

CORRECTIONAL INSTITUTION INSPECTION COMMITTEE

INSPECTION AND EVALUATION REPORT

ON THE

SOUTHERN OHIO CORRECTIONAL FACILITY

PREPARED AND SUBMITTED BY

CIIC STAFF

MARCH 17, 2005

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CORRECTIONAL INSTITUTION INSPECTION COMMITTEE
INSPECTION AND EVALUATION REPORT
ON THE
SOUTHERN OHIO CORRECTIONAL FACILITY

I. POSITIVE ACKNOWLEDGEMENTS

The purpose of this report is to fulfill the Committee's statutory responsibilities to submit findings made in its inspection and evaluation of operations, conditions, and grievance procedure. The statute further provides that the Committee may include any proposals to assist in the development of improvements.

SOCF staff have expressed their appreciation for CIIC staff's knowledge of SOCF history. Knowledge of the past increases awareness of their progress, accomplishments and achievements. Based on the cumulative knowledge gained from the inspections, on site visits, data monitoring, and communication from staff and inmates since 1978, it is apparent that significant positive changes have occurred at the Southern Ohio Correctional Facility.

Overcrowding and double-celling throughout the institution have been totally eliminated. In fact, the SOCF staff's concern regarding four empty cellblocks offers the potential to implement a proposal that will be offered to assist in the development of improvements. With the elimination of overcrowding and double-celling, SOCF staff and inmates are no longer plagued with chronic cellie problems and related serious injury assaults.

With the elimination of mass movement, coupled with ongoing attention to shakedowns to confiscate weapons, the potential for incidents of violence resulting in serious injury and death has been significantly reduced.

Whereas the lockdown portions of SOCF were once devoid of programs, TV video programs have been developed. Further, program booths have been installed in two areas of the institution to allow private discussion between a staff person and an inmate that otherwise would have occurred at the cell door. The booths also make it possible for small groups to be gathered for group program discussion, without jeopardizing safety and security mandates.

The Residential Treatment Unit in K5 for the mentally ill is significantly different today in its positive aspects, compared with the D2 Unit of the past. The evolution in program, staffing and conditions is apparent.

The investigative staff devoted to zero tolerance of drugs have made a marked difference in the presence of drugs within SOCF, and the resulting deadly consequences in terms of violence, overdose incidents, and drug induced behavior. Incredibly, the report for the third quarter of 2004 states that of 249 inmates tested, not one tested positive for drugs.

The Security Threat Group staff have made a significant difference in minimizing gang activity dominated by violence and predatory victimization. Such efforts are believed to be partially, if not primarily responsible for the significant reduction in reported personal safety problems and Protective Control requests compared to the past.

Deficiencies in medical services have come to light system wide prior to and since the CIIC's restart in October 2003. The deficiencies necessarily impact the service delivery system at SOCF, which depends upon the system wide medical resources outside of SOCF. SOCF is equally impacted by ODRC budget constraints and reductions, which apply to all staff and services, including the medical department. Still, the CIIC staff are keenly aware of the significant improvements in SOCF medical services which have occurred since our inception in 1978. The burning issue of the distant past, believed to be the common denominator of a large portion of past SOCF medical complaints, had to do with the reported attitude, negatively impacting medical staff/inmate relations. A marked improvement in this regard has become apparent, attributed in large part to the Health Care Administrator.

Use of informants and "snitch games" were cited by CIIC staff in the early 90s as a key problem believed to be related to SOCF violence, particularly regarding alleged unit management staff practices. While related inmate concerns have been reported elsewhere in the prison system since the CIIC's restart in October 2003, there have been no such complaints from the inmate population at SOCF. The Investigators demonstrate a keen awareness of the responsibility to prevent and respond to inmate personal safety and protection needs. They demonstrate an understanding of the credibility and other issues, which invariably are impacted when rewards or punishments precede the provision of inmate information. This, then, is an extremely positive observation of changes that have occurred at SOCF.

The professional administrative staff at SOCF have had the benefit of pre and post riot assessments of problems, needs and solutions. Such assessments have been made by the courts, the CIIC, other Legislative Committees, and by ODRC. Some were in response to reported issues of concern, while others were in response to tragic events. The present problems pale in comparison to the past, a credit to the hard work and commitment of the SOCF Administration, Security, Unit Management, and Treatment staff, as well as to the attention and focus given to SOCF by Central Office staff.

At no other time in its history has there been greater potential for even further improvements to be made, targeted at SOCF's stated mission, "to effectively provide a safe, secure environment for inmates, employees and the community, and to promote inmates' positive adjustment, behavior and ability to return to a lower security facility."

II. ON SITE VISITS AND INSPECTION

A. UNANNOUNCED INSPECTION: March 1, 2004

1. CIIC MEMBERS AND STAFF PRESENT:

Representative Todd Book
 Director Shirley Pope
 Inspector Elizabeth Curtis
 Inspector Gregory Geisler
 Inspector Adam Jackson

2. INSTITUTION STAFF PRESENT

James Haviland, Warden; Steve Dillon, Deputy Warden of Special Services; Dave Newsome, Deputy Warden of Operations; Anthony Cadogan, Deputy Warden of Administration; Larry Greene, Administrative Assistant; Mark Wynn, Major; and Cynthia Davis, Unit Management Administrator, were present during the initial meeting upon our arrival at the institution. Additional staff communication occurred with other staff in their respective work areas including but not limited to the following staff: James Goodman, Inspector of Institutional Services; Darryl Clark, Lieutenant; Lynn Davy, School Administrator; Dave Proehl, OPI Supervisor; Daniel Shanks, Dietician; Eric Bailey, RTU Program Staff; Mr. Skaggs, RTU Recreational Administrator; Dr. Hassan, Psychiatrist; Gary Taylor, Mental Health Services; Tom Welch, Food Services Manager. Lastly, communication on site included a Teacher, Substance Abuse Program staff, and Paralegal.

3. AREAS/ACTIVITIES INCLUDED IN THE INSPECTION:

Entry Building	Administrative Office	Control Center 1
Control Center 3	Barber Shop	Commissary
Dining Hall	Food Service Area	OPI Shoe Shop
Wood Working Shop	J-2 Segregation	K-5 RTU
J-1 Mental Health Program Booths	J-3 Orientation Block	K-2 and K-7
J-4 Intensive Mental Health Unit	L-7 and L-8	Death House
Learning Center	Recovery Services	Laundry Plant
Property Room	Recreation Gym	Vocational Masonry
Quartermaster	ID Area	

4. ATTENDANCE AT GENERAL MEAL PERIOD

The CIIC attended the lunch meal, which consisted of two hotdogs, slices of white bread, coleslaw, boiled potatoes and beverage.

4. ATTENDANCE AT EDUCATIONAL OR REHABILITATIVE PROGRAM

G.E.D classes were observed in the Learning Center. A program session in J-1 was also attended, in which mentally ill inmates from the Intensive Mental Health Treatment Unit were confined to program booths.

B. ON SITE VISITS TO SOCF

1. MENTAL HEALTH STAFF

On February 26, 2004, the CIIC Director visited the Southern Ohio Correctional Facility on invitation of the Deputy Warden. The purpose of the visit was to focus solely on Mental Health services at SOCF. The visit included the opportunity to speak with inmates in the D-1 infirmary, J-4 inmates assigned to the Intensive Mental Health Treatment Unit while in the J-1 program booths, and K-5 inmates in the Residential Treatment Unit. In addition, the on site visit was an opportunity to listen to the Mental Health Staff including observation of Treatment Team sessions, to speak with Activity Therapists in the Recreation Department who work with the mentally ill in K-5, Unit Staff, the Inspector, and Correctional Officers in K-5.

2. INVESTIGATORS

The CIIC Director made a second on site visit to SOCF on September 29, 2004 in response to communication from SOCF staff. The purpose of the visit was to focus exclusively on the work of the Investigators and to obtain information in response to SOCF staff concerns.

III. INSTITUTION OVERVIEW

A. SECURITY AND CAPACITY

The Southern Ohio Correctional Facility (SOCF), located in Lucasville, Ohio, was opened in September 1972 to house male inmates classified as maximum security (now known as Level 4). In 1972, the single cell designed capacity was 1,640. However, in 1993 the capacity was reduced to 1,638 due to renovations to comply with the Americans with Disabilities Act (ADA).

B. SITE

The institution is located on 1,625 acres, with a reported total of 22 acres under roof.

C. MISSION

Per the ODRC website, SOCF's mission is to effectively provide a safe, secure environment for inmates, employees and the community, and to promote inmates' positive adjustment, behavior and ability to return to a lower security facility.

D. ACA STATUS

The Southern Ohio Correctional Facility was first awarded accreditation status by the American Correctional Association (ACA) on January 20, 1992. It was reaccredited in 1995, 1998 and 2000, and retains ACA accreditation status.

E. INMATE POPULATION

As of February 2, 2004, per written information provided on site, the SOCF inmate population totaled 1,043. On the day of the inspection, the inmate population was reported to be 1,035. Per data from the ODRC Bureau of Research, the SOCF population decreased by 335 from January 1, 2003 to January 1, 2004. Further, the SOCF population decreased by 107 from November 1, 2003 to November 1, 2004, when its population was reported to be 965. As of February 22, 2005, it was reported that four cellblocks are closed at SOCF, specifically L1 through L4.

1. VOLUNTEER TRANSFERS TO OSP

Level Four inmates are permitted to "volunteer" to be transferred to OSP, agreeing to give up some of the Level Four privileges not provided at the Level Five Ohio State Penitentiary. At the time of the inspection, it was relayed that about 200 Level 4 inmates were at OSP. Communication from inmates and their families seeking assistance in obtaining the requested transfer to OSP, have prompted numerous phone inquiries. In early 2004, staff relayed that SOCF had 500 who requested to be transferred to OSP. In subsequent months to mid 2004, it was relayed that approximately 200-300 inmates were on the waiting list. That is, 200 to 300 SOCF inmates had requested to be transferred to OSP, and are on a waiting list for screening. Based on the number reported to be on the waiting list over a period of multiple months in 2004, from **20-30% of the SOCF population have been seeking a transfer to OSP**, known to be a highly restrictive environment built and operated to confine Level Five inmates.

The reason for the delay in processing the transfer requests has been reported to be the need for a thorough mental health evaluation, which must be conducted on each inmate to screen out those with a serious mental illness. The most urgent requests have reportedly been prioritized and expedited. Approximately 30 inmates have contacted the CIIC seeking transfer out of SOCF to the Ohio State Penitentiary. During the inspection, a number of inmates relayed concerns that they cannot be transferred to OSP due to their past or present mental health status.

2. RACIAL BREAKDOWN

Regarding the racial breakdown of the SOCF inmate population, based on the February 2004 data, 60% or 629 inmates were reported to be Black, 38% or 395 inmates were reported to be White, 2% or 19 inmates were reported to be Hispanic, and one inmate was in the "Other" category.

F. STAFF

From the written information provided on site, as of January 31, 2004 the SOCF staff totaled 759, with 518 Correctional Officers, including Correctional Supervisors. The Correctional Officer to inmate ratio was reported to be 1:2.1. On the day of the inspection, staff relayed that they had a 3% vacancy rate of Officers, with 21 vacant positions due to the closing of two cellblocks. Staff also noted difficulty recruiting Psychologists due to SOCF's location.

SOCF staff relayed that the ODRC Early Retirement Incentive has had a major impact on SOCF. It was noted that up to six Captains, their Unit Management Administrator, and Recreation Services Administrator are among those who have retired. One staff person commented, "All of our experience is gone."

According to staff on site, Shawnee, Hocking, and Rio Grande Colleges are available to SOCF staff who wish to further their education. It was noted that 20 are enrolled in Public Administration at Rio Grande College, with classes held at SOCF for staff's convenience.

According to the SOCF Quarterly Report for the third quarter of 2004, SOCF had 57 staff vacancies. However, it was noted that 10 Correctional Officers were hired, and 10 other staff were hired in the quarter. Also according to the quarterly report, during the reporting period, employees filed 50 grievances, and 33 employees received disciplinary action in the quarter.

G. BUDGET

Per the ODRC website, the FY 2004 SOCF operating budget was \$55,635,203, with an annual cost per inmate of \$37,893.00, and a daily cost per inmate of \$103.82. The SOCF Fact Sheet dated February 2004 cited the operating budget as \$56,814,119 with an annual cost per inmate of \$48,642 and a daily cost of \$133.00.

Based on the ODRC website data for each Ohio prison, the annual operating costs range from \$11,432,348 at the Montgomery Education Pre-Release Center which had a population of 340 in April of 2004, to the SOCF annual operating cost of \$55,536,203, which had a population of 1,027 in April of 2004.

Although the SOCF cost was the highest of all of the prisons, the annual operating cost at the Mansfield Correctional Institution was a close second, with an annual operating cost

of \$55,118,890 based on the inmate population of 2,396 in April 2004. By comparison, the Ohio State Penitentiary, the only Level Five (formerly High Maximum or Supermax) facility, had a reported FY 2004 annual operating cost of \$29,912,340, with an inmate population of 493 as of April 2004. There were 20 other prisons with higher annual operating costs than was reported for the Ohio State Penitentiary in the same period.

However, when comparing the annual and daily costs per inmate at all institutions, the Ohio State Penitentiary, Southern Ohio Correctional Facility, and Montgomery Education and Pre-Release Center rank first, second and third highest respectively. Their daily costs per inmate range from \$88.70 at the Montgomery Education and Pre-Release Center, \$103.82 at SOCF, and \$157.79 at the Ohio State Penitentiary.

H. SECURITY/PRIVILEGE LEVELS 4A AND 4B

During the inspection, staff relayed that services to 4B inmates have been expanded to include education and TV. Reportedly, some SOCF staff have the perception that 4B inmates have it “so good” that they are not motivated to change behavior so that they can earn reduction to 4A.

Per ODRC policy, Level 4 is a “security level for inmates who are **involved in, but not leading others to commit violent, disruptive, predatory or riotous actions, and/or a threat to the security of the institution** as set fourth in Level 4 criteria.” Level 4 Criteria is defined by policy 53-CLS-04 as:

1. The inmate has demonstrated physically assaultive and/or predatory behavior resulting in physical harm/injury to any person.
2. The nature of the inmate’s behavior presents a current threat to the security and orderly operation of the institution and safety of others.
3. The inmate has planned or participated in a serious disturbance or riot.
4. The inmate has possessed major contraband, which poses a threat or danger to the institution. This includes but is not limited to: weapons, drugs, escape contraband, large amounts of currency.
5. The inmate functions as an active member involved in disruptive security threat group behavior.
6. The inmate escaped, attempted to escape or committed acts to facilitate an escape from a Level 1 or 2 (or the equivalent, minimum or medium) security facility or while under supervision outside of the facility, resulting in physical harm or threatened serious physical harm to others or caused serious destruction to the physical plant.
7. The inmate has established an inappropriate relationship with a staff member.
8. The inmate, through repetitive and/or seriously disruptive behavior, has demonstrated inability to adjust to Level 3 as evidenced by repeated Class II rule violations.

According to the DRC policy 53-CLS-04, inmates assigned to Level 4 and Level 5 are placed initially into privilege level B. Policy 53-CLS-04 further states that:

Privilege level 4B is an entry-level privilege status. Placement in Level 4B is for an indeterminate period. Inmates assigned to Level 4B shall have an assessment completed every six months. Inmates who are privilege Level 4B and have not been reviewed pursuant to this subsection may be placed in privilege Level 4A.

The above referenced policy also states that the privilege level review process weighs both known behavior and future risk levels. Assessments include, but are not limited to, a review of the following information:

1. Program involvement
2. Current privilege level
3. Time served in current privilege level
4. Total time spent in level 5 and/or 4
5. Time left to spend on current sentence
6. Time since last incident that resulted in level 5 or 4 placement
7. Conduct Reports
8. Reason for placement
9. Behavior in last five years prior to level 4 or 5 classification
10. Security level when placed
11. Adjustment/behavior after placement
12. Interaction with others (staff and/or inmates)
13. The offender recognizes and acknowledges factors contributing to the commission and nature of the placement offense
14. Other factors which indicate a risk of future violence

Staff relayed during the inspection that 4A inmates must remain ticket free for 12 months in order to be reduced to level 3. However, it was noted that they could still be reclassified if they received only minor tickets.

The following information from the above referenced policy, details the specific provisions for Level 4A and Level 4B:

ITEM	LEVEL 4B	LEVEL 4A
Shower	5 times per wk.	Twice per day
Shaving	5 times per wk.	Any time in day
Library/Legal Service	5 paperback books Per kite to Paralegal	4 ½ hrs.+ per week
Recreation	5 one hr. periods per wk	7 per wk @ 1 ½ hrs.
Programming	Over TV on range, small group counseling, up to four inmates	Broadcast over TV, small group
Walkman	Walkman/Cassette AM/FM w/cassette player, battery operated, 5 cassettes	Commissary purchase or approved vendor
TV	Range TV, Movie rentals weekends/holidays	May have personal TV
Phone Calls	One 10 minute call per wk	Two times per day
Visits	Non-contact, 2 per month per visitor up to 4 hours	Contact, two per month up to 7 hours
Commissary spending limit, twice per month	\$70	\$100
Clothing	3 state issue uniforms	3 state issue uniforms
Classification Status Review	Annually	Annually
Privilege Level Review	6 months	N/A

1. NUMBER OF SOCF INMATES CLASSIFIED AS LEVEL 4A AND NUMBER CLASSIFIED AS LEVEL 4B WITH RACIAL BREAKDOWN

On the day of the inspection, information was requested on the number of inmates who are classified as level 4A and the number who are classified as level 4B. In response, the following information was provided, including the racial breakdown:

<u>RACE</u>	4A		4B		TOTAL	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
BLACK	371	61.5	261	59.7	632	60.8
WHITE	219	36.3	170	38.9	389	37.4
OTHER	13	2.2	6	1.4	19	1.8
TOTAL	603	100%	437	100%	1040	100%
PERCENT	58% 4A		42% 4B		100%	

As noted above, as of the inspection date, 371 Black inmates were in Level 4A general population, comprising 61.5% of all inmates in Level 4A. There were 261 Black inmates in level 4B, comprising 59.7% of all inmates in Level 4B. Lastly, the 632 Black inmates at SOCF, comprise 60.8% of the SOCF inmate population.

The data also shows that 603 inmates were classified as Level 4A in general population, comprising 58% of the SOCF inmates. The remaining 437 inmates comprising 42% of the SOCF population, were classified as Level 4B which is equivalent to lockdown, that is, similar to the former placements of Administrative Control and Local Control. Administrative Control no longer exists anywhere in the prison system. While Local Control exists at most prisons, it does not exist at SOCF.

2. HOUSING ASSIGNMENTS FOR 4A AND 4B INMATES

As of February 2005, it was reported that L side is used exclusively for level 4A general population. However, only L5, L6, L7, and L8 are open. Due to the small inmate population at the present time, the four remaining blocks, L1 through L4 are closed.

J Complex, also referred to as "J Block," is used exclusively for level 4B. J2 is used for Security Control and Disciplinary Control. Per Administrative Rule (AR) 5120-9-11, Security Control is a short-term placement at seven-day intervals for investigation of an alleged rule violation and for pre-hearing detention prior to a hearing before the Rules Infraction Board. Specifically, according to the AR, an inmate may be placed in Security Control when needed to facilitate an investigation prior to the issuance of a conduct report or other administrative

action, criminal prosecution, and/or pending a hearing before the Rules Infraction Board in the following instances:

1. When the inmate poses a threat or danger to himself or others, to institutional property, or to the security of the institution; and/or
2. When the inmate poses a threat of disruption to the orderly operation of the institution.

Disciplinary Control is also a short-term placement of 15 to 30 days per Administrative Rule 5120-9-11, where RIB penalties are served following RIB convictions. Per the AR, inmates placed in either Security Control or Disciplinary Control must receive the following cell privileges:

1. Access to legal material and services
2. Mail and kite privileges
3. Opportunity for recreation exercise outside of the cell, no less than one hour per day, five days per week
4. Opportunity to shower and shave no less than five times per week
5. Personal hygiene articles, including at a minimum, a toothbrush, toothpaste, deodorant and soap
6. A toilet, wash basin, running water, bunk, mattress, pillow, sheets, blankets adequate for current weather conditions
7. Adequate state issued clothing and apparel
8. Personal shower shoes
9. Adequate light for reading
10. Access to medical services and/or mental health services as needed
11. Adequate food
12. Access to administrative rules in the 5120-9 series
13. Access to approved department policies
14. Visits by authorized department staff
15. Access to cleaning articles for cell sanitation, as approved by Warden or designee.

According to the AR, abuse of cell privileges may be dealt with summarily by staff in the area, except that in no event may access to kite, medical, mental health, or legal services be denied. The RIB may order restrictions on personal privileges following an inmate's abuse of such privileges or facilities or when such action is deemed necessary by the Warden for the safety or security of the institution, or the well being of the inmate. Again, access to kite, medical, mental health, or legal services may not be denied.

J complex also includes J3 and J4. J4 North is termed the "Intensive Mental Health Treatment Unit."

K side, also known as K complex, is used for both level 4A general population, and level 4B. K1, K2, K3 and K4 are used for inmates classified as level 4B. K5

is used for the Residential Treatment Unit for the mentally ill. K6, K7 and K8 are used for general population, level 4A.

IV. AREAS OBSERVED

A. ENTRY BUILDING

Upon arrival, several Officers were posted in the visitor's entrance. The Officers performed the proper screening in a thorough, organized, and efficient manner. The Officers were professional, polite and courteous. The Visitors' Processing area was clean and orderly.

B. INSTITUTIONAL GROUNDS

The landscape surrounding the entrance and the sidewalk area leading to the administration building were clean, well landscaped, and well maintained. A minimum-security inmate from another institution stood outside while on break from work detail.

C. FOOD SERVICES

According to the SOCF Quarterly Report for the third quarter of 2004, a total of 292,215 meals were served at a cost of 97 cents per meal. No major problems were noted in the report. One Correctional Food Service Coordinator was hired in the quarter and was completing "on the job" training. It was noted that the floor replacement project for the dish room, pan room, trash dock, as well as the dish machine replacement project were completed in the quarter. Further, Food Service staff provided assistance during the Kairos weekend held in the quarter. It was also reported that four areas of the kitchen received new floor coatings.

1. INMATE DINING HALL

The inmate dining hall appeared to be well maintained. Inmates were escorted into the dining hall in a group of approximately 20 inmates. The group finished their meal before the next group was escorted into the dining hall. A staff person relayed that this method of inmate movement throughout the institution, as well as to and from meals, is safe. According to staff on site, under pre-riot practices, as many as 160 inmates were "let out for chow." According to staff comments, the limited movement of no more than 20 inmates at a time has clearly increased safety and security for staff and inmates. Some staff communicated with the CIIC after the inspection, relaying concerns about inmate movement reportedly being doubled to two groups of 20 in the dining hall.

Based on observation during the inspection, an adequate number of staff were present in the dining hall to supervise the inmates during the meal. Inmates were quiet and appeared to be able to choose where to sit. Because of the small number of inmates, there were plenty of empty chairs. There appeared to be some tension present affecting inmates and SOCF staff alike. Some Officers relayed concerns about their Supervisors. One

complained of being disciplined for sleeping. Some inmates serving food and eating their meals seemed reluctant to speak to the CIIC. Some, however, sought out CIIC members and staff and used the opportunity to communicate in person. One inmate relayed that there is a “lack of communication” between staff and inmates, that there is an atmosphere of “Unit Management vs. inmates, and inmates vs. Administration.” One staff person relayed on the subject, that “what SOCF does best is control. The communication gap is better. It used to be them vs. us.”

2. KITCHEN

The meal preparation area in the main kitchen was found to be very clean and in good order. Inmates were wearing hairnets or hats and gloves in accordance with proper sanitary guidelines. Workers were busy stacking pans. Some SOCF Food Service staff praised the food service inmate workers for their hard work in the kitchen, noting, “We have a very good crew of inmates.” One relayed that “20% are trouble, while 80% are fine.” Cameras were mounted on the ceiling to aid in security and supervision.

The Receiving Dock where supplies are delivered was observed. The area was secure, with the gate locked. The freezer temperature was four below zero. The floors were clean.

Staff relayed that for each meal, there are seven Correctional Officers who work in the area, plus two Food Service Managers. Staff relayed that they have enough staff to adequately supervise the inmates. However, according to staff, due to the reduction in the inmate population, it has been increasingly difficult to obtain the required number of inmate workers in Food Services. Reportedly, some inmates have been reclassified from other jobs to work in the kitchen to meet the need.

The vegetable room and butcher shop were observed. Inmates were making coleslaw, preparing carrots and cabbage. Workers wore hats and gloves. Cameras were mounted on the ceiling.

The butcher shop’s doorknob was broken, and staff noted that the doorknob breaks every two weeks. The “chit” system is used in the tool room as a secure method of accounting for tools issued to inmate workers. That is, when a tool is issued, a “chit” identifying the person to whom the tool was issued, is placed where the tool is stored when not in use. SOCF staff relayed that it is closely monitored.

Some inmates and security staff relayed comments regarding the allegedly poor quality of the food. Some inmates complained that the food portions are too small, while others relayed that the food is undercooked. Some alleged that if they complain, they risk retaliation in the form of some conduct report.

D. LAUNDRY/QUARTERMASTER

The observation of the laundry plant and quartermaster's area found them to be clean and in good order. Staff relayed that 19 inmates work in the laundry and three inmates work for the quartermaster. The inmates in the laundry appeared to be actively working and productive, and the machinery appeared to be up-to-date.

E. DEATH HOUSE

According to the ODRC website, Death Row was moved to the Southern Ohio Correctional Facility in 1972. However, in 1995 Death Row was relocated to the Mansfield Correctional Institution, with the Death House remaining at SOCF. In 1999, the first inmate since 1963, the "volunteer," was executed. Since 1999, a total of 15 inmates have been executed at the Death House, with seven occurring in 2004. Of the nine deaths from February 19, 1999 to January 14, 2004, five inmates were from Cuyahoga County, two were from Hamilton County, and one each was from Greene County and Wood County. To date, Ohio has executed a total of 358 inmates.

A small building inside the SOCF compound serves as the execution chamber or "Death House" for the entire ODRC. Inside, the inmate spends his last remaining hours. The inmate receives his last meal, his last rites from a clergyman of his preference, and awaits his escort into the execution chamber. While he waits to be escorted, a shunt is inserted into his arm so the needle can be easily inserted into his vein. The ceiling mounted camera is activated only in the moments prior to execution when the shunts are placed in the inmate's arms. This is to enable the witnesses to view the shunts being inserted. The chamber is not equipped with a camera that monitors the proceedings. The camera in the chamber was only used on one occasion when the auxiliary viewing area was used. Once escorted into the execution chamber, the inmate is laid on a table with armrests and restraints.

Per Administrative Rule 5120-9-54, Attendance at an Execution, three individuals of the inmate's choice who are not confined to a correctional institution, may attend and observe the proceedings. Three individuals designated from the immediate family of the victim are also permitted to observe. Other attendees may include: the ODRC Director or designee, Warden or acting Warden, members of the Execution Team required to carry out the execution, Sheriff of the county in which the inmate was tried and convicted, Physician to determine time of death, any medical personnel determined necessary by the Warden or designee, three media witnesses and three pool reporters. The inmate's witnesses, the victim's witnesses, and the media witnesses are in a viewing room with clear glass separating them from the inmate on the table in the chamber. They can see the inmate and the inmate can see the witnesses. The only one-way glass is in the equipment room where DRC witnesses and those who administer the drugs are located.

Per the ODRC Execution Fact Sheet dated February 2004, an execution by lethal injection costs \$106.03. Items in the holding cell include a bed, bedding, mirror, toilet, sink, TV tray, seat and table, television, radio, Bible or Koran, two pens, ashtray,

toothbrush and toothpaste. As the Warden reads the Death Warrant, witnesses in the holding cell area consist of the Execution Team Leader and at least two Escort Officers. The inmate's clothing consists of dark blue pants with a red stripe down each pant leg, and a white v-neck short-sleeved pullover shirt.

Lethal injection involves the administration of three drugs intravenously. One of the drugs puts the individual to sleep. The other drug stops the respiratory system and another stops heart activity. The procedure takes between eight and 10 minutes.

F. CELLBLOCKS

Cellblocks and program areas used for inmates classified as 4A and 4B were included in the inspection. Blocks included those in J Complex, J-2, 3, and 4, K Side, K-2, 5, and 7, and L Side, L-7 and 8. Two specific areas, J-4 North and K-5 are used exclusively for mentally ill inmates. Since the 1993 riot, all SOCF inmates are single celled.

There was a stark contrast between observations regarding conditions on L side, compared with those on J and K sides. L side was quiet, while the other sides had noise levels ranging from moderate to high. On L side, inmates appeared to be calm, relaxed and orderly, which was not the case on K side or in J complex. K and J blocks were hot, humid, stale, stuffy, and included foul odors. Staff relayed that the blocks were in transition time before they could open windows. Showers, toilets, floors, walls and ceilings on L side were clean. K and J sides were not clean. In all the cells observed in J and K sides, cell lights were covered with paper.

1. L SIDE

On L side, both L-7 and L-8 were observed. The inmates in L-7 and L-8 are classified as level 4A. The general population housing blocks were observed to be clean and in excellent condition. On the day of the inspection, there were 56 inmates in L-8, which has a maximum capacity of 80. The inmates were calm and the cellblocks were quiet. It was reported that there are generally two Correctional Officers assigned to a block, one in the Control Center and one on the range.

2. J COMPLEX

The inspection of J Complex included the J-1 Program area, J-2 Segregation block for Security Control and Disciplinary Control, J-3 Orientation Block for initial placement on arrival in 4B, and the J-4 Intensive Mental Health Unit. According to communication from inmates and observations regarding J Complex, **serious attention needs to be given to this particular area of the institution to enforce the requirement to provide and maintain clean, sanitary cell conditions.**

There are cells in this area secured with double doors, which have been termed "slammer cells." A cage-like door with bars secures the cell, while a solid steel door closes over the initial door with only a small window that allows staff to observe inmates in cells for

periodic checks. **Many of these small windows were either saturated with dirt or had been vandalized.** On the day of the inspection, J-2 was hot and musty. Inmates expressed their discontent by screaming and yelling out to other inmates in neighboring cells. The atmosphere of the block was compounded with what was regarded as **inadequate lighting and ventilation. Very little natural light enters into the cell via the small windows. Based on observations from the inside and/or from the outside of the unoccupied cells, the walls were observed with extensive graffiti, mostly of racial or gang affiliated epithets, and dislike for certain staff members. A leaking shower stall was observed on the upper range.**

There were 10 inmates in J-2 at the time of the inspection. Concerns were expressed about staff/inmate relations.

3. K SIDE

Blocks on K side that were included in the inspection consisted of K-2, K-7, and the K-5 Residential Treatment Unit for the mentally ill. K-2 is used for inmates classified as Level 4B. The block was observed as in **need of attention in regard to sanitary conditions.** Many of the cells are what inmates and staff referred to as “strong cells” or “slammer cells” used in part for the inmates labeled as “slinger flingers” (See VI. Data Review, B. Inmate on Staff Assaults, 3. “Bomb Outs and “Slinger Flingers”). Inmates were reported to be in security control or disciplinary control status, just as in J-2. These cells are similar to the cells in J-2, with solid doors and small windows to observe the inmates. **The observation windows were scratched severely or kicked out by the occupants. The cells were regarded as poorly ventilated and in need of attention to improve both sanitation and lighting.** Inmates complained of no response to kites and no response to RIB appeals.

G. PROGRAMS

Staff relayed during the inspection that the SOCF Re-entry philosophy and goal is to have inmates adjust and follow rules so they can be transferred where there are more programs to prepare them for release. It was noted that SOCF programs are provided in Recovery Services (Substance Abuse) and Mental Health, and that inmates can further their education beyond GED after they earn reduction to Level 3 and transfer to a Level 3 facility. Their core programs reportedly consist of Recovery Services and Anger Management.

According to the ODRC policy, **programming for Level 4B inmates is broadcast over the TV on the ranges, and may include small group counseling for up to four inmates at a time.** For inmates classified as Level 4A, the policy states that programming is broadcast by TV and may include small groups. Based on the SOCF Fact Sheet dated February 2004, which was provided on site, available programming for SOCF inmates consists of the following:

1. EMPLOYMENT/EDUCATION

The Education Department provides Ohio Reads, the Release Preparation Program and multiple educational programs. Vocational programs include Masonry and Carpentry. The Masonry program includes an Apprenticeship Program. The Educational, Vocational and Apprenticeships are listed below:

<u>EDUCATION</u>	<u>VOCATIONAL</u>	<u>APPRENTICESHIP</u>
Pre-GED	Masonry	Masonry
GED	Carpentry	
ABLE		
Ohio Reads		
Release Preparation and Employment Readiness		

a. THE LEARNING CENTER

The Learning Center at SOCF was occupied at the time of the inspection, with inmates participating in class. One inmate praised the Teacher and commented that “They should give her a raise.” Inmates were completing work for the GED or ABE courses. It was reported that approximately 60-70 inmates graduate from the GED program per year, while approximately 80 inmates complete Adult Basic Education courses. On the day of the inspection, it was noted that 91 inmates were enrolled in mandatory education programs. Staff relayed that GED tests are given every six months by Central Office.

According to the Monthly Enrollment Report statistics, as of June 2004 for the fiscal year to date, **20 SOCF inmates completed the Adult Basic Education Learning course.** In addition, 41 inmates completed the Pre-GED course, and **20 inmates completed the GED course and passed the GED test.** As of June 2004, there **were 150 students in Adult Basic Education, with 80 on the waiting list.** Further, 61 inmates were participating in the GED program, with an additional 64 inmates on the waiting list.

According to the SOCF Quarterly Report for the third quarter of 2004, there are **226 students enrolled in academic and vocational education.** It was also reported that **18 students are enrolled in pre-release programs.**

Per the SOCF website on February 25, 2004, academic programs consist of Adult Basic Education, GED and a Building Maintenance Apprenticeship Program. Masonry is the only Vocational Program cited. Although the website also shows that SOCF has an Ohio Penal Industries Print Shop and Shoe Shop, the Print Shop no longer exists at SOCF.

b. OHIO PENAL INDUSTRIES (OPI) SHOP

According to staff on site, there are **45 inmate workers at SOCF assigned to the OPI Shop,** which makes shoes for the entire Ohio Department of Rehabilitation and Correction inmate population. Per information from OPI for all institutions with OPI workers, as of July 2004, and for FY 2005, SOCF had **39 inmates assigned to OPI, the fourth lowest number of OPI workers in the Ohio prison system.** Only Lake Erie

Correctional Institution, Toledo Correctional Institution and Franklin Pre-Release Center had fewer OPI inmate workers than SOCF. Of the institutions with OPI workers, the number of OPI workers ranged from seven at the Franklin Pre-Release Center to 319 OPI workers at the London Correctional Institution. **Sixteen prisons had more OPI workers than SOCF.**

OPI inmate workers must have a high school diploma or must have earned their GED high school equivalency certificate in order to be eligible to work in the shoe shop. In addition, no inmate is eligible if there is any prior assault or escape on record. Staff relayed that OPI inmate workers at SOCF have a high turnover rate because they tend to transfer out of the institution quickly. That is, they tend to be good candidates for reduction to level three after the required time allowed by policy.

Recently a new type of shoe was introduced into production at the OPI Shop. It is made from a more durable material, and uses Velcro instead of shoelaces. The use of Velcro also opens up the possibility of shoe distribution to the Department of Youth Services' institutions for juveniles. Reportedly, there is also the possibility of contracting with other states to provide them with footwear for the out of state inmate populations.

Inmates assigned to the OPI Shop work for **6.75 hours a day**. It was reported that an average of 192 pairs of shoes are produced per day. Staff relayed that OPI has the **potential to produce up to 300 pairs of shoes per day**, if the demand requires it. In the past, only whole sizes could be produced, which was a reported deficiency relayed by inmates and staff over the years in their communication with the CIIC. Reportedly, due to the lack of half sizes, some inmates had to wear shoes that were either too small or too large, increasing the requests for "special shoes" and referrals to podiatrists. Therefore, the fact that shoes are now produced in sizes 7 through 14, including **half sizes 9.5 through 12.5, is considered to be a major improvement from the past** when half sizes were not an option.

According to the ODRC data titled "OPI Financial Report By Shop" for the month of May 2004, the SOCF OPI **Shoe Shop** had Net Revenue of \$49,137, with expenses totaling \$85,456, for a monthly **net contribution of \$-36,319**. In the period from July 2003 through May 2004, the shop's Year To Date Net Revenue was \$770,456. Further, for the same period, the SOCF shop reported Year To Date Total Expenses of \$777,123, with a **net contribution of \$-6,670**.

Until recently, there was also an OPI print shop at SOCF. However, the operation has been moved to the Pickaway Correctional Institution, which already had a print shop. The OPI print shop workers at SOCF were temporarily reassigned to the SOCF shoe shop until the replacement for the OPI print shop opens. It was originally proposed by OPI to produce toilet tissue and napkins as an alternative to the OPI print shop at SOCF. However, in the December 2004 meeting of the ODRC Prison Labor Advisory Committee, it was reported that the machinery that would be needed at SOCF to produce the toilet tissue and napkins is too costly. It will therefore not be purchased.

From July 2003 through May 2004, per the OPI Financial Report by Shop, the SOCF **print shop** had Year To Date Net Revenue of \$677,463, with Year To Date Total Expenses of \$319,546, for a **Net Contribution of \$357,917**. For the month of May 2004, the SOCF print shop had Net Revenue of -\$315 with expenses at \$23,175, for a **Net Contribution of \$-23,490**.

c. CARPENTRY AND MASONRY

During the inspection, staff relayed that the Carpentry and Masonry Programs have **recently been reintroduced** to the Southern Ohio Correctional Facility for inmates classified as Level 4A. The Carpentry Program was just starting. Staff relayed that there are **12 to 14 inmates who participate** in each program, with one Instructor per program. On the day of the inspection, both Instructors were attending in-service training outside of the institution.

In a review of the Monthly Enrollment Report statistics, as of June 2004, **24 inmates had participated or were participating in these programs, with 27 on the waiting list. Ten inmates successfully completed the program.** According to staff, due to the security level of the inmates at SOCF, it is difficult to find inmates who can participate in vocational programs. Staff also relayed that it is difficult to find enough inmates to fill the vocational programs due to the **number of inmates needed to fill essential food service worker positions**. Following the inspection, CIIC received correspondence from inmates relaying frustration with being reclassified back into food service positions. However, due to the declining population at SOCF, the administration reportedly has no other choice but to re-class these inmates to ensure that the essential food service positions are filled.

2. MARITAL AND FAMILY RELATIONS

Unit Staff conduct Phase I and Phase II of a program titled, "Responsible Family Life Skills."

3. ASSOCIATES AND SOCIAL INTERACTION

Unit Staff conduct a program titled, "Chicken Soup for the Prisoner's Soul." Religious Services Staff conduct the two religious programs listed below:

Unit Staff

Chicken Soup for the Prisoner's Soul

Religious Services

Spirituality

Coping as a Christian/Bible Study

4. SUBSTANCE ABUSE

While on site, information was provided from the Recovery Services Programming Roster as of December 11, 2003. The list consisted of the following:

Alcoholic Anonymous	Narcotics Anonymous
Therapeutic Discussion Group	Smoking Cessation – Voluntary
SAMI Program	Smoking Cessation-Involuntary
Twelve Step Education	Life Without A Crutch Program/Mandatory
ADAPT Day Treatment Program	Anger Management
(3 times per wk for 3 hrs per day)	Video Programming for 4-B inmates in J and K Blocks.

Based on the information provided, Recovery Services staff conduct all of the programs except that the **Video Programming for 4-B inmates in J and K Blocks** are also provided by Unit Staff.

According to the SOCF Quarterly Report for the third quarter of 2004, the Delbert Boone Seminar was held on September 2, 2004. The Seminar was cited as a Re-entry/Substance Abuse Program.

The Quarterly Report also noted that **174 inmates are involved in Recovery Services** and that no new programs were initiated in the quarter.

Based on the quarterly report, random drug tests were conducted on 76 inmates in July, 106 inmates in August and 67 inmates in September 2004. Of the total **249 inmates tested, none tested positive for drugs.**

a. ALCOHOLICS ANONYMOUS/NARCOTICS ANONYMOUS

Information on participation in Narcotics Anonymous (NA) was provided on site. It was noted that NA is held on **Tuesdays from 5:45 pm to 6:45 pm.** The Attendance Roster shows **26 participants, all assigned to L side,** specifically L3 through L8.

Information on attendance at Alcoholics Anonymous (AA) in the last three weeks up to the date of the inspection showed that from **17 to 21 inmates participated per week from L5 and L6.** Meetings were held on **Thursdays from 5:45 PM to 6:45 PM** or from 7:00 PM to 8:00 PM.

b. LIFE WITHOUT A CRUTCH

Information was also requested regarding the most recent **mandatory drug abuse program.** The Weekly Report for Recovery Services showed that there were **nine participants** in the “Life Without A Crutch” program. The booklet titled, “Life Without A Crutch: An Introduction to Recovery from Addiction” was provided and reviewed. Topics covered include the following:

What is Addiction? Control is the Key Is it Illegal or Immoral? Who is Hurt? How to Think Like an Addict	The Road to Recovery Hitting Bottom Making Bottom The Right Motivation Taking Control A Life-Long Journey	So Why Bother? Rebirth Rewards
Effects of Addiction Effects on Yourself Effects on Your Family Effects on Others Co-Dependency – Other People and You Time for a Change	Finding the Right Help: Rejoining the Human Race Preparing Yourself You and Your Counselor Stages of Treatment	
Natural Needs-Unnatural Solutions The Nature of Human Needs How Needs Are Met The Cycle of Addiction Real Needs-Real Solutions	For the Family and Loved Ones Dealing with the Fear Boundaries and Limits	
Why Is It So Hard to Change? Creatures of Habit Obstacles to Change	Taking Action A New Window into the World Get Up and Get Help	

c. ADAPT DAY TREATMENT PROGRAM

Information was also provided on ADAPT, a Day Treatment Program, which was proposed in August 2001, to consist of one to two hour sessions, with 14 sessions per week, for a total of eight weeks at 12 hours per week. Based on information on the subsequent change in the program, it is to accommodate 15 participants, to consist of eight weeks, with three sessions per week, at two hours per session. As of the inspection date, the most recent list of participants in the current session consisted of **seven inmates, one who locked in J2.**

The short term goal of the program is to provide alcohol and drug abuse information to eligible inmates at SOCF, to motivate participants to explore their problems and ramifications of their drug abuse, to examine attitudes and feelings, and to consider alternative solutions.

Long-term goals of the program include:

1. To educate and improve conscious awareness of alcohol and other drug abuse to general population inmates,
2. To provide an opportunity for an inmate to examine his alcohol and/or other drug involvement, and to accept responsibility for his behavior,
3. To allow an inmate to identify abusive/addictive usage of alcohol and/or other drugs and the problems it creates, and
4. To decrease the demand of alcohol and other drugs through educating the inmate population and encouraging a drug free lifestyle.

According to the written information, an assessment of felony convictions of SOCF inmates showed that 48 inmates (4%) are incarcerated as a direct result of drugs. The percentage increases when Pre-sentence Investigations, social histories, medical histories and interviews are taken into account. The Program Agenda includes the following Session Topics:

- | | |
|---|---|
| 1. Short and Long Term effects of Substance Abuse | 8. Co-Dependency |
| 2. Aids and Substance Abuse | 9. Values Clarification |
| 3. Types of Addictions/Dysfunctions in Families | 10. Goal setting |
| 4. Disease Concept of Chemical Dependency | 11. Emotions Identification |
| 5. Denial | 12. Stress Management |
| 6. Steps 1 through 5 of AA and NA | 13. Relapse Prevention and Recovery Support |
| 7. Adult Children of Alcoholics/Addicts Roles | |

d. ADAPT AFTER CARE

Information was also provided on Adapt After Care, an open-ended discussion group, with **20 participants**, conducted on Wednesdays. The program consists of five sessions or classes of one hour each. According to the written information provided, the purpose of the program is to extend the ADAPT Program with a program of aftercare. Additional purposes include:

1. Continued involvement of the inmate in recovery with the goal of a lifestyle of recovery,
2. Maintenance of clear treatment objectives, and
3. Preparation for the inmate's next level of care in lesser security.

The Goals and Objectives of the program include:

1. Weekly attendance at AA/NA or the Therapeutic Discussion Group,
2. At least one individual contact per session per month with a Program Coordinator, and
3. Completion of an Individual Treatment Plan.

e. THERAPEUTIC DISCUSSION GROUP

The Therapeutic Discussion Group Attendance Roster for the program dated February 18, 2004, states that the program is conducted on Wednesdays from 6:30 PM to 8:00 PM. The roster also lists **14 participants** from L side, with four enrolled as recently as February of 2004, and one as far back as May of 2002.

f. COMMIT TO CHANGE VIDEO FOR 4B

Information was provided on the "Commit To Change" Video Programming from SOCF Recovery Services, which is specifically for 4-B inmates. The program is described as a **six week, two days per week video** program designed by SOCF Recovery Services staff for the purpose of providing substantive programming to the institution's sizable level 4B inmate population.

Videos are aired two times per week, for one hour on each of the two days, from 1:30 pm to 2:30 pm. The program is a Recovery-oriented program that addresses Alcohol and Other Drug Education and self-examination aspects for inmates who, in spite of being 4-B status, still are in need of quality education, information, and encouragement to look at self in relationship to Alcohol and Other Drug issues. Handouts are given to each inmate

who voluntarily signs up for the program. The Handouts encourage the inmate to look at his own life in relationship to what is being discussed and taught on the video format. The “Commit to Change” Video Program for 4B inmates includes the following topics:

Defining Errors in Thinking	Crucial Thinking Errors
Overcoming Thinking Errors	Self-Destructive Thinking
Overcoming Fear of Changing	Denial Aspects
Steps for Making Positive Changes in Life	

According to the information on the program, it teaches the following to participants:

1. Thought processes play a large role in behavior.
2. Many thoughts are automatic and we must be aware of all thoughts especially irrational thoughts.
3. Thoughts precede behavior. If we can change thoughts that precede potentially negative or criminal behaviors to positive thoughts, then we can live positive lives and stay out of prison.

Lastly, the program information states that for 4B inmates, the program provides much needed educational and self-exploration activities for those inmates who are at the 4B level. The goal is for inmates who choose to participate positively in the program to learn that they do have a choice in the course of how their lives develop in the future. Per the written information, SOCF staff hope that the program will be seen as a positive influence for the inmates and that some positive change will occur as a result of their participation.

According to the information provided, the program is for K Corridor, Unit A. The six week program covers the following subjects:

- | | |
|--|-----------------------|
| 1. Thinking Errors
Staying Sober
Staying Free | 4. Alibi v. Denial |
| 2. Views of Self
Aspects of Shame | 5. Captives of Deceit |
| 3. Overcoming Thinking Errors
Resistance and Recovery | 6. Tactics for Change |

The list of K1 inmates participating in the Video Programming totaled **28**. There were **25** listed as participants from K2. There were **45** listed as participants in K3, and **32** from K4.

Information was provided on the actual number of completions of the “Commit To Change” Video Program from December 9, 2003 to January 29, 2004. A total of 36 inmates completed the program according to the list. However, staff relayed that actually **42** inmates completed the program, but some turned in their paperwork late.

g. ANGER MANAGEMENT IN RECOVERY VIDEO PROGRAM

Information was also provided on the “Anger Management in Recovery” Video Program provided to J Corridor inmates. According to the information, those currently in session at the time of the inspection totaled **45 from J3, and 38 from J4**. According to the written information on the program, it is designed for participation by level 4B inmates.

The program is a **six week, one day per week** program developed to make quality alcohol/drug programming available to inmates who are at the 4B security level. The program focuses on anger. The program videos are shown each Monday from 1:30 PM to 2:30 pm for a total of six weeks.

According to the program material, the program promotes and encourages self-examination and provides positive coping strategies that can be learned and used for anger. Inmates who participate reportedly gain a broad knowledge base of anger and learn new, more positive ways of dealing with anger.

Further, written information on the Recovery Services Anger Management Video Program dated January 12, 2004, states that inmates who sign up for the program and commit themselves to the written self examination style handouts, will learn the following:

1. Anger itself is a normal emotion. It is how a person reacts or responds to the anger that can be problematic for the individual involved.
2. Illogical thought processes and belief systems often accompany feelings of anger.
3. Anger is an internally recognizable emotion.
4. Learning to be aware of our thoughts and beliefs, and realizing that these can be modified, can help in the control of anger.
5. An ongoing stress management program can help in reducing the anger activation level.

According to the booklet on the Anger Management In Recovery Video Program, two films are shown in the weekly sessions as follows:

- | | |
|-------------|--|
| Week One: | “Anger- Creating New Choices (A Closer Look)”
“Understanding Anger” |
| Week Two: | “Anger- Creating New Choices (A Closer Look)”
“The Fear of Anger” |
| Week Three: | “Anger- Creating New Choices (Catch It Early)”
“Alternatives to Violent Behavior” |
| Week Four: | “Anger-Creating New Choices (Catch It Early)”
“Conflict Resolution” |
| Week Five: | “Anger-Creating New Choices (Practical Skills)”
“The Process of Recovery” |
| Week Six: | “Anger-Creating New Choices (Practical Skills)”
“Making the Right Choices” |

Also according to the program booklet, all inmates who satisfactorily complete all assignments and watch all of the movies, meet the requirements for completion of the program, and receive a certificate of completion. A copy is provided to unit staff for placement in the inmate's file.

The worksheets included in the booklet cover the following topics:

1. What Has Anger Cost You?: Self-Talk and Beliefs
2. Feelings: Underneath My Anger
3. Dealing With Feelings
4. Catch It Early: Pictures in My Mind
5. Catch It Early: In My Body
6. Skills for Cooling It: Listen and Reflecting
7. Assertion: Personal Anger Management Plan

h. SAMI DUAL DIAGNOSIS

While on site, information was received regarding participation in the Ohio SAMI Dual Diagnosis program for those with **mental illness and substance abuse**. The information provided indicated that **four** were in the program.

i. SMOKING CESSATION

Information was provided on "Getting Started: Smoking Cessation Program – Stopping for Life," which is an eight week program. According to the written information on the program, those who choose to be in the program must commit to a regular weekly session, consisting of one hour per week for eight weeks. Participants must sign a statement of commitment to quit smoking. The most recent attendance at the "Stopping For Life" Program totaled **11**.

5. COMMUNITY FUNCTIONING

Unit Staff provide both of the following programs: Release Preparation Program/Community Resources and "Getting Out and Staying Out", which is discussed further under "Unique Programs."

6. PERSONAL AND EMOTIONAL FUNCTIONING

Unit Staff conduct the following six programs:

Turning Point	Men's Work	Commitment to Change
Free Your Mind	From the Inside Out	An Inside Look

7. ATTITUDE

Unit Staff also conduct the following three programs relevant to Attitude: Introduction to Victim Issues, Victim's Awareness, and "Man in the Mirror," which is discussed below as one of the "Unique Programs".

8. UNIQUE PROGRAMS

The SOCF Website on February 25, 2004 reported that there are two unique programs at SOCF, "Man in the Mirror" and "Know What You Know Before You Go." "Man in the Mirror" was developed by an SOCF Case Manager and was funded by a grant in 1997. "Man in the Mirror" is a program of reflection, with a focus on self-awareness, and with an emphasis on critical thinking, problem solving, and the acceptance of constructive criticism.

The other program, "Know What You Know Before You Go," has a strong emphasis on pre-release. It gives inmates who will be transferred or released, the ability to recognize or learn their independent living strengths and deficiencies. Participants are required to take the Standardized Daniel Memorial Test. Inmate participants have limited use of a computer, and are provided with a personal "read out," that allows inmates to personally assess themselves. One of the goals of the program is to encourage inmates to take other programs to reinforce their strengths and to reduce their weaknesses.

9. OTHER

a. COMMUNITY SERVICES

Per the SOCF website on February 25, 2004, SOCF inmates have assisted with construction of recreational equipment for Vern Riffe Schools and Minford Local Schools, as well as for Carousel Center. In addition, they have helped to build picnic tables for Scioto County Fairgrounds, birdhouses for Shawnee Nature Club, and playhouses for Southern Ohio Medical Center Pediatric Ward. The following additional Community Services Projects are reported:

Printing Projects for Valley Local Schools	Waverly Band Boosters
Holiday Toy Project for Martin Marietta	Production of "Say No to Drugs" Video
Crayons to Computers Projects	Hand Crafted pillows for
Ohio Reads Book Drive	County Homeless Shelter

b. RELIGIOUS SERVICES

In the Quarterly Report for the third quarter of 2004, one of the highlights noted was that the Kairos Volunteer Program was held at the facility from September 23 through September 26, 2004. SOCF staff have subsequently praised the fact that SOCF was able to provide the program which brings a large number of inmates together at the same time. The program is reportedly going to be an ongoing activity at SOCF.

The same report also relays that Prison Fellowship began a program on the “Purpose Driven Life” on October 1, 2004.

c. RECREATION

According to the SOCF Quarterly Report for the third quarter of 2004, the intra-mural sports program at SOCF remains constant for the recreation department. In regard to recreation policy, it was noted that due to the security level of SOCF inmates, the institution has “special activities within, according to the season.” It was also noted that three videos are viewed each week.

1) K-SIDE RECREATION

During the inspection, CIIC conducted a walk through of the K-Side gymnasium. Recreation is conducted several times a day, with different units alternating times of participation. One Officer and one Recreation Therapist supervised approximately 80 inmates. The floor was new and in good condition. Heavy rains had caused the ceiling to leak in one corner. A bucket was placed underneath the leak to catch the water. There are no free weights or weight machines at SOCF.

Concerns have been expressed regarding SOCF inmates’ access to medicine balls in recreation. A medicine ball is a round device that can weigh from five pounds to 25 pounds, and is used in repetition for strengthening and conditioning. Since the CIIC’s restart in October of 2003, there have been several verified incidents in which a medicine ball was used as a weapon to assault another inmate. The ball has been used to strike an inmate in the head. It has also been wrapped in a sheet or pillowcase and swung around to gain more force before contact. **In the interests of safety and security, it is strongly recommended that medicine balls be eliminated from SOCF due to their proven misuse to cause physical harm to others.**

H. MENTAL HEALTH

1. MENTAL HEALTH PROGRAMS

Overall, staff reported that of **126 program participants, 42 have completed the Mental Health programs, resulting in a 33% completion rate.** Further, it was reported that on March 1, 2004, there were **67 inmates in the K5 Residential Treatment Unit, and 31 inmates in the J4 Intensive Mental Health Treatment Unit.** Information provided on the K5 RTU census for March 1, 2004, reported a total **RTU population of 59, with four level 4B inmates, and the remainder consisting of level 4A inmates.** The **J4 North Intensive Mental Health Treatment Census** for March 1, 2004 showed a population of **33.**

A review was made of the program attendance record of those in the **K5** Residential Treatment Unit. Programs offered in the month of February 2004 consisted of the following:

Activities	Fitness	Rational Emotive Therapy
Adult Health Education	Free Your Mind	Relaxation
Anxiety Disorder-Illness Man	History	Schizophrenia Wellness/Illness
Artistic Music Journal	Hygiene	Self Esteem
Assertive Training	Learning Group	Socialization
Cage Your Rage	Life Support	Sports Highlights
Communication	Lifestyles/ Values	Stress Busters
Community Service	Medication Education	
Coping With Stress	Medication Education-Illness	
Current Events	MET/SAMI	
Depression Wellness-Illness	Problem Solving/Healthy Choices	
Discovery		

Based on the information provided on program participation on March 1, 2004, there were **57 inmates in the month of February in the RTU who were offered programs. The most frequent participant attended programs on 45 occasions in the month of February, approximately 1.5 programs per day.**

A review was also made of programs offered and attended by those housed in the **J4** Intensive Mental Health Treatment Unit in the month of February 2004. Programs offered consisted of the following:

Adult Health Education	Medication Education-Illness Management
Artistic Music Journal	MET/SAMI
Coping With Stress	Problem Solving/Health Choices
Free Your Mind	Relaxation
History	Self-Esteem
Life Support	Stress Busters
Lifestyle/Values	

Based on the information provided, only **four inmates were documented as being offered a specific program, and only one inmate actually attended. Reasons cited for those who did not attend a program included being "Out of block," in "J2" which is Security Control and Disciplinary Control, and "Refused".**

a. SAMI Group

During the inspection, information was requested on mental health programming and participation. Included with the information provided, was information on participants in the Ohio SAMI Dual Diagnosis Group, mentioned above as a Recovery Services Program. SAMI refers to those with substance abuse and mental illness. It is further noted that the SAMI group is a closed group, with six to 12 in a group. According to the written information provided, active treatment consists of 24 sessions over a period of 12 weeks. The Group Treatment Lesson Plan cites the subject of each week as follows:

1. The Way Disorders Coexist and Interact
2. Chronological History of Substance Abuse
3. Idealizing Drug Use and Self Medication Hypothesis
4. Abstinence
5. Relapse
6. Identifying Antecedents
7. Struggling with Abstinence and Coping with Cravings
8. Alcohol and Depression, and Symptoms
9. Abstinence, Motivation, Commitment and Recovery,
10. Warning Signs and Coping Strategy
11. Warning Signs and Developing a plan
12. Principles of Addiction, Attitudinal, Emotional and Relapse Factors.

According to the information provided, **four** inmates were in the Ohio SAMI Dual Diagnosis group. The inmates were housed on **L-side**, and met on Fridays from 1:00 pm to 2:20 pm. On another list, for those who were assigned to the K-5 Residential Treatment Unit, there were five inmates enrolled in SAMI, attending on Thursdays at 9:00 am.

b. J-1 MENTAL HEALTH PROGRAM AREA

The inspection included J-1, formerly known as J-1 Supermax, which in the past contained an upper and lower range of cells. As relayed by staff, J-1 is now one of two areas that have been converted into out of cell program space for those in Level B. Through the use of seven steel, cell-like program booths arranged in a semi-circle, the inmates may speak privately to a staff person or participate in a program outside of their assigned cell. Because inmates in 4B are otherwise confined to their cells, with the exception of required out of cell recreation periods, the program booths are reported to be a safe, secure method of introducing out of cell programs to those who are in lockdown status. The program booths appear to be identical to the booths used at the Ohio State Penitentiary. Individuals are locked into their own booth, but they can see and speak to each other or to the staff person who stands in front of them, and faces them for discussion purposes.

At the time of the inspection, mentally ill inmates from J-4, termed the “Intensive Mental Health Unit”, occupied the J-1 program booths. **Seven** inmates were listening to a staff person, while watching a program video titled, “The Other Sister.” A number of the inmates as well as the staff person spoke with the CIIC group. A painted yellow line on the floor in front of the booths serves as a mandatory boundary to maintain the required distance from the front of the booths as determined for security purposes.

2. TREATMENT UNITS

a. K-5 RESIDENTIAL TREATMENT UNIT

The Residential Treatment Unit is located in K-5. The purpose of a Residential Treatment Unit is to assist inmates who have been diagnosed with a mental illness and are unable to adjust to general population due to their mental illness. The RTU works to help these inmates to become stable and to eventually be successful in the General Population. According to the Departmental Policy 67 MHN Number 15, "All inmates on the mental health caseload will have a treatment plan written by a multi-disciplinary team that addresses the identified needs of the inmate." These needs are to be further assessed in the Residential Treatment Unit and reassessed through periodic reviews of individual treatment plans.

The RTU at the Southern Ohio Correctional Facility has a **capacity of 80. On the day of the inspection, the population was reported to be 67.** The RTU was calm and quiet, with most inmates absent from the block due to their attendance at recreation.

b. J-4 INTENSIVE MENTAL HEALTH TREATMENT UNIT

Based on the inspection of J-4, a **thorough cleaning was needed. Dirty walls and toilets** were observed in the cells. **Serious attention should be given to the sanitary conditions** of this unit by staff. The conditions indicate that **constant monitoring and supervision are needed to ensure that the block provides a safe, sanitary environment, as well as to ensure distribution of necessary cleaning supplies and provision of assistance as needed. Sanitary conditions of the cells should be given priority attention. An acceptable level of hygiene should be maintained in all cells throughout the institution, especially the mental health and segregation units.** In stark contrast to the lockdown Level 4B blocks, the general population Level 4A blocks were absolutely clean, a reflection of obvious attention to cleanliness, which helped to provide a positive environment for staff and inmates assigned to such areas.

J-4 was initially converted to use for the mentally ill in February of 1998. On the day of the inspection, there were **31 inmates housed in the J-4 Intensive Mental Health Unit.** In 2001 it was reported that the Unit consisted of **80 cells, with 60 designated for use for the severely mentally ill, and 20 for "overflow."** However, the Intensive Mental Health Unit is **now limited to J-4 North which has 40 cells,** and excludes J-4 South, which also has 40 cells. The cells have open fronts with bars instead of solid doors. Each cell is equipped with a bed and stainless steel toilet. Staff relayed that J-4 inmates are offered **10 hours per week** of time in the program booths for video programs with the Activity Therapist.

Inmates currently housed in J-4 north, include those who are seriously mentally ill and who also are classified as Level 4B. However, **not all of the seriously mentally ill, and certainly not all of the mentally ill classified as Level 4B are housed in J-4 north.** Staff relayed that **placement depends on the extent to which there is a need for such**

placement. Some inmates have relayed concerns that they were **denied placement in J-4, while others have complained of being placed in J-4 rather than in the K-5 Residential Treatment Unit.** Some have complained of being removed from the K-5 Residential Treatment Unit to population in spite of their belief that they need to remain in K-5 for mental health purposes.

3. THE MENTALLY ILL

a. OHIO STATE PENITENTIARY EXCLUSIONARY CRITERIA

Departmental Policy 53-CLS-04 on Level 4/Level 5 Classification of Inmates, defines “**seriously mentally ill**” as:

A substantial disorder of thought or mood, which significantly impairs behavior, judgment, capacity to recognize reality, or cope within the ordinary demands within the prison environment and is manifested by substantial pain or disability. Serious Mental Illness requires a mental health diagnosis, prognosis, and treatment, as appropriate, by mental health staff. **For the purposes for this policy, only, “seriously mentally ill” shall also include persons whose conditions meet the criteria of the Department’s standard operating procedure for exclusion from OSP.**

The current broadened criteria in the policy that excludes the seriously mentally ill and additional mental health categories from placement at the Ohio State Penitentiary (OSP), resulted from a class action suit, Austin v. Wilkinson. However, those diagnosed as seriously mentally ill have always been per ODRC policy, excluded from placement at OSP (Level 5 formerly High Max). The Standard Operating Procedures titled “Exclusion Criteria for Inmates Recommended for Ohio State Penitentiary” effective August 8, 2001, states that, “Inmates assessed and diagnosed with the following conditions are excluded from transfer to OSP.” The conditions are cited below:

1. **Serious Mental Illness** (categorized as C-1 on the Mental Health Level of Care Determination)
2. **Mental Retardation** (categorized as MR/DD on the Mental Health Level of Care Determination)
3. **Mental Disorder** that includes:
 - a. Being actively **suicidal**
 - b. Severe **Cognitive Disorder** (Organic Mental Disorder) that results in significant functional impairment.

- c. Severe **Personality Disorder** that is manifested by frequent episodes of psychosis, depression or self-injurious behavior, and results in significant functional impairment

According to staff, OSP inmates who were initially returned to SOCF for mental health reasons, were placed in the K-5 Residential Treatment Unit (RTU) for inmates who are unable to adjust to general population due to their mental illness. Mentally ill inmates who would have been classified as High Max (Level 5), except for the fact that they must be excluded from OSP due to their mental health status, were reportedly moved from the Residential Treatment Unit to J-4, which initially served as an Administrative Control Unit for the mentally ill.

b. CASELOAD

According to information provided on site, as of March 1, 2004, of the SOCF inmate population of 1,040, there were **321 inmates on the mental health caseload, comprising 30.9% of their population.**

In the Quarterly Report for the third quarter of 2004, the Mental Health section reports that **256 inmates are on the mental health caseload, of which 131 are seriously mentally ill. It was also reported that no inmates are receiving sex offender programming.** During the quarter, there were **nine incidents in which most of the inmates cut themselves, one overdosed, and one attempted to hang himself. One inmate cut himself severely while on close suicide watch.**

Based on the October 2004 monthly reports on Mental Health, a total of 8,030 inmates were on the mental health caseload in the prison system. Of that number, 7,237 inmates were on the Psychiatric Caseload. The Southern Ohio Correctional Facility reported a **Psychiatric Caseload of 242, and a total caseload of 254. SOCF had 123 inmates classified as C1, that is, "seriously mentally ill." SOCF had 119 inmates classified as C2, that is, who are also on the psychiatric caseload, but not "seriously mentally ill."** There were **12 inmates classified as C3, that is, on the general mental health caseload, with a mental health diagnosis and treatment plan.**

For comparison purposes, the Ohio Reformatory for Women had the largest number of mentally ill inmates, with a total caseload of 778, including 418 seriously mentally ill. The Chillicothe Correctional Institution ranked second, with 555 on the total caseload, including 387 seriously mentally ill. Based on the caseload numbers, SOCF ranked 16th out of 32 prisons.

There are 15 prisons with mental health caseloads larger than the SOCF caseload of 242. The following data on mental health caseload system wide is provided for comparison purposes.

**c. DRC MENTAL HEALTH CASELOAD BY INSTITUTION WITH
BREAKDOWN OF MENTAL HEALTH CLASSIFICATION FOR
OCTOBER 2004**

INSTITUTION	Total Psych Caseload	Total Caseload	C1	C2	C3
Ohio Reformatory for Women	668	778	418	250	110
Chillicothe Correctional Institution	546	555	387	159	9
Pickaway Correctional Institution	426	436	282	141	13
Richland Correctional Institution	337	359	187	150	22
Noble Correctional Institution	328	370	240	88	42
Mansfield Correctional Institution	327	386	115	212	59
Ross Correctional Institution	325	352	168	157	27
Belmont Correctional Institution	324	388	237	87	64
North Central Correctional Institution	298	343	97	201	45
Madison Correctional Institution	286	307	148	138	21
Allen Correctional Institution	280	323	202	78	43
London Correctional Institution	270	306	130	140	36
Warren Correctional Institution	259	270	213	46	11
Southeastern Correctional Institution	256	262	123	133	6
Lebanon Correctional Institution	249	295	132	117	46
Southern Ohio Correctional Facility	242	254	123	119	12
Northeast Pre Release Center	236	256	144	92	20
Marion Correctional Institution	224	254	70	154	30
Correctional Reception Center	214	225	99	115	11
Grafton Correctional Institution	197	225	143	54	28
Franklin Pre Release Center	196	207	151	45	11
Trumbull Correctional Institution	142	173	52	90	31
Lorain Correctional Institution	139	153	65	74	14
Lake Erie Correctional Institution	135	161	86	49	26
Toledo Correctional Institution	100	111	42	58	11
Hocking Correctional Facility	94	96	56	38	2
Oakwood Correctional Facility	74	74	74	0	0
North Coast Correctional Treatment Facility	41	73	18	23	32
Corrections Medical Center	24	24	24	0	0
Ohio State Penitentiary	3	7	0	3	4
Dayton Correctional Institution	0	2	0	0	2
Montgomery Education and Pre Release Center	0	5	0	0	5
Totals	7,237	8,030	4,226	3,011	793

d. LOCATION OF THE MENTALLY ILL

1) C-1 INMATES

A review was made of the block location of mentally ill inmates at SOCF as of January 5, 2005. As noted on the table below, a total of 264 were reported to be on the mental health caseload, though 13 of that number were reported to be classified as "N" which means that they are currently not in need of mental health services. There were **118 inmates classified as C1**, that is, an inmate who according to the ODRC policy on Mental Health Classification:

...is on the psychiatric caseload and meets criteria for SMI (**Serious Mental Illness**) designation: a **substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment and which is manifested by substantial pain or disability.**

Serious mental illness requires a mental health diagnosis, prognosis and treatment, as appropriate by mental health staff.

There were **25 inmates classified as C1, who were in level 4B lock down status in J2, J3, and K1 through K4, comprising 21.2% of the C1 inmates. Four of the seriously mentally ill were in J2, which is used for security control and disciplinary control. Four were housed in J3, and 17 were on K side in 4B status.** Two inmates classified as C1 were being housed in the D1 Infirmery.

In all, **63 inmates classified as C1 were either in the J4 Intensive Mental Health Unit or the K5 Residential Treatment Unit. The 63 inmates in either the RTU or J4 Mental Health Unit comprise 53.4% of the seriously mentally ill designated as C1.** There were 28 inmates classified as C1 who were in level 4A general population housing in K6 through K8 or L5 through L8. The 28 inmates classified as C1 in general population comprise 23.7% of the inmates classified as C1.

2) C2 INMATES

According to the ODRC policy on Mental Health Classification, inmates designated as C2 are defined as follows:

The inmate is on the psychiatric caseload but does not meet the criteria for SMI. Inmate is receiving mental health care and supportive services, which include medication prescription and monitoring, individual and group counseling and therapy, crisis intervention and behavior management.

As shown in the table below, of the 264 on the mental health caseload, 116 were classified as C2, comprising 43.9% of the total caseload. There were **73 inmates classified as C2, who were in level 4B lock down status in J2, J3, or K1 through K4, comprising 62.9% of the inmates classified as C2.** Two inmates classified as C2 were in the D1 Infirmery. In all, only 18 inmates classified as C2 were housed either in the RTU or in the J4 Mental Health Unit, only 15.5% of the inmates classified as C2.

3) C3 INMATES

The ODRC policy on Mental Health Classification places inmates classified as C3 on the “General Caseload.” It further states that such inmates have a mental health diagnosis and treatment plan, are being treated by mental health staff other than the psychiatrist, and receive group or individual counseling, therapy and skill building services.

According to the information provided, there were 16 inmates classified as C3, comprising only 6.1% of the Mental Health Caseload at SOCF. **Ten of the 16 inmates classified as C3 were in lockdown status, level 4B, housed in J2, J3, or K1 through K4.** One inmate classified as C3 was in the J4 Intensive Mental Health Unit, but no C3 inmate was in the RTU.

Therefore, there were **83 mentally ill inmates, excluding the four in the D1 Infirmary comprising 31.4% of those on the mental health caseload, who were in lock down status, and definitely not in the J-4 “Intensive Mental Health Treatment Unit,” or the K-5 Residential Treatment Unit.** The RTU housed 48 of the inmates on the caseload, comprising 18.2%, while the J4 Mental Health Unit housed 35, comprising 13.3% of the inmates on the caseload.

4) THE MENTALLY RETARDED

As of January 2005, there were 11 mentally retarded inmates at SOCF who were also mentally ill. Their housing area and mental health classification are provided below:

<u>Cellblock</u>	<u>C1</u>	<u>C2</u>	<u>C3</u>	<u>N*</u>	<u>Total</u>
K5	5	0	0	0	5
K2	0	2	0	0	2
K3	0	0	2	0	2
J2	1	0	0	0	1
K1	0	0	1	0	1
Total	6	2	3	0	11

N* (No Mental Health Services needed)

K5 is the Residential Treatment Unit for the mentally ill. K1, K2, K3 and K4 are used for level 4B. All of J complex is considered for level 4B inmates. J2 is used for security control and disciplinary control and includes the “slammer cells” or “strong cells.” K2 includes “closed cells” which are reportedly used for those who have thrown urine and feces at another inmate. Based on the above, six of the 11 mentally ill and mentally retarded were in level 4B lockdown status.

**e. HOUSING ASSIGNMENT OF SOCF INMATES ON THE
MENTAL HEALTH CASELOAD ON JANUARY 5, 2005,
WITH BREAKDOWN BY MENTAL HEALTH
CLASSIFICATION**

The following table provides details on the location of the inmates on the mental health caseload with a breakdown of their mental health classification.

LOCK	C1	C2	C3	NO MH NEEDS	CRISIS	TOTAL	PERCENT
J2 (4B) SECURITY CONTROL DISCIPLINARY CONTROL	4	8	1	3	0	16	6.1%
J3 (4B)	4	5	0	3	0	12	4.6%
J4 (4B) INTENSIVE MENTAL HEALTH UNIT	26	7	1	1	0	35	13.3%
K1 (4B)	6	3	3	0	0	12	4.6%
K2 (4B)	3	9	3	2	0	17	6.4%
K3 (4B)	3	14	2	0	0	19	7.2%
K4 (4B)	5	9	1	2	0	17	6.4%
K5 RESIDENTIAL TREATMENT UNIT	37	11	0	0	0	48	18.2%
K6 (4A)	0	1	1	1	0	3	1.1%
K7 (4A)	3	10	3	0	0	16	6.1%
K8 (4A)	6	6	1	1	0	14	5.3%
L5 (4A)	4	9	0	0	0	13	4.9%
L6 (4A)	6	8	0	0	1	15	5.7%
L7 (4A)	5	6	0	0	0	11	4.2%
L8 (4A)	4	8	0	0	0	12	4.6%
D1 Infirmary	2	2	0	0	0	4	1.5%
TOTAL	118	116	16	13	1	264	100%
PERCENT	44.7%	43.9%	6.1%	4.9%	.4%	100%	100%

f. INMATE COMMUNICATION

Correspondence from inmates regarding mental health issues received from October 2003 to the March 2004 on site visit was carefully reviewed prior to the visit, and a summary was shared with the Warden. Excerpts from the letters are provided below to provide better clarification of the reported concerns than what is apparent from the CIIC Database of logged problems, issues or concerns. The CIIC staff make phone and written inquiries regarding the most serious letters to ensure that the Warden is aware of the allegations and to seek their investigation and findings. In CIIC staff responses to the inmates, they are urged to use the inmate grievance procedure.

An inmate wrote, "Inmate suicide threats or acts are not being taken seriously. Strip cells are used as punishment, not treatment. Inmates are told it's not a mental health issue, but a behavior problem. Inmates are placed in strip cells and removed even when they're still suicidal. I've watched it happen and it's happened to me. The act of cutting myself even in front of Doctors, and I'm still removed from the strip cell and placed where I have objects to do more harm to myself. These are matters that need improvement."

On J-2, an inmate wrote of "deliberate, reckless suicide watch." Reportedly, "They have untrained Officers watching these inmates who often harass, taunt, and make fun of these mentally ill inmates, saying you need to go ahead and kill yourself, save us a lot of problems and headaches." The inmate wrote, "The same inmates are being punished by the RIB for their mental illness. They're not being seen by Dr. Bevins after they come off suicide watch. Inmates complain constantly about the treatment and not being sent to Oakwood where they can get proper treatment."

Reportedly after a suicide attempt, one inmate was moved from the D1 infirmary to a J-2 "slammer cell." He alleged that all of the windows were left open and he was "made to sleep on a steel bed while it was snowing." He wrote that suicide cells are supposed to have a "rubber bed and a clear front view. No one cares. You can't get treatment locked down 23 hours a day for years at a time."

An inmate wrote that many of the inmates on the mental health caseload are in "the hole, in slammer cells in J2." He wrote that the low side of J-2 has cells "more restricted than OSP," and the food slot reportedly is kept closed all of the time except for meals. He described the cells as "total isolation." He wrote that there is "little supervision" of the inmates in the cells, that "When an inmate has a crisis, he has a crisis." Reportedly, some of the "mental health overflow" inmates were celled on the "high side" or upper range of J-2. He alleged that it is a "regular practice to totally isolate the mentally ill in their cells." He wrote of an inmate who reportedly cut his wrist, was taken to the clinic, then reportedly "kept in a cage until the Social Worker came. He was totally unresponsive for 20 minutes. The Social Worker said he was OK to go back to his cell."

Another wrote of "bogus, petty tickets," reportedly excessive use of force, and suicide attempts among the mentally ill in J-2.

Another inmate wrote of the placement of the mentally ill in segregation and the conditions in segregation.

An inmate wrote of his third suicide attempt in a week. An Officer reportedly threw the inmate's newly purchased commissary "in the trash." He alleged that Officers "are trying to make me react with violence to show I'm a monster. Supervisors say I'm the bad guy when I respond." He expressed thoughts of killing, then killing himself "if they keep harassing."

The same inmate wrote of attempting suicide six times in less than two weeks. He wrote that he was not placed in a suicide cell, but a "regular cell in J-4 with hooks on the shelf." He relayed that he cut his wrist open twice, was strapped down for eight hours, then tied a string around his neck and tied it to the vent. He wrote, "I'm being harassed with false, petty tickets to make me the bad guy."

An inmate wrote that "They're abusing us mentally and physically," citing use of force incidents. He wrote that one Officer "is abusive to guys in restraints. It's getting bad here. The guys are discouraged from paperwork because they disregard Informal Complaints. I want to go to OSP. I've been here since 1997. I'm on the caseload for Depression. I hope you look into these issues."

An inmate reportedly with a suicidal and mental hospital history reportedly attempted suicide twice in J-4. He wrote that another inmate in the block "cut himself from his bicep to his wrist and no one knew until blood ran under the door."

An inmate wrote of his past suicide attempts. He wrote that he "will keep trying" until he dies. Reportedly, "Demons entered my cell and voices are filling my head."

In reference to a reported "rash of suicide attempts in J-4", one person wrote that, "Something other than discipline appears to be needed."

One inmate with a history of mental illness wrote, "A CO threw my tray on the floor and stepped on it. They deny me meals." He also wrote that he was being escorted by an Officer to a Use of Force Committee, when the Officer reportedly "made derogatory comments, calling me fag, bitch and hoe. When I responded to what he said, he became forcefully aggressive. They placed me in J2, sprayed me with mace. I was then placed in K2 slammer cell for a Class III verbal threats. While in the cell, they turned the water off and denied my request to use the facilities. Everything, mattress, sheets, blankets and jumpsuit were taken from me."

An inmate wrote that an Officer in K2 denied him his dinner tray. The Officer reportedly "finds ways to not feed me and other inmates." He relayed that he filed informal complaints and kited the Inspector, but it reportedly "has not made any difference." He alleged that Officers make threats and harass him. He wrote that two fires were started in his cell by an Officer when he was sleeping. He alleged, "They never investigated the

fires. I want a separation from these Officers. Others complain, too, but no one stops them.”

An inmate who was returned to SOCF from OSP due to mental illness, was reportedly housed in a closed or “slammer” cell in K-2 for 48 days, due to throwing feces on another inmate. He reportedly received six months of no out of cell recreation time as a penalty for rule violations. He was reportedly claustrophobic, having panic and anxiety attacks, experiencing shortness of breath and nightmares. He noted that the isolation included no ability to watch TV or listen to a radio.

An inmate complained of use of force on another mentally ill inmate and wrote of alleged mistreatment “in strip cells.” The inmate expressed fear for his safety, alleged that mental health treatment was lacking, requested to be returned to OSP, and be cleared by mental health staff to do so. He reportedly made a weapon from parts in his cell, consisting of a two foot “spear” which he wrapped in a sheet and blanket and tried to stab an Officer through the food hatch.

One inmate wrote of being on a hunger strike due to reportedly receiving a false conduct report for threats. He reportedly has a long mental health history, and was transferred to SOCF from OSP for mental health reasons. He reportedly has been diagnosed as paranoid schizophrenic, having PTSD, mood swings and compulsive control disorders. He did not understand why he was not in the Residential Treatment Unit.

An inmate wrote of another inmate’s attack on a mentally ill inmate who reportedly “was supposed to be in the RTU. He has mental health issues.”

One inmate wrote of use of force incidents in the K-5 RTU, alleged harassment by Officers, false conduct reports, and “crude handling of the mentally ill” in the RTU. Reportedly, too many inmates from the RTU were in segregation and “really should not be there.”

An inmate reportedly in the RTU for eight years, wrote that Officers, not Mental Health staff, “are deciding who should or should not see Doctors.” He alleged that Officers harass inmates and call them names. Reportedly, “If they don’t like an inmate, they tell the Drs. they are trouble and try to get them kicked out of the RTU.” The inmate relayed that he is not getting the help that he needs. He is reportedly paranoid, depressed, suicidal and has angry mood swings. He wrote, “I need mental help.” He alleged that he is “ignored.”

An inmate alleged that RTU Officers in K-5 were “threatening and challenging inmates in the mental health block, retaliating for talking to the Patrol on the use of force.” He wrote that he kited the Inspector, but he was reportedly denied his request for an interview.

An inmate wrote, “They wanted me to get 4B to get me out of K-5. That didn’t work, so they discharged me from K-5, kicked me out. They’re not thinking of my mental health needs.”

An inmate wrote that a K-5 Officer is “nasty and hateful and cusses at me.”

Another inmate who is believed to be mentally ill wrote, “People are trying to kill me. They denied me PC six times. Staff lied and said I refused PC placement. The Nurse shot cancer in my gums in 2002. An Officer jumped on an inmate.”

V. CIIC DATABASE

From January 6, 2004 through December 15, 2004, the CIIC received **280 contacts regarding the Southern Ohio Correctional Facility, the largest number of contacts from any one institution.** These 280 contacts account for nearly **16.5% of the total 1,702 contacts received from all Ohio prisons.** The contacts from SOCF are double the amount of the second highest number of contacts, which came from the Mansfield Correctional Institution, with 140 or 8.2%.

Through December 15, 2004, the **Southern Ohio Correctional Facility also ranks first in number of reported concerns, with 818 or 17.3% of the 4,719 total from all Ohio prisons.** Once again, the Southern Ohio Correctional Facility has more than double the number of reported concerns than the institution with the next highest number of complaints. The Mansfield Correctional Institution has the second highest number of complaints, with 402, or 8.5%.

In the above referenced time period, the **largest categories of reported concerns from SOCF consist of the Force/Supervision category with 130 or 15.9% of all SOCF complaints.** This category includes concerns regarding: **use of force, use of force with no report, abusive language, racial/ethnic slurs, conduct report for no reason, intimidation/threats, retaliation for filing grievance, retaliation for filing lawsuit, or retaliation for voicing complaint, privacy violations, harassment and other.**

The category reporting the second highest number of reported concerns is **Non-Grievable Matters** with 101, or 12.3%. Complaints logged in this category include: **RIB/Hearing Officer, APA, legislative action, separate appeal process, transitional control, and other.** The third highest category is **Staff Accountability**, with 81, or 9.9% of all complaints. Complaints in this category include: **access to staff, failure to follow procedures, failure to respond to communication, failure to perform job duties, other.** The categories of Education/Vocational Training and Recovery Services have only one reported concern each. No complaints were received in the categories of Inmate Groups or Library.

From January 6, 2004 to January 12, 2005, the CIIC received 1,803 contacts system wide, including **292 contacts from or regarding the Southern Ohio Correctional Facility. SOCF contacts rank as the largest number of contacts of any prison, and**

comprising 16.2% of all contacts. During the same period, the CIIC received 5,038 reported concerns, including 845 from or regarding the Southern Ohio Correctional Facility. SOCF concerns rank as the largest number of reported concerns of any prison, and comprise 16.8% of all reported concerns. The number of reported concerns from SOCF is more than twice the number of concerns from the Mansfield Correctional Institution, which ranks second in the number of reported concerns.

Of the reported concerns system wide, SOCF has the largest number of concerns in each of the following categories: **Force/Supervision, Staff Accountability, Non-Grievable Matters, Inmate Grievance Procedure, Institutional Assignment, Other, Mail/Packages, Security Classification, Housing Assignment, Protective Control, Legal Services, Psychological/Psychiatric, Commissary, and Dental Care.** The specific number of reported concerns from or regarding SOCF by subject category is provided below:

A. NUMBER OF REPORTED CONCERNS BY CATEGORY AT THE SOUTHERN OHIO CORRECTIONAL FACILITY FROM JANUARY 6, 2004 TO JANUARY 12, 2005

CONCERN	NUMBER	PERCENT
Force/Supervision	136	16.1%
Non-Grievable Matters	102	12.1
Staff Accountability	82	9.7
Institution Assignment	69	8.2
Inmate Grievance Procedure	66	7.8
Security Classification	51	6.0
Health Care	49	5.8
Mail/Packages	44	5.2
Protective Control	38	4.5
Other	37	4.4
Personal Property	24	2.8
Housing Assignment	18	2.1
Psychological/Psychiatric	17	2.0
Food Services	16	1.9
Special Management Housing	15	1.8
Legal Services	12	1.4
Discrimination	11	1.3
Job Assignment	8	.9
Dental Care	7	.8
Inmate Account	7	.8
Visiting	7	.8
Safety and Sanitation	5	.6
Commissary	5	.6
Records	5	.6
Facilities Maintenance	3	.4
Laundry/Quartermaster	3	.4
Recreation	2	.2
Religious Services	2	.2
Telephone	2	.2
Education/Vocational Training	1	.1
Recovery Services	1	.1
Inmate Groups	0	0
Library	0	0
TOTAL	845	100%

B. WRITTEN INQUIRIES

Of the 86 letters of inquiry by CIIC staff from March 17, 2004 through December 23, 2004, **15 inquiries pertained to the Southern Ohio Correctional Facility. SOCF inquiries ranked second in volume**, with Mansfield Correctional Institution receiving 19 inquiries.

The **15 letters of inquiry pertained to 20 problems, issues or concerns. SOCF staff on site have been accessible by phone, as well as extremely cooperative and responsive to phone inquiries.** Of the 20 problems noted in SOCF inquiries, four pertained to Force/Supervision, and four pertained to Inmate Conflict. Three inquiries included concerns regarding Protective Control, and three pertained to Mental Health. Remaining inquiries consisted of one each regarding a Death, Extortion, Facility Maintenance, Parole, Transfers and Other.

1. SUBJECT CATEGORY OF 15 LETTERS OF INQUIRY TO SOCF FROM MARCH 17, 2004 THROUGH DECEMBER 23, 2004

<u>SUBJECT</u>	<u>NUMBER OF REPORTED CONCERNS</u>
Force/Supervision	4
Inmate Conflicts	4
Mental Health	3
Protective Control	3
Death	1
Extortion	1
Facility Maintenance	1
Parole Board	1
Transfers	1
Other	<u>1</u>
TOTAL	20

2. INQUIRY/RESPONSE REGARDING 4B CONDITIONS

A written inquiry was made in October 2004 to relay reported concerns from three inmates regarding conditions in 4B on J and K sides. One inmate in J-3 wrote, "This prison is filthy, the ventilation systems, filthy toilets...rats (or mice) in the coffee and was fed to inmates of J-3, food services feeding half cooked meats...I've grieved it once, but both the Inspector and Chief Inspector's office call it human error. Well, three days ago, it happened again." The inmate also relayed concerns regarding use of force on inmates.

The inquiry was also an opportunity to relay the content of another inmate's letter of August 2004 who left SOCF in late June 2003. He termed the 4B blocks as "a mad house," and added:

They've got so many RTU (mental) patients, they're everywhere. It's constant screaming... You've got guys screaming over each other trying to have a conversation, then some arguing... Some are talking to themselves, all at once, all day and night. The bug outs play with their own crap, throw it on people like inmates, throw it on TV screens. A guy cut his testicles off with finger clippers in the shower. Another stabbed himself with a bar out of the vent. Guys jam pencils up their pee holes. It's all day long madness. At rec, guys have sex with each other right there in front of you while you're trying to work out.

The content of a third inmate's communication of August 2004 was included in the inquiry. Also regarding J-3, he alleged that inmates throw urine and feces at each other, that the officers "allow it" and reportedly "do nothing." He added that the "urine/feces thing is real bad on K side."

In the October 2004 response to the inquiry from the SOCF Inspector, it was relayed that, **"SOCF prides itself on being a clean and safe institution.** Regular visits by ACA, Central Office and other outside agencies including CIIC, have toured SOCF. We have always received high praise on this area." He added that, **"There was an isolated incident where a mouse was discovered in a coffee urn in J-3. An investigation of practices and procedures indicated that this was an isolated case of malicious mischief on the part of one individual."** Regarding the uncooked food, the Inspector's investigation found that the food served was precooked, prepared frozen food that only required reheating before being served. Regarding the other letters, the Inspector wrote that they:

...describe conditions that are greatly exaggerated. Yes, we do have a number of RTU patients. Some blocks are noisy at times and some inmates do throw urine and feces at one another. They also throw it on staff. Many inmates are involved in self-abuse and cut them with any type of object they can acquire. While the descriptions are greatly exaggerated, they do describe life in a maximum security prison. Rest assured that any and all such "activity" is addressed wherever and whenever it occurs.

3. INQUIRY/RESPONSE REGARDING OFFICER COMMUNICATION

In June 2004, an SOCF Officer relayed issues of concern which were referred to the attention of CIIC staff. An inquiry was made based on the following reported concerns:

Radios: It was reported that although the two K corridor Officers on second shift each had a radio, when new radios were acquired, a radio was provided to only one of the two Officers. The Officer with the radio was required to stay in the corridor and not respond to alarms. Maintenance workers were provided with shoulder microphones, but none were provided to Officers. Incidents have since occurred in which the Officer was only a few feet from an assault in progress, but did not hear the initial alarm, so the response to

the incident was delayed. The inquiry requested the facts and rationale regarding the radio removal and shoulder microphone distribution limitations.

According to the response to the inquiry, there are at least three different types of communication devices that an Officer assigned to K corridor can use in daily operations. The radio, telephone and wall speakers were cited. It was noted that the second Officer in K corridor on second shift is a luxury since the Pick A Post Agreement was approved on September 1, 2000. A second Officer does not exist on first or third shifts. In subsequent communication from staff, it was reported that both K corridor Officers on second shift now have a radio.

Tobacco: An Officer relayed that inmates in 4B are not permitted to have tobacco, but population inmates who work in 4B are permitted to have tobacco. Gangs reportedly extort and threaten inmate workers to smuggle tobacco into 4B blocks where gangs charge 5-10 times the purchase price. The Officer suggested that inmates in 4B should be allowed to buy tobacco to keep them calm, and to remove the main way for gangs to profit from policy. The Officer noted that 4B inmates are permitted to watch TV but not to smoke.

In the inquiry, information was requested on whether serious efforts are being made to ensure that no inmate worker smuggles tobacco or any other contraband into 4B. It was noted that if security procedures were so consistent and thorough that any attempt at smuggling would not go undetected, that too, would remove the income source. That method was employed some years ago at a close security prison's OPI shop, and inmate workers reportedly applauded the move. They were able to cite the impossible security barriers to anyone who approached them for items from the shop.

In the response to the inquiry, it was relayed that holding staff more accountable to conduct proper body searches of inmates entering the segregation unit would have more impact on reducing inmate rule violations that may occur in segregation. It should be noted that with the ODRC announcement of a new policy to prohibit smoking in all Ohio prisons, the above tobacco issue will be eliminated with the implementation of the policy.

Doctors' Decisions and the Budget: According to the Officer, Doctors are now under orders to cut costs and are rarely sending inmates for outside evaluations. An incident occurred in which an inmate was assaulted in the laundry with a 20 pound medicine ball that struck him in the head. The inmate's head was reportedly extremely swollen and his head and face were purple. Reportedly, the Doctor was called and only had the inmate placed in the infirmary. It should be noted that the Health Care Administrator intervened in this instance, and the inmate was taken to an outside hospital.

The inquiry requested information on the basis of the decision to place the inmate in the infirmary in this instance, and if the decision was related to the alleged "orders" to cut costs. Further, due to the Officer's reference to reportedly "hiring Doctors with felony convictions or drug histories," information was requested to verify that all current physicians at SOCF have passed a thorough background check.

In the response, it was relayed that ODRC has standards and procedural guidelines for the selection of licensed physicians, delivery of health care services and unimpeded access to medical treatment for offenders under ODRC jurisdiction. It was noted that physicians are expected to use sound judgment when determining if outside medical treatment is necessary. Further, it was reported that all physicians undergo a criminal background check, drug screen and State Medical Board license verification, including review of any actions taken against them, before they are permitted to work at an institution.

It was further relayed that SOCF physicians are free to order patients to be treated at outside facilities whenever the need is deemed necessary without regard to cost. The response included that physicians have been encouraged not to use these facilities capriciously or when needed medical attention can be properly rendered in house. The on call physician's reason for not ordering the victim of the incident to be taken to an outside hospital cannot be determined. However, it was reported that cost is never to be a determining factor under such circumstances, and all physicians have been so advised. As noted above, the Health Care Administrator intervened in this instance, and the inmate did receive timely treatment at an outside hospital.

Medicine Ball: In the inquiry, it was noted that this equipment, though intended for recreation or physical fitness, has been used as an assault weapon at SOCF in this and other incidents. Information was requested on whether serious consideration is being given to removing the medicine balls at SOCF because of their proven use to cause serious physical harm. **The responses to the inquiry did not speak to the medicine ball issue.**

C. STAFF COMMUNICATION

The CIIC staff are most appreciative of the communication from SOCF security staff which has been received since the CIIC restart in October 2003. The CIIC has always welcomed communication from institution staff, for it assists the CIIC in accurately identifying areas in need of improvement. Increased communication from staff can only further assist the CIIC in determining areas of focus in inspections, evaluations or inquiries. The excerpts provided below summarize the reported issues or concerns that were expressed by staff. The various staff opinions and perceptions of SOCF problems and solutions are presented for informational purposes, and are not necessarily those of the CIIC staff.

SOCF has gone down hill...Almost all staff are asking for help and to talk with an outside investigator or agency...Please help us save our prison and stop another prison riot...Things here at SOCF are not going to get better until someone addresses the problems...It makes for a very hostile workplace.

CIIC staff's assistance was requested in making an "honest assessment of SOCF problems and needs." SOCF staff communication included problems with inmate/staff relations, and reportedly extremely low staff morale.

One staff member relayed that many staff “unload” and communicate through an ex-offender’s web page on the internet. The staff person added, “It’s the wrong vehicle. They’re desperate and don’t know who to trust. They label us disgruntled employees.”

One staff person alleged, “Professional ethics left the building. Professional ethics on a scale of 1-10 is 0.” Another relayed, “Nobody learned policy and procedure.” Staff alleged that some supervisory staff “bend scruples,” while others are viewed as “loose cannons with alter egos who talk down to people.” One staff person commented that “Legitimate issues are pay grades and promotions.” Another relayed that, “Promotions are based on seniority, not ability,” adding that, “People get hurt when staff do something stupid.”

One staff person commented, “Our population is under a thousand. We have plenty of unit staff to address the issues. The biggest problems and issues have to do with the Staff vs. Administration. We’re so far apart.” Another described the staff problems as “nit picking, back biting and dog eat dog.”

One relayed that “Selective drug tests show zero. Yet, the same guys get picked 6-7 times for ‘random’ urine tests.” Others have reportedly been observed as under the influence, yet reportedly are never tested.

One former Officer was reportedly “Walked out” for “racial profiling,” writing more tickets on black inmates than white. Supervisors reportedly told her, “Women have no business working in prisons.” Later, she reportedly received warnings to “watch out”. The warning reportedly preceded the charge of “racial profiling.”

One male Officer expressed concern about Supervisors reportedly “dressing down” female Officers in the hallways with inmates observing. The staff person added, “It should not be tolerated, not in front of inmates.”

Regarding J block, SOCF staff relayed that “J block is where all the disruption is. It’s like LC lockdown. The majority of the problem is attitude.”

One staff person relayed that, “With all the staff problems, I’m worried about who is watching the inmates.” Another expressed, “Staff should be worried about the inmates, not all these staff issues.”

One staff person relayed, “The place has gone south. There could be another skirmish. There’s zero communication between the brass and inmates. They say, ‘Send me a kite. Don’t have time.’ Officers can’t learn communication from the Brass.”

SOCF staff discussed the use of L side population inmates who work as porters in J block. It was relayed that, “They try smuggling tobacco and only half clean it, plus some officers are lazy. I’m big on cleanliness. I don’t put up with staff harassing inmates. Workers don’t want to go back there.”

An Officer relayed, “If you’re doing your job, you’ll know their names and nicknames. I know them by voice. Because I try to speak to them with common courtesy. I’m called an ‘inmate lover.’ It’s a matter of right or wrong. There’s no middle ground. It’s not about inmate vs. staff.”

Some staff expressed concern about the combination of idleness among the inmates, the absence of vocational programs of the past, plus the need for staff to “learn to read people and understand their mentality.” One noted the loss of experienced staff, and the need to “learn to read expressions.”

One staff person expressed concern that SOCF is “now taking groups of 20 to chow intermingled.” In reference to food services, one staff person commented that there are “cold stares” from the inmates behind the lines. In regard to the overall environment, one expressed concern regarding the “tone” described as “contempt.”

VI. DATA REVIEW

A. INMATE GRIEVANCE PROCEDURE

During the inspection, administrative staff relayed that the grievance procedure is effective. Most inmates are reportedly aware of the grievance procedure, though staff noted that they continue to “educate them on how to use it.” It was also relayed that “Grievance numbers are down,” and that when they “see a pattern, corrective action is taken.” The CIIC staff completed a review of the grievances filed at the Southern Ohio Correctional Facility for October 2003 through November 2004. During the period, **722 grievances have been filed with the Inspector of Institutional Services, with a total of 120 grievances resolved (16.6%), and 602 unresolved (83.4%).** A grievance is considered “unresolved” if the Inspector determines that it is:

Contrary to the Ohio Revised Code, **Administrative Rule, or departmental or institution policy**

Staff action was a valid **exercise of discretion,**

There is insufficient evidence to support the claim,

Not within the scope of the grievance procedure, or

The grievance was **not filed within the time limits.**

A grievance is considered “resolved” if, according to the Inspector, the problem is corrected, the problem is noted with corrections pending, or the problem is noted and a report or recommendation was submitted to the Warden.

In the 13-month period, the **highest number of grievances filed was in the Force/Supervision category, with 151 grievances comprising 20.9% of all grievances**

filed. The category with the second highest number of grievances was **Personal Property, with 129 grievances, or 17.9% of all grievances filed.** Grievances filed in the Personal Property category include: **Lost, damaged or confiscated by staff, stolen or damaged by inmate, denied permission to receive/possess,** and other.

Health Care was the third highest total, with 119 grievances, or 16.5% of the grievances filed. Grievances in the Health Care category include: 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.

There were **no grievances filed in the categories of Recovery Services, Records and Protective Control** in the entire 13-month period. A complete table of the grievance totals is provided below:

**1. GRIEVANCES FILED FROM OCTOBER 2003 THROUGH
NOVEMBER 2004 AT THE SOUTHERN OHIO CORRECTIONAL
FACILITY BY SUBJECT OF GRIEVANCE**

<u>Complaint Category</u>	<u>Number of Grievances</u>	<u>% of Total Grievances</u>
Force/Supervision	151	20.9
Personal Property	129	17.9
Health Care	119	16.5
Subtotal	(399)	(55.3%)
Mail Package	47	6.5
Special Management Housing	35	4.8
Food Services	25	3.5
Inmate Account	22	3.0
Housing Assignment	18	2.5
Staff Accountability	17	2.4
Non-Grievable Matters	17	2.4
Legal Services	15	2.1
Discrimination	15	2.1
Job Assignment	14	1.9
Psychological/Psychiatric	13	1.8
Laundry/Quartermaster	13	1.8
Security Classification	10	1.4
Religious Services	9	1.2
Institution Assignment	8	1.1
Recreation	8	1.1
Commissary	7	1.0
Dental Care	6	0.8
Visiting	6	0.8
Education/Vocational Training	5	0.7
Safety and Sanitation	4	0.6
Facilities Maintenance	4	0.6
Telephone	2	0.3
Library	2	0.3
Inmate Groups	1	0.1
Recovery Services	0	0.0
Records	0	0.0
Protective Control	0	0.0
Total	722	100.0%

System wide, there were 7,381 grievances filed in the prisons, ranging from eight grievances at the Dayton Correctional Institution, to the **722 grievances at the Southern Ohio Correctional Facility, the institution with the largest number of grievances filed, and accounting for 9.8% of all grievances in the prison system.**

Of Health Care grievances system wide, from October 2003 through November 2004, SOCF has the largest number of grievances in the category, accounting for 9.5% of all **Health Care** grievances in the prison system. SOCF also has the largest number of grievances on **Use of Force/Supervision**, accounting for 12.3% of all such grievances in the prison system. SOCF has the largest number of grievances in the **Mail/Package** category, comprising 14.4% of all such grievances in the prison system. Though only 14 grievances were filed at SOCF on the subject of **Job Assignment**, the number of grievances in the category comprises the largest number of any prison, and accounts for 12.5% of all such grievances in the prison system. SOCF has the largest number of grievances in the **Special Management Housing** category, comprising 36.1% of all such grievances in the prison system. Although there were only 13 grievances at SOCF pertaining to **Psychological/Psychiatric** concerns, SOCF had the largest number of such grievances in the prison system, accounting for 23.6% of mental health grievances statewide. SOCF had the largest number of grievances regarding **Legal Services**, comprising 27.3% of the grievances in the category statewide. SOCF had the largest number of grievances pertaining to their **Institution Assignment**, comprising 14.9% of such grievances system wide. SOCF grievances regarding **Security Classification**, though only 10, was the largest of any prison in the category, and accounted for 33.3% of all such grievances.

B. INMATE ON STAFF ASSAULTS

In calendar year 2003, Southern Ohio Correctional Facility had **130 inmate assaults on staff, comprising 24% of the 544 assaults in the entire Ohio prison system.** This results in a **monthly average of 10.8 assaults on staff. SOCF ranked first in assaults on staff,** with 79 more assaults than the Ohio Reformatory for Women, which ranked second in assaults on staff at 51. **The Level Five Ohio State Penitentiary, which also includes Level Four inmates, just as SOCF, only had 24 inmate assaults on staff in 2003.**

In calendar year 2004, there were 432 inmate on staff assaults in the Ohio prison system. **The largest number of inmate on staff assaults occurred at the Southern Ohio Correctional Facility, which had 133 such assaults, comprising 31% of all such assaults in the prison system.** The comparison with other facilities is provided below:

1. 2004 INMATE ON STAFF ASSAULTS BY INSTITUTION

INSTITUTION 2004 INMATE ON STAFF ASSAULTS

Southern Ohio Correctional Facility	133
Ohio Reformatory for Women	40
Mansfield Corr Institution	31
Oakwood Corr Facility	25
Ohio State Penitentiary	24
Trumbull Corr Institution	19
Lebanon Corr Institution	15
Toledo Corr Institution	15
North Central Corr Institution	14
Richland Corr Institution	12
Madison Corr Institution	12
Belmont Corr Institution	10
Lorain Corr Insitution	10
Corr Reception Center	9
Chillicothe Corr Institution	8
Lake Erie Corr Institution	8
London Corr Institution	7
Southeastern Corr Institution	7
Grafton Corr Institution	6
Allen Corr Institution	5
Pickaway Corr Institution	5
Ross Corr Institution	5
Noble Corr Institution	4
North Coast Corr Treatm Facility	4
Warren Corr Institution	2
Correctional Medical Center	1
Montgomery Educ PR Center	1
Dayton Corr Institution	0
Franklin PR Center	0
Hocking Corr Facility	0
Lima Corr Institution	0
Marion Corr Institution	0
Northeast PR Center	0
TOTAL	432

According to information from the ODRC Bureau of Research, based on calendar year 2003 data on inmate on staff assaults, **SOCF had the largest number of assaultive inmates at 135, of which 58 (or 43%) committed physical assaults, and only ten were in general population.** Therefore, **93% of the assaults occurred in 4B** lockdown.

The Bureau notes that assault is defined as “an instance in which on-duty prison personnel **are struck intentionally by an inmate’s body or by a thrown or wielded object. Thrown objects include urine, feces, food, rocks, and other objects.**” The throwing of bodily fluids and spitting on corrections staff is included as an assault due to a 1998 change in the legal code that made the offense a **felony of the fifth degree, or a felony of the third degree** if the inmate commits the assault with the knowledge that he/she is a carrier of an infectious disease. Physical assaults exclude all assaults in which

the item used was bodily fluid, liquid or food. Based on the above, **if 58 of the 135 at SOCF were physical assaults, then 77 or 57% involved the throwing of bodily fluid, liquid or food.**

System wide, according to the ODRC Bureau of Research, **Level 4 inmates accounted for 33.6% of the inmate on staff assaults. Further, system wide, 41.7% of the inmate on staff assaults involved inmates on the mental health caseload.** Although conclusions regarding the SOCF assaults cannot necessarily be made from the system wide data, in the absence of breakdown information, available system wide data is considered. Of the 544 inmate on staff assaults in 2003 system wide, according to the ODRC Bureau of Research, the “weapon used” consisted of the following:

2. 2003 INMATE ON STAFF ASSAULTS SYSTEMWIDE BY TYPE

INMATE ON STAFF ASSAULTS SYSTEM WIDE 2003

	<u>Number</u>	<u>Percent</u>
<u>WEAPON</u>		
Open hand	135	24.3
Spit	116	20.9
Fist	58	10.4
Kick	47	8.5
Thrown object	43	7.7
Unknown liquid	39	7.0
Urine	26	4.7
Elbow	18	3.2
Metal/wood object	12	2.2
Headbutt	11	2.0
Food/water	11	2.0
Bite	10	1.8
Body slam	9	1.6
Shoulder	9	1.6
Feces	6	1.1
Knife/sharp object	4	.7
Other	2	.4
Total	556*	100%

*Although the total assaults are reported to be 544, the breakdown of weapons totals 556. Presumably, some incidents involved more than one of the subcategories.

3. “BOMB OUTS” AND “SLINGER FLINGERS”

Staff relayed concerns about inmates who choose to lash out by throwing urine, feces or water at the staff. While in the past, such incidents were referred to as “bomb outs”, some SOCF staff commented on the “slinger-flingers,” reportedly named for their propensity to

launch whatever they can. As staff conduct rounds, “slinger flingers” reportedly attempt to hit staff by throwing a chosen fluid through the space between the door and the wall. Staff relayed that, “A lot goes on and there is nothing that staff can do to them.” Reportedly, staff are upset because the inmate spends “a few days in the hole,” and “most ride to mental health.” However, mental health staff have reportedly asked, “What can we do?” According to staff on site during the inspection, such inmates “are isolated, provided incentives to change behavior, and are given loaf meals instead of regular meals.”

There are reportedly from 20 to 30 “slinger flingers” at any one time at SOCF, “spread out” in different areas of the institution. When such incidents occur, they are reportedly taken to K-2, which has closed front cells which were retrofitted for “throwers.” They reportedly have 10-20 such cells and “could use 10 more.” The existing cells are reportedly “full continuously.” It was also relayed that spitting is not a major problem. A “spit hood” or “spit sock” is reportedly used, serving as a mask to prevent further spitting.

Regarding the “slinger flingers,” one staff person described it as a “sign of improved security.” It is reportedly “a means to control, indicative of management control.” The staff person added, the inmate “cannot stab you because we took away the ways and means.” Some reportedly have “extreme personality disorders, so they cannot go to OSP.”

Staff concerns were mostly health related. Since bodily excrements carry disease, their concerns are regarded as clearly valid. Some staff expressed disapproval with the alleged reluctance to prosecute such cases. Reportedly, the reluctance is due to the perceived lack of impact of an outside conviction when the offender is already serving a lengthy sentence. That is, the reported perception of some is that a new case and more time will do little to deter this behavior. Staff relayed that even when the inmate is prosecuted, the inmate reportedly “doesn’t care.”

ORC Section 2921.38 titled, “Harassment by inmate,” reads as follows:

- (A) **No person who is confined in a detention facility, with intent to harass, annoy, threaten, or alarm another person, shall cause or attempt to cause the other person to come into contact with blood, semen, urine, feces, or another bodily substance by throwing the bodily substance at the other person, or in any other manner.**

- (B) **No person who is confined in a detention facility, with knowledge that the person is a carrier of the virus that causes acquired immunodeficiency syndrome, is a carrier of a hepatitis virus, or is infected with tuberculosis and with intent to harass, annoy, threaten, or alarm another person, shall cause or attempt to cause the other person to come into**

contact with blood, semen, urine, feces, or another bodily substance by throwing the bodily substance at the other person, by expelling the bodily substance upon the other person, or in any other manner.

(C) Whoever violates this section is guilty of harassment by an inmate. A violation of division (A) of this section is a felony of the fifth degree. A violation of division (B) of this section is a felony of the third degree.

(D) (1) The court, on request of the prosecutor or the law enforcement authority responsible for the investigation of the violation, shall cause a person who allegedly has committed a violation of this section to submit to one or more appropriate tests to determine if the person is a carrier of the virus that causes acquired immunodeficiency syndrome, is a carrier of a hepatitis virus, or is infected with tuberculosis.

(2) The court shall charge the offender with the costs of the test or tests ordered under division (D)(1) of this section unless the court determines that the accused is unable to pay, in which case the costs shall be charged to the entity that operates the detention facility in which the alleged offense occurred.

(E) This section does not apply to a person who is hospitalized, institutionalized or confined in a facility operated by the department of mental health or the department of mental retardation and developmental disabilities.

As referenced above, “slinger flingers” include the mentally ill. In fact, one SOCF staff person relayed that the **“majority of slinger flingers” reportedly 95%, are in 4B lockdown, reportedly 65% are mentally ill, and such behavior reportedly occurs most frequently in the K2 and J2 slammer cells.** With that, **it is reasonable to question the extent to which they are receiving the maximum resources of the mental health staff and programming available at SOCF.**

Oakwood Correctional Facility serves as the mental hospital for the prison system, receiving and stabilizing inmates who have been temporarily transferred after a determination that they are a danger to themselves or others due to their mental illness. According to the OCF administrative staff, only about 10% of their inmate assaults on staff consist of “bomb outs”. During 2004, **OCF had a total of 25 total assaults on staff. OCF staff estimated that only one out of 10 consisted of the throwing of urine/feces.** They relayed **that such incidents at OCF are extremely rare and certainly not considered a problem or major issue at that facility.**

At SOCF, whether by the mentally ill or the mentally healthy, throwing urine/feces is reportedly a method to “get back,” to react to reportedly hateful words or actions, and/or to express their anger, hatred and total disrespect of another, whether the target is a staff person, or an inmate. If it is true that the majority of bomb outs occur in the K2 and J2 slammer cells, consideration must be given to identifying what it is about the environment, including inmates and staff in the area, the place, placement, and cell conditions, which may contribute to the problem. SOCF is the only prison in the state in which the “bomb outs/slinger flinger” behavior has been and continues to be a problem.

Now that the Ohio State Penitentiary houses the “worst of the worst” in terms of behavior, and also houses a sizable portion of maximum security, Level 4 inmates, the SOCF problem cannot be explained by the classification or type of inmates at SOCF.

One inmate who discussed the subject, relayed that more should be done to improve staff/inmate relations. The inmate stated that efforts to improve staff/inmate relations could decrease the tension that reportedly exists between the two, and thereby reduce the occurrence and reoccurrence of bomb outs. If in fact bomb outs are a reaction to hostile, hateful or provoking words or actions, staff are in a position to halt the offensive behavior or to perpetuate it. Serious, intensive staff training on how to prevent such behavior should be provided.

One SOCF staff person relayed that bomb outs stem from **boredom**. Those in 4B lockdown have no jobs. The current practice is to have general population 4A inmates work as porters in 4B. This has been cited as a problem by SOCF staff, in part because the inmates are reportedly constantly pressured to smuggle in contraband. In addition, according to SOCF staff, inmate porters reportedly do not want to go into the 4B blocks, so they reportedly spend as little time as possible in them. **Unless monitored and closely supervised by Officers assigned to the blocks, inmate porters may not be fulfilling their assigned duties with regard to cleaning the blocks, ensuring that inmates have what they need to clean their cells, and providing proper meal trays to the inmates.**

Regarding the conditions of the 4B blocks, one Supervisor relayed that the problem is “laziness” among the staff assigned to the blocks. One SOCF staff person cited that the Officers suffer from boredom as well, and pick on each other. One staff person relayed that **getting rid of idleness is the key**. It was felt that **inmate boredom is the priority challenge at SOCF, not only in the lockdown 4B areas, but also in population where inmates reportedly have no meaningful jobs, and where education is limited to the GED level.**

According to one staff person, the **post riot, anti-inmate mentality coupled with boredom, leads to a combative, explosive environment on both sides, staff and inmate**. Reportedly, it takes staff willingness to get a work program going at SOCF, such as mowing grass with a push mower, and/or growing vegetables inside the fence. Idleness and boredom in 4B lockdown is also reported by SOCF staff to be partly related to the

extremely poor TV reception in the area, termed “the worst.” **Consideration should be given to providing positive programming over the TVs on the ranges. Library deficiencies were cited by one staff person as relevant to the boredom issue. Every effort should be provided to maximize the potential of the library to provide a meaningful use of lockdown time via reading.**

The number of inmate on staff assaults at the Southern Ohio Correctional Facility merits priority concern, as well as a careful review to determine the causal factors, so that an effective prevention plan can be implemented. The number of assaults on staff cannot be explained by the level 4 classification of SOCF inmates. Level 5 and level 4 inmates are **at OSP, which had only 24 inmate on staff assaults in 2004, compared to 133 at SOCF.** If level 3 institutions are considered, the Warren Correctional Institution which also has a Residential Treatment Unit for the mentally ill at WCI and for other such inmates in its cluster, only had two such assaults in the year. The Ross Correctional Institution only had five. The Toledo and Lebanon Correctional Institutions only had 15 inmate on staff assaults in the year. The Trumbull Correctional Institution had 19 inmate assaults on staff, while Mansfield Correctional Institution which houses Death Row, had 31 inmate on staff assaults. The number of assaults on SOCF staff cannot be explained by the number of mentally ill inmates at SOCF, either, as noted above regarding the low number of assaults at the Oakwood Correctional Facility, which is the mental hospital for the prison system.

C. INMATE ON INMATE ASSAULTS

In calendar year 2003, the Southern Ohio Correctional Facility had **139 inmate-on-inmate assaults, with a monthly average of 11.6 assaults per month.** Assaults across the entire Ohio prison system totaled 482, with **SOCF accounting for nearly 29% of all inmate-on-inmate assaults.** The institution with the **second highest inmate-on-inmate assault total was the Oakwood Correctional Facility, with 38, over 100 less assaults than the Southern Ohio Correctional Facility.**

As shown in the table below, the number of inmate on inmate assaults in the prisons totaled 482 in 2003, and decreased to 411 in 2004. **The Southern Ohio Correctional Facility had the largest number of inmate on inmate assaults in both years.** However, inmate on inmate assaults at SOCF **decreased by 54 in 2004 to their total of 85 inmate on inmate assaults, comprising 21% of the system wide assaults.** One possible factor in the decrease in assaults at SOCF may be the reduction in their inmate population from 1072 on November 1, 2003 to 965 in 2004, a decrease of 107 inmates.

Although the decrease in assaults at SOCF is obviously a very positive factor, it remains a fact that SOCF still has the **largest number of inmate on inmate assaults in the prison system, in spite of the fact that a very large portion of their population is locked down in level 4B, and the fact that every one of their inmates cells alone in a single cell, with absolutely none of the “cellie” problems experienced at the other double celled institutions.** Further, of the level 4A general population inmates, since the riot of 1993, **inmate movement has been highly restrictive, reportedly limited to 20 inmates at a time, maximizing the level of correctional officer supervision.**

The following table provides data on inmate on inmate assaults in 2003 and 2004 by institution:

**1. NUMBER OF INMATE ON INMATE ASSAULTS IN 2003 AND IN 2004
BY INSTITUTION**

2003		2004	
INSTITUTION	Number	INSTITUTION	Number
Southern Ohio Corr. Facility	139	Southern Ohio Corr. Facility	85
Oakwood Correctional Facility	38	Oakwood Correctional Facility	38
North Central Correctional Inst.	25	North Central Correctional Inst.	28
Ross Correctional Inst.	23	Richland Correctional Inst.	24
Mansfield Correctional Inst.	21	Belmont Correctional Inst.	23
Southeastern Correctional Inst.	20	Lake Erie Correctional Inst.	23
Ohio Reformatory for Women	19	Ross Correctional Inst.	23
Allen Correctional Inst.	17	Noble Correctional Inst.	22
Trumbull Correctional Inst.	17	Southeast Correctional Inst.	18
Belmont Correctional Inst.	16	Trumbull Correctional Inst.	18
Noble Correctional Inst.	16	Mansfield Correctional Inst.	16
Richland Correctional Inst.	16	Madison Correctional Inst.	13
Warren Correctional Inst.	15	Ohio Reformatory for Women	12
Correctional Reception Center	12	Allen Correctional Inst.	8
Madison Correctional Inst.	12	Lebanon Correctional Inst.	8
Franklin Pre-Release Center	11	Warren Correctional Inst.	8
Lake Erie Correctional Inst.	11	North Coast Corr. Treatment Facility	7
North Coast Corr. Treatment Facility	8	Correctional Reception Center	5
Chillicothe Correctional Inst.	7	Toledo Correctional Inst.	5
Lebanon Correctional Inst.	7	Chillicothe Correctional Inst.	4
Lorain Correctional Inst.	7	Ohio State Penitentiary	4
Ohio State Penitentiary	6	Pickaway Correctional Inst.	4
Marion Correctional Inst.	5	Northeast Pre-Release Center	3
Toledo Correctional Inst.	5	Franklin Pre-Release Center	2
London Correctional Inst.	4	Grafton Correctional Inst.	2
Lima Correctional Inst.	3	Hocking Correctional Inst.	2
Grafton Correctional Inst.	1	London Correctional Inst.	2
Northeast Pre-Release Center	1	Mont Ed and Pre-RIs Center	1
Corrections Medical Center	0	Dayton Correctional Inst.	1
Dayton Correctional Inst.	0	Marion Correctional Inst.	1
Hocking Correctional Inst.	0	Mont Ed and Pre-RIs Center	1
Mont Ed and Pre-Release Center	0	Corrections Medical Center	0
Pickaway Correctional Inst.	0	Lima Correctional Inst.	0
Total Assaults	482	Total Assaults	411

According to the ODRC Bureau of Research, the 2003 inmate on inmate assaults fall into one of four categories:

1. Sexual or attempted sexual assault on another inmate, by force or threat of force, that involves sexual conduct, sexual contact, or sexual activity that constitutes a felony sex offense.
2. A deliberate attack on another inmate with the use of mouth, hands, feet, and/or head.
3. An attack on another inmate with a blunt object or an object used to cut, stab, or slash.
4. The throwing of caustic, bodily, hot or other damaging fluids on another inmate.

It should be noted that **inmate fights are not counted as assaults. Therefore, the number of assaults is not reflective of all violent inmate behavior.** The ODRC Bureau of Research reported that **system wide, there were 480 inmate on inmate assaults in 2003. SOCF had 139 inmate on inmate assaults, the largest number of any prison, comprising nearly 29% of the system wide assaults. The ODRC Bureau of Research data shows that 115 of the 139 SOCF assaults were reported to the Highway Patrol, and 114 were investigated by the Patrol. SOCF had a total of 141 assailants and a total of 141 inmate victims of assault.**

2. NATURE OF THE ASSAULTS

According to the breakdown of the type of weapon used in inmate assaults on inmates, the following is reported for SOCF 2003 assaults:

INMATE ON INMATE ASSAULTS IN 2003 AT SOCF AND SYSTEMWIDE

Nature of <u>Assault</u>	<u>SOCF Assaults</u>		ODRC Assaults System Wide <u>Total</u>
	<u>Number</u>	<u>Percent</u>	
Spit	32	89.0%	36
Unknown Liquid	30	100.0%	30
Feces	19	95.0%	20
Fist	13	6.0%	217
Urine	12	60.0%	20
Food/water	11	64.7%	17
Sharp object	7	20.6%	34
Thrown Object	5	62.5%	8
Kick	3	5.6%	54
Other	3	30.0%	10
Blunt Object	2	5.0%	40
Open hand	2	10.0%	20
Body Slam	1	6.7%	15
Bite	1	11.1%	9
Total	141	26.6%	530

As shown above, **32 of the 36 spitting assaults, 30 of the 30 unknown liquid assaults, and 19 of the 20 feces assaults in the prison system, occurred at SOCF. Further, 12 of the 20 assaults with urine, 11 of the 17 assaults with food/water, and five of the eight assaults with a thrown object, occurred at SOCF.** These subcategories at SOCF account for from **60 to 100% of the assaults system wide.**

A former SOCF inmate relayed to the CIIC that during his stay at SOCF, “slinger flingers” would indiscriminately fling urine and feces on other inmates. Reportedly, the staff would do nothing to reprimand them. However, data on inmate on inmate assaults show that the incidents are documented. Further, ODRC staff relayed assurance that conduct reports are written. According to the former inmate, **inmates struck with the urine and feces allegedly would not be permitted by staff to take showers to clean themselves.** Reportedly, “**The urine and feces are real bad on K-Side.**”

One inmate in K3 wrote the following in February 2005:

I'm writing this in regards to how foul the **c/os let the population inmate porters contaminate other inmates' food.** I'm suffering from an illness that hasn't been diagnosed yet and **disinfectant, bleach, and other “unknown” chemicals** does not help my health condition...I did finally get a **Supervisor to make the block officers do their jobs and walk with the porters while serving us our meal trays but what good does that do when the c/os don't care what they do to our food?** They don't pay attention and sometimes the block **officers don't even walk with the porters while serving us our food because they think it's some type of joke or something...**I've threatened with lawsuits and have done everything that I can to get this to stop, but nothing has seemed to help yet. I don't want to handle this situation like this because I don't need the headache that it will bring me in the future and this isn't how I handle things. I'm doing all that I can right now just trying to get the medical help that I need. I would greatly appreciate it if you would look into this matter because **it has gotten way out of hand.**

Although the 217 assaults with fists system wide comprise the largest group of inmate on inmate assaults, it is significantly positive that such assaults at SOCF totaled only 13. Further, there were 54 inmate on inmate assaults by kicking system wide, but only three such assaults at SOCF. In addition, of the 40 inmate on inmate assaults with a blunt object, SOCF had only two such assaults. Lastly, of the 34 system wide assaults with a sharp object, SOCF had seven.

4. TYPE OF INJURY TO VICTIM

The ODRC Bureau of Research provided data on the type of injury to inmate victims of assault by institution in 2003. Data for SOCF and for the entire prison system is provided below:

**a. INJURIES TO INMATE VICTIMS OF ASSAULT
IN 2003 AT SOCF AND SYSTEM WIDE**

INJURY TO VICTIM OF ASSAULT	SOCF #	SOCF % OF ODRC	ODRC
N/A	103	62.0%	166
Redness	13	30.2%	43
Bruises	8	6.8%	117
Cut	5	10.9%	46
Stab	5	35.7%	14
Bites	2	28.6%	7
Burns	2	28.6%	7
Stitches	1	4.3%	23
Scratch	1	7.1%	14
Swelling	1	12.5%	8
Broken bone	0	0	17
Concussion	0	0	9
Other	0	0	9
Anal/Vaginal Penetration	0	0	6
Death	0	0	1
Sprain	0	0	0
TOTAL	141		487
PERCENT	29.0%		100%

As noted above, the largest number of injuries at SOCF and system wide are categorized as "N/A," which is believed to refer to the assaults by spitting, unknown liquid, bodily fluid and food/water. The 103 such injuries at SOCF comprise 62% of the 166 such injuries system wide. Note that there were five cuttings and five stabbings at SOCF in 2003, comprising 36% of the 14 stabbings system wide, and 11% of the 46 cuttings. However, only one SOCF victim required stitches, compared to 23 system wide.

It is also significantly positive that SOCF had absolutely no broken bones, concussions, anal penetration, sprain or death due to an inmate on inmate assault in 2003.

D. MAJOR CONTRABAND

According to the Quarterly Report for the Third Quarter of 2004, in regard to security, 861 incidents reports were filed in the period, and 82 use of force reports were filed as well. It was also noted that Operation Clearout for 2004 was conducted in the quarter. There were 36 instances of major contraband confiscated in the period, with five

items confiscated in the Clearout Shakedown. The confiscated contraband was described as follows.

4 foot spear from newspaper with ink pen on end
11 inch shank from metal and 13.5 inch shank eyeglass earpiece
10 inch shank made from battery casing, paper and sheet
8 inch shank from eyeglass earpiece
7 inch shank made from sharpened toothbrush wrapped in string
7 inch shank made from batteries wrapped in cloth
7 inch shank from sharpened toothbrush
7 inch shank from sharpened toothbrush wrapped in sheet
6 inch shank from toothbrush and razorblade
Two 6 inch shanks from ink pens wrapped in pieces of blanket
6 inch shank made from sharpened toothbrush wrapped in string
6 inch shank made from battery casings and string
6 inch shank made from battery casings and string
Two pieces of metal 5 inches long sharpened on one end
Two 5 inch shanks from eyeglass earpieces sharpened to point
5 inch shank with razorblade melted into end
5 inch shank with earpiece wire with paper and pen handle
5 inch shank from eyeglass earpiece sharpened to point
5 inch shank from eyeglass earpiece sharpened to point
5 inch shank from clear plastic sharpened to point
4.5 inch shank from razor melted into toothbrush
4.5 inch shank
4 inch shank made from sharpened toothbrush
4 inch shank from toothbrush filed to point
3.5 inch shank from toothbrush filed to point
 Blunt object
 $\frac{3}{4}$ **inch razor** blade used to cut hand and face
 60 neurontin 300 mg capsules
Shank from pen with razorblade melted in end wrapped in string
 Toothbrush sharpened on one end
2 inch piece of metal sharpened on one end
1 shank from toothbrush sharpened to point

Information is not currently available to determine the major contraband confiscated in a typical quarter at other institutions for comparison purposes. However, the above SOCF list is regarded as significant in number and in type of weapon. The list of serious weapons confiscated in the third quarter of 2004 may be viewed as an indicator of safety concerns and/or intent to assault and is relevant to the SOCF mission to provide a safe, secure environment.

E. USE OF FORCE

Data was provided by SOCF on use of force incidents in 2002, 2003 and 2004 with detail regarding location of such incidents. Although the information provided below pertains to the number of use of force incidents which were referred to a use of force investigating committee, it should be noted that the total **use of force incidents including those not referred to a use of force investigating committee, increased from 273 in 2002 to 307 in 2003 to 364 in 2004.** Use of force incidents referred for investigation increased

from 188 in 2002 to 218 in 2003 to 250 in 2004, in spite of the decrease in the SOCF population.

1. RACIAL BREAKDOWN

As of February 2, 2004, the SOCF population was reported to be 60% Black, 38% White, 2% Hispanic and .1% "Other." Based on SOCF use of force data, which notes that it does not reflect the total number of use of force incidents, of the 152 inmates involved in use of force incidents in 2004 that were not investigated by any use of force investigating committee, 93 of the inmates were Black, comprising 61.2%, and 57 were White, comprising 37.5%. The two inmates classified as "Other" comprised 1.31% of total involved in use of force incidents. Of the 286 inmates involved in use of force incidents in 2004 that were referred to a use of force investigating committee, 167 inmates were Black, comprising 58.4% of all incidents, 116 inmates were White, comprising 40.6% of the incidents, and three inmates were classified as "Other," accounting for 1.04% of such incidents.

2. LOCATION OF INCIDENTS

It should be noted that there were no use of force incidents in the following areas: Barber shop, L Corridor, J1 program booth area, K6, L1, L2, L3, L5, L7 and L8, Laundry/Clothing Issue, School/Library/Chapel, OPI shop, Receiving, and Visiting. The following provides a breakdown of the reported location of such incidents in 2004.

LOCATION OF SOCF USE OF FORCE INCIDENTS IN 2004

<u>LOCATION</u>	<u>NUMBER</u>	<u>PERCENT</u>	<u>LOCATION</u>	<u>NUMBER</u>
J2	63	25.2%	C Corridor	4
K2	34	13.6%	Rec Pods	4
J4 (IMHTU)*	21	8.4%	Program Area/Unit/ Mini Infirmary	3
Subtotal	118	47.2%		
J3	16	6.4%	RIB	2
K4	15	6.0%	H Corridor	2
K5 (RTU)*	13	5.2%	K8	2
K1	13		M2 Gym/Yard	1
K3	13		D Corridor	1
J Corridor	10		K7	1
IDR	8		L4	1
D1 Infirmary	7		L6	1
K Corridor	7		Transportation	1
M1 Gym/Yard	7			
*Mental Health Unit			TOTAL	250

It may be helpful to repeat again that L1, 2, 3, and 4 are now closed blocks, while L5, 6, 7 and 8 are open, and used for level 4A general population inmates. J2 is used for Security Control and Disciplinary Control. J4 is the Intensive Mental Health Treatment Unit. All of J complex is reported to be used exclusively for level 4B

lockdown, just as K1, 2, 3, and 4. K5 is the Residential Treatment Unit for the mentally ill. K6, 7, and 8 are blocks used for 4A general population inmates.

As shown above, over 25% of the use of force incidents in 2004 occurred in J2. When the incidents in J2, K2 and J4 (Intensive Mental Health Treatment Unit), are combined, these three areas account for more than 47% of the 250 use of force incidents at SOCF in 2004. Use of force incidents in J Complex at SOCF in 2004 totaled 100, comprising 40% of the SOCF use of force incidents.

3. REASON FOR THE USE OF FORCE

Data on the reason for use of force incidents in 2004 at SOCF was provided. **The most frequent reason given for the use of force was “Inmate refused direct order,” accounting for 78 incidents, which is more than 31% of all 250 incidents. “Assault on staff” ranked second in volume of all use of force incidents, accounting for 46 or 18.4% of all incidents. Prevention of self-inflicted harm ranked third in volume of use of force incidents, accounting for 37 incidents, and nearly 15% of all use of force incidents at SOCF in 2004. In 31 instances, force was used due to a fight, accounting for 12.4% of the incidents. There were no use of force incidents in the year in the categories titled: Gang Fight, Hostage Situation, Prison Riot, or Escape/Attempt.**

Of the 250 use of force incidents in the year, the reason why force was used was reported as follows:

<u>REASON FOR FORCE</u>	<u>NUMBER</u>	<u>PERCENT</u>
Inmate Refused Direct Order	78	31.2%
Assault on Staff	46	18.4%
Prevent Self Inflicted Harm	37	14.8%
Fight	31	12.4%
Attempted Assault on Staff	28	11.2%
Immobilizing Restraints	14	5.6%
Assault on Inmate	6	2.4%
Refused Institutional Move	4	1.6%
Possession of Weapon	2	.8%
Slipped Handcuffs	2	.8%
Set Fire	1	.4%
Attempted Assault on Inmate	1	.4%
Gang Fight	0	
Hostage Situation	0	
Prison Riot	0	
Escape/Attempt	<u>0</u>	
TOTAL USE OF FORCE INCIDENTS	250	100%

As noted above, the largest number of use of force incidents were prompted by an inmate's refusal of a direct order. In such cases, it is not known the extent to which alternatives to force were first attempted to gain compliance. This would seem to be an area in which training in prevention of use of force incidents could assist in reducing the number of such use of force incidents, which is in the best interests of staff as well as inmates due to the injuries which can result to both.

4. USE OF FORCE INVOLVING THE MENTALLY ILL

In the 2004 use of force incidents at SOCF, 286 inmates were involved, with a low of eight inmates in September, a high of 40 inmates in June 2004, and **an average of 23.8 inmates involved in use of force incidents per month in 2004**. Based on SOCF data, of the 286 inmates involved in use of force incidents in the year, **126 inmates were on the mental health caseload, comprising 44% of the total**. Data also shows that an additional **49 inmates involved in the use of force were on the mental health caseload in the past, and in nine instances, the inmate was placed on the caseload after the use of force incident**. Therefore, a total of **184 inmates with a mental health history were involved in a use of force incident, comprising 64.4% of the use of force incidents in the year**.

VII. CONCERNS AND RECOMMENDATIONS

Since the CIIC's restart in October 2003, more communication of concerns has been received from SOCF than from any other prison. With the exception of the pre-Austin Ohio State Penitentiary, the CIIC has always received more communication of concerns from SOCF than any other prison. That fact alone, is not regarded as sufficient cause for concern.

Effort must be made to assess the subject and seriousness of reported concerns. Based on the 845 reported concerns from SOCF in 2004, the top five categories are Force/Supervision, Non-Grievable Matters, Staff Accountability, Institution Assignment, and the Inmate Grievance Procedure, comprising 53.9% of SOCF reported concerns. Of the grievances filed with the SOCF Inspector from October 2003 through November 2004, Force/Supervision remains the largest category of concern, comprising 20.9% of the grievances, followed by Property, Health Care, Mail, and Special Management Housing, that is, regarding 4B lockdown blocks. The five categories comprise 66.6% of the SOCF grievances.

Force/Supervision, then, comprises the largest number of reported concerns to the CIIC, and the largest number of SOCF grievances. The group includes use of force, racial slurs, harassment, retaliation and what is termed "Inappropriate Supervision" as defined in Administrative Rule 5120-9-04. CIIC received 136 such concerns and there were 151 such grievances filed.

Use of force has always been considered serious due to its potential for serious injury to staff and inmates, and as a measure of staff/inmate relations. **Such incidents at SOCF**

increased from 273 in 2002 to 307 in 2003 to 364 in 2004. The most frequent reason given for the use of force in 2004 was “Inmate refused direct order,” comprising 31.2% of all incidents. Another 18.4% of the incidents were reported to be due to “Assault on staff.” Combined, the two groups comprise 49.6% of the reasons why force was used.

Of the 364 incidents in 2004, 286 inmates were subject to use of force. Of that number, 64.4% had a mental health history, and 44% were on the mental health caseload. The largest number of incidents occurred in J-2 and K-2, the location of the “slammer cells” or “strong cells,” comprising 38.8% of the incidents. The J-4 Mental Health Unit was the next most frequent location of use of force incidents. The three areas combined, account for 47.2% of the incidents. The next largest groups consist of the 4B lockdown blocks, and the K-5 Mental Health Unit (RTU). Including J Corridor, the above areas account for 79.2% of the incidents.

When the above is combined with the SOCF inmate on inmate assault data, and SOCF inmate on staff assault data, in terms of volume and comparison with other institutions, problems become apparent, but they can be resolved.

Since October 2003, the CIIC staff have had the benefit of valuable communication and insight from SOCF and other ODRC staff. For the first time in CIIC history, SOCF security staff have initiated contact with the CIIC to seek help and to relay concerns and recommended solutions. **It has been suggested that the CIIC conduct a staff survey to seek broad input on identified problems or issues of concern. However, SOCF staff are free to contact the CIIC by phone, letter, or in office visit at any time. The survey suggestion is one that the SOCF Administration could and perhaps should more appropriately consider. With the announcement of a new Warden’s arrival on April 4, 2005, such staff input could be a valuable guide in determining priority directions.**

The following priority initiatives are recommended based on all that has been learned by CIIC staff about SOCF from October 2003 to the present:

THE MENTALLY ILL IN 4B

The original concept of housing the mentally ill who are classified as level 4B together to maximize ease and frequency of access to mental health staff and to create an intensive mental health treatment unit and environment necessary to improve mental health and behavior, should be implemented. The four empty cellblocks make it possible to move the J-4 concept to other secure blocks on K side to include levels of freedom, privilege and restrictions based on behavior and needs. Movement, confrontation, and use of force can be minimized by providing within the unit(s), a better, equally secure alternative to J-2 placement. Just as PC units and other RTUs in other Ohio prisons have successfully created their own segregation status cells, so also could the proposed Intensive Mental Health Treatment Unit create the same.

The former Psychiatric Residential Treatment Unit that existed at the Correctional Reception Center responded to the need to work with the mentally ill who were in Local Control in Ohio prisons, and who demonstrated **chronic inability to adjust due to their mental illness. The Unit's mission was to assist the mentally ill in modifying their behavior and to address their mental health needs. Misconduct was met with perseverance and concentrated efforts by treatment staff. Cooperation and compliance was not a criteria for admission or retention.**

During the inspection, SOCF staff relayed that an **inmate's average length of stay at SOCF is three to four years.** As referenced previously, part of the SOCF mission is "to promote inmates' positive adjustment, behavior and **ability to return to a lower security facility.**" A review was made of the length of time the mentally ill have been at SOCF based on information provided in January 2005. Of the mentally ill, one inmate each has been at SOCF for **13 years, 12 years, 10 years, and nine years.** Four of the mentally ill inmates have been at SOCF for **eight years.** Three of the mentally ill inmates have been at SOCF for **seven years,** 10 mentally ill inmates have been at SOCF for **six years,** and five mentally ill inmates have been at SOCF for **five years.**

The mental health staff are uniquely qualified to provide concentrated efforts to enable the 4B mentally ill to work their way to 4A and then to level three institutions. The fact that they are in 4B is an indication that they are not doing well. The lock down environment and idleness, without the full benefit of the programs and staff interaction afforded to the RTU inmates, falls short of intensive mental health treatment and falls short of providing an environment conducive to good mental health.

A secure K side environment transformed into a Residential Treatment Unit with mental health driven levels of restriction and privilege, per ODRC policy, would accommodate security and treatment needs. Consolidation of the mentally ill in 4B status would make a major, positive impact on the total environment in the 4B blocks, for the benefit of security staff, treatment staff, and 4B inmates who are not mentally ill.

STAFF/INMATE RELATIONS

The transformation initiated by litigation that occurred at OSP in terms of staff/inmate relations, came about through a decided change in communication and interaction between staff and inmates. When it comes to human interaction, just as hostility begets hostility, and violence begets violence, respect begets respect. Staff/inmate relations need to improve to provide a safe, secure environment for all. A concerted effort to address the reported SOCF problems and grievances in the Force/Supervision category will help to bring about the same transformation and benefits experienced at OSP in improving the work environment for staff. It can be done through the guidance, direction and vigilance of administrative and security supervisors.

It was reported that **training in Interpersonal Communications was provided in March 2004 to security staff. Specifically, the training was targeted at working with the mentally ill. On going training in the area can only help to ensure the development of IPC skills, which are effective in all human interaction, not just with the mentally ill.**

4B IDLENESS/SANITATION

The isolation and idleness in 4B is believed to be a causal factor in the behavior problems among 4B inmates. Addressing the idleness therefore would serve security purposes. Currently, 4A population inmates serve as porters, delivering meal trays to 4B inmates, cleaning, and performing housekeeping duties. The number of 4A inmates needed for Food Services, coupled with the reduced inmate population, has reportedly resulted in reduced availability of 4A inmate participants in coveted vocational programs.

The 4B blocks on the day of the inspection revealed a lack of attention to the need to provide a clean living environment. **Inmates in 4B could earn the privilege of a job assignment as porter. This would address the Officers' concerns regarding the pressure placed on 4A porters to smuggle contraband into the blocks. Reportedly, the current porters do not want to go into the blocks, so they minimize the time spent in them, possibly neglecting their duties regarding cleaning and providing cleaning supplies to inmates who need to clean their cells. With the potential inmate workers in 4B, there is no reason why they should not be as clean and sanitary as the 4A blocks.**

Block Officers must be required to supervise the inmate porters, or as inmates have suggested, "cleaning crews," and must insist upon the highest standard of cleanliness in the blocks. The condition of the blocks translates into the atmosphere and behavior in the block. Cleanliness can only serve good purposes. Years ago, a Central Office staff person who had a long career including as Warden in one of the Ohio prisons, discussed the significance of cleanliness. Where it is found to be lacking in a housing area or block, he relayed that other serious, though less visible problems are likely to also exist.

Efforts should be made to maximize the video program time, again to eliminate idleness. Rather than non-productive TV programs which reportedly have extremely poor reception, the range TVs could provide an array of positive self-improvement video programs. Rather than invest staff time to create programs for 4B inmates, it would seem beneficial to obtain the video programs already developed at OSP for the level five inmates.

Expanded use of the program booths could provide secure space for supervised activities such as community service projects for schools, or therapeutic activities.

4A IDLENESS

Some SOCF staff have expressed that a large part of the problem has to do with the extent to which inmates are in lockdown, even in 4A. It reportedly will take staff's understanding that work and other meaningful activities are good for security, a fact proven throughout prison history. Community service projects for 4A inmates should be expanded. Video and other positive programming should be maximized. Again, the programs developed and used at OSP can be equally beneficial to the SOCF inmates.

4B SEXUAL OFFENDERS AND SLINGER FLINGERS

As of December 6, 2004, there were 189 sex offenders in level four. There is no sex offender program at SOCF, yet exposure or sexual imposition has been cited by staff and inmates as a source of frustration. Behavior modification programs should be designed to address targeted problem areas negatively impacting staff and other inmates, areas prone to provoke anger and violence. Sex offender programming should be provided in response to institutional need, not limited to convicted sex offenders, but also those whose misconduct in prison is sexual in nature. SOCF has never had a sex offender treatment program for even convicted sex offenders, in spite of the motivation for treatment and recognition of the need. There is no better way to alleviate idleness and make productive use of time, than by providing a meaningful behavior modification program designed to address offensive and violence producing behavior, which most definitely includes sexual misconduct and urine/feces throwers.

Those termed "slinger flingers" are demonstrating behavior that is an expression of anger and hatred which provokes the same. OSP initially responded to the problem by using strips to seal the sides and bottoms of cell doors, and requiring inmates to stand in the back of the cell, and to show their hands prior to approaching the cuff port opening. However, the most important preventive solution was reportedly found in improvements in staff/inmate relations via communication skills that replaced hostility with respect.

Mental health staff are the behavioral experts who are in the best position to design and implement a program of behavior modification for sexual offenders and slinger flingers at SOCF.

SLAMMER CELLS

Slammer cells exist only at SOCF. The extent to which they do or do not serve a legitimate institution need or actually provoke problems, has been debated throughout SOCF history. Strict criteria and guidelines for their use have been met by allegations of chronic non-compliance with criteria for placement and length of placement, including but not limited to placement of the mentally ill. The findings on the analysis of location of use of force incidents clearly identify the slammer cells

as trouble spots. It is recommended that a serious review and careful appraisal of the use and existence of SOCF slammer cells be conducted, and that action be taken based on the findings.

GRIEVANCE PROCEDURE

Inmates are using the grievance procedure at SOCF to report problems and to seek an investigation and corrective action. One staff person was questioned about the extent to which retaliation for filing grievances exists at SOCF. **The staff person responded that there is no reason for staff to be retaliatory, because they “know nothing will happen to them” as a result of any grievance. If true, it points to a flaw in the grievance procedure at SOCF. Inappropriate supervision, for example, is the largest complaint category of reported concerns to the CIIC and the largest category of grievances at SOCF. If such allegations are valid, but are not being addressed, the reason must be determined. Such allegations are reported to be the most difficult to prove or validate. Perhaps that is why so many “not resolved” grievances result in findings of “insufficient evidence to support the claim.”**

An effective grievance procedure can prevent costly litigation and violence. It is the peaceable, proper method to report a wrong and to seek the Inspector’s intervention rather than respond in anger. The inmate grievance procedure should be an important part of the solution to resolve identified issues of concern pertaining to staff/inmate relations.

The Inspector’s thorough investigations and corrective action can complement the work of administrative and supervisory staff in bringing about improvements in communication skills, which promote respect, compliance and cooperation. By addressing the pattern of issues, grievances should decrease in volume, enabling the Inspector to increase responsiveness to interview requests and to increase block walkthroughs to make himself accessible to those unable or reluctant to use the grievance procedure.