's property is placed in the body of the bus. There was no reported problem regarding property loss.

- There were 149 inmates in holding cells on the day of the inspection, though staff relayed that there are usually 160. The holding area was clean. The holding area consists of six tanks/holding cells including six two-to-three person benches with a toilet and sink. Metal mesh benches line the corridor.

- *Staff relayed that "There's not enough space" and that "There are more use of force (incidents) here than anywhere. We can't do a thorough assessment of separations." It was also reported that there is no camera in the holding cells or in the area. Based on past correspondence to the CIIC from inmates regarding their experience at CMC, the most commonly expressed concern pertains to problems with other inmates, a reported inability to defend themselves due to being restrained due to their security level, in the same holding area with inmates who are unrestrained due to their lower security level. It is recommended that a careful review be made to identify options which would enhance safety and security of the inmates in the holding cells. Ideally, inmates of the same classification should be housed together. If too many inmates arrive to enable such good correctional practice in assignment to holding cells, it would seem that such could be resolved by CMC being granted overriding control of scheduling arrivals from other institutions. It is also recommended that a careful review be made to identify the barriers to conducting a thorough assessment of separations, and to identify ways to remove the barriers. Honoring separations is an effective way to prevent incidents resulting in injury to inmates and staff.*

- Close security and maximum security inmates are reportedly placed in a cell, and medium and minimum security inmates are housed together. Staff relayed that single cell status may be granted. It was also relayed that if the inmate is assigned to a mental health Residential Treatment Unit, they are celled alone. However, based on the posted information, Pickaway, Southeastern, Toledo, Hocking, Correctional Reception Center, Trumbull, and OSP Correctional Camp are housed together. Further, based on the posted information, Marion, North Central, Belmont, Mansfield, Noble and Richland

Correctional Institution are housed together. The first group of institutions cited above includes those known to be minimum, medium, close and even all levels of security. The second group includes prisons which are known to be medium, as well as close security. Maximum security cells can reportedly hold up to six from the Southern Ohio Correctional Facility and reportedly are also used for Ross Correctional Institution which houses medium and close security.

Transportation Vehicles:

- Security staff expressed concern regarding the movement of inmates in the transportation vehicles provided by the Department.

- "Older vans are constantly breaking down. We take inmates to OSU. It's a risk with the vehicles. Vans may be 10 years old, but have 200,000 miles. The Maintenance Department does the best they can do. For inmates in wheelchairs and on gurneys, all three vehicles are broken down. It's a predicament. The system should be set up to use the safest vehicles possible**.** This will be an issue with the medical center at PCI. With the sicker inmates in wheelchairs or on a gurney, we need to accommodate the needs. With no van, how do you transport them? **"**

- The cost of repairs and the manpower needed to work on the vehicles was a reported concern.

Hubs:

- Staff explained that inmates are transported to CMC by hubs, and most hubs only include two institutions. However, it was reported that the Mansfield Correctional Institution, Richland Correctional Institution, Marion Correctional Institution, and Noble Correctional Institution are all four included in one hub. Transportation is responsible for picking up and dropping off inmates at all four places, which can often result in an extremely long day of traveling.

- *CIIC has frequently received communication from inmates who have refused a medical round trip to CMC due to the extended traveling time. In addition, some inmates have communicated that they are too sick to make the long trip. It was not understood why these four institutions could not be split into two separate hubs, especially since all the other hubs include two institutions. Splitting the hub into two hubs would allow for reduced traveling time for both inmates and staff, and would most likely reduce the amount of refused roundtrips to CMC by inmates.*

- Staff reported that they try to see inmates from distant areas first so they can make it out of CMC quickly and return to their institutions. After the farthest institutions are done, CMC staff then sees those from closer institutions.

Inmate Waiting Period:

- During the afternoon inspection, an inmate was patiently waiting to be seen by the medical staff. The inmate had arrived at 8:20 a.m. and was still waiting for the medical staff. Staff later relayed that it is normal for inmates to be at CMC the entire day due to

the volume of inmates they receive. Reportedly, CMC receives an average of 160 inmates per day. On the day of the inspection, CMC received 149, which was considered relatively low. Reportedly, most inmates arrive by 8:30 a.m. and may not leave until as early as 2:00 p.m. or as late as 6:00 p.m.

Broken Jaws from Fights:

- Staff relayed that Noble and Belmont Correctional Institutions are showing an increase in broken jaws from fights. Many feel it is the flat time (definite sentences rather than parole eligibility). Staff stressed that broken jaws are serious injuries. Inmates go for months with their mouth wired shut. It is life threatening because they could choke to death.

Chemo Transport:

- Security staff expressed serious concern regarding the transportation of the chemotherapy bags from the Ohio State University Medical Center (OSUMC). The transportation Correctional Officers are reportedly responsible for picking up and delivering the chemotherapy bags to CMC. The Officers retrieve the bags from OSUMC during the transportation of inmates to and from the medical center. The Security staff's concern is that too much responsibility is placed on the Officers, especially considering that their first priority is to maintain control of the inmates being transported to and from OSUMC. Their concern is safety first.

- Reportedly, Officers have accidentally left chemotherapy bags in the transportation vehicle, which ruins the medication and reportedly costs $1,000 per bag to replace. Staff suggested that a medical staff member be assigned the responsibility of transporting the chemotherapy treatments from OSUMC to CMC. During the inspection, a chemotherapy oncology nurse reported that she had 15 inmates receiving chemotherapy.

- The last incident reportedly happened with two officers assigned to the pick-up. The chemo reportedly got stuck in the back of the van, while they took care of other responsibilities and they were not thinking. Security staff reportedly got out of the van and forgot about it. The chemo was reportedly ruined. Security staff relayed that CMC has staff hired for blood, chemo and urine. They seemed to feel that such staff should transport the chemo, and added that they could "Hire a yellow cab."

Oncology:

- The oncology nurse relayed that 15 inmates are receiving chemotherapy. Other staff praised the oncology nurse for doing an excellent job of explaining information to patients.

Third Floor:

- The third floor includes a Central Nurses Station, two negative air flow rooms on each of two sides, and one, four and five person rooms.

- There was a cart of paperbacks from the library for the patients. Facility staff commented, "This is just like a hospital."

- Bathrooms were observed as clean. Showers are equipped with low chairs for those who cannot stand. The area was observed as extremely clean, with especially shiny floors.

- One inmate patient relayed the need for help from the Public Defender Commission. He relayed that he came to CMC from Lorain Correctional Institution where he remains in reception status. Another inmate relayed being in pain from yesterday's surgery which included 15 stitches. However, the inmate relayed that a nurse is checking into whether he can receive pain medication.

- One patient was described as a mentally ill inmate who spits on staff. Another area contained four inmates with MRSA, some "just out of intensive care."

Clinics:

- The clinic area was observed as clean, orderly and having a business-like, yet friendly atmosphere including in the interaction between patient and staff.

- Staff relayed that occasionally, an inmate's medical records are missing**.** In such cases, the records were mistakenly switched, and staff make calls to locate the correct records.

- When x-rays are taken the digital image is immediately available. All doctors can view x-rays on the computer, which also enables enlargement as needed.

- Doctors were observed wearing sanitary gloves in their hands-on examinations of patients. Doctors were also observed talking pleasantly to their patients.
- The audio testing equipment and enclosure was most impressive.

- Staff indicated that CMC provides an oral surgery dental clinic for inmates system-wide, and they provide general dentistry for the female inmates at the nearby Franklin Pre-Release Center.

- Staff relayed that a CT scan unit would soon be installed. Although they used to do CT scans and MRIs at OSU Hospital, a mobile CT scan was provided at CMC. Now the mobile CT scan is permanent and they have a mobile MRI, which requires special security precautions due to the need to remove metal during the procedure.

Lab:

- The CMC lab was described by staff as "sophisticated and state of the art." Lab staff relayed that they "like it here because things constantly change." They added that new tests are always being developed, that DRC tries to keep up with new developments, and tries to keep the population as healthy as possible.

Pharmacy:

- The CMC Pharmacy serves CMC as well as provides medication for the women at the Franklin Pre-Release Center.

Schedulers and Training:

- Staff expressed concern regarding the new schedulers in each institution. According to staff, inmates are scheduled to come to CMC from their parent institution. When an inmate is scheduled to come to CMC, it is crucial that the inmate's medical files are completely accurate. Reportedly, the new schedulers at the parent institutions are not properly trained by their staff. This causes issues when all of the inmate's information in his or her file is not provided. Reportedly, inmates have made round trips to CMC only to find that their parent institution did not send their treatment plan. Staff believes that most schedulers do not have any medical knowledge or experience.

- Staff relayed that, "Replacements are not trained. We used to do training periodically. That needs to come back. It's causing problems. People are not getting their surgery. Some are making arbitrary decisions."

- Staff relayed, "Computerization to track would help, too, but the system crashes. We need a true back up. The Attorney General's office has had to inquire about the problem based on individual cases."

OSU Hospital: Staff Communication

- Staff relayed that DRC pays OSU $60 million per year.

- Staff relayed, "We need to work with OSU on the problem to better interface with OSU. We need to try to work out better communication on security issues and chaplain access." Staff indicated that OSU asked CMC to look at the issues and to provide clarity of roles.

- "We interface with the OSU system and back track in line with our policy. Rotation is there with new students. I would like to see more flexibility."

- When a patient is admitted to the hospital, they have no clue the patient is to be released on a certain date. OSU is stuck with the placement. We need a mechanism to overcome the lack of communication.

Family Packages:

- Staff inquired as to why families are not permitted to send care packages that are not listed in the Access Securepak Catalog. Staff added that not all families can afford Access Securepak. Staff relayed that they do not understand why a family is not allowed to provide a box of sox and shoes for the inmate, but instead has to order through Access Securepak.

- Staff relayed that even for those with family involvement, a lot of the inmates are old and need long term care and hospice. One relayed, "We fight tooth and nail. They should be allowed to have personal items."

- Some staff feel that in reality, the families seem to lack concern for the sick inmate, and would not even be interested in sending care packages. Some staff feel that in reality, the

families seem to lack concern for the sick inmate, and would not even be interested in sending care packages. One staff person relayed, “Families are not involved enough!”

Televisions: Staff Communication

- “On the south side: Out of six single cells, only three TVs work. We must rotate and share what we have with the inmates. The TVs are old and they only get about two channels. Work orders have been put in. Maintenance requests have been made.”

- “The single cells need to have a TV outside the door so they can see. “

- “Some are in segregation status, so have no TV privileges. We only have a limited number on the carts.”

- “There are not enough TVs and they are frequently broken. It’s a problem.”

- “The problem is that policy and procedure dictate what you get in DC and SC. Wrong or not wrong. If we give the privilege, it would set a bad precedent.”
- “We could reinforce that issue from a protocol care standpoint. Patients are too sick to get out of bed.”

Going Paperless: Staff Communication

- Regarding the paperless process, “They started it, but now half is on computer, some is in the file, and they are doing away with the unit file. They need to complete the process. You have to do everything all at once.”

- Staff relayed that the laboratory has developed a new paperless system that requires accurate data entry by the appropriate staff. However, there is concern that not all of the institution staff are properly trained. Some staff believe that their co-workers are not computer savvy and do not want to learn how to use the new system. If they go to a paperless system, staff believe that staff would definitely need more training. Plus, staff relayed that “We’ve outgrown our space.”

Nursing Home Placement: Staff Communication

- Unit staff are limited, with a Unit Management Administrator and two Case Managers.

- “There are two Case Managers here, and both do nursing home placements. System-wide, the nursing home placement population is getting larger and they are sicker when they reach their release date. They need nursing home placements, even if they have families. Staff at the other prisons need to find out how to do nursing home placements. We do not mind helping, but other institutions need to learn how to make the placements for their own inmates. They ask us to help in placing inmates at other institutions.”

- Many of the inmates have release dates during their time at CMC. Many of these inmates are older and require additional care in a nursing home.

- Staff is concerned that many of the parent institutions are not taking the appropriate steps to find placement for the inmates that are scheduled to soon be released.

- Staff relayed that there is often no communication from the parent institution that the inmate will be released soon and needs to find placement in a nursing home.

- CMC staff make an effort to get soon-to-be released inmates in nursing homes. However, many of the local nursing homes deny the inmates because they do not have available bed space. Some believe this issue could have been addressed several months before they arrived at CMC.

- Staff also relayed that some nursing homes simply refuse inmates because they do not accept formerly incarcerated patients.

- Although staff relayed the "biggest challenges are placements of the medically fragile, high crime" inmates. However, other staff relayed that, "A few years ago, nursing homes used to say no to felons, but now they'll take anybody." Other staff relayed, "They used to say no to sex offenders and arsonists, but not anymore."

Dog Program:

- The dog program is a Pomeranian rescue program. Staff relayed that one was bottle fed to six months of age.

- Staff can have their dogs groomed by the dog handlers.

- Staff relayed that the inmates and their dogs have the opportunity to interact with the long term patients.

Library:

- The library's physical space is small.

- An inmate responded that "It's great," referring to their library. He also pointed out the Columbus Dispatch and Cleveland Plain Dealer which they receive in the library except for holidays. The inmate also pointed out their periodicals displayed in a holder on the wall, which included Black Enterprise, Essence, Columbus Monthly and National Geographic.

- The CIIC memo is posted in the library.

- An inmate commented, "You never have to lock your locker here. I was at RCI. It's much better here!"

Visiting:

- There is a small visiting room. However, staff relayed that if a patient is unable to go to the visiting room for visits, the visitor can go to another room on third floor or can visit at

their bedside. Although reservations are made for visiting, staff relayed that they are flexible regarding visits, noting that a visitor was visiting at 2 am when the inmate died.

Boiler Room:

- Staff relayed that a new boiler was recently purchased and installed for $47,000, and that the boiler was fired for the first time during the prior week. Staff relayed that the previous boiler was the original boiler that was installed when the facility was built in 1993. Staff seemed very appreciative of the new piece of important equipment.

Commissary:

- CMC uses the Franklin Pre-Release Center's commissary, but CMC receive no percentage of the profits as other institutions do. The commissary profits have been frequently cited by Wardens in the 2009 inspections as critical to their institution's I&E funds.

Laundry:

- The laundry ensures clean towels and bedding for the second and third floors. Machines, which included three large dryers, were reported to be in good repair. The area was clean and orderly, and overall conditions and morale of staff and inmate workers were excellent.

DRC FOLLOW-UP COMMUNICATION

In the response to the summary from the DRC Assistant Director on December 9, 2009, it was relayed that the CMC Administrator, Chief of the Medical Services Bureau and South Regional Director were asked to review the contents and to respond with comments, which would be shared for consideration.

The following communication was submitted to the DRC Regional Director's Office by the CMC Administrator on December 21, 2009, and received by the CIIC Director from the DRC Assistant Director on January 27, 2009:

> Thank you for the report of the November 5, 2009 unannounced inspection of Corrections Medical Center. This report will serve as an excellent reference to monitor improvements in our systems. I also feel it reinforces some of the work we have accomplished to meet the mission of the institution.
>
> Two areas in the report have prompted me to attempt to more fully explain our situation. They are the holding cells and the brunch issues. Most of the other major issues are beyond the control of our institution or are the result of current budgetary restrictions that have had a major impact on how we do business.
>
> **Holding Cells**
>
> The holding cells and issues surrounding them have been examined recently by several groups. Some changes have been implemented. Although true that this

area has a high incident of conduct reports and use of force, CMC is still well below most institutions in numbers, frequency, and severity of such issues. Every effort is made to stratify security classifications, but due to a limited number of cells and high inmate numbers, this mixing of like statuses can occur. At no place do cuffed inmates share a cell. The signs on the cell doors indicate multiple institutions, some higher security, along with much lower security, but inmates are placed with other level one's and two's only.

Brunch

The issue of brunch raised by a medical staff person seems to be antidotal, at best. No documented occurrence of emergency room or hospitalization has been seen due to a lack of breakfast on weekends or holidays. The physician has the ability to order a sack meal for any inmate that requires it medically or is on medication that requires food to be taken in conjunction with the dosage. These meals are kept refrigerated and on hand on each unit for just such a need.

Thank you again for your efforts to improve the environment in which our inmates live and our staff work.

On January 15, 2010, the CIIC Director received communication from the DRC Assistant Director which included the below audit inspection report completed by the DRC Dietician who visited CMC to investigate the concerns expressed by staff during the CIIC inspection. It was noted that DRC staff will continue to closely monitor the concerns. Included was communication of December 17, 2009 from the DRC Dietary Operations Manager to the Bureau Chief of DRC Medical Services in reference to her visit report on CMC, it was relayed, "*While there continues to be staff complaints about the brunch program there has been no documentation to support the claims.*" Also included was communication of December 22, 2009 from the Bureau Chief of Medical Services to the South Regional Director and DRC Assistant Director relaying:

Because of the allegations from the CIIC, I asked (the Dietition) to look at the brunch at CMC a second time. I had her look at it the first time six weeks or more ago because I received an incident report claiming some of the same things that the CIIC reported. The first time she looked into it and the second time she looked into it there was *no evidence to substantiate the claims. Similarly, (staff) has not reported finding substantiation to the claims either.*

Bureau of Medical Services – Dietary Operations Manager Site Visit Report

Overview:	Institution:	CMC
	Date of Visit:	12/17/2009
	Date of Report:	12/17/2009
Nutrition Services	Diet orders and diet cards are current : **YES**	

Reference:
Policy 68-MED-10
Protocol D-5 & D-6

Diet orders are consistent with DRC formulary: **YES**

Nutrition Assessment forms DRC 5120 are completed per DRC policy: **YES**

Nutrition Care:

Were there expired or missing assessments? YES
Comment: ***There were six missing assessments that had been thinned off the medical charts.***

Nutrition Education and Dietary Compliance:

Was there documented dietary compliance? **YES**

Weights:

Weights are being documented monthly on patients receiving high calorie diets: **YES**

Weights are being documented by-weekly on patients receiving liquid supplements: **YES**

Comments: ***Weights are being done but need to be documented in the interdisciplinary notes on an every other week basis per policy.***

Food Service:
(Reference Policy 6-FSM-02)

Menu:

Is the institution using the correct menu? YES

Comments: This is an improvement from the last visit.

Is the institution completing the menu recaps? ***YES***
Comments: These need to be filed electronically.

Menu Recaps:
Are the menu recaps being submitted to Central Office? **YES**

Master menu for day:	**Institutional menu for the day:**
Seasoned Chicken	Chicken Chunks
Sweet potatoes	Sweet potatoes
Corn	Corn
Green Beans	Green Beans
Pears	Pears/Mandarin oranges
White Bread	White Bread
Beverage	Beverage
Milk	Milk

Diets:

Were the diet substitutions available on the serving line? **YES**

Corrective Action Required:

Nutrition Documentation:

The Nutrition Assessment DRC 5120 form needs to be left on the patient chart for one year. *The nutrition care is being provided on at least a quarterly basis with the multidisciplinary team meetings.*

Weights needs to be completed and documented on an every other week basis on all patients receiving liquid supplements.

Nutrition Education:

Not observed, (Mr. ---) was not available.

Menus:

*The lunch menu served today followed the master menu****; however, the chicken product was not seasoned and was not an appetizing product.***

The inmate menu posted outside the main dining room needs to be updated to reflect the correct week.

Lastly, the ODR menu board should not be put out until after the inmates have been served in the main dining room.

Menu Documentation:

The issues highlighted in the CIIC November report regarding brunch were discussed and there is no documentation that supports the staff allegations. There has been no increased reporting of uncontrolled blood sugars. Ms. --- will continue to monitor and report nutritional issues related to the brunch.

Close Out: Recommendations and Corrective Action Reviewed with Institutional Staff

CIIC STATUTORY REQUIREMENT: ATTENDANCE AT A GENERAL MEAL PERIOD

Per statutory requirement, each inspection must include attendance at a general meal period. The Corrections Medical Center delivers their food to most of the inmates. On the date of the inspection, the CIIC inspection team attended the lunch meal in the Cadre inmate dining room. The meal consisted of two hot dogs, cabbage, corn, potato wedges, a banana, and choice of milk or juice to drink. *The meal was very good*. The cabbage and corn were well seasoned. *The milk was served in cartons and the juice was provided in a juice box as opposed to the plastic bags used by most of the other institutions*. The plastic bags have been frequently reported to leak, causing spills and spoilage, and have been consistently difficult to open and pour. *The CIIC team was pleased to find that the CMC patients receive the highly preferred cartons.*

FOOD SERVICE

Inmate Dining Hall

The Work Cadre dining hall is *very small, but was clean and orderly*. The dining hall consists of three tables with two sets of chairs at each table. Each table has metal napkin dispensers similar to those seen in restaurants.

During the lunch meal, a discussion was had with an inmate worker regarding the Work Cadre program. The inmate relayed that he was very satisfied with the Work Cadre program at CMC. He relayed that the Corrections Medical Center uses the following criteria to determine if an inmate is eligible to be part of the Work Cadre:

- *No gang affiliations,*
- *No conduct reports in the last six months,*
- *No more than five years remaining on their sentence,*
- *No smoking, and*
- *No more than three previous incarcerations.*

The inmate relayed that he was involved in a successful recovery service program at another institution, and added that *coming to CMC was the best decision he has made since his incarceration.* The inmate also commented that the food at CMC is the best he has ever had.

Kitchen Preparation Area

The food service staff was in the process of cleaning the kitchen after recently completing the preparation for the dinner meal. *Everyone wore the required hairnet and gloves*. The kitchen prep area consisted of two coolers, one freezer, and one dry storage area. The first cooler stored the dairy products such as eggs and milk, and also stores the food that is prepared for the next meal in advance. The second cooler stored the produce. According to staff, produce, meats, and breads are delivered each Tuesday. Staff relayed that CMC only accepts milk 14 days before the expiration due date. *Each of the coolers was clean and the temperatures appeared to be set at the*

standard 37 degrees. Each had a clean, fresh scent, which is an indication that staff provides daily maintenance and upkeep of the coolers.

In addition to inspecting both coolers, the freezer was also observed. CMC stores "test trays" in the freezer, reportedly to determine the effect on the food when meals are stored for two days uncovered in the freezer. Staff are reportedly examining the forms of bacteria that can occur. Although other institutions have test trays as well, staff relayed that it is particularly important for CMC to perform this exercise because they are "a hospital*." The freezer was also clean and did not have any visible maintenance issues.*

The food in the dry storage area was neatly stacked against the wall at a safe 18 inches from the top of the wall. High theft items were locked down. The floor was shiny and appeared to have recently been waxed. The storage room had a storage rack for canned goods. It was reported that this special storage rack helps to save space.

The loading dock where the deliveries are received was one of the cleanest ever observed at any institution. Staff relayed that Work Cadre inmates are supervised as they remove items from delivery trucks. The inmates are then searched as they enter and leave the loading dock area. In addition to being searched, inmates are required to sign in and out of a log sheet to verify they worked on the dock. It was relayed that facility staff select the inmates assigned to work on the dock. Staff relayed that *31 Work Cadre work in food service with 14 on each shift*.

Staff expressed some *concern that CMC does not have enough funds to repair equipment.* On the day of the inspection, staff relayed that a *kettle had been broken for two days*. Although a work order was already submitted to the maintenance staff, the food service staff were concerned that the broken kettle would delay the food preparation.

The new boiler in the boiler room was observed. Staff were very proud of the new equipment and noted that it was used for the first time in the week prior to the inspection. It was also relayed that the old boiler was the original that was installed in 1993 when the facility opened. Reportedly, the cost of the new boiler was $46,000.

A stack of pop cans aligned the wall in the hallway outside of the kitchen. *Staff relayed that CMC is making an effort to save the tabs from the pop cans for a local Girl Scout troop.*

EXPECTATIONS QUESTIONS AND RESPONSES:
FOOD SERVICES

1. Are prisoners offered varied meals to meet their individual requirements? **Master menu is followed.**

2. Is food prepared and served according to religious, cultural and prevailing food safety and hygiene regulations? **Yes, excellent health department reports and does inspections.**

3. Do all areas where food is stored, prepared and served, conform to the relevant food safety and hygiene regulations? **Yes, reflected by inspections.**

4. Are religious, cultural or other special dietary requirements relating to food procurement, storage, preparation, distribution and serving, fully observed and communicated to prisoners? **Outlined in the inmate handbook.**

   a. Are Halal certificates displayed where prisoners can see them? **Not currently housing anyone who has requested Halal meats.**

   b. Are appropriate serving utensils used to avoid cross-contamination? **N/A.**

c. Do kitchen staff make special arrangements for different types of food, and special dietary requirements for e.g.

Pregnant inmates? **Yes.**
Specific religions? **Yes**
Prisoners with disabilities? **Yes.**

   d. Do prisoners who are on special diets have confidence in the preparation and content of the meals? **Yes.**

5. Are all areas where food is stored, prepared and served properly equipped and well managed? **Yes.**

6. Are prisoners and staff who work with food, health screened and trained, wear proper clothing, and prisoners are able to gain relevant qualifications? **All staff are safe-served trained and certified. All inmates are trained.**

Do medical clearance forms exist on food service workers, and are training courses offered? **Yes.**

7. Are prisoners' meals healthy, varied and balanced and always include one substantial meal each day? **Yes, see master menu.**

a. Are prisoners encouraged to eat healthily and are they able to eat five portions of fruit or vegetables a day? **Yes, see master menu.**

b. Do prisoners on transfer miss out on their main meal? **No, unless order no food for medical procedure.**

8. Do prisoners have a choice of meals including an option for vegetarian, religious, cultural and medical diets? **Yes.**

    a. Are all menu choices provided to the same standard? **Yes.**

    b. Are options for religious or cultural groups open to all, and not just those who practice their religion officially? **Yes, based on request by inmate.**

9. Are prisoners consulted about the menu, and can they make comments about the food? **Comments are forwarded to Supervisor.**

    a. If logs of comments are kept, how frequently are they consulted? **Monthly.**

    b. Is there a food comments book?
    No, a kite log is kept.

10. Is the breakfast meal prepared on the morning it is eaten? **Yes.**

11. Is lunch served between noon and 1:30 pm and dinner between 5 pm and 6:30 pm? **No, lunch is served 11:30 a.m., dinner at 5 p.m.**

12. Do prisoners have access to drinking water (including at night time), and the means of making a hot drink after evening lock-up? **Not once locked in cells, but yes in the dorms. Issue regarding hot drinks.**

13. Are prisoners able to eat together (except in exceptional circumstances)? **Yes.**

14. Does staff supervise the serving of food in order to prevent tampering with food and other forms of bullying? **Yes.**

15. Where prisoners are required to eat their meals in their cells, are they able to sit at a table? **Yes.**

16. Do pregnant prisoners and nursing mothers receive appropriate extra food?
    Yes, based on medical evaluation.

CIIC STATUTORY REQUIREMENT:
ATTENDANCE AT AN EDUCATIONAL OR REHABILITATIVE PROGRAM

The statute also requires each inspection to include attendance at an educational or rehabilitative program. However, the Corrections Medical Center is unique in that it has a special and primary fundamental medical mission. As a result, compared to the other DRC prisons, programming is extremely limited at CMC. As noted below, CMC has a number of community services programs. The inspection included meeting with those in the Apprenticeship and Community Services Programs, which certainly are educational and/or rehabilitative, such as the Tender Loving Care Canine Rescue Program. Although Stephen Ministry was not "attended," discussion with inmate work cadre who are volunteer participants of Stephen Ministry was included during the inspection.

EDUCATIONAL PROGRAM

The CMC Inmate Handbook states that, "Due to the special mission of the Corrections Medical Center, CMC does not enroll students in specific programs." Consistent with that information, the Ohio Central School System Monthly Enrollment Reports cite *zero students* in Literacy, ABLE, Pre-GED, and GED. The handbook states that education is provided on an as-needed basis through the School Administrator, and that educational service needs are identified through an Activity Schedule developed by the School Administrator. The information obtained by the School Administrator is used to determine which educational methods will best enhance the inmates' ability to learn, to interact with others and maintain their individual level of functioning.

In addition to using an activity schedule to determine the needs of their inmates, the education staff supports video programming at the Corrections Medical Center. According to the Inmate Handbook, *varieties of education video series are presented. Inmates may request information concerning available topics from the School Administrator and Librarian*. Inmates are advised that "All educational programming is provided to inmates without cost, including books and material."

APPRENTICESHIP PROGRAMS

According to their inmate handbook, the Corrections Medical Center *does not* offer vocational programs. Inmates who are interested in vocational programming may request a transfer to another institution. The Corrections Medical Center School Administrator may be contacted to provide information concerning vocational programming in other institutions.

The November 2008 CMC Inmate Handbook lists the following Apprenticeship Programs as approved by the DRC for Earned Credit Program, noting that other programs may be added if a need is determined through the Needs Assessment Survey:

- Animal Trainer A
- Apprenticeship Cook A (Any Industry)
- Electrician, Maintenance A
- Janitor A
- Maintenance Repairer, Building A
- Plumber A
- Electrician A
- Electronic Tech A
- Boiler Operator A
- Alterations Tailor A
- Landscape Management Tech A

The CMC website lists three Apprenticeship Programs as of October 29, 2009: Animal/Dog Trainer, Cook and Building Maintenance. According to their Ohio Central School System Monthly Enrollment Reports, the Corrections Medical Center had *40 inmates enrolled* in apprenticeship programs in the fiscal year from July 1, 2008 to June 30, 2009. The Corrections Medical Center had *20 inmates enrolled in apprenticeship programs for the month of November 2009 and a total of 25 inmates enrolled for 2009 year-to-date.*

COMMUNITY SERVICE PROGRAMS

According to the CMC website, the following community service projects, services and programs are available at the Corrections Medical Center:

- Project Linus (quilts for children in crisis)
- Rock Project (Rock kits - educational aid)
- Tender Loving Care Canine Rescue Program
- Card and Placemats (distributed to a nursing home)

Reading Room Narrator

The Corrections Medical Center offers a community service in which inmates are specially assigned to read to children in the visiting reading room. Below is a brief description of the reading room narrator program.

In 2000, former First Lady Hope Taft approached the Director about establishing a reading room for the children who visited their incarcerated parent at the Pickaway Correctional Institution. This idea spread across the state, and now the Ohio Department of Rehabilitation and Correction maintains children's reading rooms in each of the 32 institutions. The reading rooms encourage family literacy by providing a pleasant and comfortable setting for both child and incarcerated parent. Each room is stocked with a wide variety of children's books and has an inmate narrator who reads to the visiting children twice a day. The role of the inmate narrator is to read picture books to the children in much the same manner that children's hour would be done at a public library. A variety of arts and craft supplies for the children is also available in most of the rooms. Many of the supplies and books are donated by employees and service organizations.

This past year the Department served over 45,000 children. According to the Ohio Central School System Monthly Enrollment Report, *the Corrections Medical Center served a total of 67 children in the reading room in November 2009 and a total of 285 children since July 1, 2009.* According to the Ohio Central School System Monthly Enrollment Report, *the Corrections Medical Center read to a total of 594 children from July 1, 2008 to June 30, 2009.*

REENTRY PROGRAMS

The CMC Inmate Handbook states that the following reentry programs are offered at CMC:

- Beyond Anger
- Rescue Dogs
- Responsible Family Life Skills
- Victim Awareness
- Release Preparation

It also describes Reentry as a "holistic and systematic approach that seeks to reduce the likelihood of additional criminal behavior. Beginning at sentencing and extending beyond release, Reentry will assess, identify and link offenders with services specific to their needs. This will be accomplished through associations with community partners, families, justice professions, and victims of crime." The handbook also relays that inmates will have their Reentry Accountability Plans updated every 90 days, and those classified as "intensive" receive priority with programming.

UNIQUE PROGRAMS

The CMC website lists the following three unique programs at the Corrections Medical Center:

Three Medical Units:

Provides inpatient medical services to inmate-patients in need of intensive skilled medical and nursing care. Two units house patients with short-term needs. The third unit provides specialized care for those patients with significant long-term medical needs and/or with significant physical disabilities.

Creating A Responsive Environment for the Terminally Ill (C.A.R.E.):
The C.A.R.E. program provides palliative and holistic *end-of-life care* for inmates suffering from advanced terminal illness. A multidisciplinary team addresses the medical, mental health, spiritual and daily assistance needs of each inmate-patient. The involvement of family members and Stephen Ministry community volunteers and inmate companions also support the program's goal of providing the inmate the opportunity to die with dignity.

The Family Reunification Program:
Encompasses special events designed to *strengthen family bonds*. These include annual Father/Child Father's Day, Teen Event, Birthday and Holiday celebrations,

Mother's Day programs and Family Worship opportunities that bring families together for days of talking, sharing and fun activities.

Inside Out Dads:
A 12 week program which provides tools to assist participants to take responsibility for their *role as a father* following release from prison. Program content includes such things as fathering from a distance, child discipline, stages of childhood development, building and nurturing relationships with children and the role of fathers.

RELIGIOUS SERVICES AND PROGRAMS

As relayed on their website, the Corrections Medical Center has a Chaplain on-site five days per week. The Corrections Medical Center also has a contract part-time Imam, a Catholic layperson, and a Catholic Priest on staff.

According to their inmate handbook, the Religious Services Department at the Corrections Medical Center provides a variety of religious programming and resources. Weekly worship services are held for those wishing to attend. According to the information provided by staff, Catholic worship service is held each Sunday morning, the Protestant worship service is held each Friday afternoon. Corrections Medical Center also offers religious services to Jewish inmates through the Franklin County Jewish Family Center. Specific time and places for all religious services and events are posted on bulletin boards in each unit. Inmates can also obtain this information from the Chaplain.

The handbook also states that if an inmate would like religious counseling, to contact the Religious Services Department. It is noted that Chaplains are available *seven days per week to provide pastoral care, counseling and consultation regarding matters of faith and spirituality.* Inmates can "kite" the Chaplain or stop by his office.

The following is an example of the daily religious schedule:

Table 1. Corrections Medical Center Daily Religious Services Staff Schedule

RICI Religious Services Staff	Day	Time
Chaplain	Sunday	12:00 p.m.- 8:30 p.m.
	Monday	OFF
	Tuesday	8:00 a.m.- 4:30 p.m.
	Wednesday	8:00 a.m.- 4:30 p.m.
	Thursday	8:00 a.m.- 4:30 p.m.
	Friday	8:00 a.m.- 4:30 p.m.
	Saturday	OFF
Religious Services Contractors	**Day**	**Time**
Catholic Layperson	Sunday	8:00 a.m.- 10:30 a.m.
	Monday	1:00 p.m.- 7:30 p.m.
	Tuesday	OFF
	Wednesday	3:00 p.m.- 8:30 p.m.
	Thursday	OFF
	Friday	OFF
	Saturday	1:00 p.m.- 6:00 p.m.
Catholic Priest	Monday	6:00 p.m.- 8:00 p.m.
Islamic Imam	Tuesday	4:30 p.m.- 7:00 p.m.
	Friday	11:30 a.m.- 1:00 p.m.
Religious Services Contractors	**Day**	**Time**
Franklin County Jewish Family Center		By Appointment

Table 2. Corrections Medical Center Religious Program Schedule

Day	Time	Name of Program
Sunday	9:00 a.m.	Catholic Worship
	1:00 p.m.	Wings of Wisdom Bible Study
	6:30 p.m.	Protestant Worship
Tuesday	5:00 p.m.	Taleem; Catholic Study
Wednesday	6:00 p.m.	Spirituality Session; Leave A Mark Bible Study
Friday	12:00 p.m.	Jummah
Friday	3:00 p.m.	Stephen Ministry
Friday	6:30 p.m.	Video Study Group
Saturday	1:30 p.m.	Discussion Group

STEPHEN MINISTRY PROGRAM

The CMC handbook states that, "The Religious Services Department is also seeking *inmate volunteers to assist with Stephen Ministry*, CMC's program to provide *support to patients in crisis or who are terminally ill."* Inmates are asked to contact the Department to participate in the program.

During the inspection, Corrections Medical Center staff proudly discussed the Stephen Ministry program. For good reason, facility staff regard the Stephen Ministry program as extremely important. According to the written material provided, "*Stephen Ministry is a program through which volunteers at the Corrections Medical Center are trained and organized to help provide care to patients. This will multiply the amount of caring ministry the Chaplains can provide by establishing a team of skilled caregivers who are equipped to bring support to those who are grieving, in crisis, or experiencing other stresses."* Additional written material regarding the program was provided by staff. An outline of the program is provided below:

> **Who Are Stephen Ministries?** Stephen Ministries are *volunteers from the local community and inmates* interested in assisting their fellow inmates. Each individual undergoes *50 hours of training to provide high-quality care to individuals experiencing a crisis.* Stephen Ministers are each assigned a *care receiver who they meet with for an hour each week. This caring relationship will last as long as the care receiver needs it.*
>
> **Why Volunteer?** Stephen Ministry is based on the idea that *all people of faith* can be ministers. Stephen Ministry believes that the responsibility for passing on God's love is for all, not just a chosen few. God has given us all gifts for ministry and called us to put those gifts to use. Stephen Ministry is a place *where people with special gifts for caring ministry can use those gifts to bring support to those in need.*
>
> **Who Benefits From Stephen Ministry?** Everyone benefits from Stephen Ministry. *Those receiving care benefit because they receive prayer and support throughout the crisis they face that would otherwise be unavailable. The volunteer benefits through the spiritual growth they experience from being involved in meaningful ministry. The Chaplains and the Corrections Medical Center benefit because caring ministry is expanded and more patients are reached.*

EXPECTATIONS QUESTIONS AND RESPONSES:

LEARNING, SKILLS AND WORK ACTIVITIES

1. Are prisoners encouraged and enabled to learn, and do they have access to good library facilities? **Yes.**

2. Is sufficient purposeful activity available for the total prisoner population? **Yes.**

3. Are all prisoners assessed to provide a clear understanding and record of their learning and skills needs including literacy, math, and language support, employability and vocational training, and social and life skills? **Yes.**

4. Is the learning and skills and work provision in the prison informed by and based on the diverse needs of prisoners and provides prisoners with both the opportunity of and access to activities that are likely to benefit them? **Yes.**

a. Does provision meet the needs of older, younger adult, and disabled? **Yes.**

5. Are there sufficient activity places to occupy the population purposefully during the core working day? **Yes.**

a. How many prisoners are locked up during the day? **Approximately 3-5, because of suicide attempt or discipline reasons.**

b. How many are formally registered as unassigned? **None.**

c. What is the rated capacity compared with current population? **Our total bed space is 277. Usually we have 235-250 filled, approximately 92%.**

d. How easy is it for a prisoner to get a job? **Yes, it is very easy. Kite the UMA, Case Manager, go to the Unit Office in person.**

6. Are activities which fall outside the learning and skills provision purposeful and designed to enhance prisoners' self-esteem and their chances of successful reentry? **Yes.**

7. Are facilities and resources for learning and skills and work appropriate, sufficient and suitable in purpose? **Yes.**

8. Are all prisoners able to access activity areas? **Yes.**

a. Is there access for older and disabled prisoners? **Yes.**

b. Are there any inaccessible areas because of poor mobility and insufficient help to get to them? **No.**

9. Is every prisoner who wishes to, able to engage fully with all prison activities offered, and is no one excluded from participation, other than as a result of a disciplinary punishment? **Yes.**

a. Is a full schedule of activities available to all prisoners? **Yes.**

10. Is allocation to activity places equitable, transparent, and based on identified reentry planning needs? **Yes.**

11. Can prisoners apply for job transfers and are they given written reasons for any decisions? **Yes.**

a. Does case management link with the reentry planning process? **Yes.**

b. Do prisoners with identified learning needs work in low-skilled, production line work, rather than relevant classes? **Yes, after they have refused education or training.**

c. How are unit-based jobs (cleaners, painters, food service workers etc.) allocated, as these often bypass formal procedures? **Go by seniority.**
d. Is there any favoritism or line jumping? **No.**

12. Do local pay schedules provide disincentives for prisoners to engage in education or training activities? **Yes.**

a. Do unskilled jobs with no links to learning offer more pay than education and training activities? **Compare OPI to Education.**

13. Do prisoners who do not work because they are exempt (Long-term sick, etc.) receive sufficient weekly pay? **Yes.**

14. Do prisoners who are unemployed through no fault of their own or who are exempt from working unlocked during the day, and provided with access to the library and other activities? **Yes.**

15. Does the prison have an effective strategy to ensure that learners are able to regularly and punctually attend those activities which meet their needs and aspirations? **Yes.**

a. What systems are in place for managing punctuality and encouraging attendance at prison activities? **Tickets for tardy or non-attendance counseling.**

16. Are all prisoners given accurate information, advice and guidance about prison activities, which support their learning and sentence plans and link to their reintegration into the community? **Yes.**

17. Does the assessment and provision of individual learning and skills form an effective part of prisoners' reentry plans and are they used effectively to record and review overall progress and achievement? **Yes.**

18. Do work placements provide purposeful and structured training for prisoners? **Yes.**

    a. Wherever possible, can vocational qualifications be obtained alongside their work? **Yes.**
    b. In the absence of such qualifications, are developed skills recognized and recorded? **Yes.**

19. Are prisoners helped to continue on their courses when transferred or to progress to further education, training or employment on release? **Yes.**

20. Does the prison accurately record the purposeful activity hours that prisoners engage in, excluding non-purposeful activities in their calculations? **Yes.**

CIIC STATUTORY REQUIREMENT: ASSIST IN THE DEVELOPMENT OF IMPROVEMENTS

The statute requires the CIIC to "Evaluate and assist in the development of programs to improve the condition or operation of correctional institutions; (and 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."

The statute's use of the term *"programs"* can include the traditional concept of programs, such as the rehabilitative or educational programs that the CIIC is required to attend during each inspection. In addition, the dictionary definitions for "program" include, *"a plan or procedure for dealing with some matter," which would be consistent with any recommendation* to assist in bringing about improvements in conditions or operations. This section includes such recommendations, though recommendations or suggestions are also included in the Inspection Summary as well as other sections of this report.

CIIC CONTACTS AND REPORTED CONCERNS

The CIIC relies on communication from staff and inmates in the Ohio prisons to assist in identifying problems, issues, concerns and/or areas in need of improvement. If not for their communication, the potential effectiveness of the CIIC would be greatly reduced. The following section includes communication received through contacts and reported concerns primarily by letter in the 2009-2010 biennium.

From January 1, 2009 to December 11, 2009 a total of *2,358 contacts* were received by CIIC regarding the prisons system-wide, mostly in the form of letters. The Corrections Medical Center *ranked 32nd in total number of contacts received, with **only two*.** By comparison, the largest number of contacts to the CIIC pertained to the Southern Ohio Correctional Facility with 455 contacts, followed by the Mansfield Correctional Institution with 229 contacts. The 2,358 contacts system-wide reported *10,136 problems, issues or concerns* to the CIIC.

Only *two reported concerns regarding the Corrections Medical Center were received from two separate contacts. The two concerns regarding the Corrections Medical Center were in regard to Health Care.*

System-wide, the top five categories of concerns reported to the CIIC were:

- Staff Accountability with 1,707 concerns
- Supervision with 1,511 concerns
- Health Care with 959 concerns
- Inmate Grievance Procedure with 757concerns, and
- Non-Grievable Matters with 660 concerns

An updated review was made of the CMC contacts and concerns from January 1, 2009 to March 31, 2010. *The CIIC received contacts regarding three different inmates and a total of seven concerns were reported. Four pertained to Health Care, including two regarding Improper/Inadequate Medical Care, one regarding Delay/Denial of Medication, and one regarding Medical Transfer. Of the three remaining concerns, there was one regarding Telephone, one in the Non-Grievable Matters category pertaining to the Parole Board, and one "Other."*

During the same period, three letters of inquiry were prepared and submitted to the CMC Administrator regarding the three inmates who were the subject of reported concerns. In the response to one of the inquiries, it was relayed that *CMC* staff "do attempt to contact family using any means possible," including contacting the next of kin on their cell phone.

INQUIRY REGARDING INFECTIONS

On September 30, 2009, a mother of a patient at CMC alleged that:

> His frequent infections could be due to the nursing care there, or just from being exposed to bacteria from other sick inmates. *The medical staff makes careless mistakes, such as giving him TPN long past its expiration date, almost giving him another inmate's TPN, not using alcohol to clean tubing connections, and changing the central line dressing incorrectly or not as often as it should be done. Sometimes, there are not even paper towels available so the nurses can wash their hands between patients.*

The response to the CIIC inquiry of October 29, 2009 provided the following:

> *The health care environment at CMC may create additional opportunities for the spread of infections, but the same statements can be made of any hospital, prison, or other setting where large numbers of people gather or are housed. The health care staff here are working with the patient to allow him to do a degree of self-care of his port site to help minimize potential for infection. We will continue to try to find the best method to manage this high risk patient to insure as healthy as possible incarceration.*

Based on what was observed during the unannounced inspection, the rooms, bedding and patients were clean and well tended. Based on the observations of interaction between medical and administrative staff with the patients, as well as the direct conversation with the medical staff, the staff are conscientious and genuinely care about their patients.

INQUIRY REGARDING IMMINENT DANGER OF DEATH RELEASE PROCESS

In reference to an inmate who was admitted to CMC's long term unit, directly to their Hospice Unit and passed away 15 days later, the response to the inquiry relayed that:

> *This was an inadequate time to gather the information and make a recommendation to the Director's Office. It is unfortunately, a long process of gathering records, generating the necessary evaluations and reports and amassing the material needed to make a recommendation. We do work closely with sentencing judges to provide necessary information to help them make release decisions as this is a much faster method of possible release. This was also unsuccessful in this case.*

This was in reference to the question whether the inmate was considered for *imminent danger of death release and what prevented that from occurring.* According to the family, the inmate was diagnosed in February 2009 with terminal cancer, with a life expectancy of three months or less, and died on May 9, 2009.

He was a level 1A (minimum level one) security classification, and was to be released from prison on July 11, 2009 on completion of his three year sentence for burglary. Prior to transfer to CMC, his parent institution was London Correctional Institution where he was a food service worker, porter, farm worker, student, and then laundry machine operator until February 5, 2009 when he was placed on Medical Idle status, then transferred to the Corrections Medical Center on April 14, 2009.

The process of imminent danger of death release should <u>not</u> be a "long process." With the wealth of DOTS computerized information on an inmate which is immediately accessible to authorized DRC staff, the information gathering activities have already been streamlined compared with the days of paperwork gathering from multiple departments and reliance on interoffice mail or transportation to multiple locations.

As noted in the Inspection Summary, *on January 23, 2009, it was reported that only one inmate was released from CMC through the Governor's office due to being in imminent danger of death in 2008, and no such releases occurred in 2007. In making the phone inquiry, the requested information was reportedly not known by the central office departments who might have had a coordinating or monitoring role. CIIC staff were referred to contact the CMC Administrator.*

Many years ago, before CMC was constructed, the CIIC had received numerous concerns from families of inmates on the length of time to process imminent danger of death release. A number expressed serious concern that their loved one died in prison before such processing was

complete. ***Institution staff relayed to families and to the CIIC, just as was relayed recently, that the process is long, and that release by the sentencing judge is much faster.***

In response to the reported concerns of many years ago, key DRC staff took simple steps which seemed to significantly improve the process. One of the key staff was the Medical Director at the Orient Correctional Institution, which also housed the Frazier Health Center where Specialty Clinics and a Hospice were located. At one point, he shared *what he did to ensure that eligible inmates were in fact considered for imminent danger of death release.* First, he *personally monitored all cancer patients, and took the lead in providing the necessary documentation as soon as a patient met the criteria of being in imminent danger of death. That necessary first step, the notice and declaration of a patient being in imminent danger of death, ought to be done as soon as the definition is met.*

Rather than leave the responsibility to the parent institution physician, the CMC Medical Director or DRC Assistant Medical Director housed at the Corrections Medical Center and the CMC Administrator would seem to be in the best position to initiate, expedite and coordinate the imminent danger of death release process. Obviously, other decision-makers are involved with such a decision before the DRC Director submits his recommendation to the Governor's office.

It is strongly recommended that an internal DRC review be made to identify any and all areas in the process which can be expedited, and to issue responsibilities and time limits to designated staff. Again, the process of imminent danger of death release should not be a "long process." Once the medical assessment is documented, the matter of eligibility per the statute should be able to be determined quickly from computerized records. The rest of the steps and determinations leading to a reasoned recommendation to the Director and then Governor appear to be within the discretion of the DRC Director.

As noted in the Inspection Summary, a review was made of the statutory language regarding imminent danger of death release. House Bill 130 became effective on April 7, 2009. Chapter 2967.05 requires DRC to *adopt rules* pursuant to Chapter 119 of the ORC to implement the definition of "terminal illness," and *requires the APA to adopt rules pursuant to section 119.03 of the ORC to establish the procedure for medical release of an inmate when an inmate is terminally ill, medically incapacitated, or in imminent danger of death.*

Administrative Rule 5120:1-1-40 titled "Parole of Dying Prisoner," which is posted on the DRC website, is dated **May 21, 2006** and therefore does not incorporate the language of enacted House Bill 130. The corresponding DRC policy (66-ILL-01) similarly has an effective date of **November 17, 2007**. *Therefore, the language in enacted HB 130 has not yet resulted in revised administrative rule and policy to implement the statutory changes. This is an opportunity for DRC staff to update the administrative rule and policy, incorporate specificity in timelines and staff responsibilities, and to communicate recommendations for changes in the statutory language based on the experience since the effective date of the new language.* The relevant section of enacted HB 130 is provided in the Inspection Summary.

THE BRUNCH ISSUE

On further reflection of the concerns expressed by multiple medical staff on site and relayed in the Inspection Summary, and carefully considering the follow-up communication, it is significant that reportedly "No documented occurrence of emergency room or hospitalization has been seen due to a lack of breakfast on weekends or holidays. The physician has the ability to order a sack meal for any inmate that requires it medically or is on medication that requires food to be taken in conjunction with the dosage. These meals are kept refrigerated and on hand on each unit for just such a need."

In other 2009 inspections elsewhere, the inmates commonly relayed their concerns with the cost cutting brunch program. At some institutions, there were *passionate reports from inmates about the extent to which the brunch affects their chronic illnesses due to disrupting the regular schedule of three meals per day, and the described serious problem of taking reportedly necessary medication on an empty stomach, causing nausea and vomiting.* However, at CMC, the passionate concern was expressed by the staff, specifically medical staff, and it was from far more than a single person. If there is no problem, it is difficult to understand why it was reported by medical staff on site, *by staff who have the most frequent and close communication with the patients.* If in fact a physician can order a snack meal for anyone who must have food with their medication, then it is not understood why medical staff who are reportedly in a position to address any such medical problem from the brunch, reported this issue and concern as one of the most serious in need of attention, unless the physician is choosing not to order a snack meal for those who must have food with their medication. Perhaps the medical staff did not know that when warranted, a doctor could authorize the snack meal to counteract or prevent adverse effects of the brunch on certain patients. If this is the case, nurses could merely report the specific concerns about specific patients, and the physician would make the determination as to whether snack meals are authorized.

*While the above reported policy to leave the snack authorization up to the doctor certainly has the ability to prevent needless episodes and incidents purely from a patient taking medication on an empty stomach, it should not take a physician to authorize a snack with medication when the medication is to be taken with food***.** Inmates have relayed system-wide that they do not receive medication instructions or warning labels, and institutional staff elsewhere have responded that if an inmate requests instructions or warnings, they will relay that information.

It would seem to be an appropriate responsibility for *nursing or pharmaceutical staff to ensure that food services provides snacks to those taking medication that is recommended to be taken with food. As recommended in the Inspection Summary, "It is suggested that at a minimum, as is done in any hospital, if medication should be taken with food, food should be provided to the patient."* Although snacks can reportedly be authorized by the doctor, medical staff indicate that this is not the practice.

The follow-up communication from the inspection summary includes a report from the DRC Dietitian who relays that while *staff continue to relay the same concern,* there is *reportedly no evidence.* While the nutritional assessment was an appreciated inquiry, the issue at hand is not whether the meals are adequately nutritious over a 24 hour period, but whether the cost saving

brunch (feeding twice a day instead of three times a day on weekends and holidays) is in fact causing harm and costing as much or more in:

- Medication that is wasted when a patient cannot ingest the medication due to lack of food in their stomach, and
- When the lack of medication causes deterioration and costly emergency care.

If these incidents and episodes are occurring, yet have no means in the current reporting systems to be documented, substantiated and to prompt corrective action, or are otherwise not reported, that is yet another equally serious problem. The question is, if it is occurring, why is it not documented?

Under the assumption that the reported problem exists, even if the nurses or the doctors did not document cases of vomiting after taking medication on an empty stomach, one wonders *if the patients have reported the problem stemming from the brunch. Their input on these matters should be sought.* As noted above, chronic care inmates approached the CIIC inspection team at other institutions relaying personal concern about the brunch as affecting their health. *Surely the CMC patients are equally knowledgeable of whether they are having or have had any problems keeping the medication down on an empty stomach. Staff cannot wait for informal complaints to provide such documentation, for such patients are extremely reluctant to file "complaints" to the persons on whom they are totally dependent. They need to be asked by a caring medical staff person.*

Lastly, it is suggested that DRC look to community standards in deciding if the brunch is appropriate for their CMC patients, who are akin to patients in a hospital or nursing home. Would it be acceptable for such facilities to feed their patients only twice per day with long stretches in between with nothing at all to eat? Would it be acceptable to ignore prescription warnings to take medication with food and require the patient to obtain special authorization from the doctor before any food would be provided with the medication? The answer should drive the decision.

THE HUB ISSUE

Discussion with facility staff included the reported concerns of inmates who have contacted the CIIC over many years, regarding the long, uncomfortable, and sometimes "painful" trips from some parent institutions (such as Mansfield Correctional Institution) to CMC. Facility staff were familiar with the concern, and have reportedly offered a recommendation that would address at least one major source of the concern, *the time that it takes to transport inmates round trip.*

It was explained that institutions are grouped together in small "hubs" based on their proximity. Most of the hubs involve two institutions that are located in the same county, such as the Warren Correctional and Lebanon Correctional Institutions. *However one hub requires Officers to make stops at four institutions at one time to transport inmates to CMC. This causes an extremely long day for the Officers and the inmates as well, particularly if staff has to conduct multiple tests or physical exams. The Corrections Medical Center reportedly has asked that the hub split into two to accommodate the amount of time it takes to transport the inmates. CIIC is confident that if this*

recommendation was implemented, and the news of the positive action reached the inmates at the affected institutions, the number of refusals of medical round trips would significantly decrease. This issue of "No shows" or refusals was cited in the pre-Fussell Health Care Review Team Report by DRC. The section cited such "no shows" as a problem or concern, but it was noted that institution staff do not ask inmates why they refuse and/or such information is not documented. It is quite possible that cost savings would occur in significantly reducing "no shows." Further, if the four-institution hub would be divided into two, some of the cost of additional transport staff could come from the reduction or elimination of overtime currently incurred on the four-institution hub.

One concern is that the first group of inmates is often awaken early in the morning and are transported from one to three additional facilities before they are dropped-off at CMC. As previously stated, inmates arrive between 8:30 a.m. and 9:00 a.m. Once the inmate has arrived at CMC, he or she may be at the facility until approximately 3:00 p.m. for early release or 6:00 p.m. for late release. *It should be noted that other institutions have also expressed concern regarding the length of time that is needed to transport inmates back and forth. Perhaps the biggest concern is the amount of time the transporting Correctional Officers spend away from their posts so they can transport the inmates. Staff relayed that due to the number of prisons and distance of their travel, the Corrections Medical Center allows inmates from the institutions farthest away, such as the Ohio State Penitentiary, to be seen first.*

Reportedly, hub transfers also take place for those inmates that are transferring to a new institution. The inmate's property is handled outside of the Corrections Medical Center. Transferring inmates must wait until the clinic inmates have received their treatment and are then transferred with the clinic inmates to their new institution. *Staff relayed there has been no serious concerns in regard to missing inmate property in these transfers.*

THE LIBRARY: CREATION OR EXPANSION OF MINORITY BOOK SECTIONS

During the course of the 2009 inspections which always include the library, the CIIC Chairman, Representative Tyrone K. Yates, has cited the need for African-American and also Hispanic designated Book Sections in Ohio prisons and juvenile correctional facilities. There is also a need for sufficient copies of periodicals of popular magazines for the African-American and Hispanic inmates. Jet, Ebony, and Black Enterprise were suggested. In addition to the literature, African-American and Hispanic movies, and books on tape should be provided. The purpose of the proposed improvements is to enhance cultural awareness, not only on one's own but of others, and to enlighten inmates through classic biographies. In addition, a section dedicated to African-American and Hispanic literature would bring a different perspective to American history. The Richland Correctional staff seemed receptive to the idea.

The proposal will help to improve inmates, contribute to good order, and improve the libraries. So much good could be done by a focus on the library, which could provide books about real people who inspire and bring out the best in us. In the therapeutic community model of substance abuse treatment in prisons, they insist that the critical ingredient for success is that a real person is on the staff who has been where the offender is, and who has succeeded in changing their life. They provide the model and this is said to provide renewed hope and confidence that they, too,

can overcome addiction and make something of their life. The same inspiration can come from books about real people.

With the overcrowding and understaffing, it is a constant challenge for staff to keep the inmates *busy with programs and activities, yet idleness leads to serious safety and security problems.* Many inmates seem to crave the library, possibly for the solace that it provides. Many more could learn to enjoy reading with the right selection available. Surely some of the reading incentives that the public libraries and schools use for school children, could be used within the DRC and DYS institutions. The facilities could form ad hoc committees to include inmates in order to zero in on making their library the best that it can be.

There are dedicated librarian staff in the prisons. Unfortunately, a number of librarian positions have been left vacant due to budget problems. At some institutions, other staff volunteer their time just to keep the library open for a few hours a day.

Inmates in segregation have limited access to the library. Those in Local Control are in segregation for up to six months. Those in "4B" and above are effectively in isolation indefinitely, sometimes for years. If they were provided with good biographies and even good self-help books, at least the isolation would be filling their mind with something positive that may make a difference in their life. Reading can keep them mentally healthy, as well as make them think, which ultimately affects their actions.

CMC Library Walk-Through

During the inspection, CIIC had an opportunity to inspect the library located in the Work Cadre wing on the second floor. The library is small, but appeared to provide sufficient reading material for the inmates. Periodicals, newspapers, and a small selection of videotapes are available to the inmates upon request. According to staff, local newspapers and the USA Today are received daily.

Inmates have access to the "West Law" computer system. One inmate in the library, who was reading a book, stated that he enjoyed the library, commenting, "It's great." He pointed out that the Columbus Dispatch and the Cleveland Plain Dealer are delivered every day except for holidays. The inmate was also content with their periodicals, which included Black Enterprise, Essence, Columbus Monthly and National Geographic.

The current CIIC memo from the 128th Ohio General Assembly is posted inside the window of the Corrections Medical Center law library, clearly visible to all.

The CMC Inmate Handbook states that inmate library hours are posted in all inmate living areas, and that special delivery of library materials is provided to inmates unable to ambulate to the library. It further relays that the Library Assistant picks up and delivers all requested materials to inmates in a timely manner, and that inmates may request reading library materials through the kite system or library book request forms. Finally, the Handbook states that all DRC policies are available to inmates in the Library.

EXPECTATIONS QUESTIONS AND RESPONSES: LIBRARY

1. Does the prison have an effective strategy for maximizing access to and use of a properly equipped, organized library, managed by trained staff? **Yes.**

   a. How do prisoners with mobility problems get access? **Most CMC inmates have mobility problems and we make necessary arrangements.**

1. Are the library materials broadly reflective of the different cultures and needs of the prison population, including Braille, talking books, and foreign language books? **Yes, several specialty collections are kept.**

2. Do all prisoners have access to a range of library materials, which reflect the population's needs and support learning and skills? **Yes.**

3. Does this include:

   a. Literacy? **Yes.**
   b. Math? **Yes.**
   c. Language? **Yes.**
   d. Employability? **Yes.**
   e. Vocational training? **Yes.**
   f. Social and life skills? **Yes.**

4. Do library materials include a comprehensive selection of up-to-date legal textbooks and DRC Administrative Rules and DRC Policies? **Legal Library is on computer.**

CIIC STATUTORY REQUIREMENT:

EVALUATION OF THE GRIEVANCE PROCEDURE

As explained in the CMC Handbook,

> The kite procedure is utilized to correspond with various staff members, departments or services. Kites are available from the Unit Correctional Officer. You are required to sign and complete the front of the kite before you send it, and state your problem or concern on the inside of the kite. Kite the staff member who is responsible for the area of your concern or inquiry. If you send multiple kites to the same staff member regarding an issue or kite more than one person about the same problems, it could result in a delayed response. Staff members should respond to your kite within five (5) working days after they receive the kite.

DRC staff who created the informal complaint step indicated at the time, that if staff system-wide would be thoroughly responsive to kite communication, informal complaints would not

have been needed. The informal complaint form reportedly encourages a more thorough review and response than is typically provided in kite communication. As noted in the CMC Inmate Handbook, before filing an Informal Complaint, inmates are encouraged to try to solve a problem first by talking to or kiting staff who can help.

The Monthly Inspector Activity Report provides information regarding the number of kites filed by inmates during the month. *According to the October 2009 report, inmates at the Corrections Medical Center filed 22 kites to the Inspector.*

According to section A of Administrative Rule 5120-9-31, entitled, "Inmate Grievance Procedure", the Department of Rehabilitation and Correction must provide inmates with access to the inmate grievance procedure. 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. The inmate grievance procedure is comprised of three steps: the informal complaint, notification of grievance, and appeal of the grievance disposition. Each requires specific information including dates, times, places, the event giving rise to the complaint and, if applicable, the name or names of personnel involved and the name or names of any witnesses.

> **Informal Complaint** is the first step of the grievance procedure. Within fourteen calendar days of the date of the event giving rise to the complaint, the inmate shall 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. Staff shall respond in writing within seven calendar days of receipt of the informal complaint.

According to the information received from staff, the Corrections Medical Center responds to most informal complaints within the seven days required by Administrative Rule 5120-9-31 regarding the Inmate Grievance Procedure.

> **The Notification of Grievance** is the second step of the grievance procedure. If the inmate is dissatisfied with the informal complaint response, or the informal complaint process has been waived, the inmate may obtain a notification of grievance form from the Inspector of Institutional Services. All inmate grievances must be filed by the inmate no later than fourteen calendar days from the date of the informal complaint response or waiver of the informal complaint step.

Reportedly, all grievances are answered within the 14-day time frame. Staff relayed that if an informal complaint has been misdirected, the person that receives it generally forwards it to the correct person instead of sending it back to the inmate. This is the <u>first</u> prison identified that has such a practice, which is in compliance with the Expectations standard/recommendation on the subject. One Expectation question asked, "Are (informal complaint) forms sent back to prisoners because of technicalities in procedure?" The Inspector responded, "Not in most cases. The person that receives it generally forwards it to the correct person." To the question, "Are such complaints referred to the relevant staff member, not back to the prisoner?" the Inspector responded, "*Most of the time.*"

As noted, all other institutions have indicated that the burden is on the inmate to send the informal to the correct person. Based on the inmate surveys on the grievance procedure, many system-wide expressed a need for help with knowing what supervisor should receive an informal complaint. At one institution (not CMC), in discussing with a Warden his view on whether the Inspector should be given the duty to distribute the informal complaints to the appropriate supervisor, the immediate response was, "No!" He added that the Inspectors are too busy to take on any such role. However, the particular Warden was favorable to placing the responsibility on the Supervisor who receives a misdirected informal complaint to personally redirect it to the appropriate Supervisor to respond. If CMC's practice was adopted system-wide, this would remove at least one layer of frustration and delay expressed by inmates system-wide about the grievance procedure. CMC deserves high praise to have already seen the wisdom of the practice in this regard.

According to facility staff, the Institution Inspector has one-on-one interviews with inmates who are blind or have literacy problems. However, according to the Inspector's response to the Expectations question, "What are the procedures for blind prisoners?" the Inspector relayed, "We have never had one that I can recall. If we did, I would have to see the inmate and address the issue."

Administrative Rule 5120-9-31 on the grievance procedure provides the following regarding the filing of an appeal of the disposition of grievance, step three of the procedure.

> If the inmate is dissatisfied with the disposition of grievance, the inmate may request an appeal form from the inspector of institutional services. The appeal must then be filed to the office of the chief inspector within fourteen calendar days of the date of the disposition of grievance. For good cause the chief inspector or designee(s) may waive such time limits. 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 decision of the chief inspector or designee is final. Grievance appeals concerning medical diagnosis or a specific course of treatment shall be investigated and responded to by a health care professional.

According to staff, inmates are reminded of their ability to appeal the Institution Inspector's disposition. Reportedly, five inmates have filed grievance appeals to the Chief Inspector's office in the past six months. Two appeals were affirmed, upholding the Institution Inspector's decision, two appeals were modified, which somewhat changed the Institution Inspector's decision, and one appeal was pending on the day of the inspection.

According to the Corrections Medical Center Monthly Inspector Activity Report for November 2009, from January 1, 2009 through November 30, 2009, a total of *40 grievances were filed, an average of only 3.6 grievances per month. It was also reported that 14 different inmates filed grievances during the period, while the highest number of grievances filed by a single inmate was 19.* According to their Monthly Report, there were reportedly *six grievances filed during the month of November 2009.* Reportedly, each of the grievances were answered within the 14-day

time period that the Inspector is required to answer. The following illustrates the inmate grievance activity from January 1, 2009 through November 30, 2009:

Table 3. Corrections Medical Center Inmate Grievance Activity from January 1, 2009 through November 30, 2009

Category	Number
Grievances filed during 2009	40
Most Grievances filed by one inmate in 2009	19
Inmates who filed grievances during 2009	14
Grievances on hand at beginning of November 2009	0
Grievances Received During November 2009	6
Subtotal	**6**
Grievances completed during November 2009	6
Grievances on hand at end of November 2009	0
Subtotal	**6**

During the month of November 2009, 19 informal complaints were received. Reportedly, 14 of the informal complaints were answered in a timely manner, while only one was not answered within the required seven calendar days by the appropriate supervisor.

Table 4. Corrections Medical Center Informal Complaint Activity in November 2009

Category	Number
Informal complaints received in November 2009	19
Informal complaint responses completed in November 2009	14
Informal complaint responses not completed in November 2009	1

INSPECTOR ACTIVITY REPORTS

Administrative Rule 5120-9-29 outlines the duties of the Inspector of Institutional Services as follows:

- Facilitate all aspects of the inmate grievance procedure, as established by rule 5120-9-31 of the Administrative Code.
- Investigate and respond to grievances filed by inmates;
- Monitor the application of institutional and departmental rules and policies affecting conditions of incarceration; and report to the warden any noncompliance including recommendations for corrective action;
- Conduct regular inspections of institutional services and serve as a liaison between the inmate population and institutional personnel;

- Review and provide input on new or revised institutional policies, procedures and post orders;
- Provide training on the inmate grievance procedure and other relevant topics;
- Perform other duties as assigned by the warden or chief inspector which do not create a conflict with (top two points)
- Submit all reports, documents, or other forms of accountability of their work to the chief inspector and/or warden as directed.

On April 5, 2010, a review was made of the Institution Grievance Statistics and Inspector Activity Reports from Corrections Medical Center since January, 2009. The information has been entered in the tables below. However, no monthly report, not the Grievance Statistics and not the Inspector's Activity Report, was received for May or September 2009. Further, the Grievance Statistics portion was not provided for June, July, August, October and December 2009. The report for January 2010 is the most recent report received as of April 5, 2010. *It would be most appreciated if both the Inspector Activity Report and the Grievance Statistics Report would be provided monthly. The monthly data are important tools to assist in fulfilling the mandate.*

Areas Inspected

The following two tables provide information on the areas inspected by the Inspector, first by frequency, then in chronological order. Entries in the "Areas Inspected" include meetings with troopers and other investigators, activities which other Inspectors place in the report section titled "Special Assignments, Meetings, Seminars." As shown below, the most frequently inspected area was 3-North, with 13 inspections in the 11 month period in which reports were received, followed by nine inspections of 2-North and eight of 3-South. The area termed 2-South was inspected on five occasions. There were four rounds at OSU Medical Center listed as areas inspected, and also four contacts with other Investigators and Trooper, followed by three inspections of the visiting area. Two rounds at the Regency Manor Nursing Home were cited as areas inspected, followed by one inspection each of the Cashier's Office and Food Services. Further information on the nursing home is provided in the Nursing Home section of this report.

Table 5. Areas Inspected by Corrections Medical Center Inspector
January 2009 through January 2010 by Frequency

Areas Inspected	Frequency of Inspections
3-North	13
2-North	9
3-South	8
2-South	5
Rounds at OSUMC	4
PCI, RCI, NCCI Investigator and Trooper contacts	4
Visiting	3
Rounds at Regency	2
Cashier's Office	1
Food Service	1

Table 6. Areas Inspected by Corrections Medical Center Inspector, January 2009 through January 2010, by Date

Dates	Inspected Area
1-21-09	*2-North, 3-North*
1-30-09	*Food Service, 2-North*
2-3-09	*3-North, 3-North-B hall*
2-24-09	*2-North, 2-South*
3-25-09	*3-North* *3-South* *2-South*
3-26-09	*Visiting*
4-13-09	*3-North* *3-North-B hall*
May (No Report)	
6-7-09	*2-North, 2-South, 3-North-B, 3-South*
7-2-09	*2 North*
7-8-09	*2 South*
7-29-09	*3North B, 3 South, Visiting*
8-4-09	Rounds at OSU Medical Center
8-6-09	RCI Investigator Contact
8-10-09	PCI Investigator taken to OSU for interview, OSUMC Rounds
8-13-09	NCCI Investigator
8-18-09	Rounds OSUMC and Regency
8-25-09	Rounds at OSUMC and Regency
	Contact with Trooper on numerous dates in August
September (No Report)	
10-20-09	2-North, 3-South
10-30-09	3-N North, 3-N
11-25-09	2-North, 3-South, 3-South Visiting
11-30-09	Cashier's Office
12-17-09	2-North, 3-North, 3-North A, 3-South
1-5-10	3-North, 2-South, 2-North, 3-South

Grievance Procedure Orientations

Although the table below shows that no inmates attended inmate grievance procedure orientation, as reported in the monthly reports, the Inspector's response to the *Expectations* questionnaire indicates otherwise. For example,

> "Yes. Each inmate attends orientation when they arrive at our facility."
> "No posters – The handout explaining the grievance procedure is during orientation"
> "Orientation is held when new inmate arrives."

As shown below, in the 11 month period in which reports were received from January 2009 through January 2010 (minus May and September 2009), the Inspector conducted *12 inmate grievance procedure orientation sessions on 11 days, with a total of 43 staff attending. Sessions ranged from as few as one to as many as seven staff in attendance. An average of 3.9 staff per month received grievance procedure orientation, ranging from one to 10 per month.*

Kites

As shown in the table which follows, the Inspector reported receipt of 198 kites in the 11 month period from January 2009 through January 2010 in which reports were submitted, excluding May and September 2009. Kites in the period averaged *18 per month and ranged from as low as 11 to as high as 25 per month.*

Court of Claims Property Investigations/Approved Settlements

According to the Administrative Rule, if an inmate has a claim against the DRC for the loss of or damage to personal property and the amount claimed does not exceed $300, before commencing an action against the DRC in the court of claims of Ohio, the inmate must file the claim as a grievance directly to the Inspector of Institutional Services. The Rule further states that the Inspector must provide a written response to the claim as a grievance within 30 days of receipt, and if the inmate's claim is determined to have merit, the Inspector, subject to the Warden's concurrence, "shall make an offer to compromise the claim to the inmate." If the inmate accepts the offer to compromise, a payment "shall be made to the inmate's institutional account from general revenue funds appropriated to the DRC." If the DRC denies the grievance or does not compromise the claim at least 60 days prior to the expiration of the time allowed for the commencement of a civil action based upon the loss or damage, the inmate may commence an action in the court of claims of Ohio to recover damages.

As shown in the second table below, during the 11 month period from January 2009 through January 2010 in which reports were submitted, excluding May and September, *there were no Court of Claims Investigations and no Approved 5120-9-32 Settlements.*

Table 7. Inmate Grievance Procedure Orientations Presented by CMC Inspector with Number of Staff and Inmates in Attendance by Date January 2009 through January 2010

Orientation Dates	Inmates Attending IGP Orientation	Inmate Monthly Total	Orientation Dates	Staff Attending IGP Orientation	Staff Monthly Total
January 2009	0	**0**	**0**	**0**	**0**
			2-3-09	5	
			2-17-09	3	
February	0	**0**			**8**
			3-4-09	10 (two sessions of 7 and 3)	
March	0	**0**			**10**
	0	0	4-30-09	5	
April					**5**
May (No Report)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
			6-22-09	1	
June		**0**			**1**
			7-15-09	3	
July					**3**
August	0	**0**	**0**	**0**	**0**
September (No Report)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
			10-2-09	1	
			10-16-09	6	
			10-27-09	3	
October					**10**
			11-23-09	4	
November					**4**
			12-10-09	2	
December					**2**
January 2010	0	**0**	**0**	**0**	**0**
TOTAL	**0**	**0**	**11 Days**	**43 Staff**	**43**
Monthly Average	0	**0**			**3.9 Staff**
Monthly Range	0	**0**		**1-10**	**1-7 Staff per Group**
Number of Groups/Sessions	0	**0**		**12**	**Average .08 Groups per Month**

Table 8. Corrections Medical Center Inspector Activity Reports, January 2009 through January 2010: Number of Kites, Court of Claims Investigations, Approved Property Settlements, Outside Agency Contacts, and Other Outside Contacts by Month with Monthly Average and Range

Month	Kites	Court of Claims Investigations	Approved 5120-9-32 Settlements	Outside Agency Contacts (i.e. CIIC, A.G.)	Other Outside Contacts (i.e. Inmate family, friends)
January 2009	24	0	0	2	5
February	13	0	0	3	2
March	15	0	0	2	1
April	19	0	0	3	1
May (No Report)	NA	NA	NA	NA	NA
June	16	0	0	0	0
July	16	0	0	1	0
August	18	0	0	5	3
September (No Report)	NA	NA	NA	NA	NA
October	22	0	0	0	2
November	11	0	0	2	3
December	19	0	0	1	1
January 2010	25	0	0	2	1
TOTAL	**198**	**0**	**0**	**21**	**19**
Monthly Average	**18**	**0**	**0**	**1.9**	**1.7**
Monthly Range	**11-25**	**0**	**0**	**0-5**	**0-5**

Outside Contacts

As shown above, the number of Outside Agency Contacts received by the Inspector in the 11 month period, such as CIIC and the Attorney General's office, totaled 21, an average of 1.9 per month and a range of zero to five per month. Other outside contacts, such as inmate family and friends, totaled 19 in the 11 month period, an average of 1.7 per month and ranging from zero to five per month.

Special Assignments, Meetings, Seminars

The Inspector Activity Reports for the 11 month period from January 2009 through January 2010 (minus two months in which reports were not received), show 106 Special Assignments or Meetings. The most frequent special assignment consisted of *OSU rounds, with 23 in the period.*

Ranking second, third and fourth in frequency are *executive staff meetings, security threat group meetings and department head meetings* at 12, 10 and eight respectively. The Inspector also attended six *quality assurance meetings*.

Also in the period, the Inspector attended seven inmate funerals, in some cases noting that it was for the purpose of identification of the deceased, and there were six occasions in which he identified deceased inmates at morgues.

Orientation to new staff is reported in a separate section of the Inspector's Activity Report, but six such orientations are noted in the Special Assignment section of the report. It is not known if the sessions were included in the staff orientation section of the report.

As indicated in the various assignments, the Inspector at CMC is also the Investigator. Therefore, his activities include those of both an Inspector and Investigator.

There were three occasions in which rounds were made at the Regency Manor Nursing Home. Further information on the use of a nursing home is provided later in this report.

Table 9. Inspector Activity Reports, January 2009 through January 2010: Special Assignments, Meetings, Seminars by Frequency

Special Assignments, Meetings, Seminars	Frequency in 11 month period
OSU MC Rounds	23
Executive Staff Meeting	12
STG Meeting	10
Dept. Head Meeting	8
Inmate Funeral	7
To Morgue to ID	6
Orientation to New Staff	6
QA Meeting	6
Took Staff for Random	5
Attorney General's Office Meeting on Case	3
Regency Manor Nursing Home Rounds	3
PCI Warehouse	2
In-Service Training	2
Camera Work for Fact-Finding	2
Internal Mgmt./LEADS Audit	2
Pre-Disciplinary for Staff	1
Assist IRS investigation	1
Sexual Assault Committee Meeting	1
SPART Meeting	1
Global Tel Link Video Conference	1
Fact Finding (Staff)	1
Investigator's Meeting	1
Assist OSHP on Interview	1
Employee Activity	1
TOTAL	**106**

Table 10. Inspector Activity Report:
Special Assignments, Meetings, Seminars, January 2009 through January 2010 by Month

Date	Special Assignments/Meetings/Seminars
1-5-09	OSU Rounds, Franklin county & OSU Morgues
1-7-09	Dept. Head Meeting, OSU & Regency Manor Rounds
1-8-09	Took Staff For Random
1-9-09	Regency Manor Rounds
1-12-09	Ex-Staff Meeting
1-13-09	Took Staff for Random, STG Meeting
1-15-09	PCI Warehouse for Sign in sheets for OSHP
1-20-09 – 1-21-09	Internal Mgt. Audit & Pre-D for Staff
1-22-09	PCI Warehouse, OSU Rounds, Took Staff for Random
1-29-09	OSU Rounds
2-2-09	Ex-Staff Meeting
2-3-09	Orientation New Staff
2-4-09	Dept. Head Meeting
2-11-09	OSU Rounds
2-12-09	Franklin County Morgue to ID Inmate
2-13-09	STG & QA Meeting
2-19-09	In-Service
2-23-09	ACA Audit, Two AG's Pre-Deposition on case
2-26-09	OSU interview inmate, inmate funeral
3-4-09	Dept. Head Meeting & Camera Work for Fact-Finding
3-9-09	Ex-Staff Meeting
3-11-09	Assist IRS invest, Took Staff for Random
3-12-09	To AG's office on case & OSU & new hire orientation
3-13-09	QA Meeting & STG Meeting
3-16-09	Inmate Funeral
3-19-09	OSU Rounds
3-23-09	OSU Rounds
3-26-09	Inmate Funeral RCI
3-27-09	In-Service
3-30-09	OSU Rounds & Ex Staff Meeting
4-1-09	Department Head Meeting
4-3-09	Sexual Assault Committee met to discuss case
4-10-09	OSU Rounds
4-13-09	Executive Staff Meeting
4-14-09	Funeral Home body ID Pre-deposition prep with AG's on case
4-15-09	OSU Rounds
4-16-09	OSU Rounds
4-21-09	STG Meeting
4-22-09	OSU Rounds
4-23-09	Inmate Funeral
4-28-09	Inmate Funeral
4-29-09	Took Staff for Random
4-29-09 and 4-30-09	Camera work for Staff

Date	Special Assignments/Meetings/Seminars
May (No Report)	N/A
6-3-09	Department Head Meeting
6-4-09	OSU Rounds
6-8-09	Franklin County Morgue-ID Body
6-9-09	OSU Rounds
6-16-09	STG Meeting
6-18-09	OSU Rounds
6-23-09	Franklin County Morgue – ID Body
6-24-09	OSU Rounds
7-3-09	OSU Rounds
7-8-09	Department Head Meeting
7-9-09	OSU Rounds
7-14-09	Franklin County Morgue – ID Body
7-178-09	OSU Rounds
7-22-09	STG Meeting
7-24-09	OSU Rounds
7-27-09	Franklin County Morgue-ID Body
7-30-09	OSU Rounds
8-6-09	STG Monthly
September (No Report)	N/A
10-2-09	Orientation new Staff
10-5-09	Ex Staff Meeting
10-16-09	Funeral RCI inmate
10-20-09	Dept. Head Meeting
10-23-09	QA Meeting
10-26-09	Quarterly Health Care Meeting
10-26-09	Ex Staff Meeting
10-27-09	New hire orientation STG Meeting
11-2-09	Ex-staff & SPART Meeting
11-13-09	QA Meeting
11-16-09	Ex-staff Meeting
11-23-09	Orientation new staff
11-24-09	Regency Manor Nursing Home Rounds
12-2-09	Global Tel link Video Conference
12-10-09	Orientation 2 new employees LEADS on site audit
12-14-09	Ex-Staff Meeting
12-17-09	Fact Finding (staff)
12-31-09	STG Meeting
1-4-10	Ex-staff Meeting
1-6-10	Dept. Head Meeting
1-13-10	Investigator's Meeting FPRC
1-20-10	Assist OSHP on interview
1-22-10	Employee Activity & QA Meetings
1-25-10	Ex-staff Meeting
1-26-10	STG Meeting

Informal Complaints/Grievances Received

In the five month period in which Grievance Statistics were provided from CMC, January 2009 through January 2010, a *total of 93 informal complaints were received* by the Inspector. Such complaints are answered by the appropriate supervisor relevant to the problem, but the Inspector is provided with a copy for his information and monitoring as to timely responsiveness. The number of *informal complaints ranged from 10 to 26 and averaged 18.6 per month.*

Data on the number of grievances received was provided in four months between January 2009 and January 2010. During the four month period, a total of *18 grievances were received by the Inspector, ranging from two to seven per month, averaging 4.5 grievances per month.*

Table 11 . Institution Grievance Statistics:
Number of Grievances and Informal Complaints Received at Corrections Medical Center by Month, January 2009 through January 2010

Month	Grievances Received	Informal Complaints Received
January 2009	3	26
February (No Report)	N/A	N/A
March	2	14
April (Partial Report)	(Copy distorted, data not readable) N/A	10
May (No Report)	N/A	N/A
June (No Report)	N/A	N/A
July (No Report)	N/A	N/A
August (No Report)	N/A	N/A
September (No Report)	N/A	N/A
October (No Report)	N/A	N/A
November	6	19
December (No Report)	N/A	N/A
January 2010	7	24
Total	**18**	**93**
Average Per Month	**4.5**	**18.6**
Monthly Range	**2-7**	**10-26**

Granted Grievances

Of the five months in which reports were received from January 2009 through January 2010, a total of eight grievances were listed as "granted" or what was previously termed "resolved." Of the eight granted grievance decisions, five were categorized as "Problem noted, correction pending." The other three were categorized as "Problem corrected." With a total of 18 dispositions, *the 10 denied grievance dispositions comprise 55.56 percent of the decisions and the eight granted comprise 44.44 percent of the dispositions. From a grievance evaluation standpoint, it is very good to see evidence of positive outcome from use of the grievance*

procedure. The CMC Inspector has been personally praised by the CIIC in the past for having the highest percentage of granted/resolved dispositions, which includes problems corrected. The inmate perception of the grievance procedure system-wide could be improved with the same back to basics approach to the grievance procedure, where problem solving is the priority.

Table 12. Corrections Medical Center Grievance Statistics: Number of Granted Grievance Dispositions with Status of Problem Correction and Month from January 2009 through January 2010

Month	Problem Noted, Correction Pending	Problem Corrected	Problem Noted, Report/Recommendation to the Warden	Total Granted
January 2009	1	0	0	1
February (No Report)				N/A
March	2	0	0	2
April	0	1	0	1
May-October (No Report)				N/A
November	0	2	0	2
December (No Report)				N/A
January 2010	2	0		2
Total	**5**	**3**	**0**	**8**

From an evaluation standpoint, certainly the number of grievances filed at CMC is low, which could be a very positive indicator that staff are resolving problems, issues and concerns long before there is any need to file a grievance. Their small population must also be taken into account, rather than compare the number of grievances with other institutions with thousands of inmates. However, a low number of grievances should not automatically be interpreted as a positive aspect. If one assumes that there will always be problems, issues and concerns at any prison, even at the best of prisons, *a healthy volume of grievances can be a sign of inmate confidence in the procedure as the proper and effective way to have the problem, issue or concern addressed.*

As indicated in the brunch issue section of this report, some CMC inmate patients could be reluctant to complain. Sick inmates, totally dependent on the staff for medical and other services, tend to think that complaining or using the grievance procedure might cause more problems if used. Similarly, work cadre inmates system-wide tend not to want to use the grievance procedure because they think it would jeopardize their appreciated placement. For the grievance procedure to fulfill its potential to benefit the staff, inmates and the administration system-wide, it must be used. If inmates truly believe that the grievance procedure is the proper way to have a problem

resolved, and if they believe that no harm will come to them for its use, they tend to use it to report a problem, issue or concern. The Expectations Questions and Responses on the grievance procedure are presented at the end of this section. On review, it is notable that the Inspector's response to the following four simple questions, direct and pointed, *tends to build confidence that at CMC the above referenced factors which can impact grievance usage have been and are being addressed properly and proactively at CMC.* Consider the following:

12. Are prisoners who make complaints against staff and/or other prisoners protected from possible recrimination? **Yes.**

a. What protection measures are in place and put into practice? **I monitor the process. Retaliation is a big issue discussed during staff orientation and In-Service.**

b. Are responses objective and factual, and conclusions based on evidence rather than supposition? **Yes.**

c. What are the adverse effects of filing complaints? **None.**

d. Do prisoners know that there are protection measures if they complain about staff or other prisoners? **Yes.**

Grievance Procedure Survey Highlights

On July 2, 2009 the CIIC staff completed the CMC Survey Report on the Inmate Grievance Procedure, which is posted on the CIIC website at www.ciic.state.oh.us in the Grievance Procedure subsection of CIIC Publications. In the case of CMC, a random sample of 94 inmates received a survey, and 24 completed and returned the survey with their responses. In spite of the low 25.5 percent response rate, the responses provide valuable input that can assist in any evaluation of the grievance procedure. In a recent review of the survey results, the following observations are considered relevant:

- "Were you ever retaliated against or treated unfairly for using any part of the grievance process? **59.1 percent responded "Yes." Another 22.7 percent responded, "I have never used the grievance process."**
- "I believe staff will retaliate or get back at me if I use the grievance process." **86.9 percent responded, "Agree."**
- "The grievance process is a good way to solve my problems." **69.6 percent disagreed.**
- "Most of what I've learned about the grievance process is from other inmates**." 82.6 percent responded, "Agree."**
- "Most of what I've learned about the grievance process is from prison staff." **78.3 percent responded "Disagree."**
- "I have the worst chance of having my complaint fairly investigated or resolved during the informal complaint." **63.6 percent agreed.**
- "I believe institution supervisors resolve complaints fairly." **68.2 percent disagreed.**

Denied Grievances

As shown in the table below, during the five month period in which data was submitted, there were 10 grievances reported as "Denied." Five of the 10 were denied due to "Insufficient Evidence to Support Claim." Two were denied due to a determination that "Staff Action was Valid Exercise of Discretion." None were denied for being a "false claim" or being outside the time limits.

Table 13. Corrections Medical Center Grievance Statistics: Grievance Dispositions Denied by Month from January 2009 to January 2010 with Reason for Denial

Month	Insufficient Evidence to Support Claim	Staff Action Was Valid Exercise of Discretion	Failure to Use Informal Complaint Procedure	No Violation of Rule, Policy, or Law	Not Within Scope of Grievance Procedure	Not Within Time Limits*	False Claim	Total Denied
January 2009	0	**1**	**1**	0	0	0	0	**2**
February (No Report)								N/A
March	0	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0	0
May-October (No Report)								N/A
November	**3**	**1**	0	0	0	0	0	**4**
December (No Report)								N/A
January 2010	**2**	0	0	**1**	**1**	0	0	**4**
Total	**5**	**2**	**1**	**1**	**1**	**0**	**0**	**10**
Monthly Range	**0-3**	**0-1**	**0-1**	**0-1**	**0-1**	**0**	**0**	**0-4**

***Not Within the Time Limit:** According to Administrative Rule 5120-9-31 on the Grievance Procedure, the time limit for filing an informal complaint is "within 14 calendar days of the date of the event giving rise to the complaint." Similarly, "All inmate grievances shall be filed by the inmate no later than 14 calendar days from the date of the informal complaint response or waiver of the informal complaint step." Further, "The appeal shall then be filed to the office of the Chief Inspector within 14 calendar days of the date of the disposition of grievance."

Subject of Grievances

One section of the monthly grievance statistics provides data on the subject of the grievance and whether it was granted or denied. A review was made of the grievance reports from the five month period in which reports were received from January 2009 through January 2010. The results are provided in the table below. In all, 17 grievances were logged by subject, with seven "granted" and 10 "denied." The largest subject of grievances pertained to medical care, with 12 in all. Note that of the 12 medical grievances, four were "granted" or resolved, and eight were "denied." Of the remaining grievances, there was only one each in the particular subject category, though two grievances pertained to staff problems, with one "granted" and one denied.

Table 14. Number of Grievances Granted and Denied by Subject at the Corrections Medical Center in a Five Month Period in which Reports were received from January 2009 through January 2010

Subject of Grievance	Granted	Denied	Total
Improper/Inadequate Medical Care	1	3	4
Access/Delay in receiving Medical Care	1	3	4
Delay/Denial of Medication	1	1	2
Medical: Other		1	1
Medical Aide/Device	1		1
Subtotal Medical Care	**4**	**8**	**12**
Institution Assignment: Transfer or Denial	**1**		**1**
Housing Assignment: Other		**1**	**1**
Staff Supervision: Unprofessional Conduct		1	1
Staff Accountability: Failure to Perform Job Duties	**1**		**1**
Food: Deviation from Menu	1		1
TOTAL	**7**	**10**	**17**
PERCENT	**41.18%**	**58.82%**	**100%**

EXPECTATIONS QUESTIONS AND RESPONSES:

COMPLAINT/GRIEVANCE PROCEDURE

1. Are there effective complaint procedures in place that are easy to access, easy to use, and provide timely responses? **Yes.**

2. Do prisoners feel safe from repercussions when using these procedures and are they aware of an appeal procedure? **Yes, each inmate attends orientation when they arrive at our facilities.**

3. Is information about the grievance procedure reinforced through notices and posters that are produced in English and other languages and displayed across the prison? ***No.***

a. Are there posters in prominent places on all residential units, including for those with literacy problems and those with disabilities so that they can understand and are able to access the procedures? ***No posters, the handout explaining the grievance procedure is during orientation.***

b. Since some prisoners, e.g. foreigners, may need to be specifically told about the whole process, is there a single channel of contact or clear information on how to make a complaint? **Orientation is held when new inmate arrive.**

c. Is information on the units/blocks always displayed and do prisoners understand it? **Yes.**

d. What are the procedures for blind prisoners? **We have never had one that I can recall. If we did, I would have to see the inmate and address the issue.**

4. Are prisoners encouraged to solve areas of dispute informally, before making official complaints? **Yes.**

5. Can prisoners easily and confidentially access and submit complaint forms? **Yes.**

a. Are forms required to access complaint forms? **No, informal complaints are in the housing units. Grievance forms come from the Inspector.**

b. Are there forms, and at least one kite box on each block/dorm? **Yes.**

c. Are the boxes emptied daily by a designated officer? **Yes.**

a. Are form dispensers always stocked with forms? **Yes.**

e. Are informal complaints and grievance files secured on a limited access basis? **Yes, secured in Inspector's office under double lock and key, which is hot boxed.**

6. Do prisoners make use of the procedures, and are they free of pressure to withdraw any complaints or grievances? **Yes.**

a. What are the procedures for prisoners with learning or other disabilities? **Handled on as needed basis. Arrangements made to deal with the disability. Have access to language line, on-site person that signs, and we have two TTY phones.**

7. Are all complaints and grievances, whether formal or informal, dealt with fairly and answered within three days, or 10 days in exceptional circumstances, with either a resolution or a comprehensive explanation of future action? **Most informals are answered within the seven days required by policy. All grievances are answered within the 14-day time frame. AR 5120-9-31.**

a. Are complaints resolved? **Yes.**

b. Are complaints answered within three working days, or within 10 days in exceptional circumstances? **The time frames in Policy are followed according to AR 5120-9-31.**

c. Are forms sent back to prisoners because of technicalities in procedure? **Not in most cases. The person that receives it generally forwards it to the correct person.**

d. Are such complaints referred to the relevant staff member, not back to the prisoner? **Most of the time.**

e. Are target return times recorded? **Yes.**

f. Are letters of complaint/concern from third parties, such as legal representatives, family or voluntary organizations, logged and answered? **Yes.**

8. Do prisoners receive responses to their complaints/grievances that are respectful, legible, and address the issues raised? **Yes.**

9. Are formal grievances signed and dated by the respondent? **Yes.**

a. Regarding the quality of responses, is there a quality assurance system in place? ***No.***

b. Does the staff member who dealt with the complaint clearly print their name on the response? ***In most cases, the name is hand written.***

c. Are staff responses to confidential complaints returned in sealed envelopes? **Would be each supervisor decision.**

10. Do prisoners feel able to ask for help in completing their complaint or grievance form and in copying relevant documentation? **Yes.**

a. Are staff responsive to requests for help with forms? **Yes.**

b. Are translation services provided for those who need them? **Yes, we have the language line.**

c. What are the arrangements for prisoners with literacy problems, and for those who are blind? **Handled one-on-one by Inspector.**

11. Is any declaration of urgency by prisoners fully assessed and answered**? Yes.**
a. Are staff responsive to requests for urgent help? **Yes.**

12. Are prisoners who make complaints against staff and/or other prisoners protected from possible recrimination? **Yes.**

a. What protection measures are in place and put into practice? **I monitor the process. Retaliation is a big issue discussed during staff orientation and In-Service.**

b. Are responses objective and factual, and conclusions based on evidence rather than supposition? **Yes.**

c. What are the adverse effects of filing complaints? **None.**

d. Do prisoners know that there are protection measures if they complain about staff or other prisoners? **Yes.**

13. Do prisoners know how to appeal grievance decisions? **Yes.**

a. Are appeals dealt with fairly, and responded to within seven days? **Yes by policy appeals must be answered in 30 days.**

b. Are prisoners reminded of their appeal option on the relevant forms? **Yes.**

c. How many have appealed in the last six months? **Five.**

d. What was the outcome, and how promptly were they answered?
Two affirmed, two modified, one pending, and four of the five appeals are from one inmate. All appeals are answered within the 30-day time frame unless extension is made.

14. Do all prisoners (and staff) know how to contact members of the Ohio General Assembly's Correctional Institution Inspection Committee, and can they do so in confidence? **Yes.**

a. Is CIIC contact information posted in dorms, blocks, library and other areas to ensure that staff and inmates are aware of how to contact CIIC? **Yes.**

b. Are there any difficulties with access to the CIIC? **No.**

15. Do prisoners receive help to pursue complaints and grievances with unit managers, prison administrators, or other central office staff, if they need to? **Yes.**

16. Do all prisoners know how to contact the Inspector and Chief Inspector? **Yes.**

a. Do blocks/dorms have contact details and information? **Yes.**

17. Do prisoners receive help to pursue grievances with external bodies if they need to? **Given name and address of who to write. In some cases, the informal is sent to the individual.**

a. Do they also receive help in contacting legal advisers or making direct applications to the courts? **Yes.**

b. In the last month, how many original grievances and appeals were sent to the Chief Inspector? **Unknown number of grievances sent. One appeal.**

c. What do they tend to be about? **Health Care- Property.**

d. What proportion are generally resolved? **Majority found in favor of institution.**

18. Do prison managers analyze complaints (both granted and denied) each month, by ethnicity, disability, block/dorm/unit, prisoner type, etc., and if necessary, make any appropriate changes? **Yes.**

a. Is data studied and is action taken when strong patterns/trends emerge? **Yes.**

EXPECTATIONS QUESTIONS AND RESPONSES:
STAFF-PRISONER RELATIONSHIPS

1. Are prisoners treated respectfully by all staff, throughout the duration of their custodial sentence, and encouraged to take responsibility for their own actions and decisions? **Yes.**

2. Is there a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness? ***N/A.***

3. Are all prisoners treated with humanity, and with respect for the inherent dignity of the person? ***Sometimes.***

a. Is staff aware that the prison has a duty of care for all prisoners, to ensure no prisoners are at risk of physical or emotional abuse by staff or prisoners, and that prisoners are to be held in decent and humane conditions? **Yes.**

4. Are staff aware that they should set a personal example in the way they carry out their duties at all times? **Yes.**

5. Are staff always fair and courteous in their day to day working with prisoners? ***Mostly.***

6. Do staff positively engage with prisoners at all times? ***No.***

7. Is interaction between staff and prisoners encouraged by the senior management team? ***Sometimes.***

a. Does staff help and encourage older and less able prisoners to participate in and access all facilities offered across the prison? **Yes.**

8. Does staff routinely knock before entering cells, except in emergencies? ***No.***

9. Are prisoners encouraged by staff to engage in all activities and routines, promoting punctuality, attendance and responsible behavior? **Yes.**

a. What methods are used to encourage prisoners to get involved? **Sign-in report, work hours/days off.**

10. Is inappropriate conduct on the part of prisoners challenged? **Yes.**

a. Do staff demonstrate skill in confronting low-level disputes without using official disciplinary measures? **Yes.**

11. Are prisoners encouraged and supported to take responsibility for their actions and decisions? **Yes.**

FACILITY PROFILE

HISTORY

According to their website, the Corrections Medical Center opened in 1993 on Harmon Avenue on the southwest side of Columbus, Ohio. The institution operates on eight acres of land. Corrections Medical Center provides medical care to inmates that cannot be provided at their current or previous institution. According to the staff, the facility houses three types of inmates:

- Work cadre inmates,
- Long-term care inmates, and
- Short-term care inmates.

Corrections Medical Center is the parent institution for the work cadre and long-term care inmates. The facility serves as an outpatient facility and medical specialty resource for all Ohio prisons, with many inmates transported from their parent institution to CMC and returned in the same day.

BUDGET

According to the DRC website, the current estimated budget is $41,589,274, subject to monthly review and adjustment.

INMATE DATA

On the day of the inspection, the inmate population consisted of 100 short-term inmates, 85 work cadre, and 50 long-term inmates. The short-term inmates return to their parent institution after 13-14 days of treatment or recuperation. The work cadre inmates are interviewed at their parent institution by CMC staff. After an inmate applying for a position on the work cadre is approved for the position, the inmate is transferred to the Corrections Medical Center. Long-term inmates are permanently transferred to CMC because they cannot receive the necessary medical care at their parent institution.

Table 15. Number of inmates at Corrections Medical Center by Type, November 5, 2009

Classification	Number of Inmates	Percent
Short-Term Inmates	100	42.5%
Work Cadre	85	36.1%
*Long-Term Inmates	50	21.3%
Total	**235**	**100 %**

*Includes four female inmates.

CROWDING

According to the most recent ODRC Weekly Population Count Sheet, as of December 7, 2009, the prison population totaled 50,939. The *population at the Corrections Medical Center was reported to be 134 inmates.* A total of 21 ODRC institutions exceeded their rate of capacity, led by the Lorain Correctional Institution (reception center) at 281.37 percent of its capacity. There were *10 institutions rated at or below their rate of capacity. The Corrections Medical Center had with the lowest rate of capacity at 63.8 percent.*

Table 16. ODRC Percentage of Crowding per Institution based on Rated Capacity and Inmate Population Count on December 7, 2009

PRISON	Percent of Crowding	Rated Capacity	Population Count December 7, 2009
Lorain Correctional Institution	**242.63%**	**746**	**1,810**
Lebanon Correctional Institution	**187.04%**	**1,481**	**2,770**
Correctional Reception Center	**175.67%**	**900**	**1,581**
Chillicothe Correctional Institution	**172.44%**	**1,673**	**2,885**
Warren Correctional Institution	**171.87%**	**807**	**1,387**
Hocking Correctional Facility	**164.77%**	**298**	**491**
Grafton Correctional Institution	**162.30%**	**939**	**1,524**
Mansfield Correctional Institution	**161.65%**	**1,536**	**2,483**
Allen Correctional Institution	**160.31%**	**844**	**1,353**
Ross Correctional Institution	**156.73%**	**1,643**	**2,575**
Ohio Reformatory for Women	**156.12%**	**1,641**	**2,562**
Trumbull Correctional Institution	**151.66%**	**902**	**1,368**
Belmont Correctional Institution	143.50%	1,855	2,662
Marion Correctional Institution	137.33%	1,666	2,288
Richland Correctional Institution	135.04%	1,855	2,505
Noble Correctional Institution	132.40%	1,855	2,456
North Central Correctional Institution	123.99%	1,855	2,300
Southeastern Correctional Institution	112.44%	1,358	1,527
London Correctional Institution	110.35%	2,290	2,527
Madison Correctional Institution	107.61%	2,167	2,332
North Coast Correctional Treatment Facility	104.39%	660	689
Dayton Correctional Institution	102.90%	482	496

Lake Erie Correctional Institution	99.9%	1,498	1,497
Franklin Pre Release Center (Females)	99.6%	480	478
Toledo Correctional Institution	96.06%	1,192	1,145
Montgomery Education and Pre Release Center	94.32%	352	332
Oakwood Correctional Facility	93.72%	191	179
Southern Ohio Correctional Facility	91.17%	1,540	1,404
**Northeast Pre Release Center (Females)	90.31%	640	578
Pickaway Correctional Institution	84.91%	2,465	2,093
Ohio State Penitentiary	77.19%	684	528
Corrections Medical Center	**63.8%**	**210**	**134**
TOTAL	**132.05%**	**38,715**	**50,939**

*On November 5, 2009, DRC staff provided data which shows an increase in beds at the Ohio Reformatory for Women by 395 and a decrease in beds at the Northeast Pre-Release Center by 50 beds. DRC opened a new dorm at ORW that raised their capacity. The ORW capacity has been adjusted in the above table.

** According to the NEPRC Warden's office contacted on February 12, 2010, the facility has always had a rated capacity of 608 beds.

MENTAL HEALTH CASELOAD

According to staff, the mental health staff includes one contract psychologist available three times per week, and four full-time civil service employees. On the day of the inspection, Corrections Medical Center reported having 38 inmates on their mental health/psychiatric caseload consisting of 28 C1 inmates (serious mental illness) and 10 C2 inmates.

Based on DRC data, on November 30, 2009, the Corrections Medical Center had 22 C1 inmates and 8 C2 inmates for a total of 30 inmates on the Psychiatric Caseload. Two inmates were categorized as C3, so that the total mental health caseload was 32. It was also reported that 48 contacts were made in the month with inmates classified as "N" (not needing services) for non-screening purposes.

The mental health classifications are defined by DRC as follows:

C1
The inmate is on the psychiatric caseload and meets criteria for **Seriously Mentally Ill** designation: a substantial disorder of thought or mood which significantly impairs judgment, behavior, and capacity to recognize reality or cope with the ordinary demands of life within the prison environment and which is manifested by substantial pain or disability. Serious mental illness requires a mental health diagnosis, prognosis and treatment, as appropriate, by mental health staff.
C2
The inmate is on the psychiatric caseload but does not meet the criteria for Seriously Mentally Ill. Inmate is receiving mental health care and supportive services, which include medication prescription and monitoring, individual and group counseling and therapy, crisis intervention and behavior management.
C3
The inmate is receiving group or individual counseling, therapy and skill building services. He/she has a mental health diagnosis and treatment plan and is being treated by mental health staff other than the psychiatrist.

Suicide Attempts

A review was made of suicide attempts system-wide in 2009 to date. In 2009 there were 72 such attempts system-wide. Chillicothe had the largest number with eight, followed by seven each at Grafton and the Ohio Reformatory for Women, and five at the Southern Ohio Correctional Facility. *The Corrections Medical Center had only one, which occurred in August 2009*. To date in 2010, six suicide attempts have occurred system-wide, with four in January and two in February. The largest number at any one institution is two which occurred at the Correctional Reception Center. *No suicide attempts have occurred at CMC in 2010.*

EXPECTATIONS QUESTIONS AND RESPONSES:
SELF-HARM AND SUICIDE

(Responder noted, "I'm speaking only about CMC, not as the Dept. as whole.")

1. Does the prison work to reduce the risks of self-harm and suicide through a whole-prison approach? **Yes.**

2. Are prisoners at risk of self-harm or suicide identified at an early stage, and is a care and support plan drawn up, implemented and monitored? **Yes.**

3. Are prisoners who have been identified as vulnerable encouraged to participate in all purposeful activity? **Yes.**

4. Are all staff aware of and alert to vulnerability issues, appropriately trained, and have access to proper equipment and support? **Yes.**

5. Is there a safer custody strategy in place that recognizes the risks to prisoners, particularly in the early days in custody, and sets out procedures, which help to reduce the risk of self-harm? **Yes.**

a. Are the specific needs of different prisoner groups recognized, as are the levels of risk in different areas of the facility? **Yes.**

b. Does the strategy recognize the specific needs of the population e.g. women and minority groups, those with substance misuse problems, and those not on normal location? **Yes.**

c. Is staff training appropriate? ***Maybe.***

d. What is the availability and use of safer cells, particularly in areas of the prison where risks of self-harm are higher? **Yes.**

e. Does the protocol in place recognize the need for continued interaction, and avoid an over reliance on the safer cell as a preventative measure? **Yes.**

6. Does a multi-disciplinary committee effectively monitor the prison's suicide prevention policy and procedures? ***Mental Health is aware of policy and procedures. However, I don't know that others actively know what it says.***

7. Is the committee chaired by a manager responsible for the policy and does membership include prisoners, staff representatives from a range of disciplines, and a member of the local community mental health team? **Yes.**

8. Are prisoners' families, friends and external agencies encouraged, through local arrangements, to provide sources of information which may help identify and support those prisoners likely to be bullied or who have a history of self-harming behavior? ***I don't think so. Support geared more toward Cadre.***

a. Are there posters in the visiting room about who to contact with concerns, and is that information sent out with visiting orders alerting families to the help available? ***(?)***

9. Is there a detailed care and support plan prepared with input from the prisoner, which identifies needs, as well as the individuals responsible, including a key worker? ***Treatment plans are very vague.***

10. Are personal factors or significant events which may be a trigger to self-harm identified? ***Don't think so.***

11. Do regular reviews take place involving staff from a range of disciplines and family and friends as appropriate, which provide good support and care for all prisoners at risk? ***Not that I know. No*** *("Family and friends" was circled by responder).*

12. Are arrangements in place for following up after a care and support plan has been closed? ***Don't think so.***

a. Do unit officers have knowledge of policy and support plans? ***Don't think so.***

b. What level of training have they received? ***Don't think so.***

13. Are prisoners at risk of suicide and self-harm held in a supportive and caring environment with unhindered access to sources of help including peer supporters? ***No****. ("Peer supporters" circled)* ***Yes to "supportive and caring environment."***

a. Is a care suite available to support the work of Listeners? ***No. Are you kidding?***

b. Is there access to counselors, the chaplaincy team, Listeners and Samaritans at all times? ***No, Second and Third Shift, no one here.***

c. Are appropriate free telephone helplines/interventions available, in particular, to address specific aspects of women's prior victimization such as rape crisis, domestic violence and others? ***Don't know.***

14. Are prisoners encouraged to express any thought of suicide and/or self-harm, and encouraged to take part in all purposeful activities as part of the support plan? ***Yes (to first part) No (to last part.)***

a. Are prisoners given the opportunity and assistance to make a written contribution to their review? ***No, verbal.***

b. Are prisoners encouraged to identify their own support needs and are they able to draw on opportunities for informal support from other prisoners if they wish? ***No.***

15. Are all staff, including night staff, fully trained in suicide prevention and clear on what to do in an emergency? **Yes.**

a. Is there a program of refresher training in place? **Yes, mental health yearly training.**

b. Do staff have access to first aid kits and shears? **Yes.**

c. If facility does not have a first night center, do night staff know where first night prisoners and those at risk are located? ***No. (Question mark at "first night center")***

16. Are incidents of self-harm closely monitored and analyzed at regular intervals to establish any trends and to implement preventive measures? **Yes.**

17. Are serious incidents properly investigated to establish what lessons could be learned and to promote good practice? **Yes.**

18. Where appropriate, are family or friends of the prisoner informed through a family liaison officer? ***No.***

19. Is an action plan devised and acted upon promptly as a result of an investigation into an apparent self-inflicted death? ***OSP and DRC investigation.***

a. Is this reviewed following subsequent findings of an investigation? **(?)**

b. Are there attempts to understand underlying causes and/or trends? ***Probably not.***

c. Have there been any reviews of recommendations from previous deaths in custody? ***Don't know.***

20. Is all information about prisoners at risk of self-harm or suicide communicated to people who are able to offer support in the community? ***No.***

STAFF DATA

According to the DRC Monthly Fact Sheet for December 2009, the Department of Rehabilitation and Correction reported a statewide staff total of 13,255. The total does not include the reported staff total of the two private state prisons, the Lake Erie Correctional Institution and the North Coast Correctional Treatment Facility. According to their websites, the Lake Erie Correctional Institution had 279 staff and the North Coast Correctional Treatment Facility 183 staff for the month of December.

According to the ODRC Monthly Fact Sheet for December 2009, *Corrections Medical Center reported 475 staff, which consisted of 291 males (61 percent) and 184 females (39 percent). Reportedly, 265 of their staff are Correctional Officers including 195 males (74 percent) and females (26 percent).*

Of the 291 male staff, 159 are White, comprising 55 percent. 123 are Black, comprising 42 percent, and nine are listed as "other" comprising three percent. Of the 184 female staff, 116 are Black, comprising 63 percent, 66 are White, comprising 36 percent, and two are considered "other," comprising one percent.

Corrections Medical Center staff relayed that they have the most diverse staff in the ODRC and recognized that as an area of great pride. Staff relayed that more than half of the institution staff is minority. *According to the ODRC monthly statistics, 250 of the 475 staff are considered*

African-American or "Other," comprising exactly 52.6 percent. An illustration of the Corrections Medical Center staff is provided in the following tables:

Table 17. Number of Corrections Medical Center staff with breakdown by *gender* on December 1, 2009

Employee Gender	Number	Percent
Male	291	61 %
Female	184	39 %
Total	**475**	**100 %**

Table 18. Number of Corrections Medical Center staff with breakdown by race on December 1, 2009

Employee Gender	Number	Percent
Black	239	50.3 %
Other	11	2.3 %
Subtotal of Minority Staff	**250**	**52.6 %**
White	225	47.4 %

Table 19. Number of Corrections Medical Center *male* staff with breakdown by race on December 1, 2009

Race	Number	Percent
White	159	55 %
Black	123	42 %
Other	9	3 %
Subtotal	**291**	**100 %**
475 Total Staff	**291**	**61 %**

Table 20. Number of Corrections Medical Center f*emale* staff with breakdown by race on December 1, 2009

Race	Number	Percent
Black	116	63%
White	66	36
Other	2	1
Subtotal	184	100%
475 Total Staff	184	61%

On the day of the inspection, the Corrections Medical Center reported 480 Civil Service Positions including 165 medical positions and 267 Correctional Officer positions. The 480 reported staff on the day of the inspection is slightly different than the 475 that was reported to Central Office on December 1, 2009. *According to staff, all nurses at CMC are civil service*

employees. There contract staff included four Physicians, one physical therapist, and one Dentist.

Civil Service Staff	Number	Contract Staff	Number
Correctional Officers	267	Physicians	4
Medical	165	Physical Therapist	1
Total	**480**	Dentist	1
		Total	**5**

Staff loss has reportedly had a dramatic effect on the facility. All staff are taking on more responsibilities, and some have reportedly taken on multiple positions. Staff shared that in reality, operations, conditions and programs are not going to be perfect under these circumstances. *Facility staff recommended that the ODRC should fully evaluate the positions they are cutting. It was relayed that a position may be abolished, but the duties, function and responsibilities of the position still is required to be fulfilled in accord with unchanged policies, procedures and expectations.*

The unit staff consists of one Unit Management Administrator and two case managers. Staff relayed that CMC has *13 vacant Correctional Officer positions*, but they received permission from ODRC Central Office to *fill seven of the positions.* Additional staff *vacancies include 11 Nurse I positions, eight Hospital Aides, and four LPN's.* In addition, CMC has the following vacant positions based on their on-site information:

Accounting Clerk II	Business Associate III
Correctional Officer –Interim	Data Entry Operator II
Food Service Coordinator-Part-Time	HPA II
Lab Scientist II	Lab Scientist III
MRW III	Nurse II
Secretary	Warden's Assistant

Experienced staff who worked at other institutions relayed that *CMC is unique.* They relayed that the Administrative staff have a *good, cohesive relationship with the custody, medical and mental health staff, and they make it a priority to listen to all staff and to follow through on issues. During the inspection, the respect from the Administrative staff to the line staff was remarkable.* Staff relayed that at the Corrections Medical Center, all staff are respected partners who appreciate each others' differences. Psychology staff received special praise in this regard.

EXPECTATIONS QUESTIONS AND RESPONSES:

SECURITY AND RULES

1. Are security and good order maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters? **Yes.**

2. Are rules and routines well publicized, proportionate, fair, and encourage responsible behavior? **Yes.**

3. Are categorization and allocation procedures based on assessment of a prisoner's risks and needs? **Yes.**

4. Are they clearly explained, fairly applied and routinely reviewed? **Yes.**

5. Are there any obvious weaknesses or anomalies in the physical and procedural security of the facility?
No.

6. Are the elements of "dynamic security" in place:

b. Are staff-prisoner relationships positive? **Yes.**

c. Do prisoners receive personal attention from staff? **Yes.**

d. Is there constructive activity to occupy prisoners? ***Somewhat.***

1) Do staff cluster during association? **Yes.**
2) Are there enough staff in dorm/block areas to facilitate good officer work? **Yes.**

7. Does effective security intelligence safeguard prisoners' well-being? **(Blank)**

a. Do staff comply with security requirements in terms of filing reports? **Yes.**

b. Are there recent incidents where security reports have led to action? **Yes.**

8. Is prisoners' access to prison activities impeded by an unnecessarily restrictive approach to security? **No.**

9. Is strip and squat-searching of prisoners carried out only for sound security reasons? **Yes.**

10. Are prisoners strip or squat searched only in the presence of more than one member of staff, of their own gender? **Yes.**

a. If squat searches are used, does their incidence and authorization need to be logged and regularly checked? **Yes.**

b. Are squat searches only used in exceptional circumstances? **Yes.**

11. Is the criteria to ban or otherwise restrict visitors visible and unambiguous, with an appeal process available? **Yes.**

a. Are the visitors subject to bans or restrictions reviewed every month? **Yes.**

RULES

1. Are local rules and routines publicized prominently throughout all residential and communal areas? **(Blank)**

    a. Are rules and routines posted/distributed on units/blocks/dorms? **Yes.**

    b. Are they accessible to those with language and literacy needs? ***No.***

2. Are rules and routines applied openly, fairly and consistently, with no discrimination? **Yes.**

3. Does staff use only the level of authority necessary to ensure a prisoner's compliance with the rules? **Yes.**

4. When rules are breached, does staff take time to explain how and why to the prisoner concerned? **Yes.**

5. When decisions are conveyed to prisoners, are appeal arrangements explained and made available? **Yes.**

EXPECTATIONS QUESTIONS AND RESPONSES:

BULLYING AND VIOLENCE REDUCTION

1. Does everyone feel safe from bullying and victimization (which includes verbal and racial abuse, theft, threats of violence and assault)? **Yes.**

2. Are active and fair systems to prevent and respond to violence and intimidation known to staff, prisoners and visitors? **Yes.**

3. Has the prison developed an effective strategy to reduce violence and intimidation, which has earned the commitment of the whole prison and has drawn on multi-disciplinary consultation including feedback from prisoners? **Yes.**

a. Is the violence reduction strategy widely publicized? ***No.***

b. Is monitoring part of the strategy and as a minimum, does it cover feelings of safety among prisoners, incidents of bullying (verbal and physical), number of assaults, number of racist incidents, location of incidents and action taken? **Yes.**

c. Do staff understand their duty to maintain a safe environment and what they do to promote this? **Yes.**

d. Are staff alert to threats to a safe environment, and do they confront all forms of victimization? **Yes.**

e. Are prisoners consulted as part of the strategy development and maintenance? ***N/A.***

f. How effective is the strategy in promoting safer custody and violence reduction? **Effective.**

4. Are prisoners consulted and involved in determining how their lives in the prison can be made safer, how bullying, verbal and physical abuse, racial abuse and threats of violence are confronted, how conflicts can be resolved and what sanctions are appropriate? **Yes. Informally.**

a. Has there been any consultation in the last six months? **Yes.**

b. Has an annual confidential survey to all prisoners about bullying been undertaken? ***No.***

c. Are there wing representatives? ***No.***

5. Do staff supervise and protect prisoners throughout the prison from bullying, verbal and physical abuse, racial abuse and threats of violence? **Yes.**

6. Are staff consistent in challenging these behaviors? **Yes.**

a. How many incidents occurred in the last six months? ***N/A.***

b. Are there particular areas where prisoners feel vulnerable to bullying? ***(Blank)***

c. What policies provide protection of vulnerable prisoners?
52 RCP-10 Orientation, 53-CLS-05 Separations, 79-ISA-OH-02-Sexual Assault, 55-SPC-03 Classification/Release of PC, 55-SPC-01 Special Management, 56-DSC-01 Inmate Discipline.

d. Do staff lead by example in the way they treat their colleagues/prisoners, and understand that their duty is to foster a safe environment, by confronting unacceptable behavior quickly and fairly? **Yes.**

e. What are the arrangements for movement, exercise, mealtimes and discharge, especially for those who are considered vulnerable? **Security level system.**

f. Is particular attention given to prisoners who have asked for protection from other prisoners or those who may be victimized because of the nature of their offense or other individual circumstances? **Yes.**

7. Are prisoners' families and friends encouraged to make suggestions about how the prison could better protect prisoners from victimization and to provide information to help identify those prisoners likely to be at risk? ***(Blank)***

a. Are prisoners' families encouraged to come forward if they feel they are being bullied to bring drugs into prison? ***No.***

b. Is a visitors' survey distributed systematically? ***No.***

c. Do visiting families know about reporting procedures and do they think that visiting staff are approachable and sympathetic?
Yes.

d. Are there posters in visiting rooms? ***No.***

8. Is an effective strategy in place to deal with bullying which is based on an analysis of the pattern of bullying in the prison and is applied consistently throughout the prison? **PREA**

a. Has a strategy been formed by systematic consultation with prisoners across the prison? **PREA- Prison Rape Elimination Act.**

b. Is a central log of bullying kept, and are incidents of bullying reviewed regularly by a multidisciplinary committee? **Yes.**

c. Are staff alert to potential bullying and do they confront all forms of victimization? **Yes.**

d. Are all sources of information including security reports, accidental injuries etc. used for evidence of bullying/intimidation? **Yes.**

e. How do staff contribute to the strategy? **Committees per policy.**

f. Is there a coordinated approach by all departments? **Yes.**

9. Are allegations of bullying behavior treated consistently and fairly? **Yes.**

a. Are they investigated promptly? **Yes.**

b. Are outcomes of investigations recorded and is the prisoner who reported the bullying supported? **Yes.**

10. Are prisoners made aware of behavior that is unacceptable through a well-publicized policy and are made aware of the consequences of bullying? **Yes.**

11. Is inappropriate behavior consistently challenged? **Yes.**

a. Are there bullying posters throughout the prison? ***No.***

b. What information is distributed to new arrivals? **Orientation and Inmate Handbooks.**

c. Is bullying clearly defined to prisoners? ***No. Extortion is defined.***

d. Are staff aware of both direct and indirect forms of bullying? ***Yes, some.***

12. Do anti-bullying measures support the victim and take the victim's views about their location into account? **Yes.**

a. Do staff understand the link between bullying and aggressive and disruptive behavior generally? **Yes.**

13. Are appropriate interventions in place to deal with bullies and support victims? ***No.***

a. What interventions are available to challenge bullies and to support victims of bullying? ***Not really. Inmates can request Protective Custody.***

b. Are interventions aimed at achieving sustained and agreed changes in behavior? ***N/A.***

c. Do prisoner records contain comprehensive updates on how bullied and bullying prisoners have been supported and/or challenged? ***Not that I know.***

ADDITIONAL ASPECTS OF THE INSPECTION

ENTRANCE

The entrance to the Corrections Medical Center is small, but was *very clean and orderly*. The security area includes a sign-in log sheet and several medium-sized white containers for an individual's small metal objects. The processing officer was *courteous and proficient.*

The accreditation certificate from the American Correctional Association (ACA) is displayed in the lobby. The latest accreditation was received in February 2009 and they are scheduled for their next accreditation in 2012. *Staff relayed that CMC scored a perfect 100 percent on their ACA inspection.*

COURT YARD

The courtyard between the Administrative Building and the compound is small. It includes two picnic benches surrounded by a razor-sharp barbed wire fence. The fence surrounding the Corrections Medical Center main compound is reportedly "weaved tighter" than any perimeter fence in the ODRC, and the fencing area includes "ankle breakers." *Facility staff expressed pride in having "the best perimeter fence of all the prisons" in the ODRC, and noted that this is due to their maximum security status.*

VISITING ROOM

The visiting room is located on the right side of the entrance to the compound. Although the visiting room is primarily used by the inmate work cadre, long-term patients may use the visiting room as well if they are physically capable of coming to the room. The Corrections Medical Center also has a visiting room on the third floor of the compound to accommodate the long-term patients who are not capable of walking to the ground floor.

According to the Corrections Medical Center visiting schedule, inmate work cadre and long-term inmates have visiting seven days per week with the exception of certain holidays. The visiting hours are daily from 8:00 a.m. to 10:30 a.m. or from 11:30 a.m. to 2:00 p.m. Reservations are needed. Families can make reservations by contacting the CMC visiting office Monday through Fridays from 9:00 a.m. to 10:30 a.m. or from 1:00 p.m. to 2:15 p.m.

Staff relayed they are flexible in regard to scheduling visits to accommodate the inmate's families. Staff noted for example that a midnight bedside visit occurred with a dying inmate and his visitor. The inmate in this instance, passed away at 2:00 a.m. *In this and other areas of discussion, the CMC Administrator demonstrated that a facility can in fact appropriately prioritize safety and security of the institution for staff and for inmates, in part by creating a respectful, caring environment through the way in which staff interact with the patients. This aspect of CMC is one of the most positive that came to light during the inspection.*

INMATE PROCESSING AND HOLDING CELLS

Roundtrip inmates were observed sitting in the holding cells waiting to be seen by staff. These inmates arrived before 9:00 a.m. on the morning of the inspection and were expected to leave CMC to return to their parent institution between 2:30 p.m. to 4:30 p.m. On the day of the inspection, staff received *149 inmates for roundtrip visits,* according to their report. *Corrections Medical Center staff noted that they average 160 inmates per day.*

The round trip inmates are served bag lunches during their wait. On the day of the inspection, the bag lunch meal consisted of two peanut butter and jelly sandwiches, two cookies, an apple, and milk.

PROCESSING

According to staff, inmates arrive cuffed and shackled in the sally port receiving area. Inmates are brought in from the transportation vehicle one at a time. Once an inmate arrives, he or she is searched by security. The inmates are then escorted to holding cells where they wait to be seen by staff.

The inmate is then instructed to stand in front of the processing desk. Inmates can have their belly chain removed depending on their security classification. Although staff on site indicated that all inmates remain handcuffed while they wait in the holding cells, in the DRC Follow-Up Communication section, it was clarified that, "*At no place do cuffed inmates share a cell.*"

After they are seen by medical staff, they return to the holding cell until it is time to return to their institution. *It was noted by staff that although all inmates are processed at the same location, female inmates are escorted to a separate holding cell that is not visible to the male inmates.* Staff relayed that there are six holding cells, or what staff termed "tanks." Reportedly, no more than six inmates are allowed in each cell. The cells are equipped with benches and a television. The holding cells are grouped based on the security classification of the institutions. For instance, Ross Correctional Institution, Southern Ohio Correctional Fcility, and the Ohio State Penitentiary are assigned a holding cell. Handicapped inmates, female inmates, Death Row inmates, and inmates involved in a Residential Treatment Unit have their own holding cells. As clarified in the DRC Follow-Up Communication section, it was reported that, "*The signs on the cell doors indicate multiple institutions, some higher security, along with much lower security, but inmates are placed with other level one's and two's only.*"

The discussion with staff on site included the extent to which there is cause for concern that Protective Control inmates and local separation inmates mixed with other inmates in the same holding cell. Facility staff relayed that it has not been an issue, and staff would make any necessary adjustments to prevent an incident from occurring.

Further information and clarification on the holding cells is provided in the DRC Follow-up Communication section, which follows the Inspection Summary. A portion is repeated below as provided by the CMC Administrator.

> **Holding Cells**
>
> The holding cells and issues surrounding them have been examined recently by several groups. Some changes have been implemented. *Although true that this area has a high incident of conduct reports and use of force, CMC is still well below most institutions in numbers, frequency, and severity of such issues.* Every effort is made to stratify security classifications, *but due to a limited number of cells and high inmate numbers, this mixing of like statuses can occur. At no place do cuffed inmates share a cell. The signs on the cell doors indicate multiple institutions, some higher security, along with much lower security, but inmates are placed with other level one's and two's only.*

USE OF FORCE

The use of force is authorized per administrative rule 5120-9-01 which lists six general circumstances when a staff member may use less than deadly force against an inmate or third person as follows:

1. Self-defense from physical attack or threat of physical harm
2. Defense of another from physical attack or threat of physical attack
3. When necessary to control or subdue an inmate who refuses to obey prison rules, regulations or orders
4. When necessary to stop an inmate from destroying property or engaging in a riot or other disturbance
5. Prevention of an escape or apprehension of an escapee
6. Controlling or subduing an inmate in order to stop or prevent self-inflicted harm.

Administrative Rule 5120-9-02 requires the Deputy Warden of Operation to review the use of force packet prepared on each use of force incident, and to determine if the type and amount of force was appropriate and reasonable for the circumstances, and if administrative rules, policies and post orders were followed. The Warden reviews the submission and may refer any use of force incident to the two person use of force committee or to the Chief Inspector. The Warden must refer an incident to a use of force committee or the Chief Inspector in the following instances:

- Factual circumstances are not described sufficiently.
- The incident involved serious physical harm.
- The incident was a significant disruption to normal operations
- Weapons, PR-24 strikes or lethal munitions were used.

Every month the Department records data on the number of use of force incidents. On April 5, 2010, a review was made of monthly reports received, "Report of Racial Breakdown and Use of Force" from the Corrections Medical Center since January 2009. Reports were not received for May, August and September 2009, and *two different July reports were received, one reporting that no use of force incidents occurred in the month, and one reporting that two occurred,* with one assigned to a use of force committee, and one logged as "No Further Action Required." The last report received is for February 2010. For the table below, the July report showing that two incidents occurred was used.

In the 11 month period, reports show that there were 18 use of force incidents in all, with four assigned to a use of force committee. It was reported that 13 of the incidents were logged as "No Further Action Required," and one was referred to the employee disciplinary process. None were referred to the Chief Inspector. *The sum of those assigned to a use of force committee and those logged as "No Further Action Required" should equal the total number of use of force incidents.* The error is believed to be in the February 2010 report in which two incidents occurred, at least one of which was assigned to a use of force committee. *It is not known if the other incident was also assigned, or if it was logged as "No Further Action Required."* However, this data from

February 2010 is the reason why the two result categories do not add up to the number of incidents which occurred in the 11 month period.

Table 21. Use of Force Incidents at the Corrections Medical Center, January 2009 through February 2010 with Outcome
(Excludes May, August, and September 2009 data due to non-receipt)

Use of Force Reports that were:	**Total**	**Percent**
Logged as "No Further Action Required"	**13**	**76.47%**
Assigned to Use of Force Committee	**4**	**23.53**
TOTAL USE OF FORCE INCIDENTS REPORTED	**18 (Actual total 17)**	**100%**
Percent		
Referred to the Employee Disciplinary Process	1	
Referred to the Chief Inspector	0	

The monthly reports on Racial Breakdown and Use of Force provide the number of use of force incidents by staff with the racial breakdown of the inmates who were subjected to force. In November 2009, there were only two use of force incidents at CMC. One involved a black inmate and the other incident involved a white inmate. Neither of the incidents was referred to the Use of Force Investigating Committee. Instead, both incidents were logged as "No Further Action Required". During the First Quarter of the 2009 calendar year, the Corrections Medical Center had a total of six use of force incidents. *Four of the use of force incidents involved white inmates and two black inmates were involved in use of force incidents.*

MEDICAL CLINIC

According to the inmate handbook, the Corrections Medical Center is staffed with health care personnel 24 hours a day, seven days per week.

The clinic resembles a hospital, with two medical bays and a nurses' station in the center. According to staff, the Corrections Medical Center also provides medical and dental services for the female inmates at the nearby Franklin Pre-Release Center.

The Corrections Medical Center physician uses the medical bays by moving back and forth to see the patients. On the day of the inspection, CMC was providing X-rays to patients. According to staff, Thursdays are X-ray days because the parent institutions reportedly do not have the capability to provide x-rays. During the inspection, a Doctor was reviewing the X-rays of an inmate. *The area was observed as very cramped, with limited space for the staff and inmates to move around.*

ADMISSIONS OFFICE/MEDICAL RECORDS

The Admissions office located in the clinic provides background verification of all incoming inmates. On the day of the inspection, a nurse was verifying the medical records of one of the 149 inmates that had arrived. Staff relayed that records are only viewed by appropriate ODRC staff. Staff relayed that due to the volume of inmates that pass through *CMC, medical records have been misplaced or mistakenly sent to the wrong institution.*

On the day of the inspection, staff relayed that Corrections Medical Center was in the process of "going paperless." Inmate records were being keyed in by staff and CMC would eventually do away with the inmate's file. *In regard to the paperless process, staff relayed some concerns about the possibility of human error. According to some staff, since CMC started the process, half the information in an inmate's file is on computer, while other information is still in the file. This reportedly causes confusion as important information regarding an inmate's medical history could be overlooked, such as a recommended surgery*. It was relayed that *inmate files should be completed at one time by trained employees to prevent any further confusion. Staff relayed that computerization to track would help as well, but the system reportedly crashes. Staff strongly believed they needed a secure "back up" to support their system.*

SCHEDULING OFFICE

Reportedly, the Corrections Medical Center scheduling office is one of the busiest offices in the ODRC system. CMC schedulers are called Healthcare Technicians and receive special training for their duties. Inmates are scheduled on a first come first serve basis, unless the doctor at the institution asks and the medical director at CMC approves the inmate to be seen sooner. According to staff, all inmates who are to receive surgical procedures from the Ohio State University Hospitals must be scheduled by the CMC Health Information Technicians.

The need for training on the new scheduling procedure was relayed by CMC staff who noted that it is also needed at the parent institutions. Reportedly, there were a number of experienced schedulers that retired and their replacements were not properly trained. Staff relayed that CMC used to do training periodically, and "That needs to come back. It's causing problems."

The severity of the problem was made clear from allegations that some scheduling staff are reportedly making arbitrary decisions that they are not qualified to make, and they do not fully understand the consequences due to lack of training.

TELEMED SERVICES

The inspection included viewing the area used for Telemed services, which allows inmates to communicate with the OSU specialists at the Corrections Medical Center from their institution through video, eliminating the need for transport in those instances. Telemed services are used by each institution statewide in an effort to save the cost associated with making medical roundtrips. On the day of the inspection, an infectious disease specialist was speaking to an inmate through Telemed with a medical student observing the meeting.

Facility staff later expressed concern about the number of student interns reportedly moving freely through the building, something perceived as a threat to safety and security. According to staff, the students are supposed to be observing and practicing, but there is reportedly no training for nursing students that do their clinical work at CMC.

HAND CLINIC

The hand clinic provides services to inmates with hand injuries. The Doctor examines the inmate's hand and determines the severity of the injury. The Doctor then provides information regarding what treatment is needed for recovery. During the inspection, one inmate was being examined after suffering a broken hand during a fight with another inmate at his parent institution. *During the inspection, several inmates were observed with hand injuries. When questioned, all the inmates relayed they suffered the injuries "playing sports."*

BROKEN JAWS

During the inspection, it was relayed that there is a significant increase in the number of broken jaws, particularly at Belmont and Noble Correctional Institution. Staff stressed the severity of such an injury, noting that it is life-threatening due to possible occurrences while one has their mouth wired shut. *CMC is in an excellent position to detect disturbing increases in assault injuries system-wide, providing a valuable tool to alert central office staff to new or continuing trends, or areas in need of assistance, resources or intervention. Hopefully, such data is reviewed by appropriate central office staff as a supplement to assault data.*

EEG/ EMG ROOM

The EEG/EMG room provides audio testing for inmates who are hearing-impaired. EEG/EMG room included two sound proof booths, one for the inmate and one for the audiologist.

DENTAL OFFICE

According to their Inmate Handbook, the Corrections Medical Center has a fully equipped dental clinic that provides all inmates with emergency and urgent dental care regardless of sentence length.

Staff relayed that there is no co-payment for any dental procedure, whether it is performed by the dental staff or a nurse. This provision is also in the DRC Dental Services policy. According to staff, the dentist performs basic dental procedures three times per week and oral surgeries once a week.

According to the Corrections Medical Center Inmate Handbook, a *dental emergency* is defined as uncontrolled bleeding, a broken jaw, constant pain, and large swelling and/or infection. An *urgent* dental care issue is considered to be a constant toothache, broken tooth, broken denture, infection, and a large painful cavity. *Routine* dental care is considered to be cavities, problems chewing, cleaning, and dentures for inmates that have three years or more left on their sentence.

CT SCAN AND MRI UNITS

The new CT Scan unit was observed. According to staff, the Corrections Medical Center will install a mobile MRI unit in the back of the facility. Staff relayed that it is important to have an MRI machine on-site to save costs on medical roundtrips and due to inherent security risks related to the prohibition of metal and need for freedom of movement for the test.

MEDICAL LABORATORY

Corrections Medical Center has a full-service medical laboratory that provides the same lab testing as local hospitals. According to staff, any procedure that cannot be done at CMC is referred to the Lab Corp of America. The CMC medical laboratory provides the inmate drug testing results for all ODRC prisons.

Items in the laboratory marked "dirty" alert staff to the need to wears gloves while handling the items. In an effort to prevent the spread of diseases, a sign is posted on items to warn individuals. Ironically, items are considered "clean" if they can be touched by bare hands.

PHYSICAL THERAPY ROOM

The physical therapy room located down the hall from the kitchen provides an area of rehabilitative care for inmates. The physical therapy room is large and appeared to provide sufficient room for several inmates to receive treatment at one time. The equipment includes one Stairmaster, a "Total Gym" fitness machine, a treadmill, a pair of crutches, and several walkers and walking canes. In addition to the weight and cardiovascular machines, CMC also provided inmates with several pairs of dumbbells ranging from three to 20 pounds.

An inmate who arrived during the morning was patiently waiting to be seen by the physical therapy staff. According to the inmate, he was recovering from an elbow injury from a car accident that reportedly occurred before he was incarcerated. The inmate had previously been to CMC for the same injury. *Despite his long wait, the inmate was satisfied with the care he had received at his parent institution and from CMC. In fact, the inmate seemed grateful that he was receiving medical care for an injury that occurred before his incarceration.*

LAUNDRY ROOM

The laundry room was divided into two sides, with three washers on one side and three dryers on the opposite side. The area was very well organized. During the inspection of the loading dock, a new high efficiency washing machine that was still packaged was observed sitting on the back of the dock. Reportedly, the washing machine was to replace one of the older washing machines in the laundry room.

While inspecting the laundry room, staff relayed that CMC inmates have not expressed any concerns regarding a lack of clean underwear. According to staff, inmates receive three pair of underwear a year.

PHARMACY

According to staff, the pharmacy unit provides medication to the female inmates at the Franklin Pre-Release Center as well.

Reportedly, some drug recommendations by local hospitals are provided by staff when an inmate returns to CMC. This presents an issue in regard to the inmate expecting to receive a drug that was recommended by another Doctor. However, CMC can only use drugs that are on a formulary and have been approved by the DRC Central Office.

The ODRC has an approved formulary of medication with some generic substitutes. The formulary mental health medication is reported to be very restrictive. However, in follow-up communication with central office mental health staff, reported concerns regarding the formulary have been thoroughly reviewed and the conclusion is that it is not deficient. A reasonable means is reportedly provided to enable non-formulary medications to be authorized. On the day of the inspection, CMC staff relayed that they responded to an emergency which reportedly required non-formulary medication.

Reportedly, many inmates do not understand that a recommended drug is not approved and is not available to DRC inmates. *As these situations pertain to specialists, CIIC staff continue to believe that part of the solution is to improve communication from DRC to the specialists to ensure that their recommendations are based on what is available.*

According to the information provided by staff, Cadre inmates may carry all prescribed medications except for controlled medications. Reportedly, controlled medications will be dispensed at prescribed times by the Nursing staff. According to their Medical Monthly Institutional Statistical Summary, as November 30, 2009, the Corrections Medical Center had the following volume of prescriptions and refills:

- 7,436 Medical prescription refills.
- 44,092 Mental Health prescription refills.
- 1,677 Medical controlled prescriptions

MEDICAL LAY INS

According to the information provided by staff, Cadre inmates will receive medical lay-ins as determined by the physician. Reportedly, any cadre inmate that becomes sick or injured and requires observation and/or treatment will be admitted to the third floor for Acute Care.

SICK CALL

Reportedly, inmates who wish to be seen during Nurse's sick-call must submit a Health Services Request form. Sick-call boxes, labeled white Red Cross boxes, are in each housing unit. Inmates receive a pass notifying them of their appointment date and time. Doctor's sick-call is conducted on Monday, Wednesday, and Friday at 1:30 p.m.

Physicals

Corrections Medical Center offers physical exams to inmates. Inmates over 50 years old are offered annual physicals. The physicals are scheduled during the month of their birthday. Reportedly, inmates who decline will be asked to sign a refusal form by the medical staff. Inmates between the ages of 40 and 50 years of age are eligible for a physical exam every two years. Inmates who are under the age of 40 are eligible for a physical exam every five years.

HOUSING UNITS

The Corrections Medical Center housing units provide housing for long-term and short-term male patients and female patients. The housing units are separated into three floors. Each unit is divided into corridors, with two wings (A and B) per corridor, for a total of four.

According to their inmate handbook, Corrections Medical Center inmates follow a daily schedule that is similar to most institutions. The following is an example of their daily schedule:

Corrections Medical Center Daily Schedule

Time	Activity
5:30 a.m.	All out counts are to be Control Center 1. Showers Closed.
6:00 a.m.	Lights on. All inmates are to be in their housing unit and cells for count. Institutional Count- Once the unit count on 2 South is cleared, the inmates on 2 South will be given access to the entire housing unit. This only applies to 2 South.
6:15 a.m.	Morning Meal-Breakfast Showers Open.
7:00 a.m.	Dogs Out.
7:30 a.m.	All inmates are to be out of their beds and bunks will be made. The only exceptions are night shift workers, long-term and short-term medical inmates. Work call for cadre inmates.
8:00 a.m.	Yard Open. Day Rooms Open.
9:00 a.m.	Showers Open.
10:00 a.m.	Barber Shop Opens.
10:30 a.m.	Showers Closed. Outside Recreation Yard Closed. Day Rooms Closed. All inmates are to be in their housing unit and cells for count. All out counts are to be in Control Center 1.
11:00 a.m.	Institutional Count- Once the unit count on 2 South is cleared, the inmates on 2 South will be given access to the entire housing unit. This only applies to 2 South.
11:20 a.m.	Noon Meal- Lunch.
12:00 p.m.	Showers Open. Work for cadre inmates. Day Rooms Open. Outside Recreation Yard Closed. All out count are to be in Control Center 1. All inmates are to be in their housing unit and cells for count.
4:00 p.m.	Institutional Count- Once the unit count on 2 South is cleared, the inmates on 2 South will be given access to the entire unit. This only applies to 2 South.
4:30 p.m.	Outside Recreation Yard Open.
4:45 p.m.	Evening Meal- Dinner.
5:15 p.m.	Mail Call.
5:50 p.m.	Showers Open. Day Rooms Open.
7:30 p.m.	(Winter Only- Dogs Out).
8:00 p.m.	Barber Shop Closed.
8:30 p.m.	All out counts are to be in Control Center 1. Showers Closed. Day Rooms Closed. Outside recreation closes or has closed at dusk, whichever comes first.
8:45 p.m.	All inmates are to be in their housing unit and cells for count.

9:00 p.m.	Institutional Count- Once the unit count on 2 South is cleared, the inmates on 2 South will be given access to the entire housing unit. This only applies to 2 South.
9:20 p.m.	Showers Open. Inside Recreation Day Rooms Open.
9:45 p.m.	Dogs Out.
11:30 p.m.	Shower Closed. Recreation Areas and Day Rooms Closed. Lights Out. Late Night Recreation- Inmates are permitted Television privileges and access to the telephones until completion of the TV movie after the 11:00 p.m. News. All other day rooms, including the library will be off limits at 11:30 p.m.
11:45 p.m.	All inmates in cells and doors locked.
12:00 a.m.	Institution Count.
3:00 a.m.	Institution Count.
4:30 p.m.	Food Service Workers to be awakened to report to work. Showers open.
6:00 a.m.	Institution Count.

SHORT-TERM HOUSING

The unit for short-term inmates and long-term female inmates is located on the third floor of the building. The service elevator available to staff and patients was used on the day of the inspection to access the third floor. A central nurse's station is located in the center of the area. The nurse's station includes a pill call room and an observation room for inmates who are severely ill. There are two negative air flow cells in each unit for inmates with tuberculosis.

Each of the rooms contains four or five beds. The rooms contain a wall-mounted television and bathroom in the front corner of the room that includes a sink and commode. Although the rooms did not have a shower, each unit has a "community" shower in the hallway. There is also a shower with accessibility for the handicapped.

Staff relayed the challenge of communicating with and managing inmates with security classification levels that range from level one to level 5B. Staff noted that some can be difficult to handle, and some just want to be left alone.

A-Wing

There are three single person cells in both A and B-wing for a total of 12 single-person rooms. According to staff, inmates are assigned to single-person rooms based on security classification and behavior. On the day of the inspection, most of the inmates were sleeping. According to staff, inmates from different institutions are placed in the same room.

CMC has one room specifically for inmates who have MRSA. There were four inmates housed in the room.

According to staff, they have 15 inmates who are receiving chemotherapy. The staff reportedly provides the inmates with a good understanding of their options for treatment. A sign outside one inmate's room alerted staff that the inmate has hearing loss, so that would be taken into consideration when speaking to him.

B-Wing

One inmate in B-wing was preparing to go to physical therapy to work on the parallel bars. In addition to housing short-term male inmates, B-wing also houses Death Row inmates and the

female inmate population. On the day of the inspection, one Death Row inmate was housed in B-wing. According to staff, the inmate could be assigned to room with another Death Row inmate if they can get along.

Staff also relayed that recreational opportunities are available to inmates who are physically capable of participating in activities. There are limited activities available including board games, and ping-pong.

FEMALE HOUSING

Both long-term and short-term female inmates are housed in the same unit due to limited space and the number of male inmates that are housed at the institution. The rooms are similar to the men in that there are four inmates per room. The major difference between the rooms for the men and the women is that the windows to each door are covered for privacy. In one of the four-person rooms, staff relayed that all four of the patients are long-term patients who would soon be released from the Corrections Medical Center.

A dayroom is provided for the inmates separate from their rooms. The dayroom consists of books for reading material, a study table and chairs, a television, pay phone, microwave, and a sink. In regard to using the payphones, staff relayed that long-term inmates have daily access to the phone. Short-term inmates must be at the institution for three days before they are permitted to make calls and have daily access.

Two inmates who were transferred to CMC from the Ohio Reformatory for Women and Franklin Pre-Release Center relayed that they are adjusting to their stay at CMC. The only concern that was expressed by the two is that they would like to have the ability to go outside for recreation.

Pregnant Inmates

Staff have relayed that CMC recently received more heroin dependant pregnant females. They are temporarily maintained on methadone to prevent miscarriage from heroin withdrawal. They must go through detoxification from the methadone after giving birth. This presents an immediate concern regarding the health of their baby, since the baby will be born addicted to the methadone. After the child is born, the baby remains in the hospital until completely withdrawn from methadone.

WORK CADRE HOUSING

The Work Cadre unit houses eight to ten inmates per room with four or five bunk beds depending on the size of the room. Staff relayed that there are 82 inmates involved in the Work Cadre program at CMC. The unit is also located on the second floor. Each inmate is permitted to have their own television. For those on the top bunk, their television is mounted on the wall above them. For inmates on the bottom bunk, their television was on the 2.4 cubic feet lockers at the end of their beds.

A piece of cardboard was hanging from the air vent. Facility staff explained that inmates often place cardboard or paper on the air vent to control the flow of air towards or away from their direction.

The bathroom was clean. A few water stains were observed, but there was no evidence of mildew or mold on the shower walls.

One inmate compared his stay at CMC to his previous institution. He stated that being at the Corrections Medical Center was 100% better than his previous institution. The inmate stated, "You never have to lock your locker here. It's much better here!"

Dog Program

One of the units is used for those participating in the dog program, which involves six Work Cadre inmates and six dogs. The dogs were well trained and well behaved. All of the dogs were Pomeranian rescue. Inmates relayed that the puppies are fed on a bottle for up to six months.

Staff relayed that the dog handlers let their dogs interact with some of the long term patients.

It was also noted that facility staff can have their own dogs groomed by the dog handlers.

Recreation Room

During the walk-through of the Work Cadre unit, CIIC observed inmates lifting weights in the recreation room, which included a pool table, universal weight machine, and two pull-up machines. Approximately eight inmates were working out and listening to Hip-Hop music on a boom box.

LONG TERM HOUSING

The layout for the long-term inmate unit was similar to the short-term patient and female patient units. The long-term patient unit resembles a nursing home. Many of the inmates in the unit were older and appeared too weak to move around without assistance.

Nursing Home Placements

Facility staff relayed that system-wide, the nursing home placement population is getting larger and they are sicker when they reach their release date. Corrections Medical Center has two Case Managers, and both place patients into nursing homes. According to staff, due to their condition, these inmates would need to be placed in a nursing home on release, even if they have families. Some facility staff relayed that the other prisons need to train their own staff to place inmates in nursing homes. Although the CMC Case Managers do not mind assisting other institution staff with such placements, with the staff shortages system-wide, CMC staff are already stretched thin.

Contradictory comments were expressed by different staff regarding the extent to which nursing homes are willing to accept inmates on release from prison. Some indicated that such homes exclude offenders based on their offense, making it extremely difficult to find any such placements, while some indicated that in contrast to the past, some nursing homes will take anyone.

Regency Manor Nursing Home

In the review of the Inspector's Monthly Activity Reports in 2009, it was noted that on three occasions "rounds" were made at the Regency Manor Nursing Home. According to the DRC Program Budget Request for FY 2008-2009 submitted to OBM on October 2, 2006, "The utilization of Regency Manor to place patients needing a *higher level of care than can be provided within CMC but less care than OSU* is anticipated to save an estimated $6,000 per patient-day." CMC staff were contacted by the CIIC Director on April 7, 2010 to seek clarification as to what level of care is reportedly lacking at CMC that is provided in a nursing home. It was explained that only *ventilator-dependent patients* have been placed in the nursing home, estimated at approximately five inmates in the last year. Staff also relayed that there are two officers assigned around the clock for such patients.

It was clarified that Regency Manor discontinued accepting inmate patients reportedly because of their restricted movement, so Select Manor is now used instead. It was also explained that in these cases, the *underlying condition is addressed at OSU but they need to be "weaned off" ventilation. It is considered very good news that CMC plans to have two beds for ventilator dependent patients in its own facility, possibly using contractual services for respiratory therapy on an as needed basis.* Staff explained that the need for such ventilators was non-existent in the past, but the need has grown with the increased number of older inmates. The nursing home has reportedly been in use for inmates for the last five years.

To further clarify the level of care provided at CMC, particularly in comparison with the new medical center at the Pickaway Correctional Institution, it was relayed that *CMC has a higher level of certification, ACLS (Advanced Cardiac Life Support) and can "run codes like a hospital." It was also relayed that CMC provides long term "skilled nursing care." CMC also serves as a transition between OSU Hospital and the parent institution. Pickaway Correctional Institution's medical unit was described as "more like a nursing home" and they have the dialysis unit.*

Hospice

Corrections Medical Center offers a hospice program for men, entitled "C.A.R.E." Terminal inmates qualify for the program if there are no curative efforts being taken or they are within six months of death. The dayroom included a fish tank, books, and a television. *The area was clean and orderly.* The CIIC informational memorandum was posted on the bulletin board.

On the day of the inspection, there were two beds in the hospice. One bed had a special therapy support that prevents bed sores. Staff indicated that the innovation has been available for about ten years. It prevents the need to keep turning a bedridden patient that otherwise is necessary to prevent bed sores.

Facility staff relayed that they make every possible effort to accommodate the patients. For example, it was noted that if a hospice patient only wants to eat macaroni and cheese, they will provide it. Staff relayed that when an inmate is within one week of death, a vigil is started for them. Inmates trained in "Stephen Ministry" spend time with dying inmates and accompany them through the dying process. It was reported they have had good results with the program.

Facility staff expressed a need for a similar program to assist dying females. According to staff, Corrections Medical Center was built as a male only facility before female inmates were later admitted. Since there is no female Work Cadre to address the needs of female Hospice patients, they reportedly have no or limited access to such Stephen Ministry support. There access is limited to the availability of volunteers. Reportedly, the religious staff has made a solid effort to get volunteers for the female inmate population but without much success. On the day of the inspection, CMC reportedly had two volunteers. CMC also reportedly had one female hospice patient.

EXPECTATIONS QUESTIONS AND RESPONSES:

RESIDENTIAL UNITS

1. Do prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions? **Yes.**

2. Are cells and communal areas (blocks, dorms, dayrooms) light, well decorated and in a good state of repair? **Yes.**

3. Do all prisoners occupy accommodation that is suitable for the purpose and for their individual needs? **(Blank)**

a. Are there cell sharing risk assessments? **Yes.**

b. Are cells sufficiently warm in winter and cool in summer? ***No.***

c. Are cells ventilated and do they have sufficient daylight? **Yes.**

d. Do prisoners have their own bed, corkboard, lockable cupboard/locker box, and use of table and chair? **Yes.**

e. Are older prisoners in shared cells with bunk beds given priority for lower bunks? **All lower bunks.**

f. Do shared cells have screened toilets? ***No***

4. Are reasonable adjustments made to ensure that prisoners with disabilities and those with mobility problems can access all goods, facilities, and services? **ADA Requests.**

a. Do prisoners with disabilities and those with mobility problems have ease of access to different locations and services? **Yes, elevators.**

b. Are older, infirm and disabled prisoners assigned to landings, which hold most of the communal facilities?
Yes.

5. Is there a system whereby nominated volunteer prisoners on each residential unit are trained to help less able prisoners and they are paid for this work? **Yes.**

a. How are volunteers identified, trained and assigned? **Policy**

6. Are residential staff aware of prisoners within their care with disabilities and their location? **Yes.**

a. Are safe evacuation procedures in place to assist those prisoners who may need help in an emergency? **Yes.**

b. Are there visible markers on cell doors? **Yes.**

c. What system is in place to highlight to other staff that any prisoners with disabilities and/or mobility problems may need assistance in an emergency? **Call Buttons.**

7. Do prisoners have access to drinking water, toilet and washing facilities at all times? **Yes.**

a. Is water in the cells certified as drinking water, if used in this way for prisoners? **Yes**

8. Are age-appropriate risk assessments in place to ensure the safety of young adults from any other prisoners? **Yes.**

a. Are there single cell risk assessments? **Yes.**

b. What are procedures in any case where young adults are identified as posing a risk to others? **Screened and kept separate in single cell from General Population.**

9. Do all prisoners have access to an in-cell emergency call button/bell that works and is responded to within five minutes? **Yes.**

10. Do observation panels in cell doors remain free from obstruction? **Yes.**

11. Is there a clear policy prohibiting offensive displays, and is it applied consistently? **Yes.**

12. Are prisoners' communal areas (activity and shower areas) clean, safe, meet the needs of the prisoner population, and effectively supervised by staff? **Yes.**

a. Are there adaptations for older, infirm and disabled prisoners? **Yes.**

13. Do prisoners feel safe in their cells and in communal areas of the residential units? **Yes.**

a. Is there a suitable design of residential units e.g. good sightlines, and supervision in high-risk areas? **Yes.**

14. Are notices displayed in a suitable way for the population? **Yes.**

a. Is adequate provision made for any prisoners who cannot read notices because of literacy, language, or eyesight problems or any other disability? **Yes.**

15. Are residential units as calm and quiet as possible both to avoid incidents and to enable rest and sleep, especially at night? **Yes.**

EXPECTATIONS QUESTIONS AND RESPONSES:

CLOTHING AND POSSESSIONS

1. Do prisoners have enough clean prison clothing of the right size, quality and design to meet their individual needs? **Yes.**

    a. Are older prisoners provided with additional clothing and bedding, if required, without the need for medical permission? ***No.***

2. Do prisoners have at least weekly access to laundry facilities to wash and iron their personal clothing? **Yes.**

    a. Do they have access to laundry/exchange facilities outside the weekly rotation? **Yes.**

3. Is prisoner property held in secure storage, and can prisoners access their property within one week of making a request? **Yes.**

4. Are prisoners fairly compensated for clothing and possessions lost while in storage? **Yes.**

5. Is there a standard list detailing the possessions that women prisoners are allowed to keep, and used across all women's prisons? **Yes.**

    a. Is there a standard list also employed for male facilities of the same security category? **Yes.**

6. Are suitable clothes and bags available to discharged prisoners who do not have them? **Yes.**

7. Are facilities available before discharge to launder clothes that have been in storage for long periods? **Yes.**

EXPECTATIONS QUESTIONS AND RESPONSES:

HYGIENE

1. Are prisoners encouraged, enabled and expected to keep themselves, their cells and communal areas clean? **Yes.**

    a. Are older and disabled prisoners enabled to keep themselves and their cells clean? **Yes.**

2. Do prisoners have ready access to both communal and in-cell toilets, baths and showers in private? **Yes.**

a. Are screened toilets in shared cells? **No, each room has a bathroom.**

*b. Is there a shower cubicle adapted for use by older, less able or disabled prisoners as well as baths with grab handles?***Yes.**

3. Are prisoners able to shower or bathe daily, and immediately following physical activity, before court appearances and before visits? **Yes.**

a. Is there access at any time during the day? **Yes.**

b. Are older, less able or disabled prisoners helped to have a bath or shower every day? **Yes.**

4. Do prisoners have access to necessary supplies of their own personal hygiene items and sanitary products? **Yes, medical staff.**

5. Is fresh laundered bedding provided for each new prisoner on arrival and then on at least a weekly basis? **Yes.**

a. Is there a system for the replacement of mattresses in operation? **Yes.**

b. Are clean pillows available for new prisoners as well as other bedding? **Yes.**

6. Is a prisoner's valuable property routinely security marked before it is issued? **N/A.**

QUESTIONS AND RESPONSES TO CORRECTIONAL FAITH-BASED INITIATIVES TASK FORCE RECOMMENDATIONS

<u>Infrastructure</u>

1. Is DRC/DYS being encouraged, wherever practical, to use faith-based and community programs that address documented criminogenic needs? How? By whom? **The Religious Services Department is regularly encouraged by the Administrator and by Central Office in regular meetings.**

a. Is DRC/DYS in conjunction with the Governor's Office of Faith-Based and Community Initiatives, making available to the faith community, examples of evidence-based programming shown to impact offenders' lives? What examples? How are they being made available? **The information is available on the DRC website.**

b. Is information being used and disseminated to faith-based and community organizations so that they provide programs that are evidence based and can truly impact the lives of ex-offenders and their families? **The information is available on the DRC website.**

c. What is in place to ensure that the recommendation is implemented? **Chaplains submit quarterly reports to Central Office.**

d. What methods of program evaluation are being explored to further document program success? What methods are in place? **The DRC Reentry Steering Committee meets quarterly to monitor the program.**

2. Is the DRC/DYS Director working with wardens/superintendents to develop programs that will facilitate a cultural change in institutions to encourage collaboration with faith-based and community service providers? How? What programs have been developed? **This collaboration is occurring. The Administrator in staff meeting continues to stress reentry.**

a. Is the culture within the institution continuing to evolve to encourage community volunteers? Explain. **The culture is evolving as there is increasing staff involvement in recommending volunteers.**

b. How is the warden/superintendent supporting and encouraging a cultural shift and institutional change as a day-to-day practice to encourage community volunteers? **The Administrator attends events, affirms staff and networks with security.**

c. How is the DRC/DYS administration working with wardens/superintendents to collaboratively develop protocols that will proactively assist with changing the culture? **Policies were reviewed in 2008.**

d. Have such protocols been developed? **Yes.**

e. What are they? **Policies regarding volunteers were reviewed and necessary changes implemented. Reentry is discussed during annual staff in-service sessions.**

f. Have policies been reviewed to determine if they might inhibit use of community, and have necessary changes been made accordingly? **Yes. By Central Office.**

g. What policies have been reviewed? By whom? **Policies 02-REN-02 and 02-REN-04.**

h. What policies have been changed so that they do not inhibit use of community volunteers? **(None)**

3. Has DRC/DYS developed a marketing plan to assist in recruiting volunteers from the community and faith-based institutions? **A video was produced by DRC.**

a. Does the plan discuss educating volunteers about the justice system? **Yes.**

b. Is there a need to increase programming for incarcerated offenders to improve the likelihood they will be reintegrated into the community successfully upon release from prison? What programming exists? What programming is needed? **The Department continues to expand programming.**

c. Is the faith community being encouraged to volunteer to provide programs and services to assist offenders in both the institutions and the community? How? **Programming exists that addresses the domains of reentry.**

d. Has a marketing plan been developed to overcome the public's misperceptions of offenders? **Yes. Through the website and community contacts.**

e. Has DRC developed an educational program to motivate the faith community to get involved in volunteering, including a video to educate volunteer groups about offenders and their needs in institutions? **Yes. Through use of the video.**

f. Is information provided on how individuals and groups can volunteer in the prisons? **Yes. Through the website and video.**

g. Does the marketing campaign include information on the needs of the adult/youthful offenders, information on how the justice system works, and information on the different ways to volunteer? **Yes**

4. Has DRC/DYS developed a standard training program for staff, volunteers, and the community to facilitate working in institutions together? Explain. **Yes, they have. All concerns are addressed in training.**

a. Does the program include information on:

- 1. Ethics of working with offenders? **Yes**
- 2. Confidentiality issues? **Yes**
- 3. Ensuring safety and security of volunteers? **Yes**
- 4. Working with volunteers? **Yes**
- 5. Rules and regulations for volunteers? Y**es**

b. Does the program include information to volunteers on the security requirements for the institution, why the requirements are in place, and how to properly work with offenders? **Yes.**

c. Has a standardized training program been developed for volunteers to facilitate their work in institutions? **Yes**

d. Has DRC/DYS established an orientation program for volunteers, held at preset intervals to allow community organizations to plan for the training as part of their program planning? **Yes**

5. Has Ohio law been revised to remove unnecessary and unreasonable collateral sanctions which inhibit offenders' successful reentry? **Yes.**

6. What improvements have been made regarding communication about programs and services between:

- Staff and volunteers? **Training**
- Staff and the community? **Training**
- Other parts of the criminal justice system and the community? **Training**

a. What improvements have been made in effectively communicating among staff within the facilities, as well as with the community? **Staff receives progress reports from Religious Services monthly. Website is used to communicate with the community. Central Office networks with outside agencies.**

b. Has an improved communication mechanism been developed in order to ensure these efforts? **Yes**

c. Has the system been developed collaboratively with staff and volunteers to address observed problems? **Yes**

Alternatives To Incarceration

7. Has the statute been revised to increase judicial use of community options for non-violent offenders so prison space can be reserved for violent offenders? **Not at Local Level**

a. Working with faith-based and community service providers, have programs been developed in the community to effectively provide treatment while protecting public safety? **Not at Local Level**

b. Has the Ohio Criminal Sentencing Commission reviewed additional options to encourage judges to use these community options rather than sending non-violent offenders to limited prison space? **Not at a Local Level**

c. Have local probation departments prepared a listing of community options currently available for judicial use? **Not on a Local Level**

d. Have faith-based and community programs contacted local probation departments through the Juvenile Court, Common Pleas Court, and Municipal Courts to inform them of programs and services available? Explain. **Not on a Local Level**

8. Are faith-based and community programs being encouraged to supplement existing community and diversionary programs for offenders and to provide services that are not currently available? How? **Not on a Local Level**

a. Is DRC/DYS working with community organizations and probation departments to expand services available for offenders? How? **Not on a Local Level**

b. Has a community model been created that will help meet the basic needs of offenders within the community? Is it being created? Explain. **Not on a Local Level**

9. Has DRC/DYS taken a more active role in linking with the faith-based community to develop programs to meet the gaps in services to adult and juvenile offenders? How? **Not on a Local Level**

a. Has DRC/DYS reviewed current grant or subsidy programs to determine eligibility for faith community programs, in order to increase the number of faith-based and community programs available to judges for sentencing? **Not on a Local Level**

b. Following identification of funding sources, is DRC/DYS actively working with the Governor's Office of Faith-Based and Community Initiatives to provide information to these organizations on funding availability? How? What is in place? **Not on a Local Level**

c. Is the Governor's Office of Faith-Based and Community Initiatives providing technical assistance to the faith community to assist them in developing competitive applications for state and federal funding? **Not on a Local Level**

10. Has DRC/DYS, and Job and Family Services expanded efforts in partnership to work with employment centers and the faith community to increase practical employment opportunities for offenders in the community? Explain. **Not on a Local Level**

a. Has a job placement program been implemented? **Yes**

b. Does it provide:

- Information on job fairs to ex-offenders? **Yes**
- Education of businesses/employers on the benefits of hiring ex-offenders? **Yes**
- Incentives for employers to hire ex-offenders (i.e., tax breaks)? **Yes**
- Increased involvement of faith-based and community groups? **No**

c. Is there collaboration between the DYS, DRC and Job and Family Services who started the employment centers in Ohio? In what way? **Not on a Local Level**

d. Has a program been implemented with the goal to get jobs for offenders upon release, and also to match them up with jobs of interest to the offenders, specifically ones at higher wages and skill levels, if possible? Explain? **Not on a Local Level**

e. Has the DRC Omnibus Reentry legislation been enacted to reduce unnecessary sanctions in the law and thus made training more relevant? **Not on a Local Level**

<u>Institutional Programming</u>

11. Is DRC/DYS working with the faith community and faith volunteers to develop and expand programs within the institutions? **Not on a Local Level**

a. Do current programs include the following? Are they being developed? Are they being expanded? **No**

- Life skills? **No**
- Financial management and budgeting? **No**
- Personal hygiene? **No**
- Family programs including:

    - Family and community-based orientation? **No**
    - Family mediation? **No**
    - Family education and orientation program? **No**
    - Transportation and video conferencing for visitation? **No**
    - Parenting? **No**

b. Dynamic risk factors that impact offender behavior and risk of reoffending include: antisocial personality, companions, interpersonal conflict, social achievement, substance abuse, and criminogenic needs. Treatment programs can influence and change offender behavior during the time they are in an institution. Programs that address criminogenic needs are programs designed to change offender attitudes, cognitions, behavior toward authority, employment instability, education, housing, and leisure time.

Is DRC/DYS working proactively with faith-based and community groups in the development of programs that will meet the criminogenic needs of offenders in institutions? How? **Not on a Local Level**

c. Have specific life skills programs been developed in the following areas?

- Budgeting? **No**
- Parenting? **No**
- Job searches? **No**
- Anger management? **No**
- Appropriate leisure-time activities? **No**

d. Is emphasis centered on using a mentor-type relationship for such training? **No**

e. Has legislation created a new community-based reorientation program whereby non-violent offenders could be released to the community up to 30 days prior to the expiration of their sentence to arrange for suitable employment, housing, treatment services, etc.? **No**

f. Have video-conferencing opportunities for the families, particularly children of offenders, been expanded? Are they used as an incentive program? **No**

g. Do volunteers facilitate the improvement of family relations through coaching in basic relational skills or involvement in family mediation programs? **No**

12. Has DRC/DYS expanded partnerships with national organizations including faith-based and community organizations to provide programming in state institutions? Explain. **No**

a. Does DRC/DYS have a stated plan for the extent of their involvement in prison programming that specifies any limitations seen as necessary? What is it? **No**

13. Does DRC/DYS involve the faith community when appropriate, in the development of release plans for the offender that flow from the institution to community reentry? Explain. **No**

a. Are community actors and organizations a part of reentry planning for those offenders who will shortly be returning home? Explain**. No**

b. The best ideas and programs will serve no purpose in helping offenders live out productive lives after their release if there is no effective community follow-through. Is there effective community follow-through? **Yes**

c. Is there a mentorship program for offenders at your facility? **Yes**

d. Are faith-based and community volunteer groups actively developing such a program for participation by offenders at your facility? Explain. **No**

Re-entry Programming

14. Have methods been developed to increase and encourage the involvement of the faith community in various reentry efforts, and to encourage collaboration among faith groups? What are they? **Programs through the Chaplain at CMC**

a. What has been done to make the faith community aware of programs and training for the faith community's involvement? **Programming exists that addresses the domains of reentry.**

b. What has been done to create awareness among the faith community of the needs of ex-offenders and the avenues to get involved? **Programming exists that addresses the domains of reentry.**

c. What effort has been made to inform the faith community of the needs of ex-offenders and volunteer opportunities available? **Yes. Through the website and video.**

d. Have leaders among the faith community been identified? How? When? **Through local contracts.**

e. Have staff been used to accomplish this, using existing organizations, groups and established relationships? Explain. **Any staff may make referrals.**

f. Has this educational opportunity been extended to faith groups of all kinds? **Yes**

g. Has an easily visible section been added to the DRC (or DYS) web site for the faith community that identifies different programming opportunities for volunteers? **Yes.**

h. Does the section contain volunteer opportunities linked to specific communities in Ohio, including contact information for volunteer coordination within each department or institution as needed? **Yes.**

15. Are offenders informed of various housing options before leaving prison or immediately upon release? How is this done? **Yes, through Case Managers**

a. Although the offender is no longer in prison, he/she is still subject to housing restrictions due to the crime committed (i.e. sex offenders), which creates more difficult circumstances and specialized needs. Are seminars, with free legal or consultation services provided, along with increased involvement of the faith community?

b. Is legal advice in these situations available? Have partnerships been formed with local law schools to achieve this end? **Not on a Local Level**

c. Are presentations by the federal Department of Housing and Urban Development provided to ex-offenders to provide information on their options upon leaving prison, and knowing how to navigate through the many restrictions placed on them? **No**

d. How has DRC/DYS made better use of existing federal programs that aim to address the issue of housing? **Not on a Local Level**

16. Has DRC/DYS partnered with grassroots and community organizations in an educational effort towards the general public aimed at decreasing the negative stigma of ex-offenders and making the public aware of the needs involved in the process of reentry? What has been accomplished and how? **Not on a Local Level**

a. What educational efforts have been made to:

- Assure the public that their best interest is at hand, that public safety is not at risk, but will improve with these efforts, and to
  Not on a Local Level

- Inform the public of the many needs of ex-offenders to help them transition successfully back into society?
  Not on a Local Level

b. Are grassroots agencies and advocacy groups being made aware of and sold on this effort, so that they can help to market the increased public safety and reduced criminal justice costs associated with effective offender reentry? How? **Not on a Local Level**
