

**CORRECTIONAL INSTITUTION INSPECTION COMMITTEE REPORT:
INSPECTION AND EVALUATION
OF THE
HOCKING CORRECTIONAL FACILITY**

Prepared and Submitted by CIIC Staff

February 11, 2008

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**CORRECTIONAL INSTITUTION INSPECTION COMMITTEE REPORT:
INSPECTION AND EVALUATION
OF THE
HOCKING CORRECTIONAL FACILITY**

INSPECTION PROFILE

Date of Inspection: November 1, 2007

Type of Inspection: Unannounced

CIIC Members and Staff Present: Representative John White
Shirley Pope, CIIC Director
Adam Jackson, Inspector
Brianna Michalak, Inspector

Facility Staff Present:* Samuel A. Tambi, HCF Warden
Robert England, HCF Deputy Warden of
Operations
Steven Neal, HCF Acting Deputy Warden of
Administration
Jerry Tolson, HCF Administrative Assistant
Dr. David George, Psychology Supervisor

*The CIIC spoke with many additional staff, including the Psychiatrist, Job Coordinator, Case Manager, Recreation Administrator, School Administrators, Guidance Counselor, Teachers, Correctional Officers, and Correctional Supervisors while they were in their respective areas during the course of the inspection.

Areas and Activities included in Inspection:

| | | |
|-------------------------|------------------------|--------------------|
| Administrative Building | Housing Units | Laundry |
| Entrance Building | Distant Learning Lab | Outdoor Recreation |
| Visiting | Mental Health Services | Indoor Recreation |
| Mailroom | Medical Services | Commissary |
| Library | Segregation | Multipurpose Room |

INSPECTION SUMMARY IN BRIEF

The following summary is taken in part from the communication relayed on November 1, 2007 by the CIIC Director to the DRC Assistant Director immediately following the inspection of the Hocking Correctional Facility.

The inspection was thorough and included the entire facility. The Warden, his staff, and the inmates were most helpful in their responsiveness to questions and open communication. The facility is *definitely full*. *The extent of crowding was most*

apparent in the dormitories where some need to stand sideways to walk between the rows of bunk beds. Still, with only an isolated exception, the inmates and the staff seemed content. Officers spoke positively of the behavior of the inmates in their area of supervision, and of the inmates generally at the Hocking Correctional Facility. Inmates involved in the canine program, afghan community service projects, and those simply drawing a picture in their dorm, seemed genuinely appreciative of the opportunities and almost peaceful environment, which they know is made possible because of staff. It was apparent that staff are dedicated and seem good for their elderly population.

The facility is old, but it was clean. Every inmate has a job, matched to his abilities. Staff and inmates were rightfully very proud of the newly renovated shower facilities off of the dormitories. The materials were modest, yet appeared to be of sturdy quality, and the finished appearance was warm and non-institutional.

Due to budgetary constraints, a fine maintenance/repair shop and greenhouse were unused due to the instructor vacancies, and many staff spoke of the inmates' need for such vocational programs. Following the inspection, the DRC Assistant Director not only promptly looked into the instructor vacancy issue, but also advised on November 2, 2007 that the Horticulture Instructor position would be posted.

There were many positives observed during the inspection, including the atmosphere, environment and interaction between inmates and staff. Suggestions are included in this report pertaining to food services regarding the extent to which adaptations may be warranted to meet the elderly population's special needs. The metal restraint vs. flex cuffs vs. soft restraint issue for outside medical trips discussed in the inmate concern section is another area in which improvements are suggested. It appears to be an area in which central office medical and security staff could merge their respective expertise to make a department-wide decision that is not only cost effective, but also meets security and medical needs.

STATUTORY REQUIREMENT TO ATTEND GENERAL MEAL PERIOD

In compliance with the statutory requirement, the CIIC attended the lunch meal in the inmate dining hall. According to the Inmate Handbook, meals are provided at 6:30 AM, 11:30 AM, and 4:30 PM. Although the institution is an older facility, the floors and walls of the cafeteria were observed as *clean and in good condition. The inmate food service workers wore the proper attire, with the servers wearing hairnets and gloves.*

Meal trays were brought to the tables for the non-ambulatory in wheelchairs, while the ambulatory inmates walked in single file through the food line to receive their tray of food. Some of the tables were marked for "Walk-Ins," while others were reserved for those in wheelchairs. Staff relayed that some inmates help other inmates to get to their meals, if such help is needed. *The inmates were observed as calm, orderly, and relaxed.*

The meal consisted of bratwurst, sauerkraut, mashed potatoes, crushed pineapples, two slices of white bread, and choice of juice or white milk. *The meal was considered to be adequate to good in portions, taste and temperature. The mashed potatoes included lumps that were not mashed, as well as potato skins that had not been peeled from the potatoes. In follow-up communication from facility staff, it was relayed that all potatoes are washed and peeled using an automatic potato peeler; potatoes are also checked by the cooks, and blemishes and eyes are removed prior to cooking. In general, some potatoes retain pieces of skin. However, as stated above, all potatoes are washed. It was further noted that potatoes with skin and lumps are indicative of servings in community restaurants, and now may be ordered as an entrée.*

The sausage link was good, but extremely difficult to eat with the lightweight plastic combination fork and spoon. However, the two bread slices could be used to eat the sausage as a sandwich. The crushed pineapples were considered good. In follow-up communication from facility staff, it was relayed that “Sporks” are used under emergency situations when the dish machine is not operable. Sporks are lightweight, but very economical. However, facility staff relayed that the facility will research plastic ware and discover an equally economical item meeting the needs of the older offender. Under normal conditions, a much larger rigid spork is used by offenders at every meal.

The milk was served in clear plastic bags that could be poured into a hard plastic cup. Some inmates chose to drink directly from *the bags, which were very difficult to open. Some inmates were observed opening the bags with their teeth. In follow-up communication from facility staff, it was relayed that bags will be opened on the serving line using a utensil and will be poured into the cup for the offender.*

During the general meal period, staff relayed that *every inmate has a job, and every job is matched to the inmate’s abilities and limitations.* It was explained that the inmates in khaki jumpsuits have the lowest security level, level 1A (formerly known as minimum level 1). Staff relayed that such inmates have the highest privilege level and work outside the fence at the carwash or the administration building, where the Warden’s office is located.

STATUTORY REQUIREMENT TO ATTEND REHABILITATIVE OR EDUCATIONAL PROGRAM

In compliance with the statutory requirement to attend a rehabilitative or educational program during each inspection, CIIC attended both types of programs including the unique Canine Companions program and Aerobic Exercise program, as well as classroom instruction and additional community service projects and programs, which are detailed in the relevant sections of this report.

FACILITY PROFILE

According to the Hocking Correctional Facility website of October 24, 2007, the facility is located on an 18.3 acre site, and was opened as an Ohio prison in 1983. It is also reported that the facility is *accredited by the American Correctional Association*. The GRF budget, which is subject to monthly review and adjustment, was reported to be \$13,170,255. *The daily cost per inmate was reported to be \$81.92.*

Staff

According to the website of October 24, 2007, the facility has *168 total staff, including 75 security staff which comprise 44.6 percent of their employees.*

According to information on HCF personnel provided on November 19, 2007, the Hocking Correctional Facility is *allotted 171 positions* by the Ohio Department of Rehabilitation and Correction's Central Office. Of that number, *165 or 96.5 percent of the positions were filled.* The six staff vacancies consisted of the following:

1 Account Clerk
1 Maintenance Repair Worker
1 General Activity Therapist
1 Nurse
1 Vocational Teacher
1 Horticulture Teacher

As of November 19, 2007, the staff racial breakdown was as follows:

- *141 employees were white, comprising 85 percent of the employees,*
- *19 employees were black, comprising 12 percent of the staff, and*
- *Five of the employees were other minorities, comprising three percent of the staff.*

In regard to gender, *109 employees were male, comprising 66 percent of the staff, and 56 employees were female, comprising 34 percent of the total employees.*

Inmates

As of October 24, 2007, the Hocking Correctional Facility had a total inmate population of 478, *with 364 white inmates comprising 76.2 percent, and 106 black inmates comprising 22.2 percent.* There were also seven Hispanic inmates and one inmate classified as "Other."

It was further reported that of the 478 inmates, there were *244 inmates classified as level one, comprising 51 percent of the population.* The remaining consisted of *233 level two (medium security) inmates, comprising 48.7 percent of their population,* and one level three (close security) inmate.

On the date of the inspection, November 1, 2007, the count sheet showed a total inmate count of 485, *including 14 inmates away with leave to the Correctional Medical Center, Ohio State University Hospital, or out to court.*

Mission/Vision Statements

According to the 2007 Hocking Correctional Facility Inmate Handbook, the *ODRC Mission Statement* is as follows:

The Ohio Department of Rehabilitation and Correction protects and supports Ohioans by ensuring that adult felony offenders are *effectively supervised in environments that are safe, humane, and appropriately secure.* In partnership with communities, we will promote citizen safety and victim reparation. *Through rehabilitative and restorative programming, we seek to instill in offenders an improved sense of responsibility and the capacity to become law-abiding members of society.*

The *Hocking Correctional Facility Mission Statement* is, “The Hocking Correctional Facility is dedicated to providing a *safe and secure environment for both staff and offenders. We provide quality programming for an aging offender population, so they may become productive and respectful citizens upon return to society.*”

The *ODRC Vision Statement* is, “The Ohio Department of Rehabilitation and Correction will demonstrate excellence in every facet of our operation to inspire confidence in our ability to continuously improve in a system that:

- Meets employee personal growth and professional needs;
- Demonstrates justice and fairness for community members, victims of crime, and offenders;
- Responds to the concerns of the citizens of Ohio and other internal and external stakeholders.”

The *Hocking Correctional Facility Vision Statement* is, “Working together to *create quality solutions for special needs offenders in a secure, humane environment.*”

Unique Programs

According to the Hocking Correctional Facility website, their unique programs include:

- Canine Companions for Independence Program
- Aerobic Exercise Program
- Action, Communication and Tolerance (ACT)

According to the HCF website, the Canine Companions for Independence Program began in February 1999. *The program is cited as “unique” because the Hocking Correctional Facility is reportedly “the only male institution in the United States to raise these puppies.”* It is further explained that during the puppies’ stay at the facility, which is approximately one year, they are trained in 28 commands using a training tool called a Halti (or “gentle leader”). The Halti guides the puppies in their training while requiring very little effort to gain the attention of the canine. This is especially helpful to people with disabilities that have limited strength. After a year of training at the institution, the dogs are returned to Canine Companions where they complete advanced training before being placed with an individual with a disability.

According to their website, the *Aerobic Exercise program* at the Hocking Correctional Facility consists of three levels of aerobic exercise: Chair, Intermediate, Advanced.

The different levels of exercise allow inmates with different levels of physical ability to participate. Before inmates can move on to the next level, they must be evaluated by the Medical Department, which determines if advanced levels are recommended. Aerobic Exercise Programs are offered at 5:00 a.m. and 7:00 p.m.

According to their website, the Action, Communications, and Tolerance (ACT) Program is open to all inmates. *This program assists inmates in evaluating their behavior and how it impacted the commission of their crime. The program assists the inmates in taking responsibility for their actions and understanding the impact of their crime, not only on themselves and their victims, but also on their families and the community as well.*

Other Inmate Programs

The website lists their community service, vocational, and academic programs as follows:

Community Service

- Highway litter pickup for the Ohio Department of Transportation
- Ohio State Patrol grounds keeping
- Nelsonville City Schools grounds keeping
- Trimble Local Schools grounds keeping
- Canine Companions
- Pound Rescue of Athens
- Basket making for Habitat for Humanity
- Crayons to Computers

Vocational

- Building Maintenance
- Apprenticeship
- Vocational Horticulture
- Animal Trainer – Apprenticeship

Academic

- Pre-GED
- GED
- Hocking College
- Literacy program

Educational/Vocational Programs

The inspection included a brief discussion with staff in the Educational Department. They expressed *concern regarding the inability to fill the Vocational Program Instructor vacancies for budgetary reasons, noting the value and positive impact of vocational programs.* The Education Program section of the Inmate Handbook states, “If you like working with your hands, the *Vocational Building Maintenance Program* will teach you how to wire, plumb, install heating, air conditioning, and carpentry. *The Horticulture Program teaches how to grow plants, flower arranging, propagation, and urban gardening.*” As indicated above, *both vocational programs were closed at the time of the inspection, due to budgetary constraints, which prevented filling the instructor vacancies required to restart the programs. CIIC was most pleased to learn following the inspection that at least the Horticulture Instructor vacancy has been posted and the hiring process can begin.*

According to the Inmate Handbook, *most of the education programs at the Hocking Correctional Facility have been selected and adapted for the older offender.* Enrollment is on a *priority basis, as space allows, and is based on the inmate’s outdate or parole board date.* Inmates are directed to contact the Guidance Counselor in order to be enrolled or to be evaluated for an educational program. The CIIC spoke with the Guidance Counselor who relayed that he serves the entire inmate population, helping them match their educational needs to programs that meet those needs.

The Inmate Handbook states that inmates who do not have a high school diploma or GED are *required to complete at least two quarters of Adult Basic Literacy Education, Pre-GED classes or GED classes.* Literacy classes are designed for students with reading scores below 6.0 on the TABE. Pre-GED classes are for those between 6.0 and 8.9. GED classes are designed for those above 9.0. Inmates are advised that those who complete the minimum mandatory requirements, but withdraw from the school program prior to earning a high school diploma or GED will be treated as voluntary students and may be *enrolled on a first-come, first-served basis.*

The Inmate Handbook further states that if an inmate has a high school diploma or GED, he may be able to attend *Advanced Job Training (AJT) classes,* offered through Hocking College. Inmates are advised to contact the *Guidance Counselor or School Administrator* for information on admission requirements. According to the Handbook, the Apprenticeship program offers training in: *Maintenance Repair, Environmental Service, Welding, Electrician, Cook, Baker and Janitor.* It is noted that there is a reading score requirement of 8.0 (231) or higher. Inmates must also

have enough time left on their sentence to complete at least 50 percent of the apprenticeship hours, and inmates must be physically able to perform the work.

Ohio Central School System Monthly Enrollment Report

A review was made of the Ohio Central School System Monthly Enrollment Report submitted by the Hocking Correctional Facility for the month of October 2007. The following statistics are provided in the report:

Table 1. Academic Education Program Enrollment at HCF in October 2007 and Year to Date, with Waiting List, and Certificates in the Month and Year to Date

| Program | For Month | Year to Date | Waiting List | Certificates for the Month | Certificates Year to Date |
|-----------------------|-----------|--------------|--------------|----------------------------|---------------------------|
| Literacy | 58 | 85 | 64 | 0 | 8 |
| ABLE | 0 | 0 | 0 | 0 | 0 |
| Pre-GED | 18 | 25 | 40 | 0 | 3 |
| GED | 16 | 23 | 46 | 0 | 6 |
| GED Evening | 0 | 0 | 0 | 0 | 0 |
| HS Options | 0 | 0 | 0 | 0 | 0 |
| Academic Total | 92 | 133 | 150 | 0 | 17 |

The Monthly Enrollment Report also shows *0 enrollment in the Horticulture and Building Maintenance Career-Tech programs in October*. The most recent report received on January 7, 2008 for the month of December still shows *no enrollment in either program. The report states that they still have no Building Maintenance Program and no Horticulture Program.*

The October report shows seven inmates enrolled in an *Apprenticeship Program* in the month, with 12 enrolled in the year to date, and *31 inmates were on the waiting list. Advanced Job Training* enrollment was reported to be zero in the month and year to date.

GED statistics were reported as follows:

Table 2. GED Enrollment at HCF for October 2007 and Year to Date

| Program Item | For Month of October 2007 | Year to Date |
|---------------------------------|---------------------------|--------------|
| Total GEDs given | 6 | 15 |
| Total GEDs passed | 0 | 6 |
| Literacy Tutors | 10 | 11 |
| Other Tutors | 2 | 3 |
| Tutors Trained | 0 | 12 |
| Tutor Hours | 630 | 2,219 |
| Children served in Reading Room | 31 | 75 |
| Narrator Hours | 0 | 0 |

The report notes that the results were not back from the GED tests, and that they have *no Narrator.*

Religious Services

The Inmate Handbook states that religious activities offered at the Hocking Correctional Facility are entirely voluntary. Worship services, study groups, and pastoral counseling are routinely available. Catholic Services are held on Tuesdays, while Protestant Services are held during the week. The Handbook also states that the Religious Services Department has an *open door policy*. Inmates are advised that they *do not need to send a kite to see the Chaplain*. Regular office hours are Monday through Thursday in the afternoon. It is noted that a library of books and tapes is available in the Chaplain's office. The Handbook states, "*If you have a crisis or emergency do not hesitate to see the Chaplain at any time.*"

Recovery Services

According to the Inmate Handbook, the mission of the Recovery Services Department is to provide the most *current information and up to date treatment philosophies* available to the inmate population. It also states that Recovery Services are entirely voluntary. *Inmates that wish to receive help with their addictions (drug, alcohol, gambling, etc.) are directed to kite Recovery Services. Assessments will then be completed and an appropriate level of care will be recommended.*

Recovery Services Monthly Report

On the day of the inspection, CIIC met with Recovery Services Staff who provided information from the Recovery Services Monthly Report for August 2007. Included in the monthly report is information on the Recovery Services Program as provided below:

| | | | |
|-----------------------------|---|------------|---|
| Current GRF Positions: | 1 | Vacancies: | 0 |
| Current 4D4 Positions: | 1 | Vacancies: | 0 |
| Current Grant Positions: | 0 | Vacancies: | 0 |
| Current Contract Positions: | 0 | Vacancies: | 0 |

Number of Alcohol and Other Dependency Staff by Title:

| | |
|-----------------------------------|---|
| Correctional Program Coordinator: | 2 |
| Credentialed Staff: | 2 |
| A.O.D. Supervisor: | 0 |
| Secretary: | 0 |

The monthly inmate drug testing report is included in the Recovery Services Monthly Report. Below is a breakdown of the monthly inmate drug testing results by month and year-to-date:

Table 3. HCF Recovery Services Monthly Report for August 2007 with Drug Tests and Results in the Month and Year to Date

| Drug Test Results | Number Tested in the Month | Number Tested Year to Date |
|-------------------|---------------------------------------|---------------------------------------|
| Random | 24 | 45 |
| For Cause | 0 | 0 |
| Programs | 20 | 40 |
| Total | 44 | 85 |
| | | |
| Drug Test Results | Number of Positive Tests in the Month | Number of Positive Tests Year to Date |
| Random | 0 | 0 |
| For Cause | 0 | 0 |
| Programs | 0 | 0 |
| Total | 0 | 0 |

According to the data above, the Hocking Correctional Facility had 85 inmates tested for drug use as of the end of August 2007. Per the information above, *none of the 85 inmates tested positive*. In accordance with DRC Policy 70-RCV-03 regarding Inmate Drug Testing, inmates at the Hocking Correctional Facility are tested randomly, for programs, and for cause.

Tobacco Use/Cessation

In addition to information on Alcohol and Other Drug testing, the Recovery Services Monthly Report also provides information on tobacco use at the Hocking Correctional Facility. This includes information on the voluntary tobacco cessation program, and tobacco sales in the commissary. According to the information provided by staff, the voluntary *tobacco cessation program is nine weeks long with a capacity of 12 inmates*. There were *no reported monthly or year-to-date admissions to the mandatory or the voluntary tobacco cessation program*.

The Recovery Services Monthly Report states that the total dollar amount of tobacco sales in the commissary was *\$3,931.00 for the year to date, and zero for "tobacco cessation aids" sold in the commissary*.

Sand Program

Information on the *Intensive Outpatient Program* is also included in the Recovery Services Monthly Report. The Sand Program is reported to be *from 12 to 14 weeks in length and has a capacity for 12 inmates*. *The program was at full capacity with 12 inmates in the month based on the August 2007 report*. While there were no successful completions by the inmates in the month, *three inmates were reported as unsuccessful completions*. There were reportedly *nine inmates who carried over to the next month*.

The same monthly report indicates that there were *five clients in the “SAMI” Program*. SAMI Programs throughout the prison system have been described as for those who not only have substance abuse problems, but who also have been diagnosed with mental illness.

Sand Program Questionnaires

Upon completion of the Sand Program, inmates are provided with a questionnaire to provide feedback on their experience. The questionnaire includes 12 questions pertaining to the effectiveness of the program. The questionnaire provides inmates with an opportunity to express concerns or make suggestions for improvements to the program. Questions regarding the effectiveness of the program require a response of: “*definitely yes, yes, not sure, no, and definitely no.*” Questions regarding Program Services and the Counselor require a response of “*very good, good, fair, poor, and very poor.*”

The Hocking Correctional Facility staff provided CIIC with a sampling of four completed questionnaires. The questions and inmate responses are provided below:

Table 4. Sand Program Questionnaire Responses

| QUESTION | Definitely YES | YES | NOT SURE | NO | DEFINELY NO |
|--|---------------------|--------------------|--------------------|---------------------|--------------------|
| Did the program increase your knowledge about drug/alcohol use? | 4 out of 4 100 % | | | | |
| Was the material that was discussed or presented too hard to understand? | | 1 out of 4 25 % | | 2 out of 4 50 % | 1 out of 4 25 % |
| Did the program change your attitudes or opinions about alcohol/drug use? | 4 out of 4 100 % | | | | |
| Was the length of the program satisfactory? | 2 out of 4 50 % | 1 out of 4 25 % | 1 out of 4 25 % | | |
| Were the handouts helpful? | 3 out of 4 75 % | | 1 out of 4 25 % | | |
| Do you feel that the program was too long? | | | | 3 out of 4 75 % | 1 out of 4 25 % |
| Do you feel that the program was too intensive, that it tried to include or cover too many things? | | | | 4 out of 4 100 % | |
| Do you feel that the program has helped you to resist drugs and alcohol in prison? | 4 out of 4 100 % | | | | |
| Do you feel that the program has helped you to resist drugs and alcohol when you are released from prison? | 4 out of 4 100 % | | | | |
| Do you believe that it is possible to socialize without drugs or alcohol? | 4 out of 4 100% | | | | |
| | Very Good | Good | Fair | Poor | Very Poor |
| Overall, how would you rate the services you received in the program? | 3 out of 4 75 % | 1 out of 4 25% | | | |
| Overall, how would you rate your counselor? | 2 out of 4 50 % | 2 out of 4 25 % | | | |

GRIEVANCE PROCEDURE

Administrative Rule 5120-9-31 regarding the Inmate Grievance Procedure provides an outline of the proper steps of the grievance procedure. Inmates have access to Administrative Rules and DRC Policies in the law library. The grievance procedure is designed to address inmate complaints related to *any aspect of institutional life* that directly and personally affects the inmate grievant. This may include complaints regarding *policies, procedures, conditions of confinement, or the actions of institutional staff*. However, according to Administrative Rule 5120-9-31, the inmate grievance procedure may *not* serve as an additional or substitute appeal process for hearing officer decisions, rules infraction board decisions or those issues or actions which already include an appeal mechanism beyond the institutional level or where a final decision has been rendered by central office staff.

Inmates are also provided information on the inmate grievance procedure in the Hocking Correctional Facility Inmate Handbook. The inmate grievance procedure is comprised of three consecutive steps: *the informal complaint, the notification of grievance to the Institution Inspector, and the appeal to the Chief Inspector*. Each step is described below:

Informal Complaints

According to the Inmate Handbook, inmates should always attempt to resolve their concern by contacting the appropriate supervisor. Inmates have *14 calendar days* from when the problem occurred to file an *informal complaint*. Informal complaints are *available from the Unit Officer, Sergeant, and Inspector*. Once an informal complaint has been filed to the appropriate supervisor, the supervisor has *seven calendar days* from the date received in which to answer the complaint.

The Inspector's monthly report on the inmate grievance procedure at the Hocking Correctional Facility includes data regarding the number of informal complaints filed by inmates during the month. A review of the data provided by HCF shows that a total of *eight informal complaints were filed during October 2007*. According to the report, the staff *supervisor responded to all eight* of the informal complaints. However, one informal complaint was *not* responded to within the seven-day time frame. *In follow-up communication from facility staff, it was relayed that the informal complaint response was two days late, and a letter was sent to remind staff of the due date.*

Grievances

According to the Inmate Handbook, if the inmate does not receive an answer to his informal complaint, or if the inmate feels that the answer does not fully address the concern, the next step is to file a *grievance*. A grievance is described as a formal complaint about the substance or application of any written, or unwritten, policy or regulation. Administrative Rule 5120-9-31 states that the inmate must file a grievance

no later than *14 calendar days* from the date of the informal complaint response or waiver of the informal complaint step. The Institution Inspector must provide a written response to the grievance within *14 calendar days* of receipt.

Grievance Appeals to the Chief Inspector

According to Administrative Rule 5120-9-31, if the inmate is dissatisfied with the Inspector's disposition, he can request an appeal form from the Inspector of Institutional Services. The appeal must then be filed to the office of the Chief Inspector within *14 calendar days* of the date of the disposition of grievance. The Chief Inspector or designee must provide a written response within *30 calendar days* of receipt of the appeal.

Grievance Summary for October 2007

The monthly Inspector's report for Hocking Correctional Facility shows that a total of *38 grievances* were filed from January 1, 2007 through October 2007. According to the report, *23 different inmates* filed grievances during the year. The highest number of grievances filed by a single inmate in the year is reported to be *seven*.

Eight grievances were filed at the Hocking Correctional Facility from October 1, 2007 through October 31, 2007. According to the monthly report for October 2007, *white inmates filed five of the eight grievances and black inmates filed the remaining three grievances*.

Grievance Usage

The eight grievances filed during the month of October were considerably less than most of the other Ohio prisons. For example, inmates at the Southern Ohio Correctional Facility filed 62 grievances in the month, far more than were filed at HCF in the entire year. It should be noted that the inmate population at the Southern Ohio Correctional Facility is nearly three times greater than the population at HCF. The SOCF population is 1,455 while the HCF population is only 485.

Caution should always be used in interpreting the possible meaning of low or high numbers of grievances at particular institutions. It is true that a *low number of grievances per population can be a reflection of line staff who are responsive in assisting in resolving problems relayed to them by inmates in person or by kite communication*. It can similarly be a *reflection of positive staff/inmate interaction that many inmates seem to have with many of the Hocking Correctional Facility staff*.

Low usage of the grievance procedure can also be a *reflection of inmate reluctance to complain out of fear of or knowledge of actual cases of negative repercussions in retaliation for good faith use of the grievance procedure*. *Inmates have expressed such fear of retaliation for use of the grievance procedure at the Hocking Correctional Facility in prior CIIC inspections, and in correspondence received in*

2007. This was discussed with the Warden in the inspections' closing session, with particular reference to a specific incident in 2007. CIIC had the benefit of information from both inmates involved, and from the Inspector's response to an inquiry that was made regarding serious allegations of retaliation in the form of a conduct report and segregation placement. *One incident of this nature can have immense influence on the inmate perception of the extent to which retaliation is in fact prohibited. Although the Administrative Rule advises inmates to use the grievance procedure to report alleged incidents of retaliation, some inmates refuse to do so out of fear of further retaliation.*

Follow-up communication from facility staff was received regarding low use of the grievance process, inmates' comments of fear of retaliation for use of the grievance procedure at HCF in prior CIIC inspections and in 2007 correspondence, and the specific incident in 2007 involving a conduct report and segregation placement as follows:

Inmate...received a conduct report for writing an informal complaint and submitting it in another inmate's name. It was discovered by Capt. ... and he reported it to ...Inst. Inspector. She then contacted ... in the Chief Inspector's Office who referred her to ...Chief Inspector, who gave permission to issue the inmate a conduct report (April 30, 2007). The Institutional Inspector made an error by instructing Capt... to issue ...a conduct report and not doing it herself. The error was discovered and corrected in the RIB process through the appeal process and released due to procedural error. The Institutional Inspector believed that since ... wrote an informal complaint and submitted it with another inmate's name that it was more a falsification issue and not a grievance issue. Inmate...submitted an ICR utilizing Inmate...name. When Inmate...was interviewed to go over the complaint; he stated he didn't write the informal and that Inmate...had done so without being asked and there was no merit to the complaint. Inmate...did write and sign a statement to that effect...

Result of Grievances

According to the HCF monthly report, *seven of the eight grievances filed were denied. Three of the denied grievances were denied due to "No violation of rule, policy, or law."* The remaining grievances were denied due to the following reasons:

- Staff action was a valid exercise of *discretion*
- *Insufficient evidence* to support claim
- *False claim*
- *Not within the scope of the grievance procedure.*

The one grievance that was *granted* was in regard to inmate property that was lost, damaged, or confiscated by staff.

Subject of the Grievances

The following table provides a breakdown of the number of grievances submitted by category. Included in the table are subcategories that provide a further breakdown of the reported concern.

Table 5. Number of Grievances Filed at HCF in August 2007 by Subject

| SUBJECT OF GRIEVANCE | NUMBER OF GRIEVANCES FILED BY SUBCATEGORY | SUBTOTAL BY CATEGORY |
|-------------------------------------|--|-----------------------------|
| Medical Care | | 4 |
| Medical Co-Payment | 2 | |
| Other | 2 | |
| | | |
| Staff/ Inmate Relationships | | 2 |
| Abusive Language | 1 | |
| Intimidation/Threats | 1 | |
| | | |
| Non-Grievable Matters | | 1 |
| Other | 1 | |
| | | |
| Personal Property | | 1 |
| Lost, damaged, confiscated by staff | 1 | |
| TOTAL | | 8 |

Based on the information above, *most of the grievances filed in October were in regard to medical care*, which included two for medical co-payments and two regarding other concerns. *Staff/Inmate relationships ranked second highest. Staff/Inmate relationships included one each for abusive language, and intimidation/threats from staff*

HCF INMATE CORRESPONDENCE TO THE CIIC

From January 1, 2007 to January 14, 2008, the CIIC was contacted by 25 persons regarding Hocking Correctional Facility. The *25 persons relayed a total of 95 problems, issues or concerns*. System-wide, the number of contacts regarding Hocking Correctional Facility ranked 25th among the prisons. That is, more contacts were received regarding 24 other Ohio prisons than from Hocking Correctional Facility. System-wide, the number of reported concerns regarding Hocking Correctional Facility ranked 22nd among the prisons. That is, 21 other prisons had more problems, issues or concerns reported to the CIIC than Hocking Correctional Facility.

Of the 95 reported concerns regarding Hocking Correctional Facility, the largest category, which contains 28 concerns and comprises *29.5 percent of the HCF reported concerns, is titled Force/Supervision*. The category includes: Use of force with no report, abusive language, racial or ethnic slurs, conduct report for no reason, intimidation/threats, retaliation for filing grievance, retaliation for filing lawsuit, retaliation for voicing complaints, privacy violations, harassment and other.

The second largest category of reported concerns is Health Care, with 19 reported concerns comprising 20 percent of the HCF reported concerns. The category includes access/delay in receiving medical care, improper/inadequate medical care, delay/denial of medication, medical records, eye glasses, forced medical testing, medical transfer, prosthetic device, medical co-pay, medical restriction, medical aide/device and other.

The third largest category of concerns pertains to problems, issues or concerns regarding the inmate grievance procedure itself. The category contains 12 concerns, and comprises 12.6 percent of the reported concerns from Hocking Correctional Facility.

The fourth largest category of concerns is Staff Accountability, with a total of 11 reported concerns, comprising 11.6 percent of the reported concerns from Hocking Correctional Facility.

The following table provides the number of reported problems, issues or concerns reported to the CIIC regarding Hocking Correctional Facility by subject area from January 1, 2007 to January 14, 2008:

Table 6. Number of Reported Concerns Regarding Hocking Correctional Facility Reported to the CIIC from January 1, 2007 to January 14, 2008

| CONCERNS | # of CONCERNS |
|-----------------------------------|----------------------|
| Force/Supervision | 28 |
| Health Care | 19 |
| Inmate Grievance Procedure | 12 |
| Staff Accountability | 11 |
| Non-Grievable Matters | 6 |
| Education/Vocational Training | 4 |
| Other | 4 |
| Personal Property | 2 |
| Records | 2 |
| Special Management Housing | 2 |
| Commissary | 1 |
| Institution Assignment | 1 |
| Job Assignment | 1 |
| Recreation | 1 |
| Religious Services | 1 |
| Subtotal | 95 |
| Dental Care | 0 |
| Discrimination | 0 |
| Facilities Maintenance | 0 |
| Food Services | 0 |
| Housing Assignment | 0 |
| Inmate Account | 0 |
| Inmate Groups | 0 |
| Laundry/Quartermaster | 0 |
| Legal Services | 0 |
| Library | 0 |
| Mail/Packages | 0 |
| Protective Control | 0 |
| Psychological/Psychiatric | 0 |
| Recovery Services | 0 |
| Safety and Sanitation | 0 |
| Security Classification | 0 |
| Telephone | 0 |
| Visiting | 0 |
| TOTAL | 95 |

Post Inspection Correspondence

A review was also made of correspondence received from inmates at the Hocking Correctional Facility following the inspection on November 1, 2007 to November 30, 2007. Below is a summary of the primary concerns relayed to CIIC in the inmate correspondence received in that time period.

Health Care

- Inmate writes that he is not being given soft restraints for his medical transports. Inmate included copies of letters to several other individuals as well as information regarding companies that manufacture soft restraints. Inmate alleged that HCF has abandoned the use of soft restraints on inmates with medical orders for it. Inmates are reportedly cuffed with only a thin gauze-like cloth under metal cuffs, resulting in bruises, swelling, etc. Inmate relayed that inmates may be shackled for up to 12 hours and considers the practice to be inhumane.
- Inmate relays that the use of flex cuffs should be mandatory, but they are reportedly not used per a new handcuff restraint policy. Inmate wrote that HCF staff challenged inmate verbally regarding use of his wheelchair on medical trip to OSU Medical Center. Inmate wrote that medical treatment at CMC is lacking and reportedly caused the inmate to suffer Sudden Shock Syndrome. He was taken to a local hospital in Nelsonville, then taken to OSU Medical Center, where he claims medications were administered and removed without his consent. He alleges that he was told there is no connection between the prison system's assessment and the Social Security Administration's decision on his disability.

Education/Vocational Training

- Inmate relayed that the DRC prison system is a failure at rehabilitating. He believes that a clean slate is needed to rehabilitate and rebuild the entire system. He states that the programs and instructors in ODRC are deficient. He states that effective new halfway houses are needed to assist inmates in their reentry.

Recreation

- Inmate asked why inmates at HCF cannot use their own 13" televisions, because there are inmate disagreements about watching the day room television. He relayed that the Institution Inspector stated that the institution will be rewired, and then they will allow the use of individual televisions. He requested verification and information on when it will happen. He relayed that a new inmate is trying to take control of the televisions, and staff will not do anything but talk to him. He alleged that he was fired as day room television

monitor because the black inmates did not like what was on the television and one black inmate created an incident to gain control of the television in the day room. The inmate wrote that they now watch the BET channel and news.

Non-Grievable Matters

- Inmate wrote of his support as an advocate of the “two for one” (two good days equal to one early release day) as proposed in the Prison Litigation Reform Act.

Inmate Grievance Procedure

- Inmate relayed that inmates are not educated in use of grievance procedure and do not use all three steps for fear of retaliation.

Follow-up communication from facility staff regarding the above inmate comment is provided below:

Inmates are told how the inmate grievance procedure works upon being received at Hocking Correctional Facility during orientation. Not only are they instructed on the grievance procedure by the Institutional Inspector, but they are also given a flyer with the information. The inmates also receive an inmate handbook that contains the grievance procedure. The handbook is also available in the Library in case they have lost their personal copy. The Inspector has an open door policy which allows inmates stop at her office as needed during business hours.

There has only been one time, that the Inspector is aware of that an inmate has been issued a conduct report and that is listed above. The only other issue was when a supervisor wrote on a response to an ICR stating they believe that the inmate should be disciplined for being either disrespectful or lying about a staff member. The Inspector can't remember which inmate it was, she does however remember speaking with Warden Tambi about the issue and he himself spoke with the supervisor to correct the problem. No more issues have occurred since that date.

Records

- Inmate wrote that the Bureau of Sentence Calculation improperly had his sentence marked as mandatory when in fact it was not. Inmate wrote that the DRC failed to correct his record for the last six years. Inmate wrote that he did not participate in programming because he was told it would not lead to any sentence reduction since his sentence was mandatory. However, since his sentence is not mandatory, inmate seeks to be given credit for what he would have earned if he had participated in programming.

Regarding the records concern cited above, follow-up communication from facility staff is provided below:

Administrative regulation 5120-02-06 Earned credit for productive program participation states the following:

(A) Except as provided in paragraphs (P), (O), (S), (T), (U) and (V) of this rule any person confined in a state correctional institution may earn credit as a deduction from his sentence for each full month he productively participates in any academic or vocational program, prison industry, or alcohol and drug treatment, sex offender program, or mental health program specifically approved by the director. A person earning credit towards a sentence pursuant to section 2967.193 of House Bill 261 of the 117th General Assembly, for a crime committed prior to July 1, 1996 may earn two days of credit for such participation as described in paragraph (G) of this rule as a deduction from his minimum or definite sentence. A person earning credit towards a sentence for a crime committed on or after July 1, 1996 or otherwise sentenced pursuant to section 2967.193 of Senate Bill 2 of the General Assembly, may earn one day of credit from his stated prison term.

(J) In order to earn credit under this rule for a particular month an inmate must enter a program on or before the first day of each month and continue participating in the program through the last day of the month. An inmate participating and remaining in good standing in an academic or vocational education program, which has a quarter or semester end during a month, shall be deemed to be participating in the program through the end of the month. An inmate who successfully completes a formal program resulting in the issuance of a certificate of completion during a month shall be deemed to have continued participating in the program through the end of that month.

(K) Regardless of the reason for the absence, an inmate must attend seventy-five per cent of the scheduled program/job sessions for any month in order to receive earned credit for that month.

Regarding the above, the facility staff relayed that since the inmate stated he did not participate in programming, no earned credit could be awarded as per Administrative Regulation 5120-2-06, as the inmate was not enrolled or participating in any program or job which he could have received earned credit for participation.

INMATE CONCERNS RELAYED DURING THE INSPECTION

In the communication from inmates during the inspection, *none of the inmates expressed any concerns regarding security or tension between inmates and staff.*

Food Issue

Inmates relayed concerns regarding the food service menu. Meals reportedly consist of frequent provision of pork and chicken, which are reportedly prepared in a manner some inmates believe is not suitable for the older population at HCF. The average age of the population is reportedly 64. Inmates relayed that HCF inmates have problems chewing and digesting the meat products.

In follow-up discussion with staff on the reported concern, it was relayed that HCF provides the same food as the approved menu that all the ODRC institutions are required to follow. *It is recommended that serious consideration be given to making appropriate modifications to ensure that the food and drink provided to the HCF inmates meet their special needs. Softer meat products, for example, would certainly be easier for elderly inmates to consume. Even the bags containing milk are particularly troublesome to open for those who are without teeth.*

Metal vs. Flex-Cuff or Soft Restraint Issue

During the lunch meal, one inmate relayed concerns about the type of restraints used on HCF inmates when they are transported to the Corrections Medical Center or the Ohio State University Hospital. According to the inmate, the facility recently changed practices resulting in all inmates being cuffed with metal handcuffs and shackles that are much harder on the wrist and ankles than the softer cuffs they previously used. Further, a truly soft cuff is reportedly used when medically warranted at the Chillicothe Correctional Institution, indicating a lack of standardized practices system-wide. The inmate stated that he used the inmate grievance procedure to have his concern investigated and resolved by the Inspector and Chief Inspector. He was reportedly informed that the metal cuffs are more cost efficient.

In a September 20, 2007 response to an inquiry regarding the issue, the following clarification, history and summary of the HCF restraint procedure and practice was provided:

...The average age of an offender at HCF is 64 and many of the 480 offenders have significant medical challenges, which require substantial resources to manage the aging population. In accordance with DR&C Policy 310-SEC-03, HCF utilizes two types of restraints, metal and flex cuffs. All offenders are restrained with metal restraints, unless a medical order exists requiring the use of flex cuffs or if circumstances dictate otherwise (i.e., offender's ankles are too large

for leg shackles). This is not a new way of conducting business for this facility.

At the same time, HCF is striving to save valuable dollars and is continuously evaluating spending trends and any unusual outlay of dollars, in every area of the institution, and it was discovered that significant money was being spent on flex cuffs. As we reviewed our practice we discovered, it was possible that a Correction Officer could be required to change flex cuffs 3 to 4 times per inmate, per day based upon the number of clinics the offender was scheduled to visit that day. It was also discovered that the institutional physician had issued an inordinate amount of orders for flex cuffs, 49 offenders, which makes up approximately 12% of the total population. This is a significant part of the total population, when compared to other institutions. Therefore, the Healthcare Administrator, HCF Medical Director, Shift Captain, Chief of Security, Deputy Warden of Operations, Deputy Warden of Administration/Special Services and Warden discussed the medical needs of the offenders, budget concerns, security concerns regarding the issue of flex cuff usage and came up with the following changes to our past practice:

- After hearing the issues, the institutional physician decided (not ordered/directed) that he was going to *pull all orders for the use of flex cuffs*. This was done because in most cases, an offender received a flex cuff order mostly through self-reporting rather than through documented proof.
- It was determined that all inmates going out on OSU/CMC medical transports, would have stocking net placed on their wrists and ankles prior to having any metal restraints placed on them. The stocking net would remain on their person throughout the day.
- *Upon their return to the institution from a trip, the Correction Officer will examine each inmate's wrists and ankles, while removing the restraints, to determine if there is any swelling and/or abrasions or bruising.*
 - *If there are any indications of swelling, abrasions and/or bruising, the Correction Officer is then required to complete and submit an "incident report" stating what they had observed.*
 - The nurse on duty will review the "incident report" and determine if the offender needs to be seen immediately or later that evening.

- *If an offender returns from a medical trip and requests to see a nurse, due to abrasions/swelling/bleeding of his wrists or ankles, he will be immediately taken to the infirmary area for assessment by medical staff. Upon review/assessment of an offender's wrists/ankles, medical staff will determine, on a case-by-case basis, if an order needs reissued for the use of flex cuffs.*

According to the HCF response to the inquiry, the inmate whose communication prompted the CIIC inquiry arrived at HCF from CCI with a *standing order to use soft restraints on transports*. On completion of an intake review by the HCF physician, and the physician realizing that HCF only uses two types of restraints, the inmate's order was amended to read, "to be transported utilizing equivalent restraints" and such was translated at HCF to mean "use flex cuffs only." However, soon afterwards, the physician issued the order to pull all flex cuffs orders and to follow the procedures established above. A further review by the medical staff determined that *the inmate's skin is "thin and bruises easily," but they also determined that this is "normal for a person of his age."*

It was also reported that between August 1, 2007 and September 20, 2007, HCF inmates filed three informal complaints concerning the new practice/procedure, but there were no documented cases of offenders refusing medical trips based solely on the use of metal restraints as opposed to using flex cuffs. It was also relayed, "*We are very aware of the needs of the offenders. We are taking a proactive stance and making every effort to stretch valuable dollars, while maintaining a compassionate approach to the safety and security of the offender and the public.*"

One of the concerns regarding the above procedures is that the decision was reportedly made to pull all flex cuff orders first, and then to wait for reports of abrasions, swelling or bleeding, before assessing the medical need for flex cuffs based on what was already documented in the medical record and based on what could be determined by examining the patient.

Further, inmates have relayed that if cost cutting is the issue, the truly soft restraints reportedly used at CCI are re-usable, thus more cost effective than the flex cuffs which as reported above, are only used once, then disposed of.

The medical restraint issues raised above seem to have the level of importance system-wide that merit DRC Central Office expertise in both medical and security. It is an opportunity to identify best practices among the institutions which are not only most cost efficient, but which address the special needs of the elderly throughout the system to prevent the unnecessary bleeding, abrasions and swelling reportedly caused by the metal restraints.

Follow-up communication from facility staff on the metal vs. flex-cuff or soft restraint issue is provided below:

It should be noted that since implementation of the above process, there has only been six (6) inmates who have had their flex-cuff order re-issued. This has been a substantial cost saving for the institution without the breach public safety and health risk.

In follow-up communication from the DRC Assistant Director, it was noted that security and medical staff are working on resolving the restraint concern. In addition, the DRC South Regional Director relayed that discussions concerning the restraint issue were held between the prison and the southwest Regional Security Administrator who in turn discussed the issue with the DRC Chief of Medical Services. He added:

They felt our current procedures were appropriate. HCF uses a gauze material to wrap inmate's wrists prior to placing the metal restraints on the inmate. HCF had spent over four thousand dollars on flex cuffs in one quarter prior to changing to the method as described. One inmate grieved the issue all the way to the Chief Inspector's office where the prison method was affirmed. What we did not do is review the process used at CCI.

In addition to the above, the DRC South Regional Director relayed that the CCI process would be reviewed as soon as possible, and the findings would be communicated to the CIIC Director.

THE INSPECTION

On Arrival

On CIIC's arrival, the Correctional Officer at the front desk of the entry building contacted the Warden. CIIC staff were invited to join the Warden in the Administration Building, which is outside the fenced main compound, and separate from the entry building.

Staff relayed that the Hocking Correctional Facility is preparing to celebrate the institution's 25th anniversary of the opening of the institution as an adult prison in 1983. However, it was noted that the facility itself was formerly owned and operated by the Ohio Department of Youth Services (formerly known as the Ohio Youth Commission). Prior to that, the facility was a TB hospital. HCF staff noted that the Administration Building formerly served as living quarters for the facility's nursing staff.

Discussion with the Warden

The Warden was most cooperative throughout the inspection, and seemed to genuinely welcome the CIIC. The Warden was provided with the questionnaire

entitled, "Expectations: Criteria for Inspecting Adult Prisons" by Great Britain's Inspectorate of Prisons. The Warden was requested to assign each section of the questionnaire to staff with knowledge and expertise in the particular subject area, so as not to burden any one staff person. The completed questionnaires were later submitted to the CIIC following the inspection. The questions and responses are provided at the end of this report.

The CIIC statutory requirements to attend a general meal period, and to attend a rehabilitative or educational program were discussed and arrangements were made to accommodate the request. The CIIC relayed the hope to include all areas of the institution in the inspection.

Staff relayed that the DRC Medical Oversight Team (*Fussell* Team) visited the facility on October 11 and 12, 2007. Although their written report had not yet been submitted, verbal feedback to HCF staff was reported to be extremely positive.

The Hocking Correctional Facility was described as a three-story building containing three open dormitory housing units, one on each floor. A-Unit is located on the first floor and is reported to be the smallest of the three. B-Unit is located on the second floor, and C-Unit is located on the third floor. Inmates requiring a wheelchair are housed on the first floor in A-Unit. B-Unit and C-Unit consist of ambulatory general population inmates. One officer is assigned per dorm, plus there is a roving officer.

The Hocking Correctional Facility is classified as a level one (minimum security) and level two (medium security) institution. The average age of the inmate population is reported to be 64 years of age. It was further relayed that approximately 60% of the inmates are over 60 years old. Staff also estimated that 60% of the inmates at HCF are sex offenders.

According to the information provided by staff, the count on November 1, 2007 was 485 inmates, and the facility was reported to have a rated capacity of 250, which calculates as 194 percent capacity, nearly double the rated capacity of the facility. The inmate count included 471 inmates on-site and 14 inmates out on leave for approved medical or court appointments.

Brief discussion included the unique programs listed on their website: the Canine Companions dog program, the Aerobic Exercise Program, and the Action, Communication, and Tolerance (ACT) Program. CIIC later attended both the Canine Companions dog program individually and in class format, and also attended the Aerobic Exercise Program, both which were most impressive. CIIC noted *the high caliber of staff involved with the programs, their positive attitude, enthusiasm and expertise, which is no doubt related to the positive feedback CIIC received from the inmate participants.*

In the pre-inspection discussion, staff briefly discussed the ACT program, which brings family members to the facility to participate in two re-entry sessions with the

inmate. Staff also relayed that they nearly lost the Canine Companions Program because they could not fund it any longer. Staff relayed that they worked hard to raise the funds needed to continue the program.

Entry Building

The Warden accompanied CIIC through the entry building for processing prior to the inspection. The procedure was *thorough and done in a timely manner* by the entry building staff, who screen and process all visitors and staff before their entry. The entry building was observed as *clean and orderly, and the staff were cordial and professional*.

The courtyard between the entry building and the main compound was *well maintained. In addition to having clean walkways*, the courtyard also included a memorial dedicated to HCF employees who passed away while employed for the DRC.

A yellow line that was drawn roughly ten feet from the front door of the entrance to the main building was the designated smoking area and was established based on the ODRC Smoking Policy that was instituted in November 2005.

Visiting Room

The HCF Visiting Room is located just inside the front door of the main building. *The room is extremely small compared to other institutions, and also appeared to be small in light of their current population.* The room had ten tables and one set of two chairs at each table. Many visitors were seated at the tables visiting with the inmates. A group of family members appeared to be waiting for an inmate to arrive. The Visiting room included vending machines, a microwave, and a children's room that is also used as an attorney meeting room for inmates.

An officer noted that the visiting room can get crowded due to the small size of the room. It was noted that a patio is available to inmates and their families when the weather permits. Security supervisory staff relayed that there are two officers assigned to the visiting room during inmate visits. In a discussion of staffing levels, a security staff person relayed that "transportation kills us," noting that it takes two of their officers to transport inmates to the Ohio State University Hospital.

According to the Visiting Room policy as cited in the Inmate Handbook, visiting hours are from 9:00 AM to 3:30 PM from Wednesday through Sunday with no appointment needed. Split visiting hours are reportedly available on Saturday and Sunday between Memorial and Labor Day from 9:00 AM to 12:00 PM and from 12:30 PM to 3:30 PM.

Artwork

On the wall in the patio area was a mural of the Ohio state flag. The painting was an impressive display of artistic talent of one of the inmates. The CIIC later observed more paintings by inmates throughout the hallways of the Hocking Correctional Facility. The paintings were both impressive and inspiring. The HCF staff relayed that because the facility is very limited on program space, they allow inmates to do artwork in the housing units, even on their bunks.

Mailroom

A visit was made to the mailroom and included discussion with staff. They relayed that they process an average of 100-150 pieces of inmate mail per day. However, Monday is reportedly the busiest day of the week, with an average of 300 letters that are processed. There were three employees present in the mailroom. *They indicated that they could use more staff.*

Library

The library was warm and seemed to lack adequate ventilation, leaving a stale odor in the room. In follow-up communication from facility staff, it was relayed that HCF's heating system is designed with one general thermostat controlling the heat for the entire facility. It was also noted that the inmates seem to congregate in areas that are well heated, and the library is well populated during operating hours. Further, staff relayed that this winter has created unusual temperature fluctuations causing challenges facilitating comfortable room temperatures, specifically in the library. It was reported that the legal library will no longer be required to maintain hard copies of the law books located in the area due to the new addition of the Computer Legal Library stations. Further, the general library will move into this area, creating more space to allow for better airflow. Within established guidelines, HCF will facilitate the removal of the law books at their earliest convenience.

The law library included *two newly installed computers that enable inmates to have access to legal information on-line.* A sign was posted on the wall informing inmates that they are *no longer permitted to use bold type when they use the typewriter because it uses too many typewriter ribbons. It was an indication of the extent to which efforts are being made to save money wherever possible.*

The library contained what staff referred to as the "News stand" in which an inmate worker provides inmate access to requested newspapers to read. The inmate worker sits at a window, behind a half-door enclosed in a small area containing newspapers.

The DRC Policies and Administrative Rules were available in a bookcase near the computers. Staff relayed that there are two inmate legal clerks on staff, with one clerk on each of two shifts.

The 2003 CIIC memorandum explaining the CIIC duties was posted in the front window of the library. Staff relayed that the memo was posted on the corkboard to the right of the entry door. However, it was moved to the front window during the inspection, so that the inmates passing in the hallway could easily see it.

The hours of the library were also posted in the window. Listed below are the hours of the library:

| | |
|-------------------------------|--|
| Monday, Thursday, and Friday: | 8:30 AM to 10:45 AM After 11:10 Count to 3:45 PM |
| Tuesday, and Wednesday: | 8:30 AM to 10:45 AM After 11:00 AM Count to 3:20 PM |
| Saturday and Sunday: | 12:10 PM to 3:45 PM After 4:10 PM Count to 7:50 PM |

B-Dorm

B-Dorm is located on the second floor. The Hocking Correctional Facility has two old service elevators for transporting items and staff. The elevator was used to gain access to the second floor for the inspection. The telephones/payphones are located next to the Case Manager and Correctional Counselor office, within the Unit. HCF staff relayed that the unit can hold a maximum of 214 inmates. *The temperature of the unit was cool with good ventilation.*

The showers were in the final phase of a renovation project that is being done to each shower in the facility. Staff relayed that inmates in each unit worked on the project with the HCF maintenance staff and the inmates in the *apprenticeship program. The project provides inmates with an opportunity to develop a skill that could possibly be applied outside the institution once they are released.*

The completed work was truly impressive. The large stone-like tiles are a light brown or tan color that provides a warm, non-institutional appearance. The tiles are on the walls, and blend well with the hardware installed on the outside of the shower wall. There are ten showerheads, with two on the back wall, and four on each of the side walls. The staff relayed that the project would be completed once the bathroom floor tile is completely installed. Project completion was expected within two weeks. Staff relayed that inmates in B-dorm must temporarily use the showers in one of the other units until the project is completed.

In addition to the showers being replaced, the urinals were scheduled to be replaced as well. B-dorm was the second housing unit to have their showers renovated. C-dorm on the third floor was next in line. Later during the inspection, the finished product was observed in A-Unit.

CIIC met with a Case Manager and Job Coordinator in B-Dorm. It was noted that there is one Unit Management Administrator at Hocking Correctional Facility, but the *entire facility only has one Unit Manager, two Case Managers, two Correctional Counselors (Sergeants) and a Job Coordinator, all who are part of the unit management team.*

Inmates in B-Unit appeared to be relaxed, with no signs of tension. The living area is an open-dorm setting lined with bunk beds. The distance between each bunk bed seemed to provide just enough space for inmates to get in and out of bed. Due to the lack of space, inmates who were placing items in their 2.4 cubic foot locker box had to do so at the head or the foot of the bed, not off to the side.

Some inmates were asleep, while others watched television or played cards. One inmate relayed that he was *pleased to be at the Hocking Correctional Facility so he could be around inmates his own age. The inmate stated that he was more relaxed in an environment with more mature inmates. He believed that older inmates over years of incarceration have learned to adapt to their environment, to follow the institution rules, and even to develop a set routine, and reportedly are more likely to complete their time without incident. Some younger inmates at other institutions reportedly are less likely to conform to institution rules, and are more likely to be confrontational in an attempt to establish their own territory. The HCF atmosphere seemed to be a welcomed relief to this inmate.*

GED/ Pre-GED

The Pre-GED/GED classroom located in the back of B-dorm housing unit was observed. The classroom appeared to be adequate in size and included three computers in the back of the classroom, which inmates take turns to use. The GED class is held from 8:00 AM to 10:30 AM, Monday through Friday. Pre-GED courses are offered from 1:00 PM to 4:00 PM, Monday through Friday.

Sixteen inmates were present for the GED class that was in session. The school instructor seemed very encouraged by the inmates' participation. It was reported that six of the inmates took the GED on Tuesday, October 30, 2007. Although the teacher hoped that all the inmates passed, it was expected that three or four of the six inmates probably passed. Reportedly the results were due back within two or three weeks. *Staff relayed that the GED teacher will retire in December 2007, and due to the budget constraints, there was concern that the GED teacher position may not be able to be filled.*

Mental Health Services

According to the Inmate Handbook, Mental Health Services are provided by a staff of Mental Health professionals, which includes:

- A mental health secretary
- Psychiatric nurse
- Psychiatrist (two days per week)
- Psychology assistant
- Psychologist and
- Psychology supervisor.

According to the Handbook, although services are primarily provided to those with serious mental illness, *access to services is reported to be available to everyone as the need arises*. The Inmate Handbook states that historically, HCF required only limited use of kites to contact mental health due to an open door policy. However, the Handbook states that *a significant rise in demand for services due to a large increase in the mental health caseload makes a pure round the clock open door policy no longer possible*. In an effort to promote easy access to staff, office hours were established at each office during which the staff member occupying that office may be contacted, provided the staff person is not with another inmate at the time. The Handbook states that a kite may be used at any time, and a pass will be sent so that the inmate may discuss his concerns.

According to the Inmate Handbook, the Mental Health Services offers the following services for inmates:

- Initial Orientation to Mental Services on arrival with review of suicide prevention precautions and the opportunity to talk about dramatic incidents that may occur with mental health support
- Assistance in dealing with stressful problems such as emotional distress, divorce, adjustment to the death of a loved one, or adjustment to situations within the institution
- Referral to a Psychiatrist if necessary for treatment with medication.
- On-going psychiatric care
- Crisis stabilization for more serious circumstances and if necessary, transfer to a Residential Treatment Unit where more focused psychiatric services can be delivered
- Assistance in dealing with dramatic, tragic incidents that may occur on rare occasions. If a suicide attempt, assault, death or other unusual event occurs, mental health will provide the opportunity to review and talk about these unfortunate occurrences to provide support.
- Psycho-educational or counseling groups targeting special areas of concern, such as anxiety, medication education, stress management and family relations. Participation in any health group follows a full evaluation by a psychologist or psychiatrist and placement on the mental health caseload.

Because the mental health staff is small, the type of group cycles depending on the need.

- One general population group is offered to help meet the needs for institutional Reentry programming.
- Critical Risk Assessments when requested by the Parole Board.
- One general population group is offered to help meet the needs for institutional Re-entry programming.

The ODRC Monthly Mental Health Caseload Snapshot data for December 2007, received by CIIC on January 23, 2008 provides the following:

| <u>MH Caseload Data</u> | <u>Number</u> | <u>Percent</u> |
|--|---------------|----------------|
| Inmates classified as C1 (Seriously Mentally Ill) | 43 | |
| Inmates classified as C2 (Not SMI but Psych Meds) | <u>56</u> | |
| Total Psychiatric Caseload | 99 | 20.3% |
| Inmates classified as C3 | <u>5</u> | |
| Total Mental Health Caseload | 104 | 21.3% |
| No need for MH services | <u>384</u> | 78.7% |
| HCF Population | 488 | 100.0% |

Meeting with Mental Health Services Staff

In a brief discussion with the Psychiatrist, it was relayed that staffing consists of the Mental Health/Psychology Supervisor, a Psychologist, Psychology Assistant, Psychiatric Nurse, and Psychiatrist. The Psychiatrist relayed that her work at Hocking Correctional Facility is very satisfying and rewarding, and that the facility has no problem attracting good quality, high caliber, professional staff, drawing in part from the Athens area.

During the inspection, CIIC met with the Psychology Supervisor who spent extensive time responding to questions about the mental health caseload and the sex offender population. *The staff person relayed that he has been at the Hocking Correctional Facility since June of 1999, an excellent indication of staff retention.*

It was relayed that in 1999, *the facility had 53 inmates on the psychiatric caseload. The psychiatric caseload consists of the sum of those classified as C1 (seriously mentally ill) and C2 (not seriously mentally ill, but on the psychiatric caseload.)* However, on the day of the inspection, *the facility had 100 C1 and C2 inmates on the psychiatric caseload, with 46 inmates classified as C1 and 54 inmates classified as C2.* There are reportedly 11 inmates at HCF classified as C3. It was relayed that *the 100 C1 and C2 inmates account for 20.6% of the HCF inmate population.* The staff

person relayed that he receives excellent communication from staff in the dorms and other departments regarding inmates with mental problems.

It was relayed that the main focus of the mental health staff is to provide medication and treatment for those on the psychiatric caseload, that is, the C1 and C2 inmates. It was acknowledged that C3 inmates do not receive the same focus because their needs are not as great. *Inmates classified as C1 reportedly see their Mental Health Liaison monthly.*

Mental Health staff reportedly share the frustration of having large caseloads with limited contacts, and lack of funding for programming to accommodate the larger caseload. A change is reportedly underway in which inmates that are classified as C2 and C3 will be seen less frequently due to funding constraints affecting mental health services. However, the change will reportedly free up staff to conduct groups, which are regarded as important. The staff relayed they have been unable to conduct as many groups because of the increased caseload.

The mental health staff relayed that they previously provided sex offender treatment groups each week at HCF, because 60% of their population consists of sex offenders. Sex offender groups are no longer provided because the sex offender programs were reorganized. The staff relayed that the current sex offender programming is more streamlined.

Now, if an HCF inmate *needs such programming, he will be transferred to another prison that has a sex offender treatment program.* The DRC Comprehensive Sex Offender Program is not available at HCF and reportedly requires *12 to 18 months* for most inmates to complete. The comprehensive program reportedly follows what the mental health staff formerly provided at the Hocking Correctional Facility to meet the needs of their population. It was noted that DRC also has a 12-week Mandatory Sex Offender Education Program for inmates who are considered to be “deniers”.

The staff relayed that there is a need for the inmate to analyze what happened in the year of the offense, to identify the triggers for offending, to learn to recognize the triggers, and to develop a relapse plan. Sex offenders reportedly need to be willing to accept responsibility, and be motivated to seek treatment and assistance from staff. As to a “healing process” for sex offenders, the staff person relayed that there is healing over time. The work is reported to be extremely frustrating. Reportedly, most sex offenders do not acknowledge or are unable to comprehend that they have offended. Staff relayed that the first task is for the offender to take responsibility for their actions. It was also relayed that there is very little causal relationship between the mental illness of the C1s and C2s and sexual offending.

Regarding sexual offenses against children, the sex offender reportedly has no ability to have an adult relationship. Sex offenders reportedly have a low recidivism rate, and the lowest recidivism rate among sex offenders is for those involved in incest. Reportedly, inmates classified with an Axis II character disorder who are sex

offenders, are very dependent, withdrawn, unassertive, not fully adult, and insecure. It was further relayed that the behavior is most affected by environmental factors.

A-Dorm

A-dorm is reported to be the smallest of the three dorms at the facility. On the day of the inspection, the unit housed 48 inmates. Unit staff relayed that the maximum capacity of the unit is 52. There were two officers on site. Staff relayed that they have two officers for count. A-dorm is the dorm designated for wheelchair bound inmates, making it unique from the others. The total wheelchair bound inmates count for the dorm is 26.

The inmates in the unit were quiet. The officer stated that it is “always quiet in here,” and that the inmates are “no trouble”.

The dayroom is equipped with a microwave, ironing board, and television with cable access that allows inmates to watch a variety of programs and sporting events.

Shower Renovation

A-Unit was the first dormitory to complete the shower repair project, which occurred two months prior. The shower area included six shower heads, two with hoses for those who need to be seated in a chair. *The completed project was observed as extraordinary and exceptional. The dedication and detail put into the project were evident. Those who worked on the project, including the inmates, clearly did a very professional job.*

Canine Companion Program

In addition to the 43 non-ambulatory wheelchair bound inmates housed in the dorm, A-Unit also houses three inmates involved in the Canine Companion program. During the inspection, inmates who are part of the Canine Companion program were also observed watching an instruction video in the Distant Learning Lab. (See below)

According to the HCF website, the Canine Companions for Independence Program began in February 1999. The program is cited as “unique” because the Hocking Correctional Facility is *reportedly “the only male institution in the United States to raise these puppies.”* It is further noted that during the puppy's approximate one-year stay at the facility, they are trained in 28 commands using a training tool called a Halti (or “gentle leader”). The Halti guides the puppies in their training while requiring very little effort to gain the attention of the canine. This is especially helpful to people with disabilities with limited physical strength. After their year of training at the institution, the dogs are returned to Canine Companions where they complete advanced training before being placed with an individual with a disability.

As referenced above, staff relayed that the inmates in A-dorm keep their dogs for one year. The inmates are responsible for teaching the dogs basic commands, beginning with how to sit, stay, and roll over. One of the inmates demonstrated his dog's ability to follow three commands. *After a year, the dogs are taken to a professional service geared to provide canine companions to assist the blind or those with other disabilities.*

Additional inmates in the program were observed with their puppies. *In addition to the valuable public service provided by the program, there appears to be a corresponding positive impact on the inmate participants. They seemed to display a proud sense of accomplishment in the process of teaching and caring for their dogs, and are believed to benefit immensely from the role and interaction.*

Distant Learning Lab: Avalon and Canine Companions

A class for dog handlers was observed in the distant learning lab, which provides instruction through viewing educational videotapes. The video on dog training instructed inmates how to communicate basic commands such as "sit" and "stay". The video also provided instruction on stages one and two in training their dog.

There are two dog programs, the Avalon Program and the Canine Companions. The Program Coordinator relayed that there are 15 inmates enrolled in the two programs. The 12 inmates that were present during the video presentation were accompanied with their assigned dogs. *Each dog was on a leash, lying quietly at their trainer's feet.* In addition to watching instructional videos, staff relayed that the Distant Learning Lab is also used for inmate GED courses. *Staff noted that community service programs can provide some inmates with a needed sense of purpose during their incarceration.*

MEDICAL SERVICES

The medical services area, including the infirmary, pill call, examination rooms, and dental services, were included on the inspection. *The atmosphere was relaxed and the areas were clean.*

According to staff, 358 inmates are patients in their chronic care clinic, comprising 76 percent of the HCF population. It was also reported that 21 percent of the inmates are receiving diabetic care.

Infirmary

There are six beds in the infirmary. *All beds were neatly made.*

The infirmary also has one EKG machine. A review was made of the Medical Monthly Statistical Summary report from the Hocking Correctional Facility. EKGs totaled 145 in 2007, with 12 in December 2007.

Regarding Infirmiry Care, "Bed Days Used for Medical" totals six for December 2007, and 102 for 2007 Year to Date. There were no "Bed Days Used for Mental" for all of 2007. There was one "Bed Day Used for Security" in December, and 29 days in the Year to Date.

Exam Rooms

Four examination rooms were observed. Staff relayed that one of the rooms is reserved exclusively for changing dressings.

A Phlebotomist was observed drawing blood from an inmate. The Medical Monthly Institutional Statistical Summary for Hocking Correctional Facility shows that there were 266 Blood Draws in December 2007 and a total of 3,016 in the year. There were no DNA Blood Draws reported. However, Mental Health Blood Draws totaled 56 in the year, with five in December 2007.

In another examination room, a Physician was meeting with a patient. *The interaction observed between the two was excellent. The inmate was calm and attentive as the Doctor reviewed his medical record and spoke to the inmate. The Doctor was also observed listening as the inmate communicated with the Doctor.*

Medical Staff

Written information on medical staff at the Hocking Correctional Facility received on November 19, 2007, shows their filled medical positions to be as follows: Nurse Supervisor, Administrative Assistant (Quality Assurance), Administrative Assistant (Assistant Health Care Administrator), 12 Registered Nurses, a Secretary, a Health Information Technician/Scheduler, a Health Information Technician, three Licensed Practical Nurses and a full time Phlebotomist.

While on site, medical staff discussions indicated that their staffing also includes: One Nurse Practitioner, Diet Technicians, a full-time Pharmacist, a Pharmacy Assistant, and a Dentist. Medical staff relayed that prior to *Fussell*, the Hocking Correctional Facility only had eight full-time Registered Nurses. They were pleased with the current number of nursing positions.

The following presents the combined information regarding the number and type of medical staff at the Hocking Correctional Facility:

Table 7. Hocking Correctional Facility Medical Staff Positions

| Staffing List Received 11-19-07 | Staffing as Relayed on Site |
|--|------------------------------------|
| Nurse Supervisor | Nurse Supervisor |
| Administrative Assistant (Quality Assurance) | |
| Administrative Assistant (Assistant Health Care Administrator) | |
| 12 Nurses | 12 RNs |
| 1 Secretary | Medical Secretary |
| Health Information Technician/Scheduler | |
| Health Information Technician | Health Information Technician |
| | 1 Medical Records Officer |
| 3 LPNs | 3 LPNs |
| 1 Phlebotomist | 1 FT Phlebotomist |
| | FT Pharmacist |
| | 1 Pharmacy Assistant |
| | 1 Dentist |
| | 1 Nurse Practitioner |
| | Diet Technicians |

The Office of Correctional Health Care Medical Monthly Institutional Statistical Summary from Hocking Correctional facility for December 2007 with year to date data was also reviewed. It provides the following information on medical staffing in December 2007 and in the year.

Table 8. Medical Staffing Data December 2007 and Year To Date

| Civil Service Staff Summary | December | Year to Date |
|--|-----------------|---------------------|
| Health Care Administrator Projected | 160 | 680 |
| HCA Actual | 136 | 600 |
| RN Projected | 2,096 | 8,024 |
| RN Actual | 1,396 | 4,112 |
| LPN Projected | 524 | 2,074 |
| LPN Actual | 435 | 1,295 |
| Scheduling Adjustments | December | Year to Date |
| Vacancies RN | 1 | 4 |
| Vacancies LPN | 0 | 0 |
| Vacation Time | 134 | 1,179 |
| Comp Time | 160 | 1,190 |
| Personal Time | 31 | 322 |
| Administrative Leave | 64 | 1,038 |
| Sick Leave | 48 | 380 |
| Disability Leave | 184 | 3,208 |
| Total Hours Adjusted | 621 | 7,316 |

| Contractual Staff Utilization | December | Year to Date |
|--------------------------------------|-----------------|---------------------|
| RN | 352 | 1,021 |
| Physician Projected | 240 | 1,014 |
| Physician Actual | 240 | 1,014 |
| Dentist Projected | 1 | 12 |
| Dentist Actual | 33 | 290 |
| Dental Assistant Projected | 1 | 12 |
| Dental Assistant Actual | 30 | 301 |
| Pharmacist Projected | 160 | 680 |
| Pharmacist Actual | 160 | 680 |
| Pharmacy Tech Projected | 160 | 678 |
| Pharmacy Tech Actual | 160 | 678 |

Regarding the above data, there is only a difference of 80 hours between the projected and actual hours of the Health Care Administrator in 2007. However, *actual RN hours are 3,912 less than projected*. It is noted that the facility used 1,021 contractual RN hours in the year. *Actual LPN hours were 779 less than projected in the year*.

In regard to Contractual Staff Utilization, there is *no difference between actual and projected hours for the Physician, Pharmacist, or Pharmacy Technician*. However, *the actual hours of the Dentist is 278 more than was projected, and the Dental Assistant hours were 289 hours more than projected*. Note that the report cites only one hour in December as projected for the Dentist, and only one hour projected for the Dental Assistant in the month of December. Further, the report shows that there were only 12 hours projected for the Dentist and Dental Assistant for the entire year.

Nurse's Sick Call

According to the Inmate Handbook, Nurse's sick call is scheduled for Sunday through Thursday at 6:00 PM. Inmates must complete a Health Services Request form available in their unit. The inmates are directed to place their requests in the white sick call box near the elevator by 3:00 PM. A pass is then issued to the inmate. The Handbook states that inmates are required to make a \$3.00 co-payment for medical services. A review of the revised DRC policy on medical co-pays indicates that *the co-pay is now \$2.00, except when an inmate alleges an emergency need, which is determined not to be an emergency*. In such cases, a \$3.00 co-pay is charged to the inmate.

According to the sick call data presented below, which is taken from the Medical Monthly Institutional Summary for Hocking Correctional Facility, there were *107 Nurse Referrals to the Doctor in December, and 1,285 in the year, but 350 were seen on Doctor's Sick Call in the month and 5,219 attended Doctor Sick Call in the year*. Further, there were *167 Nurse Sick Call and assessments in the month, a total of 2,195 in the year, far less than the number reported seen on Doctor Sick Call*.

Table 9. Sick Call Data for December 2007 and Year to Date

| Sick Call | December 2007 | Year to Date |
|-----------------------------------|----------------------|---------------------|
| Nurse Intake Screen | 20 | 311 |
| Nurse Referrals to Doctor | 107 | 1,285 |
| New Intakes Referred to Physician | 20 | 311 |
| Nurse Sick Call and Assessments | 167 | 2,195 |
| Doctor Sick Call | 350 | 5,219 |
| Doctor H & P Done | 0 | 52 |
| Doctor No Shows | 2 | 35 |

Table 10. Emergency Triage Data December 2007 and Year to Date

| Emergency Triage | December 2007 | Year to Date |
|------------------------------------|----------------------|---------------------|
| Sent to Local ER | 19 | 131 |
| Sent to OSU ER | 0 | 5 |
| Sent from Local to OSU | 9 | 51 |
| Inmate Emergencies Treated on Site | 10 | 83 |
| Staff Treated | 0 | 5 |
| Visitors Treated | 0 | 0 |

Infectious Diseases

The Medical Monthly Institutional Statistical Summary for Hocking Correctional Facility shows that the following regarding Infectious Diseases:

Table 11. Infectious Disease Data at the Hocking Correctional Facility in December 2007 and Year to Date

| Infectious Disease Data | December 2007 | Year to Date |
|--------------------------------|----------------------|---------------------|
| Number tested for TB | 0 | 384 |
| Positive PPD Test | 0 | 21 |
| Staff PPD | 0 | 141 |
| Inmates completed INH | 0 | 7 |
| Inmates Incomplete INH | 19 | 93 |
| Inmates Refusing INH | 0 | 0 |
| HIV Positive Inmates | 0 | 25 |
| Inmate HIV Conversions | 0 | 0 |

Deaths

The Medical Monthly Institutional Statistical Summary includes a section on Deaths. All categories, consisting of Deaths Expected, Deaths Unexpected, Suicides, Homicides, Deaths at Local Hospital, Deaths at OSU, and Deaths at CMC are reported as zero. *However, the CIIC receives incident reports on inmate deaths. A review of such reports received in 2007 shows that there were 10 deaths of inmates assigned to Hocking Correctional Facility. In follow-up communication from facility staff, it was relayed that HCF records indicate that there were nine deaths of inmates assigned to Hocking Correctional Facility, but none of the deaths occurred on site. All inmate deaths occurred at either CMC or OSU Hospital.*

Pharmacy

A security cage surrounds the Pharmacy. The late morning pill call was in progress during the inspection. Staff relayed that inmates who are not approved for “carry-on” medication are required to take their medication during pill call and required to show the nurse that it has been consumed before they are permitted to leave. On the day of the inspection an inmate was waiting to receive his “carry-on” medication. Staff relayed that these inmates have permission of the medical staff to carry their medication with them back to their housing unit. Inmates can retrieve their carry-on medication between the hours of 12:30 PM to 2:30 PM Monday through Friday.

Per the Handbook, if an inmate is to receive medication, he will be issued a medication pass to receive the pills. The Inmate Handbook lists the following scheduled medication times:

- 7:30 AM - 7:45 AM,
- 11:30 AM - 11:40 AM,
- 3:30 PM - 3:45 PM
- 8:00 PM - 8:15 PM.

According to staff, the pharmacy fills approximately 150 prescriptions per day for an estimated 40-50 inmates who have carry-on medication.

The Pharmacy staff relayed that special provisions are made to accommodate inmates who cannot pick up their medication at the pharmacy, such as delivering the medication to the inmate.

A review of the Medical Monthly Institutional Statistical Summary for Hocking Correctional Facility shows the following data regarding the Pharmacy:

Table 12. Pharmacy Data for the Hocking Correctional Facility in December 2007 and Year to Date

| Pharmacy Data | December 2007 | Year to Date |
|----------------------------------|----------------------|---------------------|
| Medical Refills | 2,190 | 20,151 |
| Mental Refills | 55 | 743 |
| Medical New Prescriptions | 966 | 16,413 |
| Mental New Prescriptions | 101 | 1,001 |
| Total Prescriptions | 3,312 | 38,308 |
| Medical Controlled Prescriptions | 3 | 188 |
| Mental Controlled Prescriptions | 2 | 31 |

Dentist

The dentist is reported to be on-site every other Thursday and occasionally has weekend hours on Saturdays. Staff relayed that dental services are provided on a contractual basis with Mid-American Health. It was noted that the dentist is scheduled to work 32 hours per month. Although staff indicated that the dentist was on-site on the day of the inspection, the staff person was not in the dental office at the time. The dental office provides one dental chair. *The office was observed as clean and orderly.*

Table 13. Dental Staff Presence December 2007 and Year to Date

| Dental Staffing | December 2007 | Year to Date |
|----------------------------|----------------------|---------------------|
| Dentist Projected | 1 | 12 |
| Dentist Actual | 33 | 290 |
| Dental Assistant Projected | 1 | 12 |
| Dental Assistant Actual | 30 | 301 |

The Medical Monthly Institutional Statistical Summary for Hocking Correctional Facility for December 2007 shows that there were 64 Scheduled Visits in the month, with 708 in the year. Scheduled Visits ranged from a low of 43 to a high of 81. Dental Emergency Visits were zero in December, with a total of 69 in the year, ranging from 0 to 13. Total visits for Dental Care were reported to be 777 for the year, with 64 in December 2007, with a monthly low of 43 and a high of 92 in the year.

Segregation

The segregation unit is located in the same area as Mental Health Services. Segregation consists of six cells, including two observation cells. Each occupied cell has a clipboard beside the cell door, for staff documentation of contacts, etc. On the day of the inspection, three inmates were housed in the segregation cells. Two of the inmates were 17-years old, juveniles who were transferred from the Madison Correctional Institution. According to the staff, occasionally the Hocking Correctional Facility receives juvenile inmates with behavioral problems at the Madison Correctional Institution.

Juvenile inmates at the Madison Correctional Institution reside in a separate housing unit from the adults and their separation is maintained. The HCF segregation staff relayed that the *juveniles at HCF go to recreation and to their meals completely separated from the HCF adult population.* The juveniles are only permitted to go to recreation during the third shift. On the day of the inspection, only one of the juvenile inmates was in his cell. The other juvenile was reported to be waiting to be seen by the medical department. The adult inmate in segregation was asleep in his cell.

The empty cells were very clean. Staff relayed that one of the cells has an electrical outlet, which is used when one of the inmates requires a breathing machine.

Kitchen

The Food Service Supervisor accompanied the CIIC in the walk-through of the back food preparation or kitchen area. The kitchen included coolers, freezer, and a dry storage area. The temperature of the coolers was 37 degrees. *The Food Service staff were very proud of what was termed their “new” cooler, which consists of a huge storage cooler for dry goods. The cooler was in excellent condition, plus was extremely clean and well tended. Staff relayed that they have had the cooler for five years. Certainly the appearance reflected that pride.*

Since HCF does not have an outside warehouse, the dry storage products were *stacked neatly in a corner of the cooler. The cooler was in excellent condition, extremely clean, and well kept.* According to staff, they have had the cooler for five years. The staff relayed that they receive deliveries usually during the first week of each month.

In the food preparation area, inmates were busy at work preparing green beans for the evening meal. Other inmates were spraying off dishes as a pre-wash, and another scrubbed large pans. HCF reportedly has 78 inmates assigned as food service workers, including line servers. The Food Service staff relayed that they use approximately 30 inmates per shift and operate two shifts per day. *Staff also relayed that some of the inmates want to work in food services. It was noted that three of the inmates working on the food line volunteered for the job.*

Staff Dining Hall

The staff dining hall was visited during the inspection. Staff may purchase the same meal provided to the inmates for \$2.25 or staff may select from several menu options. On the day of the inspection, HCF staff had the choice of stuffed peppers, hamburger, or grilled cheese.

Laundry/Quartermaster

The Inmate Handbook states that laundry services are provided weekly to inmates for state-issued clothing, which includes: blue uniform, khakis, jackets, blankets, and bed linens. The laundry schedule is to be posted on the bulletin board in each inmate's unit. Replacement undergarments may be obtained through a change of one-for-one every 180 days. Inmates may kite the Quartermaster for this replacement.

It is further reported that the Quartermaster provides services for all inmates five days per week. Upon an inmate's arrival at the Hocking Correctional Facility, they are issued the following clothing items: laundry bag, white bath towel, wash cloth, belt, three pairs of socks, three pairs of underwear, three t-shirts, three shirts, three pants, two sheets, one pillowcase, and two blankets.

Brown bags containing inmate clothes were neatly stored on the shelves in alphabetical order. Staff explained that the bags contain the state issued clothes of inmates who were currently away with leave for judicial or medical reasons. However, an inmate's personal items are stored in the property vault until the inmate returns.

The laundry includes two large washing machines, one small washing machine and a dryer. In addition, the room provides a small space for inmate workers, as well as a working space for inmates involved in community service projects. *In follow-up communication from facility staff, it was relayed that space is well utilized, and the number of offenders working in the area is well managed. It was further noted that workers are able to carry out their duties in a safe environment.*

One inmate explained that he has the job assignment of Tailor, and makes \$22 per month repairing inmate clothes with a sturdy, but very old sewing machine.

Another inmate was seated at an ironing board, using it as a desk to prepare music sheets for upcoming church services. *The inmate proudly displayed colorful Afghans that he has made for the needy as a community service. He fondly referred to community service work as the "Warden's pet project!" The support of the Warden clearly meant something to this inmate.* The inmate relayed that his grandmother taught him to crochet when he was very young.

During the walk-through of the laundry facilities, *staff emphasized the fundamental importance of such activities, even crocheting, to keep the inmates busy and to aid their physical and mental health. This sentiment was further reflected in the discussion with the Recreation Supervisor.*

RECREATION

The Inmate Handbook states that *recreation is available to all inmates from 8:00 AM until 8:00 PM, seven days per week.* Recreational activities include shuffleboard, whiffle ball, and horseshoes. *Various leagues start approximately every six weeks.* It is also reported that the bulletin board in each unit and in the dining hall entrance provides updates on recreation activities. The Handbook further relays that *movies* are shown in the east gym on Wednesdays and Fridays at 8:00 AM, 1:30 PM, and 7:00 AM, and that inmates may participate in the *Arts and Crafts program.* *Musical instruments* are also available for inmates.

Regarding artwork, the Recreation Administrator relayed that inmate artwork was recently on display in the local library. As noted elsewhere in this report, there were beautiful murals on the walls of the hallway, all painted by the inmates. Due to the extremely limited program space, staff allow inmates to do their artwork on their bed.

Outdoor Recreation Area

The outdoor recreation area was impressive and included: one very small whiffle ball field with homemade scoreboard, corn hole, horseshoes, shuffleboard, a putt-putt golf course, and basketball hoop. There were also several picnic tables where inmates may relax and smoke outdoors. There is a wide range of outdoor activities, from slow paced relaxation to more strenuous activities. The putt-putt golf course closely resembles those seen in the private sector.

There are three strength training stations located in the recreation yard. Although they were not in use at the time of the inspection, staff relayed that inmates can and do use them. Staff relayed that inmates have *whiffle ball tournaments* when the weather permits. It was noted that the *area is open all day until evening*, except during count and lunchtime. Further, special allowances are made for inmates who smoke to come out to the area in the evenings.

Staff mentioned that DRC Central Office acquired a grant of \$36,000 that *funded new black top for the outdoor recreation area, as well as a red sprinkler that helps inmates to keep cool in the hot summer months. The sprinkler is mounted on the outside wall of the building. Staff explained that, because many of the inmates are on psychotropic medication in which heat sensitivity is a side effect, they need to avoid extreme heat to prevent potentially serious medical problems. Staff relayed that inmates can just stand up to the sprinkler to receive a cool mist that effectively cools them down.*

Indoor Recreation/ Music Room

The indoor recreation area is a two-level room that also includes a music room. The downstairs recreation area provides four Universal weight machines stationed inside of a large exercise cage. The downstairs area also includes two pool tables and two stationary bicycles. The equipment also includes a rowing machine. The upstairs recreation area includes a foosball table, dartboard, and the recreation staff offices.

The *music room* is located in the back of the downstairs recreation area. Recreation staff relayed that the music room is very popular with inmates. The music room includes a piano, guitars, electric drums, and keyboard. Recreation staff relayed that from 35-40 inmates participate in the music program, with most groups subdivided into 3-5 inmates per group. It was noted that one of their inmates teaches from 25-30 inmates to play the piano.

Staff relayed that they have a music performance each month. Inmates who wish to display their vocal talents can participate in “Open Mike Night” during the last weekend of each month. Staff relayed that 78 inmates were in attendance during the “Open Mike Night” that was held in October 2007.

Multipurpose/ East Gym

The indoor multipurpose gym is also known as the “East” indoor gym. The room has a carpeted floor, two basketball hoops, and a stage.

Chair Aerobics Program

The multipurpose gym is used for entertainment, a chapel, and the Chair Aerobics Program. CIIC observed inmates participating in Chair Aerobics. According to the HCF website, the Aerobic Exercise program at the Hocking Correctional Facility consists of three levels of aerobic exercise:

- Chair
- Intermediate
- Advanced.

The different levels of exercise allow inmates with different levels of physical ability to participate. Before inmates can move to the next level, they must be evaluated by the Medical Department, and be recommended for the advanced level. Aerobic Exercise Programs are offered at 5:00 a.m. and 7:00 p.m.

Inmates mirrored exercises while seated, as shown on a 45-minute video. On the day of the inspection, there were six inmates participating in the Chair Aerobics Program. The quality of the video was not the best, and appeared to fade in and out during the viewing. The video also appeared to be quite dated. *In spite of the deficiencies of the video, the inmates were fully engaged in the program, and staff indicated that the video is among the inmates’ favorites.* Staff relayed that they have 18 videos, but *many are in poor condition, and there is a need for more.* It was also relayed that a spelling bee is one of the recreational activities for the men, which doubles as an educational tool as well.

The Recreation Administrator relayed that he is attempting to start an internship program through Hocking College to assist with the recreation program. *CIIC was most impressed by his professionalism, knowledge, expertise, enthusiasm, sincerity and dedication, which became apparent in his discussion about his work with the inmates. He recognizes the impact recreational activities have on the physical and mental health of the inmates, and he recognizes the equally important role that meaningful structured activities play in enhancing security by reducing inmate idleness. He clearly understands the importance of his work, and the inmates’ need for programs in the Recreation Department.*

Just outside the multipurpose gym was the designated outdoor smoking area for inmates. On the day of the Inspection, several inmates were outside smoking. CIIC staff spoke with an inmate who stated that he has been incarcerated for two years. The inmate relayed that he was transferred from the North Central Correctional Institution

for health reasons. *The inmate seemed relaxed and stated that he enjoyed the atmosphere and staff at HCF.*

Staff Computer Room

A very small room has been converted to a staff computer room for staff access to DRC intranet information and to check e-mails. The room is equipped with three computers. According to the HCF staff, any staff member can use the room as long as they have someone to relieve their post. There is no sign-up necessary.

Commissary

The Inmate Handbook states that inmates are permitted to go to the commissary once per week on their assigned day and time. The last digit of their inmate number is used as their assigned number. There is a posting in each unit as to when each number will go to the commissary. Inmates must have their identification badge to present along with their completed commissary slip. The Inmate Handbook further states that inmates are permitted to spend up to \$55.00 a week on commissary merchandise.

On the day of the inspection, the CIIC observed how inmate orders are filled. The inmates submitted a list of items at the beginning of the line and received their completed order at the other end. Staff noted that HCF *now has the equipment to provide each inmate with his account balance as he makes his commissary purchases.*

Inside the Commissary, a small group of inmate workers was busy filling the orders, placing the ordered items in small vinyl baskets. There was also a civilian commissary staff person present, who was helping and supervising the inmate workers. The Commissary workers relayed that they work five days per week, either filling commissary orders or refilling their stock items. Staff relayed that there is an average of one order filled per minute in the commissary. Although many inmates were in line, they were quiet and orderly. In addition, it was observed that the line moved quickly, in an orderly fashion, and the operation was smooth and efficient.

DRC recently implemented a plan to provide healthier product options in the prison commissaries. According to HCF staff, *no problems have been experienced in the transition.* It was noted that HCF already had several of the new items in their inventory.

C-Dorm

An elevator was taken to the third floor to access C-Dorm. Just off of the elevator, inmates were seated at small tables. One was deeply involved in painting a religious picture, using a small magazine photo as a guide. He noted that he can work on it for four hours at a time, but it is so draining, he needs a break after that. The inmate relayed that he never learned how to paint until he was in prison. He stated that he has been painting now for nearly 12 years. *The painting was an amazing display of artistic*

talent. Similar talent was displayed elsewhere in the facility, such as in a mural in the patio area of the visiting room, and in paintings in the hallways throughout the institution.

C-dorm was the last of the housing units scheduled to have their showers renovated, so it provided an indication of the former conditions of the showers in A and B units. The renovation project was clearly necessary. *The comparison of the old and new shower rooms demonstrated the fine work accomplished by inmates and maintenance staff in the finished project.*

The unit was very clean, quiet and peaceful. In terms of sanitation, staff relayed that every Thursday they actually clean the mattresses.

Adult Basic Education

The Adult Basic Education (ABE) classroom is located in the back of C-dormitory housing unit. The classroom has 11 computers enclosed in wooden casings in the back of the class. An ABE class was in progress during the inspection, with 15 inmates present. The teacher was reading off words for a spelling test in progress.

In the prior CIIC inspection on February 23, 2004, an inmate appeared to have the role of instructor, though a civilian teacher was present in the classroom. However, in the November 2007 inspection, *the instructor was clearly in charge of the class, and there was no sign of any inmate in a position of authority over the other inmates. Administrative staff relayed assurance that no inmate is authorized to hold a position of authority over another inmate. All students were attentive and focused on taking the test..*

EXIT SESSION

The close-out discussion took place in the Administrative Building. *The overall observations were extremely positive. The HCF staff exhibited professionalism, dedication and a positive attitude about the inmates, their co-workers and environment. The majority of comments relayed by staff and inmates were positive and encouraging. Some inmates described HCF staff as "The best, very caring."*

Although only one Correctional Officer is assigned to each unit, no officers expressed any need for additional staff. *Staff relayed that security concerns have not been a problem with the current population. Staff also relayed that security cameras are in each unit. Further, in the event there is an incident, other Correctional Officers can respond quickly to assist. It was also noted that there is an officer that rotates between each dorm as a "floater."*

The inmate concerns relayed during the inspection included the problems stemming from use of *metal restraints* during medical roundtrips, menu items, and the *need for programming* directly related to the inmate's crime, such as sex offender treatment

programs. Staff stated that they have not received complaints about the lack of such offense targeted programs. However, staff relayed that they can transfer an inmate to another institution that provides the requested program.

It seemed clear that *additional teachers are needed, especially for vocational programming.*

Discussion included a concern that was previously communicated through a written inquiry pertaining to a conduct report and segregation placement of an inmate who assisted another inmate in filling out an informal complaint. While corrective action was taken at the appeal level by the Administrative Assistant, *the incident reinforced a disturbing perception that involvement with the grievance procedure comes with risk of retaliation and reprisal. Such a perception can only be changed by demonstrating that retaliation and reprisal will not be tolerated. Efforts should be made to increase staff's understanding that it is in their best interests, in the facility's best interests, and in the DRC's best interest, to prohibit retaliation and reprisal for using the grievance procedure to report a wrong.* Staff system-wide seem to understand the critical importance of protecting their access to the employee grievance procedure without fear of retaliation or reprisal. The grievance procedure makes it possible for allegations to be investigated and if found warranted, for corrective action to be taken. When warranted, there are proper procedures to be followed per Administrative Rule 5120-9-31 to pursue disciplinary action in connection with a grievance:

An inmate may be subject to disciplinary action for disrespectful, threatening or otherwise inappropriate comments made in an informal complaint, grievance or grievance appeal. **Only the inspector of institutional services, with the approval of the chief inspector or designee, may initiate disciplinary action based upon the contents of an informal complaint, grievance or grievance appeal. Failure of the inmate to substantiate their grievance allegations shall not, by itself, be used as grounds to initiate disciplinary action.** If it is found that an inmate has intentionally falsified information in an informal complaint, a grievance, or grievance appeal, **only the inspector of institutional services, with the approval of the chief inspector or designee, has the authority to initiate disciplinary action against the inmate. Retaliation or the threat of retaliation for the use of the inmate grievance procedure is strictly prohibited.** Any alleged or threatened retaliation may be pursued through the inmate grievance procedure. Appropriate disciplinary action shall be taken against any employee found to be in violation of this section.

THE QUESTIONNAIRES

Introduction

Two questionnaires were developed by CIIC for use on 2007-2008 inspections. One of the questionnaires 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.

The second questionnaire 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. 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.

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 explanation, 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.

ADULT EXPECTATIONS

According to Expectations, it is 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 and**
- **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. The 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. The Expectations consists of eight sections and subsections. Sections included in the questionnaire are provided below:

| | |
|---------------------------------------|--|
| Environment and Relationships: | Residential Units Clothing and Possessions 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 Rules |
| Services: | Food Services |

Discussion of Responses

Residential Units: The responses provided by staff to the questionnaire on Expectations provided helpful and valuable information, which is most appreciated. In the section on Residential Units, *HCF appears to meet all Expectations*. Another positive aspect is that HCF has *inmate volunteer and compensated offenders that assist impaired offenders with functioning when needed*. Assistant offenders are identified if paid by the assignment of *Mental Health Program Aide*. If volunteer or paid, the offender has an identification card that is attached to their regular identification card indicating their assistance status.

When asked if prisoners feel safe in their housing areas, the staff responded that *HCF has a low incidence of assaults and/or fights that all areas are under supervision*, and many areas have cameras in place to aid in monitoring. Just as was found on the inspection, the staff responded that *all living units are calm and quiet and assist in offenders being able to sleep*.

Clothing and Possessions: The staff responses to the Clothing and Possessions section were also impressive. It was noted that offenders are issued three sets of uniforms on arrival, which have elastic waistbands to help with the fit for the older offender. In addition, uniform tops have been modified with a Velcro fastener to help the offender who cannot manipulate buttons because of physical impairments. It was also relayed that alterations are made as needed by the quartermaster to improve the clothing's fit. Staff noted that the facility's unique population is the older offender, and that clothing has been made to accommodate those offenders and their special needs. Inmates have weekly access to the institutional laundry, twice weekly access to the dormitory laundry, and free access to the iron and ironing boards.

Consistent with Expectations, inmates are permitted to maintain their property with them unless they are admitted to the infirmary, segregation unit or leave the facility. Those in the infirmary or segregation may request through a kite to the Correctional Counselor to have access to their property. That staff person will coordinate approval or denial of access to their property with the Major. If approved, the offender is provided access within one week. It was relayed in the Hygiene section that HCF controls all offenders' property by inventory system and place the property in the vault when the offender becomes separated from his property,

such as out to court and medical admissions. The vault is secured and access is restricted and entrance can be gained only by approval of the shift office.

It was relayed that if property is lost or damaged, the staff will complete the appropriate theft or lost form and submit that form to the Major. An investigation will be conducted to locate the property or to determine the cause of the damage. If the damage or loss is due to negligence of the facility, the offender will seek reimbursement through the Institutional Inspector. DRC policy 61-PRP-01 governs permissible property and limitations department-wide. Staff also noted that inmates may order packages based upon their security classification.

Staff relayed that HCF provides clothing to discharged offenders from the infirmary, segregation, out to court, and medical admissions. If an offender is being released from prison, the facility has many items, including wheelchairs, walkers, canes, and coats donated from the community to help the offender in transition.

Hygiene: The staff responses regarding Hygiene revealed positive practices in the area. Staff relayed that HCF promotes dorm and personal cleanliness through the process of structured cleaning methods and times. Porters use cleaning chemicals including bleach water for the shower and toilet areas to help with sanitation. Once per week during sheet cleaning day, all beds are stripped and disinfected to include frame and mattress. This is also done when the bed becomes vacant. Inmates have 24 hour access to check out disinfectant spray to clean toilet seats prior to use. Porters will assist in the cleaning process for impaired inmates who are unable to clean their bunk area. If an inmate has functioning issues, an offender aid is assigned to help the impaired inmate in the task of cleaning and to help with reminders of shower times.

Consistent with Expectations, all inmates have access to communal toilets and showers that offer sufficient privacy during the course of activity. Privacy walls and partitions prevent incidental exposure. Showers have been modified to allow the older offender free access to shower chairs, rails, and shower hoses. Benches are available for all offenders for undressing and dressing purposes. Inmates have free access to shower from 6 am to 10 pm except for cleaning times. HCF is medical level 1 and 2. Inmates that can no longer function at HCF are considered for a medical level increase and transferred. Until transfer, offenders assist the impaired inmate.

Staff-Prisoner Relationship: In the Staff-Prisoner Relationship section, staff responded that prisoners are *usually* treated respectfully by all staff, and are encouraged to take responsibility for their own actions and decisions. The staff also believed that HCF provides a well-ordered environment in which security, control and justice are balanced and in which all are safe and treated with fairness. The staff replied that all prisoners are treated with humanity and with respect for the inherent dignity of the person. Further, staff are aware that the prison has a duty of care for all prisoners to ensure that no one is at risk of physical or emotional abuse by staff or prisoner, and that they are to be held in decent and humane conditions. Staff are aware that they should set a personal example in the way they carry out their duties. It was also relayed that staff are always fair and courteous in the daily work with prisoners.

Staff relayed that *for the most part*, staff positively engage with prisoners, and when they do not, proper action is taken to correct the problems by the Administration. It was also relayed that staff help and encourage their older and less able prisoners to participate in and access all

facilities offered across the prison. Staff responded that prisoners are encouraged by staff to engage in all activities and routines, promoting punctuality, attendance and responsible behavior, and that staff try to provide incentives verbally. Staff relayed that inappropriate conduct on the part of prisoners is challenged, and staff demonstrate skill in confronting low level disputes without using official disciplinary measures.

Grievance Procedure: The section on the Grievance Procedure provided the following information based on the staff responses:

- There are effective complaint procedures in place that are easy to access, easy to use and provide timely responses
- Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure
- Information about the grievance procedure is reinforced in the handbook and flyers in English and Spanish. Although there are no posters to ensure all understand and are able to access the procedure, orientation is provided as well as information in the handbook.
- There is a single channel of contact or clear information on how to make a complaint.
- Procedures for blind prisoners are explained in orientation.
- Inmates are encouraged to solve areas of dispute informally before making official complaints, through kites or inmates can speak the supervisor of the area.
- Inmates can easily and confidentially access and submit complaint forms.
- Inmates can kite or just request complaint forms.
- There are forms and at least one kite box on each dorm. All Correctional Officers, Inspector and Sergeants have forms.
- The Mailroom Officer empties the boxes daily except on weekends.
- Informal complaints may be obtained from the Correctional Officer, Sergeant, or Inspector. Grievance forms may be obtained from the Inspector. Grievance appeal forms may be obtained from the Inspector to send to the Chief Inspector.
- Informal complaints and grievance files are secured on a limited access basis in the Inspector's office.
- Prisoners make use of the procedures and are free of pressure to withdraw any complaints or grievances.
- Assistance is provided if needed for prisoners with learning or other disabilities.
- Complaints are *normally* resolved.
- Complaints are answered within seven days for informal complaints, 14 days for grievances. (Expectations *recommend responses in three working days, or 10 days in exceptional circumstances.*)
- *Sometimes, but rarely* forms are sent back to prisoners because of technicalities in procedure. (Expectations indicate that they should not be returned due to technicalities.)
- *Sometimes* complaints are referred to the relevant staff member, not back to the prisoner. (Expectations indicate they should be referred to relevant staff rather than be returned to the inmate.)
- Target return times are recorded. All is computerized now.
- Letters of complaint/concern from third parties such as legal representatives, family or voluntary organizations are logged and answered by the Warden's office.
- Inmates receive responses to their complaints/grievances that are respectful, legible and address the issues raised.

- *Usually* formal grievances are signed and dated by the respondent.
- *Regarding the quality of responses, there is no quality assurance system in place.*
- *Usually* the staff member who dealt with the complaint clearly prints their name on the response.
- *The staff member did not know if staff responses to confidential complaints are returned in sealed envelopes.*
- Prisoners feel able to ask for help in completing their complaint or grievance form and in copying relevant documentation.
- Staff are responsive to requests for help with forms.
- Translation services are provided for those who need them
- Arrangements are made for prisoners with literacy problems and for the blind.
- Staff (Inspector/Captain) are responsive to requests for urgent help.
- Prisoners who make complaints against staff and/or other prisoners are protected from possible recrimination.
- Protection measures are in place and put into practice.
- Responses are objective and factual and conclusions are based on evidence rather than supposition.
- There are no adverse effects of filing complaints. *Sometimes the inmates become nervous.*
- Prisoners know how to appeal grievance decisions.
- Appeals are *not responded to within seven days* as recommended by Expectations. The staff person relayed that grievances are answered in 14 days.
- Prisoners are reminded of their appeal option on the handout, in the handbook, and in the response.
- Twenty-three grievances were appealed in the last six months. Normally, HCF does not have many grievances. Usually staff solve the problem before there is a need to use the formal system.
- The staff person believes that all prisoners and staff know how to contact members of the Ohio General Assembly's Correctional Institution Inspection Committee, and can do so in confidence.
- CIIC contact information is posted in dorms, blocks, library and other areas to ensure that staff and inmates are aware of how to contact CIIC.
- There are no difficulties with access to CIIC. Usually, the only complaint is if they will not come to see them in person.
- Prisoners receive help to pursue complaints and grievances with unit managers, prison administrators or other central office staff if needed.
- All prisoner know how to contact the Inspector and Chief Inspector
- HCF is one building, and the Inspector has an open door policy. Inmates may just walk in.
- Prisoners may receive help to pursue grievances with external bodies if needed, through the Law Library.
- The Law Library also provides help in contacting legal advisors or making direct applications to the courts.
- In the last month, one original grievance or appeal was sent to the Chief Inspector. It pertained to flex cuffs and was denied.
- *The staff person did not know if data is studied on complaints filed each month, and if action is taken when strong patterns/trends emerge.*

Bullying and Violence Reduction: The staff responses to the section on Bullying and Violence Reduction indicate that this is the area that could most benefit by careful review and implementation of Expectations.

- Everyone feels safe from bullying and victimization including verbal and racial abuse, theft, threats of violence and assault.
- For inmates and staff, active and fair systems prevent and respond to violence and intimidation known to staff, prisoners and visitors.
- *As to whether the prison has 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, the staff person did not know of any formal strategy being developed or having inmates give feedback.*
- *There was no response to whether the violence reduction strategy is widely publicized, and no response to whether monitoring is part of the strategy and as a minimum, whether it covers feelings of safety among prisoners, incidents of bullying (verbal and physical), number of assaults, number of racist incidents, location of incidents and action taken*
- As to whether staff understand their duty to maintain a safe environment and what they do to promote this, it was relayed that staff is aware to maintain safe environment.
- Staff are alert to threats to a safe environment, and they confront all forms of victimization.
- *As to whether prisoners are consulted as part of the strategy development and maintenance, the staff person was not aware of this being done.*
- *As to how effective the strategy is in promoting safer custody and violence reduction, the staff person was not aware of any strategy.*
- *Expectations recommends that prisoners be 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. The staff person did not respond to this question.*
- *As to whether any such consultation has occurred in the last six months, the staff person was not aware of any.*
- *As to whether an annual confidential survey to all prisoners about bullying has been undertaken, the staff person was not aware of any.*
- *No response was provided to whether there are wing (dorm) representatives.*
- *As to whether staff supervise and protect prisoners throughout the prison from bullying, verbal and physical abuse, racial abuse and threats of violence, the staff person relayed that they try to when it is known.*
- *As to whether staff are consistent in challenging these behaviors, the staff replied that when it is known by staff, most do.*
- *As to how many incidents occurred in the last six months, the staff person relayed that such is not known.*
- *The staff person relayed that commissary and packages are particular areas where prisoners feel vulnerable to bullying.*
- *As to what policies provide protection of vulnerable prisoners, the staff person cited Protective Control policies.*
- *As to whether 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, the staff person responded, "Yes. Most of the time"

- *As to arrangements for movement, exercise, mealtimes and discharge, especially for those who are considered vulnerable, the staff person responded, "None that I know."*
- *When asked if particular attention is 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, the staff person relayed that attention is given to those asking for protection.*
- *As to whether prisoners' families and friends are 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, there was no response.*
- *As to whether prisoners' families are encouraged to come forward if they feel they are being bullied to bring drugs into prison, the staff person did not know if anything has been communicated to them.*
- *As to whether a visitors' survey is distributed systematically, the staff person did not know.*
- *As to whether visiting families know about reporting procedures and if they think visiting staff are approachable and sympathetic, the staff person relayed that they know they can report this to staff such as visiting staff, and most, are comfortable around them.*
- *As to whether there are posters in the visiting room, the staff person was not aware of any.*
- *As to whether there 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, the staff person did not respond.*
- *As to whether a strategy has been formed by systematic consultation with prisoners across the prison, the staff person did not know of any strategy.*
- *As to whether a central log of bullying is kept, and incidents reviewed regularly by a multidisciplinary committee, the staff person was not aware of any.*
- *As to whether staff are alert to potential bullying and if they confront all forms of victimization, the staff person relayed that if they know, most staff will confront the issue.*
- *As to whether all sources of information including security reports, accidental injuries, etc., are used for evidence of bullying/intimidation, the staff person was not aware if this is done.*
- *As to how staff contribute to the strategy, the staff person was not aware of any strategy.*
- *As to whether there is a coordinated approach by all departments, the staff person was not aware of any.*
- *As to whether allegations of bullying behavior are treated consistently and fairly, the staff person responded, "If they go through the RIB process."*
- *When asked if they are investigated promptly, the staff person did not know.*
- *As to whether outcomes of investigations are recorded and if the prisoner who reported the bullying supported, the staff person was not aware and is not made aware of cases.*
- *As to whether prisoners are made aware of behavior that is unacceptable through a well-publicized policy and are made aware of consequences of bullying, the staff person relayed that they have the rules available to them for behavior issues.*

- *Most times inappropriate behavior is consistently challenged.*
- *There are no bullying posters throughout the prison.*
- *As to what information is distributed to new arrivals, the staff person was unaware of any.*
- *As to whether bullying is clearly defined to prisoners, the staff person was unaware.*
- *The staff person did not know if staff are aware of both direct and indirect forms of bullying.*
- *As to whether anti-bullying measures support the victim and take the victim's views about their location into account, the staff person was not aware of any anti-bullying measures.*
- *As to whether staff understand the link between bullying and aggressive and disruptive behavior generally, the staff person relayed that it is common sense, and would hope so.*
- *As to whether appropriate interventions are in place to deal with bullies and support victims, the staff person was not aware of any.*
- *The staff person was not aware of any interventions available to challenge bullies and to support the victims of bullying, and not aware of any interventions aimed at achieving sustained and agreed upon changes in behavior.*
- *As to whether prisoner records contain comprehensive updates on how bullied and bullying prisoners have been supported and/or challenged, the staff person responded, "Only if conduct reports are written."*

Self-Harm and Suicide: *The section on Self-Harm and Suicide provided detailed, impressive responses which readers are urged to review in its entirety. In most cases, the responses indicate that HCF is consistent with the expectations in this section. However, Expectations recommends that the multi-disciplinary committee that effectively monitors the prison's suicide prevention policy and procedures, should include prisoners, staff representatives from a range of disciplines, and a member of the local community mental health team. The staff person replied in part that all institutions have a Suicide Prevention and Review Team that reviews the issues monthly, and it consists of the Major, Training Officer, Health Care Administrator, Mental Health Manager, and Deputy Warden of Special Services. All aspects of suicide prevention and intervention are analyzed, discussed, and followed by any identified necessary interventions. The staff person relayed that *no offender is part of the team as this is not designated in policy. Further, the staff person relayed that it would seem that these particular meetings are not appropriate for offenders as confidential information regarding other offenders is discussed. It was further relayed that this information would be inappropriate for dissemination in general population and violate the rights of privacy of the individual involved.**

In addition, the policy does not identify an outside representative from mental health in the community. However, the staff person relayed that this might be helpful in terms of the injection of new perspectives and ideas regarding suicide prevention, but it is not the current state of policy or practice. The inclusion of a member of the local community mental health team is suggested for further consideration by those in a position to revise current policy. As to the reasons why prisoners should not be included, consideration should be given to a separate effort to seek inmate input on the prison's suicide prevention policy and procedures. CIIC staff have received valuable input from inmates over the years on problems and suggestions for improvements pertaining to suicide prevention practices. Periodic or one-time solicitation of inmate input by the Suicide Prevention and Review Team would likely be valuable to the Team.

When asked if prisoners' families, friends and external agencies are 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, the staff person relayed belief that there is no formal program or proactive "encouragement" of families, friends, or external agencies to provide information regarding suicidal or self-harm of incarcerated men. It was added that policy and practice provide for quick response to any concerns that are communicated by any means to the institution, that this does take place, and is quickly followed up to ensure the safety of the incarcerated person. It was believed that similar action would be taken where there are concerns of physical harm as would be involved in "bullying."

*When asked if there are posters in the visiting room about who to contact with concerns, and if that information is sent out alerting families to the help available, the staff person relayed that there are no posters in the visiting room, but **there are brightly colored flyers with guidance about who and how to contact appropriate HCF staff if they have concerns about self-harm or suicide.***

The staff person relayed that at HCF, Safe Cell placement is infrequent and most placement when assessment by clinical staff result in release as no self-harm or suicidality was involved. A stray word, an impulsive statement, or some other sign dictated precautionary placement on watch by non-clinical staff. In those cases where on assessment by clinical staff, continued watch due to self-harm or suicidality is present, a Crisis Treatment Plan is developed which will involve the offender. Usually these individuals are on the mental health caseload. The plans do identify who is responsible for managing a particular intervention. The Mental Health Liaison is assigned to generally oversee the plan.

Regarding arrangements for follow-up after a care and support plan has been closed, the staff person relayed that policy provides guidelines for follow-up. If a limited follow-up is warranted given the clinical circumstances, 72-hour and two week follow-up assessments are given. If an extended follow-up is warranted, then five daily, two weekly and ten biannual, six month follow-ups over five years are given.

As to unit officers' knowledge of policy and support plans, the staff person explained that this depends on the case. At HCF, in some cases, yes, and in others, no. The level of lethality involved and the need for safety are balanced with the rights of privacy and confidentiality with the need for safety trumping privacy and confidentiality when matters are difficult to discern. Officers receive annual training. All staff attend at some point the Specialized Mental Health two day Training which addresses issues of suicidality and self-harm management and supervision. The issue is also addressed in Pre-Service before a new staff member fills a role at the institution of placement.

As to whether prisoners at risk of suicide and self harm are held in a supportive and caring environment with unhindered access to sources of help including peer support, the staff person noted that it is difficult to think of any prison as a supportive and caring environment with unhindered access to anything. There are strict rules and routines even in hospitals and mental health centers. The staff person believes that HCF is one of the more supportive institutions in the system, made possible in part by its relatively small size, continuity of staff, and the quality of staff. Many staff members are indeed caring, though all are not. The staff person added that this would be so in other environments as well.

As to whether a care suite is available to support the work of "Listeners," the staff person relayed that none is available. If these listeners are offenders, no formal program of listeners exists at HCF or ODRC that the staff person is aware of. HCF does not have the formal roles, so do not have a "care suite." However, most of such supportive listening is provided by other offenders that the individual concerned would self-select. HCF does have an Associate Aide Program in which offender Aides assist Associates that need help in some way. Generally, this individual needing assistance requires the help because of diminishing cognitive function due to dementia. They have acted as sounding boards for other men and have provided referrals to mental health of men whose safety they have been concerned about.

As to access to counselors, the chaplaincy team, "Listeners" and "Samaritans" at all times, the staff person responded "No." Access to all of these all of the time is not available. Counselors are available during the day, and the Chaplain according to his schedule. He has one Aide, but the nature of his role and contact with other offenders is not known. Listeners and Samaritans are not a formally identified program at HCF. It is not a formal role systemically. Mental health does have the Associate Aide Program noted above. While they can be good listeners and Samaritans, they do not fill that role formally. As to whether appropriate free telephone help lines/interventions are available to address specific aspects of prior victimization such as rape crisis, the staff person noted that rape of men can take place. There are means for men to report these offenses should they be raped or molested in some way. This will prompt an investigation and cause separation by the parties while the investigation is going on. This system does not involve telephones and does require notification of staff that such an event has transpired.

Consistent with Expectations, prisoners are 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. The men are encouraged to seek assistance. Mental Health has a virtual open-door policy. Men, especially where self-harm or suicidality is identified, are encouraged to speak to some staff member. On a number of occasions, and depending on the nature of the circumstances, the staff person has come to the institution at night and in the early morning to speak with men. Subsequently, the men participate in formation of the treatment plan and are as a routine course encouraged and motivated to find and return to activities that provide meaning for them.

Prisoners are given the opportunity and assistance to make a written contribution to their review on a verbal basis. The treatment plans are computerized and entry is made by a staff member. However, in some cases, projects are identified which might include written journals.

Prisoners are definitely encouraged to identify their own support needs and are able to draw on opportunities for informal support from other prisoners if they wish. The staff person added that the informal sources of support are believed to be the best, strongest, and most efficacious. The staff person relayed that this is always encouraged, as the process, if ongoing, is one of the best evidences of return to stability.

All staff are fully trained in suicide prevention and clear on what to do in an emergency. All staff receive annual refresher training. In addition, Mock Suicide Prevention Drills are conducted on each of the shifts to keep the most likely staff involved in a suicide intervention aware and trained in rapid response. Drills include all staff needed to respond, including medical staff.

Expectations recommends that if a facility does not have a first night center, that **night staff should know where first night prisoners and those at risk are located**. The staff person understood this to mean men who are placed in a Safe Cell initially for suicidal ideation, intent or plan. CIIC staff understand “first night prisoners” to be inmates who have just arrived at HCF from the reception center or other parent institution, those spending their first night at HCF.

Consistent with *Expectations*, incidents of self-harm are closely monitored and analyzed at regular intervals to establish any trends and to implement preventive measures. This is the very purpose of the SPART teams noted above.

Consistent with *Expectations*, serious incidents are properly investigated to establish what lessons could be learned and to promote good practice. This is primarily the function of the Mental Health Quality Improvement Team. If there is a serious suicide attempt, a Healthcare Occurrence is triggered as well. This requires notification within four hours of BOMHS at Central Office. This notification is followed by an investigation, which is first a fact-gathering effort followed by analysis of the facts and then identification of lessons learned and processes that might be modified to improve procedure and make the entire system more effective. The investigation is also submitted to BOMHS where it is reviewed and analyzed, sometimes resulting in additional steps. Only after being closed by BOMHS is a case considered closed.

CIIC staff reviewed the suicide attempt data system-wide for 2007. A total of 127 attempts were made in Ohio prisons, but not one attempt is reported for HCF. It is significant to note that the staff person who responded to this section of the questionnaire relayed:

Thankfully we have not had any suicides at HCF. I believe this remarkable as a large segment of our population, older white males, has the highest incidence of suicide in the community. I believe this due in large measure to the size of the institution, communication between custody and mental health, actually, communication between all parties. I believe we are able to intervene early in emotionally charged experiences and provide interventions that largely preclude suicide attempts. However, we must be all the more vigilant and diligent for that very reason.

Lastly, the staff person relayed that contrary to *Expectations*, all information about prisoners at risk of self-harm or suicide is *not* communicated to people who are able to offer support in the community, but the staff person detailed the *good and valid reasons why “all” information is not transmitted*. The explanation takes into account the needs and rights of the offender. It was noted that anything that would be helpful would be divulged, but the offender is made aware of this, as this is made part of the plan of intervention in which he participates.

Learning and Skills, and Work Activities: The staff’s responses to the section on Learning and Skills and Work Activities indicate that HCF meets all expectations in the category. It was especially impressive to learn that *meetings between the education staff, unit staff and inmates are held on a weekly basis, and such meetings were cited in the response to the question whether all prisoners are given accurate information, advice and guidance about prison activities which support their learning and sentence plans and link to their reintegration into the community. Further, as to whether the assessment and provision of*

individual learning and skills, form an effective part of prisoners' reentry plans and are used effectively to record and review overall progress and achievement, the staff person responded, "This is the same meeting that takes place in the unit every week with Education, Unit Staff, Recovery Services, and sometimes the Psychology Department and Job Coordinator."

Also related to reentry, in response to the question whether prisoners are helped to continue on their courses when transferred or to progress to further education, training or employment on release, the staff responded, "This is in their release plan that has been in process since they arrived at our institution."

Library: *All responses in the Library section of the questionnaire indicate that HCF meets the Expectations in the category.*

Good Order (Security and Rules): *All responses in the Good Order: Security and Rules section of the questionnaire indicate practices totally consistent with Expectations. As to whether prisoners receive personal attention from staff, the response was, "Yes. Very much so, a strong point of this facility." The respondent also relayed that security and good order is maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. The staff person added that in cases where a perceived problem exists, the issues are immediately dealt with.*

Food Services: *The responses to the section of the questionnaire on Food Services were thorough, very informative and indicate practices that mirror Expectations, as summarized below:*

- *Prisoners are offered a variety of foods on a rotating five week cycle menu.*
- *Food is prepared according to religious and cultural requirements, while keeping up with all food safety and hygiene regulations.*
- *Food services is inspected three times per year by the County Health Department and at least twice per year by Central Office Administrators.*
- *The only religious food not prepared at HCF is kosher meals, which are brought in frozen and given to the inmates with salad and fresh fruits.*
- *Each product is given its own utensil to avoid cross contamination.*
- *Kitchen staff make special arrangements for specific religions and disabilities.*
- *HCF serves Heart Healthy diet and therapeutic diets as prescribed by the doctor.*
- *Temperatures are taken in the coolers and dry storage three times per day to ensure proper storage.*
- *Staff and inmates wear uniforms. Inmates are screened during intake and on arrival to HCF, at which time an inmate medical restriction form is filled out on each inmate. Food service inmates are trained to do their job in food service during orientation to the kitchen. Food Service staff are all trained and certified in Serve Safe.*
- *HCF serves a Heart Healthy menu with at least one hot meal a day.*
- *HCF has a campaign underway for the new Heart Healthy menu.*
- *Inmates on round trips or transfers receive a sack lunch to take with them.*
- *Every inmate has a choice between main line and vegetarian meals. HCF works with the Chaplain and inmates on religious meals. Inmates with medical restrictions have their choice between main meal and their therapeutic diet.*

- *As to whether options for religious or cultural groups are open to all, not just those who practice their religion officially, staff responded, "if it is a main line product like no fish for lent, yes. If it is Ramadan or Passover, they have to go through the Chaplain."*
- *HCF has an Inmate Evaluation sheet filled out every day for each meal by different inmates so that staff can have them comment on meals. Staff keep the evaluation sheets and have a kite log.*
- *Breakfast is prepared the morning it is served.*
- *Lunch is served at 112:30 am and dinner is served at 4:45 pm, never more than 14 hours between dinner and breakfast.*
- *Inmates always have access to drinking water and the dorms have a hot tap to make coffee.*
- *Inmates are able to eat together.*
- *Staff supervise the serving of food in order to prevent tampering with food and other forms of bullying in the kitchen and chow hall.*
- *In segregation, there is a desk/table where inmates can eat.*

CORRECTIONAL FAITH-BASED INITIATIVES TASK FORCE RECOMMENDATIONS

Discussion of Responses

Infrastructure: In the section on Infrastructure, the staff responded that DRC is being encouraged to use programs that address documented criminogenic needs through RAPS completed by the Unit Manager. Harmon Church Community, Promise Keepers, Bill Glass Weekend of Champions, and Starting Line Programs were cited as examples of evidence-based programming shown to impact offenders' lives. Twelve Step and Citizen Circles were cited in the response to the question if information is being used and disseminated to faith-based and community organizations so they provide programs that are evidence based and can truly impact lives of ex-offenders and their families. The recommendation including the method of program evaluation to determine success, is reported to be in the process of implementation. Citizen Circle and Kairos were cited in the response to whether the DRC Director and Wardens are working together to develop programs that will bring a cultural change in the prisons to encourage collaboration with faith-based and community service providers. The staff responded that the culture within the prison is continuing to evolve to encourage community volunteers, and that HCF has established counsel for Kairos. As to how the Warden is supporting and encouraging a cultural shift and institutional change as a day-to-day practice to encourage volunteers, the staff person responded that there is more liberal access to the institution and "more user friendly."

As to how the administration is working with wardens to develop protocols to assist with culture change, the staff responded that the Warden encourages staff to never turn away volunteers or visitors. Protocols have been developed to seek guidance from a supervisor, for example before turning them away. Policies have been reviewed to determine if they might inhibit use of community volunteers, and have been revised accordingly. Entrance and volunteer DRC policies have been reviewed. The DRC policy on volunteers is currently under review.

DRC has developed a marketing plan to assist in recruiting volunteers, specifically a video has been produced. The plan discusses educating volunteers about the justice system.

To the question whether there is a need to increase programming for the incarcerated to improve the likelihood they will be reintegrated successfully on release, the staff person relayed that there is a need for funding for existing programs which include: Sands, Resume, Release Preparation, TEPS, Horticulture, and Career Tech.

Per the response, the Citizens Circle is encouraged to volunteer to provide programs and services to assist offenders in the prison and the community. Director Collins' video is considered the marketing plan developed to overcome the public's misperceptions of offenders.

The leadership forum was cited as the educational program developed to motivate the faith community to get involved in volunteering, including the video to educate volunteer groups about offenders and their needs in institutions. The Citizen Advisory Group reportedly provides information on how individuals and groups can volunteer in the prisons.

DRC has developed a standard training program for staff, volunteers and the community to facilitate working together in the prisons. The staff respondent cited the Volunteer Orientation Program as providing such training. The program includes information on ethics of working with offenders, confidentiality issues, ensuring safety and security of volunteers, working with volunteers, and rules and regulations for volunteers. The program includes information to volunteers on security requirements for the institution, why the requirements are in place and how to properly work with offenders. The staff person relayed that a standardized training program has been developed for volunteers to facilitate their work in institutions, and that an orientation program for volunteers is held at preset intervals to allow community organizations to plan for the training as part of their program planning.

Front Entry Training was cited as an improvement that has been made regarding communication about programs and services between staff, volunteers, the community, and other parts of the criminal justice system. Re-entry training during in-service, and the ACT Program were cited as improvements in effectively communicating among staff within the facilities and the community. As to whether an improved communication mechanism has been developed to ensure these efforts, the staff person relayed that increased involvement has improved. The Citizen Circle was the response to whether the system has been developed collaboratively with staff and volunteers to address observed problems.

Alternatives to Incarceration: In the section on Alternatives to Incarceration, staff relayed that DRC has taken a more active role in linking with the faith-based community to develop programs to meet the gaps in services to adult offenders through Citizen Circles, Community Linkage Program, Video-Job Conference, and Community Connections.

Institutional Programming: In the section on *Institutional Programming*, it was relayed that DRC Central Office is working with the faith community and faith volunteers to develop and expand programs within the institutions. Currently developed programs include life skills, financial management and budgeting, personal hygiene, and family programs. Staff relayed that DRC is working proactively with the faith-based and community groups in the development of programs that will meet the criminogenic needs of offenders in institutions, but programs are not specifically for Re-entry-Faith based programming; they are developed for meeting the needs of the offenders.

DRC has expanded partnerships with national organizations including faith-based and community organizations to provide programming in state institutions, such as Promise Keepers, Kairos, Starting Line and Bill Glass Weekend of Champions.

Reentry Programming: In the section on Reentry Programming, staff relayed that the Leadership Forum and Citizen Circle are methods developed to increase and encourage the involvement of the faith community in various reentry efforts and to encourage collaboration among faith groups. The Leadership Forum and Citizen Circle make the faith community aware of programs and training for the faith community's involvement. The DRC Promotion Video creates awareness among the faith community of the needs of ex-offenders and the avenues to get involved. The video also informs the faith community of the needs of ex-offenders and volunteer opportunities available. Through the Kairos Program and Marriage Seminar, leaders among the faith community have been identified. The Chaplain and recruitment staff have been used to accomplish this, using existing organizations, groups and established relationships. This educational opportunity has been extended to faith groups of all kinds.

DRC Central Office is in the process of updating their website so it has an easily visible section for the faith community that identifies different programming opportunities for volunteers.

Offenders are informed of various housing options before leaving prison or immediately upon release through Release Prep. *However, the staff person relayed that there are **no seminars regarding offender housing restrictions**, with free legal or consultation services provided, along with increased involvement of the faith community. The staff person also responded that there is **no legal advice available in these situations, that no partnerships have been formed with local law schools to achieve this end, and that there are no presentations by the federal Housing and Urban Development** provided to ex-offenders to provide information on their options on leaving prison, and how to navigate through the many restrictions placed on them, and the DRC reportedly has **not made use of existing federal programs that aim to address the issue of housing.***

ADULT EXPECTATIONS: QUESTIONS AND ANSWERS**ENVIRONMENT AND RELATIONSHIPS****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? **All living units have a daily cleaning scheduled with porters assigned to clean all common areas and to assist impaired offenders in cleaning individual bunk areas. All offenders are expected to maintain their personal property in a manner that keeps the property secure and orderly when not in their bunk area. Personal responsibility is often focused upon during the Reentry Management Team.**
2. Are cells and communal areas (blocks, dorms, dayrooms) light, well decorated and in a good state of repair? **The dorms are appropriately decorated and have both artificial and natural lighting. The dorms are frequently inspected and work orders are submitted to repair any fixture that may need to be repaired.**
3. Do all prisoners occupy accommodation that is suitable for the purpose and for their individual needs? **All areas of the dorm have been structured to maximize the benefit for the offender population.**
 - a. Are there cell sharing risk assessments? **HCF has open dormitory settings. Offender's security level and risk are reviewed at least annually. Also, HCF houses youthful offenders as assigned because of special status or behavioral modification. Youthful offenders are housed in a single cell at the segregation unit.**
 - b. Are cells sufficiently warm in winter and cool in summer? **HCF has open dormitories that have a register style heating system. Temperature gauges are used to monitor the dorm's climate.**
 - c. Are cells ventilated and do they have sufficient daylight? **All segregation cells have daylight ports and open dorms have windows.**
 - d. Do prisoners have their own bed, corkboard, lockable cupboard/locker box, and use of a table and chair? **All offenders have their own bed and locker. Tables and chairs are available for all offenders to use. Segregation has a built in table and chair.**
 - e. Are older prisoners in shared cells with bunk beds given priority for lower bunks? **All lower bunk beds are assigned by medical needs. HCF houses the older offender with approximately 96% of the offender being classified as the older offender.**

- f. Do shared cells have screened toilets? **HCF has open dormitories with communal toilet areas; partitions are in place to assure reasonable privacy.**
4. Are reasonable adjustments made to ensure that prisoners with disabilities and those with mobility problems can access all goods, facilities, and services? **HCF is ADA accessible**
 - a. Do prisoners with disabilities and those with mobility problems have ease of access to different locations and services? **HCF is ADA accessible with elevator access.**
 - b. Are older, infirm and disabled prisoners assigned to landings, which hold most of the communal facilities? **HCF is ADA accessible and all facilities are available under a single roof for the population.**
 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? **HCF has an inmate volunteer and compensated offenders that assist offenders with functioning when impairments when needed.**
 - a. How are volunteers identified, trained and assigned? **Assistant offenders are identified if paid by the assignment of Mental Health program aide. If volunteer or paid, the offender will have an identification card that is attached to regular identification card indicating their assistance status.**
 6. Are residential staff aware of prisoners within their care with disabilities and their location? **All HCF staff is aware of impaired offenders since it houses the older offender. Offenders with impairments of wheelchairs, walkers, canes, and oxygen concentrators are norm for the facility.**
 - a. Are safe evacuation procedures in place to assist those prisoners who may need help in an emergency? **Evacuation procedures are in place to effectively evacuate impaired offenders. Each dormitory has two evacuation cots and all porters are trained in appropriate evacuation techniques to include mattress drags.**
 - b. Are there visible markers on cell doors? **HCF has an open dormitory housing. All doors and keys have markings to indicate fire evacuation by sight and feel.**
 - 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? **Because of HCF's unique mission, all staff is aware of evacuation of the impaired offender. HCF houses primarily the older offender.**
 7. Do prisoners have access to drinking water, toilet and washing facilities at all times? **Drinking water, toilets and washing facilities are open twenty-four hours a day.**

- a. Is water in the cells certified as drinking water, if used in this way for prisoners? **Water in segregation cells is considered certified drinking water. Dormitories have access to water fountain.**
8. Are age-appropriate risk assessments in place to ensure the safety of young adults from any other prisoners? **Youthful offenders are housed separately from the general population. HCF only receives youthful offenders for behavioral modification and in special circumstances.**
 - a. Are there single cell risk assessments? **HCF has open dormitories.**
 - b. What are procedures in any case where young adults are identified as posing a risk to others? **HCF does not house youthful offenders with adult offenders.**
9. Do all prisoners have access to an in-cell emergency call button/bell that works and is responded to within five minutes? **HCF has open dormitories. Officers make frequent rounds that are staggered in segregation.**
10. Do observation panels in cell doors remain free from obstruction? **Staff requires that all dorm panels remain unobstructed and the cell and offender visible at all times from the door panel.**
11. Is there a clear policy prohibiting offensive displays, and is it applied consistently? **HCF has a clear policy that prohibits offensive displays and the inmate handbook is specific in what can be placed outside of the locker in plain view.**
12. Are prisoners' communal areas (activity and shower areas) clean, safe, meet the needs of the prisoner population, and effectively supervised by staff? **All shower and toilet areas receive periodic supervision and are frequently cleaned throughout the day.**
 - a. Are there adaptations for older, infirm and disabled prisoners? **HCF's mission is the older offender. The facility has adaptations for the older offenders that include elevators, job assignments, and dining room call out that considers the older offender.**
13. Do prisoners feel safe in their cells and in communal areas of the residential units? **HCF has low incidents of assaults and/or fights. All areas are under supervision and many areas have cameras in place to aid in monitoring.**
 - a. Is there a suitable design of residential units e.g. good sightlines, and supervision in high-risk areas? **HCF has open dormitories with high visibility of the dorm from the officer's podium.**
14. Are notices displayed in a suitable way for the population? **HCF has multiple bulletin boards.**

- a. Is adequate provision made for any prisoners who cannot read notices because of literacy, language, or eyesight problems or any other disability? **Inter-video system and verbal relay is an alternative method that is used to help communicate changes in procedures.**
15. Are residential units as calm and quiet as possible both to avoid incidents and to enable rest and sleep, especially at night? **All living units are calm and quiet that assist in offenders being able to sleep.**

Clothing and Possessions:

1. Do prisoners have enough clean prison clothing of the right size, quality and design to meet their individual needs? **Offenders are issued three sets of uniforms upon intake and those uniforms have elastic waistbands to help with the fit for the older offender. Uniform tops have been modified with a Velcro fastener to help the offender that cannot manipulate buttons because of physical impairments. Offenders are permitted to receive a new set of undergarments every six months. In the event of theft, undergarments are replaced as needed. Towels and wash clothes are issued when the offender arrives. Alterations are made as needed by the quartermaster to improve the clothing's fit.**
 - a. Are older prisoners provided with additional clothing and bedding, if required, without the need for medical permission? **HCF's unique population is the older offender and clothing has been made to accommodate those offenders and their special needs.**
2. Do prisoners have at least weekly access to laundry facilities to wash and iron their personal clothing? **All offenders have weekly access to the institutional laundry as well as an additional twice weekly to the dormitory laundry. Free access is maintained for all offenders to use the iron and ironing boards.**
 - a. Do they have access to laundry/exchange facilities outside the weekly rotation? **All offenders have access to dormitory laundry services twice a week.**
3. Is prisoner property held in secure storage, and can prisoners access their property within one week of making a request? **Offenders are permitted to maintain their property with them unless they are admitted to the infirmary, segregation unit, or out of the facility. If the offenders are in those areas, they may request through a kite to have access to their property to the correctional counselor who will coordinate approval or denial of access to property with the Major. If approved, the offender will have access within one week.**
4. Are prisoners fairly compensated for clothing and possessions lost while in storage? **If property is lost or damaged, the staff will complete the appropriate theft or lost form and submit that form to the major. An investigation will occur to locate the property or to determine the cause of the damage. If the damage or loss is due to negligence of the facility, the offender will seek reimbursement through the institutional inspector.**

5. Is there a standard list detailing the possessions that women prisoners are allowed to keep, and used across all women's prisons? **HCF does not house female offenders. However, DRC policy 61-PRP-01 governs permissible property and limitations.**
 - a. Is there a standard list also employed for male facilities of the same security category? **DRC policy 61-PRP-01 governs permissible property and limitations. Offenders are permitted to order packages based upon the security classification of the offender. Notifications concerning package orders are available in the library and on the dorm bulletin boards.**
6. Are suitable clothes and bags available to discharged prisoners who do not have them? **HCF provides clothing to discharged offenders from the infirmary, segregation, out-to-court, and medical admissions. If an offender is being released from prison, the facility has many items including wheelchairs, walkers, canes, and coats donated from the community to help the offender transition.**
7. Are facilities available before discharge to launder clothes that have been in storage for long periods? **Offender's clothes are washed once the offender has been placed into the previous mentioned status. Offenders have access to dormitory laundry once released from the earlier mentioned statuses.**

Hygiene:

1. Are prisoners encouraged, enabled and expected to keep themselves, their cells and communal areas clean? **Hocking Correctional Facility promotes dorm and personal cleanliness through the process of structured cleaning methods and times. The dorm shower is available for the third shift workers and early workers in the early a.m. hours. Dorm showers open for the dorm population at 6:00 a.m. and inmates can check out cleaning equipment to clean their bunk areas.**

Scheduled cleaning times occur daily 8:00 a.m. to 10:00 p.m. that cause the shower to be closed and the toilets restricted use to one side while cleaning occurs. Porters use appropriate cleaning chemicals to include bleach water for the shower and toilet areas to help with sanitation. Once a week during sheet cleaning day, all beds are stripped and disinfected to include frame and mattress. The process of cleaning the frame and mattress will also occur when the bed becomes vacant.

Offenders have 24-hour access to check out disinfectant spray to use to clean the toilet seats prior to use. Those chemicals are maintained by the dorm officers.

- a. Are older and disabled prisoners enabled to keep themselves and their cells clean? **HCF houses all older offenders with a medium age of 64. Although offenders are medical level 1 and 2's, all offenders that are impaired to the point that they are not able to clean their bunk area, porters will assist those offenders in the cleaning process. If an offender has functioning issues, an offender aide is assigned to help the impaired offender in the task of cleaning and to help with reminders of shower times.**

2. Do prisoners have ready access to both communal and in-cell toilets, baths and showers in private? **All offenders have access to communal toilets and showers that offer sufficient privacy during the course of activity. Privacy walls and partitions are in place to prevent incidental exposure.**
 - a. Are screened toilets in shared cells? **HCF has open dormitories and partitions are in place in communal toilet areas.**
 - b. Is there a shower cubicle adapted for use by older, less able or disabled prisoners as well as baths with grab handles? **Showers have been modified to allow the older offender free access to shower chairs, rails, and shower hoses. Benches are available for all offenders for undressing and dressing purposes.**
3. Are prisoners able to shower or bathe daily, and immediately following physical activity, before court appearances and before visits? **Showers have free access during the hours of 6:00 a.m.- 10:00 p.m. with the exception of 8:00 a.m.- 10:00 cleaning times. Hours during the closed period of 10:00 p.m.-6:00 a.m. is for those offenders who are to report to early morning work in the food service area and those that are returning from evening porter duties. Offenders who have a bowel movement or urinate themselves in the middle of the night, are permitted to use the shower.**
 - a. Is there access at any time during the day? **Free access as indicated earlier.**
 - b. Are older, less able or disabled prisoners helped to have a bath or shower every day? **HCF is medical level 1 and 2. Offenders that can no longer function at HCF are considered for medical level increase and transferred. Until transfer, offenders assist the impaired offender until transfer is complete.**
4. Do prisoners have access to necessary supplies of their own personal hygiene items and sanitary products? **Offenders have the option of purchasing hygiene articles at the commissary, or using the state supply soap available to them at no charge.**
5. Is fresh laundered bedding provided for each new prisoner on arrival and then on at least a weekly basis? **All offenders receive two sheets and two blankets upon arrival. Sheets are laundered weekly and blankets are laundered monthly.**
 - a. Is there a system for the replacement of mattresses in operation? **HCF uses a rotation process to help replace mattresses.**
 - b. Are clean pillows available for new prisoners as well as other bedding? **Pillows are built into the mattress and additional pillow can be issued based upon the medical doctor's recommendation. All mattresses, bed rails, and pillows are cleaned with disinfectant when the beds become vacant. Weekly all rails, mattresses, and pillows are disinfected.**

6. Is a prisoner's valuable property routinely security marked before it is issued? **HCF controls all offenders' property by inventory system and placing the property in the vault when the offender becomes separated from his property. Such examples include out-to-court and medical admissions. The vault is secured and access is restricted and entrance can be gained only by approval of the shift office.**

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? **Usually**
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? **I believe so**
3. Are all prisoners treated with humanity, and with respect for the inherent dignity of the person? **Yes, we have a lot of special needs inmates.**
 - 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? **Yes**
6. Do staff positively engage with prisoners at all times? **Mostly, when they do not, proper action is taken to correct problems by the Administration.**
7. Is interaction between staff and prisoners encouraged by the senior management team?
 - a. Does staff help and encourage older and less able prisoners to participate in and access all facilities offered across the prison? **Yes, that is the majority of the inmates at HCF.**
8. Does staff routinely knock before entering cells, except in emergencies? **N/A**
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? **By the word of mouth, we try to give incentives.**
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**

DUTY OF CARE

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**
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? **Handbook and flyers in English and Spanish**
 - 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. Orientation/ Inmate Handbook.**
 - 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? **Yes.**
 - c. Is information on the units/blocks always displayed and do prisoners understand it? **Handbooks. Yes most prisoners understand them.**
 - d. What are the procedures for blind prisoners? **Explained in Orientation.**
4. Are prisoners encouraged to solve areas of dispute informally, before making official complaints? **Yes, through kites or inmates can speak to the supervisor of the area.**
5. Can prisoners easily and confidentially access and submit complaint forms? **Yes, inmates can get complaint forms from the Inspector, Correctional Officer or Sergeant.**
 - a. Are forms required to access complaint forms? **Inmates can kite, or just request a form.**
 - b. Are there forms, and at least one kite box on each block/dorm? **Yes, all Correctional Officers, Inspector, and Sergeants have forms.**
 - c. Are the boxes emptied daily by a designated officer? **Yes, the Mailroom Officer except on weekends.**

- d. Are form dispensers always stocked with forms? **Yes. Get informal complaints from the Correctional Officer, Sergeant, or Inspector. Grievance forms from the Inspector. Grievance appeal from the Inspector to send to Chief Inspector.**
- e. Are informal complaints and grievance files secured on a limited access basis? **Yes in the Inspector's Office.**
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? **Same, assistance is provided if needed.**
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?
- a. Are complaints resolved? **Normally**
- b. Are complaints answered within three working days, or within 10 days in exceptional circumstances? **Seven for informal complaints, Fourteen days for grievances**
- c. Are forms sent back to prisoners because of technicalities in procedure? **Sometimes, but rarely**
- d. Are such complaints referred to the relevant staff member, not back to the prisoner? **Sometimes**
- e. Are target return times recorded? **Yes, all computerized now.**
- f. Are letters of complaint/concern from third parties, such as legal representatives, family or voluntary organizations, logged and answered? **Done by Warden's Office**
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, usually**
- 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? **Usually sign**
- c. Are staff responses to confidential complaints returned in sealed envelopes? **I do not know**

10. Do prisoners feel able to ask for help in completing their complaint or grievance form and in copying relevant documentation? **Yes**
- Are staff responsive to requests for help with forms? **Yes**
 - Are translation services provided for those who need them? **Yes**
 - What are the arrangements for prisoners with literacy problems, and for those who are blind? **Yes**
11. Is any declaration of urgency by prisoners fully assessed and answered?
- Are staff responsive to requests for urgent help? **Yes. Inspector/Captain**
12. Are prisoners who make complaints against staff and/or other prisoners protected from possible recrimination? **Yes**
- What protection measures are in place and put into practice? **Yes**
 - Are responses objective and factual, and conclusions based on evidence rather than supposition? **Yes**
 - What are the adverse effects of filing complaints? **None, sometimes the inmates become nervous. HCF has had no**
 - Do prisoners know that there are protection measures if they complain about staff or other prisoners?
13. Do prisoners know how to appeal grievance decisions? **Yes**
- Are appeals dealt with fairly, and responded to within seven days? **Grievance – 14 days**
 - Are prisoners reminded of their appeal option on the relevant forms? **On handout and handbook and response**
 - How many have appealed in the last six months? **23 grievances. HCF does not normally have very many grievances. Usually fix problems before using the formal system.**
 - What was the outcome, and how promptly were they answered?
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? **Believe so**
- 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**
 - Are there any difficulties with access to the CIIC? **No. Usually only complaint is if they will not come to see them in person.**

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? **All housed in one building, have open door policy. Inmates just walk in.**
17. Do prisoners receive help to pursue grievances with external bodies if they need to? **We have the Law Library.**
- a. Do they also receive help in contacting legal advisers or making direct applications to the courts? **Law Library**
- b. In the last month, how many original grievances and appeals were sent to the Chief Inspector? **one**
- c. What do they tend to be about? **Flex cuffs**
- d. What proportion are generally resolved? **It was denied.**
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?
- a. Is data studied and is action taken when strong patterns/trends emerge? **Unknown**

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 to inmates and staff**
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? **Do not know of any formal strategy being developed or having inmates give feedback.**
- a. Is the violence reduction strategy widely publicized?
- 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?
- c. Do staff understand their duty to maintain a safe environment and what they do to promote this? **Staff is aware to maintain safe environment**

- 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? **Not aware of this being done.**
 - f. How effective is the strategy in promoting safer custody and violence reduction? **Not aware of any strategy**
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?
- a. Has there been any consultation in the last six months? **Not aware of any**
 - b. Has an annual confidential survey to all prisoners about bullying been undertaken? **Not aware of any**
 - c. Are there wing representatives?
5. Do staff supervise and protect prisoners throughout the prison from bullying, verbal and physical abuse, racial abuse and threats of violence? **They try to when known**
6. Are staff consistent in challenging these behaviors? **When known by staff, most do.**
- a. How many incidents occurred in the last six months? **Not known**
 - b. Are there particular areas where prisoners feel vulnerable to bullying?
Commissary and Packages
 - c. What policies provide protection of vulnerable prisoners? **Protective Control policies**
 - 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, most of the time**
 - e. What are the arrangements for movement, exercise, mealtimes and discharge, especially for those who are considered vulnerable? **None that I know**
 - 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? **Attention is given to those asking for protection**
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?

- a. Are prisoners' families encouraged to come forward if they feel they are being bullied to bring drugs into prison? **Do not know if anything has been communicated to them.**
 - b. Is a visitors' survey distributed systematically? **Do not know method used**
 - c. Do visiting families know about reporting procedures and do they think that visiting staff are approachable and sympathetic? **They know they can report this to staff and most I have dealt with such as our visiting staff and are comfortable around them.**
 - d. Are there posters in visiting rooms? **Not aware of any**
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?
- a. Has a strategy been formed by systematic consultation with prisoners across the prison? **Do not know of any strategy**
 - b. Is a central log of bullying kept, and are incidents of bullying reviewed regularly by a multidisciplinary committee? **Not that I am aware of**
 - c. Are staff alert to potential bullying and do they confront all forms of victimization? **If they know most staff will confront the issue.**
 - d. Are all sources of information including security reports, accidental injuries etc. used for evidence of bullying/intimidation? **Not aware if this is done.**
 - e. How do staff contribute to the strategy? **Not aware of any strategy**
 - f. Is there a coordinated approach by all departments? **Not aware of any**
9. Are allegations of bullying behavior treated consistently and fairly? **If they go through the RIB process.**
- a. Are they investigated promptly? **Do not know of any**
 - b. Are outcomes of investigations recorded and is the prisoner who reported the bullying supported? **Not aware as I am not made aware of cases**
10. Are prisoners made aware of behavior that is unacceptable through a well-publicized policy and are made aware of the consequences of bullying? **They have the rules available to them for behavior issues.**
11. Is inappropriate behavior consistently challenged? **Most times**
- a. Are there bullying posters throughout the prison? **No**
 - b. What information is distributed to new arrivals? **Unaware of any**
 - c. Is bullying clearly defined to prisoners? **Unaware**

- d. Are staff aware of both direct and indirect forms of bullying? **Do not know**
12. Do anti-bullying measures support the victim and take the victim's views about their location into account? **Not aware of any anti-bullying measures**
- a. Do staff understand the link between bullying and aggressive and disruptive behavior generally? **Common sense would hope so.**
13. Are appropriate interventions in place to deal with bullies and support victims? **Not aware of any**
- a. What interventions are available to challenge bullies and to support victims of bullying? **Not aware of any**
 - b. Are interventions aimed at achieving sustained and agreed changes in behavior? **Not aware of any**
 - c. Do prisoner records contain comprehensive updates on how bullied and bullying prisoners have been supported and/or challenged? **Only if conduct reports are written**

Self-Harm and Suicide:

1. Does the prison work to reduce the risks of self-harm and suicide through a whole-prison approach? **Yes. There is a unified policy covering Suicide Prevention (67-MNH-09) that details suicide prevention efforts in ODRC. This policy includes annual training refreshers in addition to step-by-step instruction on suicide watch placement, monitoring and release. The policy itself is reviewed annually at a Central Office level and receives updates that are deemed necessary.**
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. I believe HCF is adept and early warning for two reasons: (1) we are smaller and (2) staff is reminded repeatedly to be observant and refer someone that exhibits explicit and implicit signs of suicidality. The Mental Health receives these referrals and they are quickly followed up. Depending on the outcome of the referral a plan may be written, but in many cases a written plan is not needed because suicidality or self-harm was not the issue. Where a plan is needed it is likely that the individual would be admitted to the caseload and then a Special Crisis Treatment Plan would be written followed by the inclusion of suicidality or self-harm written into the ongoing treatment plan. However, more could be done in providing greater specificity on the Crisis Treatment Plan.**
3. Are prisoners who have been identified as vulnerable encouraged to participate in all purposeful activity? **Definitely. This would be a key aspect of any Crisis Treatment Plan. The obtaining of pleasure from self-selected activities would suggest improvement. Of course, if endogenous depression is involved this would likely be a long-term process.**

4. Are all staff aware of and alert to vulnerability issues, appropriately trained, to proper equipment and support? **As stated above all staff receives booster sessions in training every year in terms of observational and verbal signs of vulnerability, I believe staff is appropriately trained. It is unclear what is meant by proper equipment and support. All staff has access to support if it is desired. When particularly intense incidents occur the Crisis Intervention Stress Team (CIST) is called in to assist offenders and staff. The nature of the equipment is unclear, but mental health staff do have many resources that can be enlisted in the form of one-to-one contacts, inclusion in applicable groups, enlisting of other staff or departments in providing support to an individual, contacting outside friends or staff if indicated, in the most extreme cases the use of the Safe Cell and even transport to the Residential Treatment Unit if all options have been unsuccessful.**

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? **HCF is not an entry institution so this question is not really applicable in the sense asked. But policy and procedure from the county jails to reception centers is rigorous regarding the supervision and management of offenders on suicide watch in the county jails.**
 - a. Are the specific needs of different prisoner groups recognized, as are the levels of risk in different areas of the facility? **In terms of old age, youth and gender issues I suspect that this is considered, but the question is applicable to reception centers.**

 - 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? **I believe this is recognized, but again, the question is applicable to reception centers.**

 - c. Is staff training appropriate? **I believe so, but again, the question is applicable to reception centers.**

 - d. What is the availability and use of safer cells, particularly in areas of the prison where risks of self-harm are higher? **Safe Cells are provided at every institution including reception centers. I do not know where these are located in the reception centers, but most large institutions, with some exceptions, have Safe Cells in the high security segregation area and in the infirmary. Again, this question is not directly related to HCF because it is not a reception institution. However, HCF's Safe Cells are in segregation.**

- 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? **I believe that many steps are taken prior to placement on the safe cell at reception, though individuals on suicide watch in the county jails are automatically placed on suicide watch for 72 hours on arrival in ODRC. Often the watch begun in county is not for suicidal ideation, intent or plan, but simply due to nature of the offense. However, these men are watched for 72 hours as a precaution due to a higher suicide rate in 2004. This was instituted as a result of the Lindsey Hays report following that year. I believe some modification to this may be underway to update policy.**
6. Does a multi-disciplinary committee effectively monitor the prison's suicide prevention policy and procedures? **Yes. In addition, to the Mental Health Quality Improvement policy and process which reviews all suicide watches, attempts, and actual suicides monthly, at the direction of the Bureau of Mental Health Services and the ODRC, all institutions have a Suicide Prevention and Review Team (SPART) in place that review these same issues monthly. The SPART is made up of Security (Major), the Training officer, the Health Care Administrator (Medical), the Mental Health Manager, and the Deputy Warden of Special Services (Team Leader). All aspects of suicide prevention and intervention are analyzed, discussed, and followed by any identified necessary interventions.**
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? **The SPART Team Leader is the Deputy Warden of Special Services. He or she is responsible, as are all members, for the implementation of ODRC policy, but not its creation. However, in annual policy review input can be provided by institutions. There is no offender as part of the team as this is not designated in policy. Furthermore, it would seem that these particular meetings are not appropriate for offenders as confidential information regarding other offenders is discussed. This information would be inappropriate for dissemination in general population and violate the rights of privacy of the individual involved. In addition, the policy does not identify an outside representative from mental health in the community. This might be helpful in terms of the injection of new perspectives and ideas regarding suicide prevention, but it is not the current state of policy or practice.**
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 do not believe there is any formal program or proactive "encouragement" of families, friends, or external agencies to provide information regarding suicidal or self-harm of incarcerated men. Policy and practice does provide for quick response to any concerns that are communicated by any means to the institution. This does take place and just recently and is quickly followed up to ensure the safety of the incarcerated person. I believe similar action would be taken where there are concerns of physical harm as would be involved in "bullying".**

- 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? **There are no posters in the visiting room, but there are brightly colored flyers with guidance about who and how to contact appropriate HCF staff if they have concerns about self-harm or suicidal.**
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? **There is a Crisis Treatment Plan that is prepared when an individual is placed in the Safe Cell. Initially, this does not permit offender participation. However, discussion follows and does permit modification and tuning of the plan and does include the offender's input. At HCF, it must be said that Safe Cell placement is infrequent and most placement when assessment by clinical staff result in release as no self-harm or suicidality was involved. A stray word, an impulsive statement, or some other sign dictated precautionary placement on watch by non-clinical staff. In those cases where on assessment by clinical staff continued watch due to self-harm or suicidality is present a Crisis Treatment Plan is developed which will involve the offender. Usually, these individuals are on the mental health caseload. The plans do identify who is responsible for managing a particular intervention. The "key worker", if I understand the term, would be the Mental Health Liaison assigned to generally oversee the plan.**
10. Are personal factors or significant events which may be a trigger to self-harm identified? **Yes, this is basic suicide prevention. We recently had an individual for whom the parole Board hearing and its likely results would trigger a suicide attempt. This was addressed prior to the hearing with the individual involved. In addition, an unusual partnership developed between the mental health staff and the Parole Board in which they modified the normal notification process of the Board to the offender and permitted mental health to give the results. This permitted immediate assessment and resulted in a temporary placement in the Safe Cell with the agreement of the offender. Each individual for which self-harm or suicidality is a concern is different and will involve different triggers and circumstances and as a result a different approach.**
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? **Regular clinical reviews of those that have been on suicide watch do occur according to policy by the clinical staff. This does not include a range of discipline nor does it generally include family or friends though any of these may be consulted depending on the circumstances and previous involvement. This overlaps with issues of privacy and confidentiality, which are to be honored and need to be handled with care.**

12. Are arrangements in place for following up after a care and support plan has been closed? **Yes, policy provides guidelines for follow-up. If a limited follow-up is warranted given the clinical circumstances, 72-hour and two-week follow-up assessments are given. If an extended follow-up is warranted, then five daily, two weekly, and ten biannual, six-month follow-ups over five years are given.**

a. Do unit officers have knowledge of policy and support plans? **This depends on the case. The answer for HCF is yes in some cases and no in others. The level of lethality involved and the need for safety are balanced with the rights of privacy and confidentiality with the need for safety trumping privacy and confidentiality when matters are difficult to discern.**

b. What level of training have they received? **Officers receive annual training; all staff attends at some point the Specialized Mental Health Training (two days), which addresses issues of suicidality and self-harm management and supervision. In addition, this issue is addressed in Pre-service before a new staff member fills a role at the institutions of placement.**

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? **It is hard to think of any prison as a supportive and caring environment with unhindered access to anything. There are strict rules and routines. Even in hospitals and mental health centers where I have worked there is not unhindered access as they too have rules and routines, structure that helps provide access. I believe HCF to be one of the more supportive institutions in the system, made possible in part by its relatively small size, the continuity of staff and the quality of the staff. Many staff members are indeed caring, though all are not; but this would be so in other environments as well.**

a. Is a care suite available to support the work of Listeners? **No. It is difficult to answer this question, as the “work of listeners” is not clear in this context. It is clear it has a particular meaning and that meaning can be surmised. It can be said that if these listeners are offenders, no formal program of listeners exists at HCF or ODRC that I know of, though some institutions may have developed such a program. I do not know. As we do not have the formal roles we do not have a “care suite”.**

I know that most of such supportive listening is provided by other offenders that the individual concerned would self-select. HCF does have an Associate Aide Program in which offender Aides assist Associates that need help in some way. Generally, this individual needing assistance require the help because of diminishing cognitive function due to dementia However, they have acted as sounding boards for other men and have provided referrals to mental health of men whose safety they have been concerned about.

- b. Is there access to counselors, the chaplainry team, Listeners and Samaritans at all times? **No, access to all these all of the time is not available. Counselors are available during the day, as well as, the chaplain according to his schedule. He has one Aide, but I am unaware of the nature of his role and contact with other offenders. Again, Listeners and also Samaritans are not a formally identified program at HCF. I cannot speak of the rest of the institutions. It is not a formal role systemically. Mental health does have the Associate Aide Program described above. While they can be good listeners and Samaritans they do not fill that role formally.**
 - c. Are appropriate free telephone help lines/interventions available, in particular, to address specific aspects of women's prior victimization such as rape crisis, domestic violence and others? **HCF is a men's prison and thus this question does not directly apply. However, rape of men can take place as well. There are means for men to report these offenses should they be raped or molested in some way. This will prompt an investigation and cause separation by the parties while the investigation is going on. This system does not involve telephones and does require notification of staff that such an event has transpired.**
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, men are encouraged to seek assistance. Mental Health has a virtual open-door policy. Men, especially those where self-harm or suicidality is identified, are encouraged to speak to some staff member. On a number of occasions and depending on the nature of the circumstance I have come to the institution at night and in the early morning hours to speak with men. Subsequent, and as previously stated, men participate in formation of the treatment plan and are as a routine course encouraged and motivated to find and return to activities that provide meaning for them.**
- a. Are prisoners given the opportunity and assistance to make a written contribution to their review? **This has been a verbal matter. The treatment plans are computerized and entry is made by a staff member. However, in some cases projects are identified which might include written journals.**
 - 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? **Most definitely. In fact, the informal sources of support I believe are the best, the strongest, and most efficacious. This is always encouraged, as the process if ongoing is one of the best evidences of return to stability.**
15. Are all staff, including night staff, fully trained in suicide prevention and clear on what to do in an emergency? **Yes, please refer to comments in training (1) and (12b)**

- a. Is there a program of refresher training in place? **Yes, all staff receives annual refresher training. For HCF this is offered between January and March. In addition, every month Mock Suicide Prevention Drills are conducted on each of the three shifts to keep the most likely staff involved in a suicide intervention aware and trained in rapid response. These Mock Suicide Prevention Drills include all staff needed to respond, including the medical staff.**
- b. Do staff have access to first aid kits and shears? **All officers rescue devices for rapid intervention in possible hangings.**
- c. If facility does not have a first night center, do night staff know where first night prisoners and those at risk are located? **I am assuming that a “first night center” and “first night prisoners” refers to men who are placed in a Safe Cell initially for suicidal ideation, intent, or plan. This nomenclature is not used in ODRC, but all Safe Cells are either in the Infirmary (if a person is not in disciplinary control) or segregation (if a person is in some kind of disciplinary control). Some institutions have Safe Cells in only one of these two places. At HCF all Safe Cells are in segregation. The Shift Commander is aware of anyone placed on watch and the segregation officers who monitor the watches are very aware. In the case of Constant Suicide Watch a single officer is devoted to watching the individual in the cell round the clock until released from Constant Watch. In the case of Close Suicide Watch, a less rigorous watch, the segregation officer checks on the individual at staggered intervals not to exceed 15 minutes. The Safe Cells are the first two on the range, the very first one being right next to the officer.**
16. Are incidents of self-harm closely monitored and analyzed at regular intervals to establish any trends and to implement preventive measures? **Definitely. This is the express purpose of the SPART teams. See questions 6 and 7**
17. Are serious incidents properly investigated to establish what lessons could be learned and to promote good practice? **Yes. This is primarily the function of the Mental Health Quality Improvement team. If there is a serious suicide attempt, a Healthcare Occurrence is triggered as well. This requires notification within four hours of BOMHS at Central Office. This notification is followed by an investigation which is first a fact-gathering effort followed by analysis of the facts and then identification of lessons learned and processes that might be modified to improve procedure and make the entire system more effective. The investigation is also submitted to BOMHS where it is reviewed and analyzed sometimes resulting in additional steps. Only after closed by BOMHS is a case considered closed.**

18. Where appropriate, are family or friends of the prisoner informed through a family liaison officer? **Yes. Certainly where there has been a suicide the family is notified. Where there has been a suicide attempt this might be done, but such a decision would be made on the basis of the case and in consultation with the offender. In some cases this has been done and in other not done, largely due to the wishes of the offender and the particular situation, its level of lethality, its poignancy, history, and prognosis. I would say this is generally such incidents are not relayed due to confidentiality matters and the likelihood of future threat is small. Where there are solid resources, they are enlisted where it is thought those resources will help.**
19. Is an action plan devised and acted upon promptly as a result of an investigation into an apparent self-inflicted death? **Yes. As previously stated, even in a serious suicide attempt, a Healthcare Occurrence is generated with notifies BOMHS in Central office of a serious incident. This in turn will trigger an investigation. In the event of a death a Morality Review is also triggered. This would occur at an institutional level, but BOMHS in Central Office would also begin their own review. All cases of suicide are reviewed at a Central Office level in addition to SPART and Mental Health QA reviews at a local level.**
- a. Is this reviewed following subsequent findings of an investigation? **Yes, the Morality Review follows the investigation of the Healthcare Occurrence at the institutional level. And this is reviewed especially by the SPART team for trends, causes, possible new procedures or actions that might be implemented to further reduce the likelihood of suicide in the future.**
- b. Are there attempts to understand underlying causes and/or trends? **Yes, please see (a) immediately above. In addition to the institutional effort. BOMHS at Central Office collates all suicides and investigates all suicides. They compile a database of all pertinent facts and look for commonalities among all suicide system-wide to detect any patterns, trends or causes that might lead to possible adjustments in procedures that will help reduce the incidence of suicide.**

c. Have there been any reviews of recommendations from previous deaths in custody? **Yes, many at the Central Office level as they have the big picture system-wide. Central Office has also employed Lindsey Hayes, a recognized national expert in this area, to evaluate all our procedures twice. This has resulted in policy and procedural changes; many, which, I believe, have enhanced suicide prevention methods. While some of the recommendations have been, I believe, excessive, it is better, until a better way is found at least try everything possible and use an abundance of caution. It is always possible to trim fat if fat is identified. Thankfully, we have not had any suicides at HCF. I believe this remarkable as a large segment of our population, older white males, has the highest incidence of suicide in the community. I believe this due in large measure to the size of the institution, communication between custody and mental health, actually, communications between all parties. I believe we are able to intervene early in emotionally charged experiences and provide interventions that largely preclude suicide attempts. However, we must be all the more vigilant and diligent for that very reason.**

- 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. “All information” is not transmitted. That information that is determined to be helpful to someone in the community providing support in transmitted. Again, that information that is needed is identified. It is unlikely that all information would be helpful and might even confuse the issue. Here too, the matter of privacy and confidentiality, plays a role. Certainly, safety trumps confidentiality, but safety does not mean divulging more than is necessary for safety. But anything that would be helpful would be divulged. Whenever this is done, the offender suffering in his crisis is also made aware of this as this is made part of the plan of intervention in which he participates.**

ACTIVITIES

Learning and 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, especially older and less mobile inmates**
5. Are there sufficient activity places to occupy the population purposefully during the core working day?
- a. How many prisoners are locked up during the day? **It Varies**
- b. How many are formally registered as unassigned? **I am not sure of the number**
- c. What is the rated capacity compared with current population?
- d. How easy is it for a prisoner to get a job? **Very easy. He has access to the unit staff, guidance counselor, and job coordinator.**
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 for purpose? **Yes**
8. Are all prisoners able to access activity areas? **Most or all of them. Accommodations can be made for those who need assistance.**
- 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? **Only when the elevators are out of service.**
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? **There are policies that outline the procedures an inmate uses to apply for a transfer. He may not always qualify for a transfer or there is not an opening at another institution.**
- 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? **The unit assigns jobs according to their abilities and education supplies education information for this.**

- c. How are unit-based jobs (cleaners, painters, food service workers etc.) allocated, as these often bypass formal procedures? **The T.O. may determine what jobs are available at that time.**
 - c. Is there any favoritism or line jumping? **No. We have to follow policy at all times.**
12. Do local pay schedules provide disincentives for prisoners to engage in education or training activities? **The Job Coordinator has this information and inmates are paid as students, apprentices, porters, tutors, etc. in the education area.**
 - a. Do unskilled jobs with no links to learning offer more pay than education and training activities? **I would have to consult the Job Coordinator.**
 13. Do prisoners who do not work because they are exempt (Long-term sick, etc.) receive sufficient weekly pay? **The Job Coordinator and unit may be able to provide this information.**
 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? **The library is open both in the morning and in the evening. We also provide weekend hours. There are movies and tapes they may enjoy. It is open to every inmate.**
 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. It is outlined in the education policy and additional activities we provide with the unit staff.**
 - a. What systems are in place for managing punctuality and encouraging attendance at prison activities? **Our classroom teachers hold daily attendance 15 minutes late and it is unexcused - which means no earned credit for the whole month!**
 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? **Meetings between the Education staff, Unit Staff, and inmates are held on a weekly basis.**
 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? **This is the same meeting that takes place in the unit every week with Education, Unit Staff, Recovery Services, and sometimes the Psychology Department and Job Coordinator.**
 18. Do work placements provide purposeful and structured training for prisoners? **Most career techs, apprenticeship classes, and GED classes provide this.**

- a. Wherever possible, can vocational qualifications be obtained alongside their work? **Absolutely, we encourage each apprentice and career tech student to attain a GED and sometime college if available.**
 - b. In the absence of such qualifications, are developed skills recognized and recorded? **We continually seek ways to train inmates, tutor when they cannot get to classes and recognize this on graduation day.**
19. Are prisoners helped to continue on their courses when transferred or to progress to further education, training or employment on release? **This is in their release plan that has been in process since they arrived at our institution.**
20. Does the prison accurately record the purposeful activity hours that prisoners engage in, excluding non-purposeful activities in their calculations? **I am not sure what this may be. We log hours to our inmates attend classes, apprenticeship training etc.**

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? **Yes, isleways are wide enough for walkers, wheel chairs.**
2. 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, due to age of inmates-concentration is audio books, a few foreign language books, one Braille.**
3. Do all prisoners have access to a range of library materials, which reflect the population's needs and support learning and skills? **Yes**
4. Does this include:
 - a. Literacy? **Yes, ABE & GED & Library are accessible.**
 - b. Math? **See above.**
 - c. Language? **Yes, CD & Books available.**
 - d. Employability? **Inmate workers have the same accessibility**
 - e. Vocational training? **See a.) Vocational room is wheel chair accessible.**
 - f. Social and life skills? **Whole prison is wheel chair/walker accessible.**
5. Do library materials include a comprehensive selection of up-to-date legal textbooks and DRC Administrative Rules and DRC Policies? **Yes, both paper and on-line.**

GOOD ORDER

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, in most cases. In cases where a perceived problem exists, the issues are immediately dealt with.**
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**

Security:

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? **Yes**
 - a. Are staff-prisoner relationships positive? **Yes**
 - b. Do prisoners receive personal attention from staff? **Yes. Very much so, a strong point of this facility**
 - c. Is there constructive activity to occupy prisoners? **Yes**
 - 1) Do staff cluster during association?
 - 2) Are there enough staff in dorm/block areas to facilitate good officer work? **Yes**
7. Does effective security intelligence safeguard prisoners' well-being? **Yes**
 - 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? **All strip searches are logged**

- 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?
No, visitors must send letter to institutions requesting their restriction be removed. This is addressed on a case-by-case basis.

Rules:

1. Are local rules and routines publicized prominently throughout all residential and communal areas? **Yes**
- a. Are rules and routines posted/distributed on units/blocks/dorms? **Yes**
- b. Are they accessible to those with language and literacy needs? **Yes, inmates can get English and Spanish. Inmates with Literacy issues can get assistance from unit staff.**
- c. Are rules and routines applied openly, fairly and consistently, with no discrimination? **Yes**
- d. Does staff use only the level of authority necessary to ensure a prisoner's compliance with the rules? **Yes**
- e. When rules are breached, does staff take time to explain how and why to the prisoner concerned? **Not all the time, depends on the situation. However, all inmates are explained everything when they appear in the RIB.**
- f. When decisions are conveyed to prisoners, are appeal arrangements explained and made available? **Yes**

SERVICES

Food Services:

1. Are prisoners offered varied meals to meet their individual requirements? **Yes prisoners are offered a variety of foods on a rotating five-week cycle menu.**
2. Is food prepared and served according to religious, cultural and prevailing food safety and hygiene regulations? **Yes we prepare foods according to religious and cultural requirements, while keeping up with all food safety and hygiene regulations.**
3. Do all areas where food is stored, prepared and served, conform to the relevant food safety and hygiene regulations? **Yes, we are inspected three times a year by the County Health Department and at least twice a year by our Central Office Administrators.**

4. Are religious, cultural or other special dietary requirements relating to food procurement, storage, preparation, distribution and serving, fully observed and communicated to prisoners? **Yes, the only religious foods we do not prepare here are kosher meals and we have them brought in frozen and give them to inmates with salad and fresh fruits.**
- a. Are Halal certificates displayed where prisoners can see them? **We do not have a Halal Certificate; we do not slaughter any animals.**
 - b. Are appropriate serving utensils used to avoid cross-contamination? **Yes, each product is given its own utensil to avoid cross contamination.**
 - c. Do kitchen staff make special arrangements for different types of food, and special dietary requirements for e.g. Pregnant inmates? Specific religions? Prisoners with disabilities? **We do make special arrangements for specific religions and disabilities.**
 - d. Do prisoners who are on special diets have confidence in the preparation and content of the meals? **Yes, we serve Heart Healthy diet to the population and therapeutic diets as prescribed by the doctor.**
5. Are all areas where food is stored, prepared and served properly equipped and well managed? **Yes, temperatures are taken in the coolers and dry storage three times per day to ensure proper storage.**
6. Are prisoners and staff who work with food, health screened and trained, wear proper clothing, and prisoners are able to gain relevant qualifications? **Both staff and inmates wear uniforms. Inmates are screened during intake to corrections as well as being screened upon arrival to each institution, at which time an inmate medical restriction form is filled out on each inmate. Food service inmates are trained to do their job in food service during orientation to the kitchen. Food Service staff are all trained and certified in Serve Safe.**

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

7. Are prisoners' meals healthy, varied and balanced and always include one substantial meal each day? **Yes, we are serving a Heart Healthy menu with at least one hot meal a day.**
- a. Are prisoners encouraged to eat healthily and are they able to eat five portions of fruit or vegetables a day? **Yes, we have a campaign going on right now for our new Heart Healthy menu.**
 - b. Do prisoners on transfer miss out on their main meal? **No, inmates that go on round trips or transfers receive a sack lunch to take with them.**
8. Do prisoners have a choice of meals including an option for vegetarian, religious, cultural and medical diets?

- a. Are all menu choices provided to the same standard? **Yes, every inmate has a choice between main line and vegetarian meals. We work with the Chaplain and the inmates when it comes to religious meals. Inmates with medical restrictions have their choice between the main meal and their therapeutic diet.**
- b. Are options for religious or cultural groups open to all, and not just those who practice their religion officially? **If it is a main line product like no fish for lent yes, if it is Ramadan or Passover, they have to go through the Chaplain.**
9. Are prisoners consulted about the menu, and can they make comments about the food?
- a. If logs of comments are kept, how frequently are they consulted? **Yes, we have an Inmate Evaluation sheet filled out everyday for each meal by different inmates so we can have them comment on meals.**
- b. Is there a food comments book? **We keep the evaluation sheets and have a kite log.**
10. Is the breakfast meal served on the morning it is eaten? **Breakfast is prepared the morning it is served.**
11. Is lunch served between noon and 1:30 pm and dinner between 5 pm and 6:30 pm? **Lunch is served at 11:30 a.m. and dinner is served at 4:45 p.m. never more than 14 hours between dinner and breakfast.**
12. Do prisoners have access to drinking water (including at night time), and the means of making a hot drink after evening lock-up? **Yes, they always have access to drinking water and the dorms have a hot tap to make coffee.**
13. Are prisoners able to eat together (except in exceptional circumstances)? **Yes, inmates are able to eat together.**
14. Does staff supervise the serving of food in order to prevent tampering with food and other forms of bullying? **Yes, we have staff supervise in the kitchen and the chow hall.**
15. Where prisoners are required to eat their meals in their cells, are they able to sit at a table? **In segregation there is a desk/table so the inmates can eat.**
16. Do pregnant prisoners and nursing mothers receive appropriate extra food? **N/A**

**CORRECTIONAL FAITH-BASED INITIATIVES TASK FORCE
RECOMMENDATIONS: QUESTIONS AND ANSWERS**

INFRASTRUCTURE

1. Is DRC/DYS being encouraged, wherever practical, to use faith-based and community programs that address documented criminogenic needs? How? By whom? **Yes, through RAPS completed by the Unit Manager.**

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? **Harmon Church Community, Promise Keepers, Bill Glass Weekend of Champions, and Starting Line Programs are offered to inmate population.**

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? **12-Step and Citizen Circles**

c. What is in place to ensure that the recommendation is implemented? **In process**

d. What methods of program evaluation are being explored to further document program success? What methods are in place? **In process**

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? **Citizen Circle, Kairos**

a. Is the culture within the institution continuing to evolve to encourage community volunteers? Explain. **Yes, established counsel for Kairos.**

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? **More liberal access to institution. More user friendly**

c. How is the DRC/DYS administration working with wardens/superintendents to collaboratively develop protocols that will proactively assist with changing the culture? **Warden encourages staff to never turn away volunteers or visitors**

d. Have such protocols been developed? **Seek guidance from Supervisor**

e. What are they? **Seek guidance before turning them away.**

f. Have policies been reviewed to determine if they might inhibit use of community volunteers, and have necessary changes been made accordingly? **Yes**

g. What policies have been reviewed? By whom? **Entrance and volunteer policies by DRC.**

h. What policies have been changed so that they do not inhibit use of community volunteers? **Volunteer policy is currently under review.**

3. Has DRC/DYS developed a marketing plan to assist in recruiting volunteers from the community and faith-based institutions? **Yes. Video is produced.**

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? **Exists: Sands, Resume, Release Preparation, TEPS, Horticulture, and Career Tech. Needs: Funding for existing programs.**

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? **Yes, Citizens Circle**

d. Has a marketing plan been developed to overcome the public's misperceptions of offenders? **Director Collins' video**

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? **Leadership forum.**

f. Is information provided on how individuals and groups can volunteer in the prisons? **Yes, the Citizen Advisory Group**

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? **N/A**

4. Has DRC/DYS developed a standard training program for staff, volunteers, and the community to facilitate working in institutions together? Explain. **Yes, Volunteer Orientation Program**

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? **Yes**

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? **House Bill 133 has been introduced.**

6. What improvements have been made regarding communication about programs and services between:

- Staff and volunteers?
- Staff and the community?
- Other parts of the criminal justice system and the community? **Front Entry Training**

a. What improvements have been made in effectively communicating among staff within the facilities, as well as with the community? **Re-entry training during in-service, ACT Program**

b. Has an improved communication mechanism been developed in order to ensure these efforts? **Increased involvement has improved.**

c. Has the system been developed collaboratively with staff and volunteers to address observed problems? **Citizen Circle**

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? **N/A**

a. Working with faith-based and community service providers, have programs been developed in the community to effectively provide treatment while protecting public safety?

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?

c. Have local probation departments prepared a listing of community options currently available for judicial use?

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.

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? **Unable to be answered at this level.**

a. Is DRC/DYS working with community organizations and probation departments to expand services available for offenders? How?

b. Has a community model been created that will help meet the basic needs of offenders within the community? Is it being created? Explain.

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? **Yes. Citizen Circles, Community Linkage Program, Video-Job Conference, and Community Connections.**

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? **N/A**

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? **DRC Central Office issue**

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? **Unknown**

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. **Unable to answer at this level**

a. Has a job placement program been implemented?

b. Does it provide:

- Information on job fairs to ex-offenders?
- Education of businesses/employers on the benefits of hiring ex-offenders?
- Incentives for employers to hire ex-offenders (i.e., tax breaks)?
- Increased involvement of faith-based and community groups?

c. Is there collaboration between the DYS, DRC and Job and Family Services who started the employment centers in Ohio? In what way?

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?

e. Has the DRC Omnibus Reentry legislation been enacted to reduce unnecessary sanctions in the law and thus made training more relevant?

INSTITUTIONAL PROGRAMMING

11. Is DRC/DYS working with the faith community and faith volunteers to develop and expand programs within the institutions? **Yes. Central Office involvement**

a. Do current programs include the following? Are they being developed? Are they being expanded? **Yes, all are currently developed.**

- Life skills?
- Financial management and budgeting?
- Personal hygiene?
- Family programs including:
 - Family and community-based orientation?
 - Family mediation?
 - Family education and orientation program?
 - Transportation and video conferencing for visitation?
 - Parenting?

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? **Yes, but programs are not specifically for Reentry-Faith based programming. They are developed for meeting the needs of the offenders.**

c. Have specific life skills programs been developed in the following areas? **Unable to answer**

- Budgeting?
- Parenting?
- Job searches?
- Anger management?
- Appropriate leisure-time activities?

d. Is emphasis centered on using a mentor-type relationship for such training?

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.?

f. Have video-conferencing opportunities for the families, particularly children of offenders, been expanded? Are they used as an incentive program?

g. Do volunteers facilitate the improvement of family relations through coaching in basic relational skills or involvement in family mediation programs?

12. Has DRC/DYS expanded partnerships with national organizations including faith-based and community organizations to provide programming in state institutions? Explain. **Yes. Promise Keepers, Kairos, Starting Line and Bill Glass Weekend of Champions**

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? **Unknown**

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. **Unknown at this level.**

a. Are community actors and organizations a part of reentry planning for those offenders who will shortly be returning home? Explain.

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?

c. Is there a mentorship program for offenders at your facility?

d. Are faith-based and community volunteer groups actively developing such a program for participation by offenders at your facility? Explain.

REENTRY 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? **Yes. Leadership Forum and Citizen Circle.**

a. What has been done to make the faith community aware of programs and training for the faith community's involvement? **Leadership Forum and Citizen Circle.**

b. What has been done to create awareness among the faith community of the needs of ex-offenders and the avenues to get involved? **DRC Promotion Video.**

c. What effort has been made to inform the faith community of the needs of ex-offenders and volunteer opportunities available? **Video from DRC**

d. Have leaders among the faith community been identified? How? When? **Yes. Kairos Program and Marriage Seminar**

e. Have staff been used to accomplish this, using existing organizations, groups and established relationships? Explain. **Chaplain and Recruitment**

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?

Central Office in process of updating website

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? **Unknown**

15. Are offenders informed of various housing options before leaving prison or immediately upon release? How is this done? **Yes. Release Prep**

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? **No**

b. Is legal advice in these situations available? Have partnerships been formed with local law schools to achieve this end? **No**

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? **No**

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?

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
- Inform the public of the many needs of ex-offenders to help them transition successfully back into society?

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?